AN OPEN SECRET: THE HIDDEN HISTORY OF UNWANTED PREGNANCY AND ABORTION IN HIGHLAND BOLIVIA, 1952-2010

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Submitted to the Graduate Faculty of the Kenneth P. Dietrich School of

Arts and Sciences in partial fulfillment

of the requirements for the degree of

PhD in History

University of Pittsburgh

2013

UNIVERSITY OF PITTSBURGH

THE KENNETH P. DIETRICH SCHOOL OF ARTS AND SCIENCES

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This dissertation traces the history of unwanted pregnancy and abortion in La Paz and El Alto, Bolivia between 1952 and 2010. Although in Bolivia abortion is illegal, an estimated three in five women terminate at least one pregnancy in their lifetime—making the country's abortion rate the highest in the region. Based on 113 personal interviews and over 3,000 medical records, the project reconstructs two central aspects of reproductive history. The first centers on the social, political, and medical phenomena of abortion and pregnancy. I outline changing policies and debates on reproduction, the evolution of abortion incidence and provisioning, and the emergence of a stable illegal abortion system in the country. A central argument of the project is that women's experiences with illegal abortion helped shape both the evolution of reproductive health policy and changes in abortion provisioning in the country. In particular, I find that women's demand for abortion coalesced with broader processes set in motion by the democratic opening of 1982 to spark the emergence of a stable and efficient system for the provision of illegal abortion in these cities. These improvements in abortion care provided a response to women's need to control their reproduction while simultaneously slowing efforts to legalize the procedure.

The final two chapters of the dissertation chart new territory in the history of reproduction by exploring women's personal experiences with unwanted pregnancy and abortion. In these ethnographic chapters, I analyze interview testimony to uncover the complex

range of factors influencing women's feelings and reactions toward pregnancy and motherhood. I argue that the language of "choice" often employed by reproductive rights movements is too narrow to adequately capture the contours of human experience. Instead, women's decisions to continue or terminate their pregnancies were often so heavily conditioned by adverse circumstances that most felt they had no choice but to do so.

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ACKNOWLEDGEMENTS

This project was supported by an Andrew Mellon Pre-Doctoral Fellowship, a Lillian B. Lawler Fellowship, and summer funding from the University of Pittsburgh's Department of History and Center for Latin American Studies. I am very grateful for the opportunities that this funding made possible.

I would like to thank, above all, each of the women who shared with me their experiences with pregnancy, abortion, and miscarriage; those who told me of their trials attempting to become pregnant; and those who explained to me their thoughts and attitudes toward pregnancy. En compartir sus historias conmigo ustedes me abrieron el corazón, y por eso les estoy sumamente agradecida. I extend an equally ardent thank you to each of the other individuals I interviewed in La Paz and El Alto, who gave me their time, shared with me their personal and professional insights, and more often than not, directed me to still other individuals to interview. A todos las personas que entrevisté para el proyecto: No sólo hicieron posible esta tesis, sino me influyeron personal- y profesionalmente de una manera profunda. Muchas gracias.

This project would have been almost impossible without the assistance of Sayuri Loza, who transcribed all of my interviews and helped me navigate doubts of a linguistic and cultural nature. Sayuri, you have been a gift to this project. Lourdes Peñaranda was also invaluable to the dissertation. Lourdes facilitated my access to dozens of interviewees in La Paz and El Alto,

stretched my thinking on questions of reproductive rights and choice, and kept me company during my various visits to the region. Lulú, eres una amiga de corazón.

Thank you also to:

- Verónica, María Eugenia, and Yamel of CEPROSI, who introduced me to women at workshops and worked to integrate me into these groups, and to CEPROSI founders and trusted friends Ana María Vargas and Gastón Lobatón.

- The many women of CIDEM, who taught me about the history of women's movements in Bolivia and made my time in La Paz and El Alto both fun and fulfilling. A special thank you to Gladys Achá, Pati Brañez, Ximena Machicao, and Rosario Mamani.

- Gabi Kuenzli and Molly Geidel, who read my work and kept me company in La Paz, and the capoeiristas of Cordão de Ouro, who helped me stay sane and active during my field research.

- Colleagues at Pitt who gave me comments on chapter versions and contributed to my analysis on the project, including Nicole Bourbonnais, Alejandra Boza, Matthew Casey, Isaac Curtis, John Galante, Jesse Horst, Suset Laboy-Perez, Kavin Paulraj, Lars Peterson, Katie Phelps, Alyssa Ribeiro, and students of the graduate writing seminar during the spring of 2012.

- Reid Andrews and Lara Putnam, for your unceasing support and encouragement, and for preparing me, in so many ways, to carry out this project. Thank you also to dissertation committee members Alejandro de la Fuente, Kathy Blee, and Laura Gotkowitz, for reading many versions of my work and offering your comments and advice. These were always much appreciated.

Finally, I would like to thank my dear friends CS, SS, Jamie, Pinguim, and Olha; my mother, M/D; and my sister, Shannon. A particular thank you to KB, with whom I began this adventure. You helped me learn to believe in myself and I will never forget that.

This project is dedicated to my father, who instilled in me both the restlessness of intellectual curiosity and the patience required to satisfy it. You are truly missed.

1.0 INTRODUCTION

When I met in 2009 with "Maura," a 36-year-old Bolivian woman from the town of Viacha, to interview her about her experiences with pregnancy, she told me that she felt differently about her last three children than she did about the first two. "I always thought I'd have just two children," she recalled. Maura and I were seated in a small office at a women's rights organization in El Alto that was assisting her with a custody dispute against her ex-husband. It was a chilly, crystal-clear morning in the high altitude city, and Maura squinted as the sun poured through the window. "When I found out I was pregnant a third time, I cried a lot, I didn't want to have my baby because my husband didn't have work. My third son was an unwanted child." When, six years later, she became pregnant yet again, Maura said to herself, "'That's alright, so I'll have four—this will be my last.' But then," Maura explained, "when my daughter was just six months old, I found out I was pregnant a fifth time." By that time, in 2007, Maura and her husband were not getting along well. "I'd even thought about ending my life," recalled Maura. "I didn't want to suffer anymore—all the insults, the cheating…I cried so hard, I didn't want my child. I even threw myself down the stairs twice to try to lose it—but it didn't work." When I asked Maura if she ever considered seeking an illegal abortion, she said she asked a doctor at a public hospital in El Alto about the possibility of terminating the pregnancy, but the

doctor warned her against it. "She chided me, she said, 'You're too thin, your body won't be able to handle it. And besides, that isn't done.' So, I had all five of my children."[1]

In the Andean nation of Bolivia, many women traverse the difficult terrain of unplanned or unwanted pregnancy. Like Maura, women facing this experience navigate complex emotions and life circumstances in deciding, first, how they feel about their pregnancies, and second, how best to confront these events. Women's feelings toward their pregnancies are rarely straightforward or easy to explain—nor do women's feelings always correlate comfortably with their decisions to continue or to terminate their pregnancies. Although women may not unequivocally characterize their inopportune pregnancies as "unwanted," national demographic and health data, which measure the incidence of unwanted pregnancy in the country, attest to the frequency of this phenomenon. Surveys of women over the past few decades suggest that over a third of pregnancies that occurred annually were unwanted.[2] Despite its illegal status, many women facing unwanted pregnancy in Bolivia seek abortion, visiting illegal providers or recurring to any number of strategies to abort on their own. Since abortion's illegality means that the procedure is largely unregulated, many women suffer medical complications as a result of these abortions; other women die.[3] Like Maura, however, most women facing unwanted pregnancy in Bolivia end up carrying these to term—often because they fear either the abortion procedure itself, or the judgment of individuals who might discover their abortions. Although

[1] "Maura," El Alto, 30 November 2009. Most of the names of interviewees cited here are pseudonyms. The presence of quotations around the name of an interviewee in a footnote indicates that the name is a pseudonym. All interviews were conducted by the author and recorded digitally. All translations are by the author, unless otherwise noted.

[2] Bolivia's National Demographic and Health Survey (ENDSA) in 1994 found that 35 percent of pregnancies that occurred during the previous three years were unwanted, while the 2008 ENDSA placed this figure at 36 percent. Aliaga Bruch 2004: 81; ENDSA 2008: 127. Rates of unwanted pregnancy, abortion, and abortion-related maternal morbidity and mortality are discussed in greater detail in Chapter 3.

[3] Recent estimates place the number of illegal abortions in Bolivia between 40,000 and 80,000 yearly. These abortions are believed to contribute to between 27-43 percent of maternal deaths in the country. Alanes 1995; Aliaga Bruch, Quitón Prado, and Gisbert 2000; Daulaire 2002; Friedman-Rudovsky 2007; Ministerio de Salud y Deportes 2006.

women on every continent confront this challenge, in Bolivia, the situation is particularly dire; the Andean nation possesses one of the highest rates of both unwanted pregnancy and abortion in Latin America.[4] Despite this, little is known about women's experiences with unwanted pregnancy and abortion, or their feelings and attitudes toward these events.[5]

Abortion and other strategies for confronting unwanted pregnancy are not new phenomena in Bolivia. In her study of public health in the Andean nation during the first half of the 20th century, historian Ann Zulawski demonstrates that illegal abortion and infanticide worried medical professionals and politicians as early as 1900. According to Zulawski, professionals' concerns with abortion and with women's reproduction in general expressed broader debates about women's political and social roles in the Andean nation. Even as pressure was growing for women's suffrage, professionals conceived of women primarily as mothers and wives. Doctors and politicians often portrayed women who chose not to be mothers, especially those of indigenous ancestry, as linked with a variety of social "ills," including abortion and prostitution. Women's widespread practice of seeking gynecological and obstetric care from indigenous midwives and healers further provoked anxiety among "modern" doctors attempting to establish themselves as part of a medical profession separate from (and superior to) indigenous medical practice.[6]

The fifty years that followed Bolivia's 1952 national revolution saw significant changes in women's status and in attitudes toward contraceptive methods and reproduction. In 1952, women were granted full political rights, while the same decades saw improvements in public health, leading to a decrease in infant death that added urgency to some women's need to limit

[4] Friedman-Rudovsky 2007; Nelson 2009.
[5] Aliaga Bruch, Quitón Prado, and Gisbert 2000 is one of few works that explores women's personal experiences with abortion in Bolivia.
[6] Zulawski 2007: 119-120 and 130-131.

pregnancies. At the same time, the 1960s and 1970s witnessed a backlash against modern contraceptive methods by several sectors of Bolivian society.[7] This criticism stemmed in part from fears that international aid organizations were providing birth control to Bolivian women to limit the country's indigenous populations for eugenic reasons.[8] As a result, some national government administrations and several civil society organizations in these decades adopted pro-natalist positions, casting official disapproval on women who sought to prevent pregnancy and shrouding in secrecy women's strategies for confronting unwanted pregnancy.[9]

Considerable scholarship exists on the phenomenon of unwanted pregnancy in Bolivia during the second half of the 20th century.[10] This body of work, authored by medical doctors, sociologists, demographic specialists, and feminist activists, is made up largely of medical and policy-oriented studies on abortion and birth control. As such, the existing literature is marked by three central limitations: 1) It provides little historical perspective on unwanted pregnancy in Bolivia; 2) It focuses primarily on abortion, disregarding the common reality of carrying an unwanted pregnancy to term; and 3) It sheds little light on women's personal experiences with unwanted pregnancy and abortion.

My dissertation addresses the limitations in our current understandings of these themes, tracing a broad history of national reproductive health policy alongside women's personal experiences with unwanted pregnancy and abortion in La Paz and El Alto between 1952 and 2010. The project draws on over 3,000 personal medical records from three public hospital facilities, employing both quantitative and qualitative methods to examine the changing

[7] Aliaga Bruch 2004: 11-21; Rance 1990: 1-27.
[8] Rance 1990: 13-27.
[9] Cisneros 1976: 4-10; ibid.
[10] See, for example, Aliaga Bruch 2004; Benitez Reyes n.d.; Cardozo 2000; Carmona Cervantes 1981; Castro Mantilla and Salinas Mülder 2004; Cisneros 1976; Del Pozo and Alanes 2007; Gisbert and Quitón Prado 1992; Rance 1990; Rance and Vallenas 1999; Zulawski 2007.

incidence of abortion and miscarriage alongside women's personal experiences with these phenomena. Considerable sections of the dissertation are ethnographic. I analyze the testimonies of 113 individuals I interviewed in La Paz and El Alto in 2009 and 2010, including women who experienced pregnancy, women's rights and pro-life activists, medical personnel, and government, police, and religious officials. These testimonies reveal the diversity of women's experiences with unwanted pregnancy and abortion in Bolivia, as well as the complexity of societal attitudes toward these reproductive phenomena—and toward the status of women more broadly.

This project demonstrates the persistent connections between women's personal experiences with pregnancy and the evolution of reproductive health policy and provisioning in Bolivia over the past six decades. Far from constituting only a "private" matter, women's demand for abortion led to significant changes in illegal abortion care and in policies on abortion and birth control. These changes were intimately tied to broader national and international processes, including Bolivia's 1982 democratic opening and the subsequent implementation of neoliberal policies in the country, and growing international concern with abortion-related death worldwide in the 1980s and 1990s. Women's personal experiences with reproduction, for their part, highlight the limitations of current paradigms for understanding unwanted pregnancy and abortion. While activists seeking to liberalize abortion law often couch the abortion debate in a language of rights or of choice, few women in Bolivia felt they "chose" to continue or to terminate their pregnancies. Instead, women's reproductive decisions were constrained by a range of personal and social circumstances. Thus, this dissertation provides insight into: 1) The intricacies of women's experiences with the exceedingly common, although under-studied,

phenomena of unwanted pregnancy and abortion, and 2) The sometimes-surprising connections between personal reproductive experiences and broader national and international processes.

1.1 SEXUALITY, REPRODUCTION, AND NATION-BUILDING IN LATIN AMERICA

The past few decades have witnessed the emergence of a wealth of literature on sexuality and reproduction in Latin America.[11] These authors have examined family life, prostitution, child-rearing, and other topics, paying particular attention to the intersections of these themes with race, ethnicity, and class. One of the most important contributions of this field over the past twenty years has been its questioning of the boundaries between "public" and "private" spheres of life. This literature has demonstrated how debates about sex and reproduction in Latin America have played key roles in state-building projects, religious movements, and the formation of political and social alliances.[12] Sometimes, debates about sex and reproduction were accompanied by direct interventions into women and men's reproductive practices. Scholars have demonstrated that, in an effort to craft "better" citizens, political and medical authorities in Latin America implemented eugenicist projects that ranged from classes on mothering to the forced registration of prostitutes.[13] These projects were often directed toward particular groups who authorities believed posed the greatest threat to "better breeding," such as

[11] To name just a few examples, see Balderston and Guy 1997; Briggs 2002; Caulfield, Chambers, and Putnam 2005; French and Bliss 2007; Hamilton 2012; Htun 2003; Hunefeldt 2000; Lavrin 1989; Rodríguez and Mannarelli 2007, and Twinam 1999.
[12] See, for example, Guy 1991; Tinsman 2002.
[13] For an overview of eugenicist movements in Latin America, see Leys Stepan 1991.

women of African or indigenous descent, poor women, and "sexual deviants."[14] Although the dearth of sources makes it more challenging, scholars have also attempted to show how average men and women responded to these incursions into their sexual and reproductive lives. These explorations of the intersecting relationships between private and public life have provoked a broader reconceptualization of the study of gender in Latin America, as an increasing number of scholars contend that gender should not, and perhaps no longer does, constitute a mere subfield within the historical discipline.[15]

In exploring the evolution of reproductive health policy in Bolivia, my dissertation, like literature on sex and reproduction elsewhere in Latin America, reveals the inter-connected nature of public and private life. I show, for instance, how military leaders seeking to modernize the nation in the 1960s and 1970s curtailed contraceptive use in hopes that Bolivia's population would grow and earn the country a better position on the international stage. Perhaps a more fundamental contribution of the dissertation, however, is its revelation that the dynamic relationship between the public sphere and private life travels in both directions. Thus, I show not only how national and international eugenicists shaped women's behavior, but also how women's experiences shaped policy. I analyze medical records and personal interviews to uncover how women located abortion providers and how women felt about these abortions months or years later. In refocusing the history of reproduction on women's personal experiences, I find that women shaped national health policy and provisioning in sometimes surprising ways. I demonstrate, for instance, that women's demand for abortion, in combination

[14] The expression "better breeding" is taken from the title of Alexandra Minna Stern's 2005 book on eugenics in the United States and along the U.S.-Mexico border, *Eugenic Nation: The Faults and Frontiers of Better Breeding in Modern America.* There is a wealth of scholarship on eugenics in Latin America. See, for instance, on Argentina, Guy 1991 and Rodríguez 2006; on Bolivia, Stephenson 1999 and Zulawski 2007; on Brazil, Adams 1990, Otovo 2009, and Telles 2004, and on the U.S. and Puerto Rico, Briggs 2002 and Findlay 1999, among others.

[15] See, for instance, French and Bliss 2007: 1-30; Wallach Scott 1999 [1988].

with neoliberal policies implemented in the 1980s and 1990s, facilitated the emergence of a new cohort of high-quality abortion providers over the past three decades. These providers allowed women better access to safe abortion than ever before, but simultaneously slowed efforts to liberalize abortion laws in the country. Thus, as historian Leslie J. Reagan has demonstrated for the United States, women's experiences with reproduction in Bolivia "challenged public policy and altered medical thinking" on phenomena like abortion and contraception.[16]

In recentering the history of reproduction on women, my dissertation also lends additional weight to alternative conceptualizations of unwanted pregnancy and abortion that move beyond politicized notions such as "choice." Scholarship on women's experiences with abortion in other world regions demonstrates that the ways in which individual women experience pregnancy termination do not always line up comfortably with the terms of debate over abortion's legal status. In her study of Puerto Rican women's experiences with abortion, sociologist Jean Peterman asserts that most literature on the procedure treats abortion "as an ethical issue abstracted from women's lives" and notes the scarcity of scholarship on women's decisions to interrupt their pregnancies.[17] While abortion is often characterized by authors on either side of the debate as an abstract choice between "life" or a "woman's right," Peterman finds that, for the women she interviewed, the decision to interrupt a pregnancy was made "in response to a concrete set of circumstances" and often represented "a choice between two very different futures."[18]

Scholars have noted the limitations of the notion that a woman continues or interrupts a pregnancy as the result of an autonomous decision or individual "choice." Political scientist

[16] Reagan 1997: 3.
[17] Peterman 1996: 5. See also Wainer 2006.
[18] Ibid.

Rosalind Petchesky posits that reproductive decision-making involves two distinct dimensions—an individual or personal dimension, and a social one. While the personal dimension of reproductive decisions draws on the liberal, Enlightenment-era notion of individual rights, the social relies upon a Marxist concept of reproduction as a "social activity" embedded within a particular set of social relations and circumstances.[19] The social optic expands upon the conception of abortion as a question of individual rights by placing a woman facing an unplanned pregnancy into a broader context. This context considers not only a woman's individual bodily autonomy, but her relationships with friends and loved ones, her access to resources such as medical care, and her cultural milieu—all of which may shape or constrain her choice to terminate a pregnancy. (The social dimension of reproductive decision-making also encompasses broader, structural factors, such as abortion's legal status in a given geographical or historical context.) While a woman's personal and social circumstances may inform her reproductive decisions, Petchesky is careful to emphasize that they do not supersede these. "That individuals do not determine the social framework in which they act does not nullify their choices nor their moral capacity to make them," Petchesky remarks. "It only suggests that we have to focus less on 'choice' and more on how to transform the social conditions of choosing, working, and reproducing."[20]

My dissertation supports the notion that reproductive decision-making involves both personal and social factors; it further suggests, however, that models to explain women's experiences with unwanted pregnancy and abortion are most fruitful when embedded in the local historical and cultural context. The conversations I shared with women in Bolivia affirm that liberal concepts emphasizing individual "choice" and "rights" were often inadequate to fully

[19] Petchesky 1984: 8. See also Solinger 2001.
[20] Ibid.: 11.

capture women's personal experiences with unwanted pregnancy and abortion. Rather than saying they "chose" or "decided" to interrupt or to continue their unplanned pregnancies, women often said they had been "obligated," "forced," or "compelled" to do so, either by partners or family members, or by broader life circumstances. At the same time, Marxist notions of the "social relations of reproduction," while perhaps pertinent to some women's experiences in Bolivia, may be most helpful when they draw upon local paradigms.[21] Thus, Andean conceptions of kinship and community (as well as the conflictive history of national and international eugenicist projects in the region) were more influential in shaping women's reproductive decisions in Bolivia than Western, Marxist, or capitalist notions of "social relations" or the "means of (re)production." Considering the local context informing women's reproductive decision-making can enrich models seeking to understand abortion and unwanted pregnancy as human experiences, rather than questions for political debate. It is my hope that these models can add greater depth to our understanding of reproductive history, including the ways in which individual women negotiate their experiences with reproduction.

1.2 RACE, ETHNICITY, AND GENDER IN ANDEAN BOLIVIA

The history of unwanted pregnancy and abortion in La Paz and El Alto over the past six decades unfolded within a broader context of ethnic and cultural diversity and complex gender dynamics in Bolivia. While the country's population was marked by significant divisions along ethnic and linguistic lines during these years, other factors, such as forms of dress, occupation, and rural-versus-urban origin were often equally important in shaping individuals' lives. At the same time,

[21] Ibid.: 8.

ethnic and cultural definitions were considerably fluid, and individuals might shift ethnic identification as they moved among social circles, altered their styles of dress, or migrated from one place to another. People of different backgrounds also lived in close contact with one another in urban regions of the Andes. Thus, individuals of different ethnicities and social classes shared transportation and sidewalk space, worked as laborers or domestic servants in one another's homes, and formed families together. While a complete treatment of ethnic and gender divisions in Andean Bolivia over the past half century lies beyond the scope of this dissertation, it is useful to review the demographic and cultural backdrop of La Paz and El Alto in which women's reproductive experiences took place.

On the eve of the country's 1952 revolution, the majority of Bolivia's population spoke indigenous languages (mostly Quechua or Aymara) to the exclusion of Spanish and resided in rural areas. While in 1950 La Paz represented Bolivia's largest city with some 324,000 residents, it contained a mere 12 percent of the nation's inhabitants. Most Bolivians lived in the countryside, where indigenous people labored on *haciendas* (large plantations typically owned by Bolivians of European descent) and lacked access to land, education, or citizenship rights. In both cities and rural areas, Bolivians faced high birth and death rates, with average life expectancy in 1950 reaching only 38 years for men and 42 years for women.[22] It is difficult to overestimate the changes that took place in Bolivian society between the early 1950s and 1976, the year of the country's next census. While reforms instituted by the revolutionary government enfranchised indigenous people and women, redistributed land to rural-dwelling Bolivians, and led to significant advances in education, the same years witnessed vast improvements in public health. These changes resulted in significant shifts in the country's social structure (particularly

[22] Klein 2011a: 28-29. On land tenure in Bolivia, see Gotkowitz 2007; Langer 1989; Larson 2004; Mörner 1985, and Rivera Cusicanqui 2003 [1986], among many others.

an increase in the number and status of urban-dwelling indigenous Bolivians) and considerable population growth.[23] By 1976, the population of La Paz exceeded 635,000 and Spanish for the first time represented the country's dominant language, although most *paceños* (La Paz residents) also spoke an indigenous language, principally Aymara.[24]

As in other Latin American countries, women in Bolivia during these years suffered structural disadvantages with respect to men. In both urban and rural Bolivia, women were legally subordinated to their husbands and male family members across much of the 20th century, facing limits to their political participation, educational opportunities, and property and parenting rights.[25] Notions of honor and morality, carried over from Spanish colonization, often rendered a woman's sexual conduct key to her family's social status, while her reproductive behavior was perceived as central to national wellbeing.[26] Women frequently undermined the legal and cultural norms shaping their status in Bolivia, working, engaging in political mobilization, raising children, and otherwise living their lives. At the same time, structural differences in the status of women and men in Bolivia were palpable and continue to persist. Thus, the country's 1976 census found that roughly five times as many paceña women as men were illiterate, while women in the city were about three times more likely to speak only an indigenous language.[27] More recent statistics highlight the challenges facing women in Bolivia; while sexual and physical violence affect nearly a quarter of partnered women in the country, measures of

[23] Klein 2011a: 31-33.
[24] Instituto Nacional de Estadística (INE) 1976: 28 and 226.
[25] Ardaya 1992: 26-29 and 44-62; Gotkowitz 2007: 117-120, 178-179, and 280.
[26] For Bolivia, see Ardaya 1992; Medinacelli 1989; Stephenson 1999; Zulawski 2007.
[27] INE 1976: 209-210 and 227-228.

women's inequality in the areas of health, political representation, and education remain significant.[28]

The types of romantic relationships women shared with men, including formal and common-law marriage and more casual forms of courtship, often influenced women's reproductive experiences and their feelings about their pregnancies. Legal and cultural norms shaped forms of and attitudes toward partnership and marriage in Bolivia, as in other Latin American countries, over the 20th century.[29] Until the passage of national legislation in the mid-1940s, women in common-law marriages in Bolivia lacked most formal rights and protections, as did children born out of wedlock.[30] At the same time, women who cohabitated with their partners outside the confines of marriage (a relationship known as *concubinato* or concubinage), or who parented children with men to whom they were not married, often faced social stigma.[31] This was particularly true in urban areas of Bolivia, which tended to be more strongly influenced by Catholic values and Western/Spanish colonial notions of morality, and prior to the last few decades. Thus, couples' parents often urged their sons or daughters to cohabitate or marry, particularly when a woman became pregnant. Women also sometimes pressed for such unions to conform to social customs or to ensure their children's right to paternal support. At the same time, common-law marriage was and continues to be a common phenomenon in Andean Bolivia, as is parenting children outside of wedlock.[32] As this dissertation shows, women's perceptions

[28] The figure concerning violence is reported in the 2008 ENDSA: 233. The United Nations' Gender Inequality Index (GII), which measures inequality based on five factors (including reproductive health, political participation, and workplace representation, among others), found Bolivia to be among the most unequal of Latin American nations in 2011, with only Guatemala, Honduras, and Nicaragua showing higher levels of gender inequality. United Nations Development Programme (UNDP) 2011: 139-142.

[29] For a discussion of courtship and marriage in other Latin American contexts, see Caulfield 2000; Caulfield, Chambers, and Putnam 2005; Hunefeldt 2000, and O'Phelan Godoy et al. 2003, among others.

[30] Gotkowitz 2007: 176-179.

[31] Ibid.: 111-114 and 176-179; Medinacelli 1989: 77-81; Zulawski 2007: 91.

[32] These assertions are based on interviews with a variety of individuals in Bolivia.

of their reproductive possibilities in Bolivia were often influenced by their feelings about their romantic liaisons, including how well women believed these relationships would be accepted by family members, friends, and neighbors.

Ethnic and racial identifications also influenced the history of reproduction in Andean Bolivia—although these categories of difference were neither definitive in shaping individuals' lives, nor even always clearly defined. During the years of this study, individuals of indigenous descent were usually referred to either as *indígena* (indigenous), the somewhat more-derogatory word *indio* (Indian), or, after the revolutionary years, *campesino* (peasant)—a term that emphasized the class, rather than ethnic, identity of indigenous Bolivians. While campesino was typically used to refer to an indigenous person living in the rural countryside, *cholo* connoted an urban-dwelling indigenous person. Indígena and indio could refer to both urban and rural residents. Individuals of European descent, for their part, might be referred to as *blanco* (white), *criollo* (creole or locally born European), or *Castellano* (Castilian or Spanish). While the term *mestizo* usually connoted an individual of mixed indigenous and European descent, it was also sometimes used to refer to indigenous Bolivians who resided in urban areas, spoke Spanish, and adopted urban forms of dress.[33] The usage of these terms varied at different historical moments and was often linked to broader political or social trends. Thus, during the national revolution of 1952-1964, authorities of the ruling Movimiento Nacionalista Revolucionario (Revolutionary Nationalist Movement, or MNR) party substituted the term campesino for indígena in a nationalist endeavor aimed to incorporate (and to culturally assimilate) indigenous Bolivians into the nation.[34]

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[33] Gotkowitz 2007: 13-14; Klein 2011b: xi-xiii; Larson 2004; Larson and Harris 1995; Stephenson 1999: 1-4; Zulawski 2007: 10-11.

[34] The project of incorporation is the subject of my 2008 master's thesis. For a good overview of the incorporation project, see also Rivera Cusicanqui 2010 [1984]: 139-160; Stephenson 1999: 111-157.

During the years of this study, Bolivian women were referred to by the ethnic and cultural labels outlined above, but additional factors, such as forms of dress and hairstyle, also often signaled divisions between women. The clothing styles and cultural identities of indigenous women in the Andes, in particular, have received a great deal of attention in both scholarly and popular circles.[35] Rural indigenous women and their urban counterparts (known as *cholas*) often wear a multi-layered skirt or *pollera*, along with a matching hat and shawl, while arranging their hair in two long braids. The specific style of this outfit varies from one region to another as well as from one year to the next, as fashions change. However, wearing the pollera typically connotes a stronger adherence to indigenous identity and cultural norms than dressing *de vestido,* or in more modern skirts, dresses, or pants.[36] Scholars often assert that the chola identity carries a range of cultural and symbolic meanings. Some authors argue, for instance, that the use of the pollera represents a form of resistance to assimilationist projects or an expression of pride in indigenous heritage.[37] Like the adoption of indigenous or mestizo identity, the significance of the pollera varied at different historical moments—and according to whom one asks. Thus, while national authorities seeking to regulate female market workers cast the pollera as a sign of deficient hygiene and moral disorder in early 20th century Bolivia, modern-day women may choose to don the garment to support the revalorization of indigenous identity under Aymara president Evo Morales.[38]

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[35] See, for instance, "La chola, símbolo del mestizaje paceño," *La Prensa* (21 July 2012) and "Presentan revista 'El orígena de la pollera' en la Gobernación," *Opinión.com.bo* (10 November 2011). In the last several years, wrestling matches between chola women have become a major tourist attraction in La Paz and El Alto, drawing the attention of travel writers and journalists. "Bolivia's Female Wrestlers: Ringing the Changes," *The Guardian* (2 November 2012).

[36] Barragán 1992; Paredes Candia 1992; Stephenson 1999.

[37] Rivera 1996; Lagos 2006; Stephenson 1999; Dibbits 1986; Wadsworth and Dibbits 1989; Weismantel 2001.

[38] On the early 20th century, see Dibbits 1986; Stephenson 1999. A number of my interviewees asserted that they, or other individuals they know, have adopted the pollera since the election of Evo Morales.

Throughout this dissertation, I utilize a variety of ethnic and cultural labels (in addition to demographic markers such as age and marital status) to refer to the individuals I interviewed and to women who appear in medical records and other sources. I do so, first, in an attempt to provide the reader with a more complete picture of women's lives and second, because the experiences of these women sometimes varied according to age, ethnicity, or marital status. For the majority of the years of this study, medical records from La Paz's Instituto de Maternidad "Natalio A. Aramayo" (Natalio A. Aramayo Maternity Institute, or INA) and Hospital de la Mujer (Women's Hospital, or HM), and from El Alto's Hospital Municipal Boliviano-Holandés (Bolivian-Dutch Municipal Hospital, or HMBH), included a patient's age, ethnicity, marital status, occupation, and birthplace. When describing a woman's ethnic background, medical records utilized the terms indígena (or less commonly india), blanca, or mestiza, rather than more specific labels like Aymara or Quechua. With respect to marital status, women were listed as *casada* (married), *soltera* (single), or, less commonly, concubina or *viuda* (widowed). Medical records suggest that La Paz was a city attractive to internal migrants during these years. Thus, of a sample of 1,150 patients seen at the INA for obstetrical and gynecological care between 1955 and 1967, nearly two-thirds were born outside the city of La Paz.[39]

While medical records include a considerable amount of demographic data on the women who visited these hospital facilities, it is not always clear how this information was determined, or how accurate it is. Medical personnel likely questioned patients to obtain some of this data, such as age or marital status. It is possible, however, that staff simply assigned other markers to women, such as ethnicity, by observing patients' styles of dress or language ability. It is interesting, for instance, that medical records designate women as either white, indigenous, or

[39] While 430 women were born in La Paz, 705 originated from other regions of Bolivia. The remaining 15 women were born in other Latin American countries, principally Peru, Chile, and Argentina. *Archivo Histórico La Paz* (La Paz Historical Archive, or ALP) INA.

mestiza, while women I interviewed tended to be much more specific about their ethnic backgrounds, identifying as Aymara-Quechua or Quechua-Castellana. This could indicate that medical personnel assigned women a broad category of ethnic identity rather than asking patients to describe it themselves (or, alternatively, asked women to claim one of just three identities), or that individuals in present-day La Paz and El Alto are more inclined to provide a specific description of their ethnic backgrounds than were women in earlier decades. It is also possible that women deliberately misreported some of their personal data. Fearing social judgment, women may have claimed to be married, for instance, rather than single or concubinas. Such misreporting might explain why medical records list the vast majority of patients as married, despite the likelihood that many of these women were common-law wives.[40] (Interestingly, women were far more likely to designate themselves concubinas in medical records from the last two decades than those from the 1950s-1980s, suggesting that common-law marriage may have become more socially accepted in recent years.)

Conducting oral interviews allowed me to gather demographic information that was perhaps more precise than that included in medical records; such precision, however, did not mean that the process of collecting this data was any less challenging. Many women, for instance, did not immediately understand my request that they identify their ethnic background and asked for clarification; others told me their birthplace or the languages they spoke rather than a specific ethnic group. I drew upon these conversations to try to develop a clearer sense of the meaning of ethnicity in La Paz and El Alto, while recording the terms women utilized to identify themselves. Interviewees described their ethnicities as Aymara, Quechua, mestiza, and

[40] Gotkowitz 2007: 177 attests to the frequency of common-law marriage in Bolivia in the 1930s and 40s, while the 2008 ENDSA reported that, of women between the ages of 15 and 49 nationwide, 37.8 percent were formally married and 22.2 were in other types of romantic unions (32). As with ethnic identity, it is possible that, when recording marital status, medical personnel simply asked patients if they were single or married, prompting women to choose one of these identities rather than concubina.

Castellana, or a combination of these, while a few women said they did not identify with any ethnic group. Not a single woman used the terms indígena, india, or campesina to describe her ethnic makeup. Only one woman described herself as blanca. I also asked each woman I interviewed to identify her age, marital status, religion, and monthly income, in addition to where she lived and how many years of formal education she had received. Finally, I noted if a woman dressed de pollera or de vestido. While the experiences of many women remained the same irrespective of their demographic markers, I have done my best in the dissertation to address variations that did arise according to marital status, ethnicity, or other variables.

Although in retrospect I often wish I had adopted a more consistent policy, during my field research I chose to record demographic data on women I interviewed about their experiences with pregnancy, but not about other individuals I interviewed, such as government officials or activists. In part, I made this decision because my research questions concerned women's reproductive experiences and how these may have varied according to age or ethnicity, while interviews with doctors and priests focused on historical context rather than personal themes. On the other hand, the dissertation's treatment of social attitudes toward reproduction might have benefited from knowing demographic information about the medical personnel or activists whose testimonies appear here, as they might have signaled differences in perspectives according to age or ethnic group. I cannot deny that I would have been more reticent to ask these individuals questions of a personal nature after explaining over the phone that interviews would focus on illegal abortion or the pro-life movement. With women, on the other hand, these questions flowed more naturally, since the interviews focused on personal experiences and touched not only on pregnancy, but also broader life events such as courtship and childhood. At the same time, it was occasionally awkward to direct personal questions to the women I

interviewed—particularly as a Western visitor to Bolivia concerned with making a good impression and with treating the individuals I met with respect. While the dynamics of the interview process are addressed in greater detail later in this introduction, suffice it to say that the dissertation provides greater insight into variations that occurred according to ethnicity and marital status with respect to some themes than others.

As the discussion above suggests, ethnic identity, in particular, is a complex phenomenon in La Paz and El Alto, encompassing not only language and geographical location (principally the rural-urban divide), but also cultural, social, and even political factors. According to historian Herbert Klein, the past few decades have witnessed significant changes in Bolivia's social structure and the ways in which categories of difference operate in the country—changes that are especially visible in the urban Andes. Since the early 1980s, argues Klein, Andean society has traversed a process of "mestization" characterized by a decrease in monolingualism, the persistent survival of indigenous languages, and an increase in the political power and social mobility of the urban mestizo class.[41] While in earlier decades upwardly mobile mestizos were expected to abandon their attachment to indigenous identity, Klein asserts that increasingly, this group "seems to have the option of retaining ethnic ties, traditional identities, and original indigenous languages along with Spanish, which many of them choose to do."[42] At the same time, evidence suggests that indigenous identity is no longer as closely tied to language as it once was. Thus, a 2005 survey found that 53 percent of Bolivia's population self-identified as indigenous, even though only 42 percent spoke a native language.[43] These recent shifts in

[41] Klein 2011a: 40-46.
[42] Ibid.: 46.
[43] Ibid.: 40.

Bolivia's social structure are owed, Klein contends, to changes in political and economic policy and to increased urbanization and social mobilization over the past three decades.[44]

The growing power of the mestizo class in recent years (and what might be called the "indigenization" of these mestizos) has had a profound effect upon La Paz; however, it has found particular expression in the city of El Alto.[45] The city's relatively lower cost of living, as well as elevated demand for workers to fill the government posts created when El Alto became an autonomous city in 1988, helped spur the social mobility of mestizos in the region. Located some 500 meters above La Paz, El Alto, which contained some 95,000 inhabitants in 1976, was at that time just a fraction of the size of its neighbor.[46] After a series of crippling droughts in the countryside in 1982-1983 and the closing of the state-owned tin mines a few years later, waves of migration swelled the city, which grew to encompass 405,000 residents in 1992.[47] By 2005, the population of El Alto had surpassed that of La Paz, transforming El Alto into Bolivia's second largest city, after Santa Cruz.[48] Comprised primarily of indigenous Bolivians and migrants from rural areas, El Alto presents forms of social and spatial organization and community mobilization different from those in cities of Spanish colonial heritage, such as La Paz.[49] In other respects, however, La Paz and El Alto are inextricably linked, often operating as a single region. Thus, Bolivians frequently live in El Alto and descend to La Paz each day for work, while other individuals make the journey in the opposite direction, living in La Paz neighborhoods and working in one of the growing number of civil society organizations or

[44] Ibid.: 44-40.
[45] Ibid.: 44.
[46] El Alto's 1976 population is recorded in Arbona 2011: 94, while INE 1976: 28 lists La Paz's population that year as 635,283.
[47] Arbona 2011: 94.
[48] Albó 2006.
[49] Ibid.; Arbona 2011; Choque and Mamani 2001; Lazar 2008; Mamani 2005. Gill 2000 reports that, as of 1992, fully 92 percent of El Alto residents were born either in La Paz or in the surrounding countryside (26). Klein 2011a reports that, as of 2001, fully 86 percent of El Alto's population was identified as indigenous (45).

government offices in El Alto.[50] While El Alto consistently scores more poorly than its neighbor in social indicators such as poverty and unemployment, many Bolivians live their lives in—and contribute to the social fabric of—both of these Andean cities.[51]

In this dissertation, I endeavor to reflect the complexity of the relationship between La Paz and El Alto. In practice, this means that I sometimes draw little distinction between these cities, while at others I trace patterns distinguishing the two. Most of the individuals whose stories appear here lived some portion of their lives in both La Paz and El Alto. This was true both for women I interviewed about their experiences with pregnancy, and for interviewees who worked at hospitals, government agencies, and civil society organizations, since many of these institutions maintained offices in both cities. Partly for this reason, and in part because of the challenges of accurately gathering data on illegal abortion, some aspects of the history of unwanted pregnancy and abortion in La Paz and El Alto appear more unified than divided. At times, this unity is owed to the fact that women's experiences with unwanted pregnancy and abortion's incidence are indeed similar across geographical location, while at others the absence of data makes it difficult to discern if geographical differences exist. When addressing how reproductive health policy and provisioning in these cities changed over time, however, geographical differences were more salient. Thus, abortion became widely available in the two cities at distinct moments, with clinics emerging in significant numbers in La Paz in the 1970s, but not until the late 1980s in El Alto. At the same time, the greater longevity and stability of state institutions in La Paz often meant that policies and regulations regarding health care were implemented more effectively in that city than in its higher-altitude neighbor. Thus, as with

[50] Gill 2000.

[51] Gill 2000 notes that a variety of social indicators, including unemployment, infant death, and access to social services and amenities, were worse in El Alto than in La Paz in the 1990s (26).

differences that emerge according to ethnicity or social class, geography was more relevant at some points than others in shaping the history of unwanted pregnancy in La Paz and El Alto.

1.3 THE "PROMISE AND DILEMMA" OF ORAL HISTORY (AND OTHER METHDOLOGICAL QUESTIONS)[52]

Any project that relies heavily on oral sources wrestles with the unique possibilities and challenges of conducting interviews and crafting written work with the testimonies that these interviews produce. Among the most fruitful gifts offered by oral sources, scholars suggest, is the opportunity to learn about a given phenomenon directly from those who have experienced it. In her study of human rights abuses in Guatemala, anthropologist Victoria Sanford found that, "those best able to historicize" the experiences of violence and torture that she examined in rural communities were "those who...survived [them]."[53] Like Sanford for Guatemala, this dissertation endeavors to present a history of unwanted pregnancy and abortion as these phenomena were lived by women in Bolivia over the past six decades. It also explores the evolution of reproductive health policy and provisioning through the eyes of individuals who participated in the development of these systems, such as medical personnel and activists. This project owes any successes it achieves to the individuals whose testimonies appear here. The process of gathering and interpreting these testimonies, however, was not an uncomplicated one, and comprised both scholarly and ethical challenges.

[52] The expression "promise and dilemma" is taken from the title of Florencia Mallon's 1994 article, "The Promise and Dilemma of Subaltern Studies: Perspectives from Latin American History."
[53] Sanford 2003: 14.

Considerable scholarship from the fields of oral history, ethnography, Latin American *testimonio*, and subaltern studies examine the dilemmas posed by working with oral sources. A central issue addressed by this scholarship is how best to navigate the interview interaction itself. Authors have debated such issues as the relative benefits and drawbacks of recording interviews and how to shed preexisting agendas and expectations in order to listen more receptively to interview subjects.[54] Scholars have paid particular attention to the unequal power dynamic that often imbues the interview interaction. In part, this dynamic is owed to the fact that the interviewer, rather than the speaker, typically sets the parameters of what is discussed and in what specific terms. This dynamic may be exacerbated by the fact that the interviewer is often an educated individual from a Western locale, while the interviewee may originate from an underdeveloped region and possess fewer economic resources and less education. Scholars further explain that this dynamic, while not fully determining the resulting testimony, almost certainly shapes it to some extent. John Beverley, however, notes that the interviewee also exercises some control over the interaction, despite the relatively privileged position of the interviewer. "In the creation of the testimonial text, control of representation does not flow only one way," remarks Beverley. "Moreover, editorial power does not belong to the compiler alone."[55]

Scholars also examine the challenges of utilizing oral interviews as a window onto the past. Daniel James' oral history of an Argentine meat-packing worker, for instance, illustrates the ways in which individuals' memories of the past, and how they relay these memories to an interviewer, may be influenced by multiple factors. While some of these factors comprise basic human errors and lapses in memory, others may take the form of (sub)conscious agendas shaping

[54] See, for instance, Anderson and Jack 1991. For discussions of tape recording interviews, see Bourgois 1995; James 2000.
[55] Beverley 2004: 38.

how interviewees characterize past events. Thus, James notes that the view offered by oral history "is not a transparent one that simply reflects thoughts [and] feelings as they really were…At the very least the image is bent, the glass of the window unclear."[56] Scholars often assert, however, that it is in the somewhat bent image afforded by oral testimony that some of its greatest promises reside. Thus, oral historian Alessandro Portelli notes that, while testimonies present pictures of the past that may not always be factually correct, the "errors, inventions, and myths" included in these testimonies "lead us through and beyond facts to their meanings"—meanings that may not be as easily accessed in documentary sources.[57]

Writing scholarship based on oral testimonies, which involves editing these and inserting them into a broader narrative, poses its own dilemmas—as does interpreting the meanings woven through these testimonies. As noted by anthropologist Phillippe Bourgois, "the problems of selection, editing, and censorship have tremendous political, ethical, and personal ramifications that ethnographers must continually confront."[58] Authors frequently must balance the tasks of staying as true as possible to the meanings afforded by interviewee testimonies and that of making these testimonies intelligible to readers. While striking this balance often involves some linguistic translation and editing, it also may comprise translation of a cultural nature. Scholars who study subaltern populations through both oral and documentary sources often face the dilemma of reconciling subjects' explanations of events with those of a Western, modern, or "rational" nature. This dilemma frequently arises in scholarship addressing ideas about health and illness, including pregnancy, in various world regions. Thus, subaltern studies scholar Ranajit Guha explores an Indian agricultural worker's contention that his leprosy was caused by

[56] James 2000: 124.
[57] Portelli 1991: 2. James makes a similar contention, noting that the inconsistencies of oral testimony, "[enable] us to approach the issue of agency and subjectivity in history." James 2000: 124.
[58] Bourgois 1995: 342.

a spiritual offense. Anthropologist Maria Tapias, for her part, examines an ailment that Bolivian mothers are believed to pass to their infants when they breast feed while in the throes of sorrow or grief.[59] As a number of scholars have noted, the problem of cultural translation—as well as other dilemmas noted above associated with oral history, ethnography, and the ethical production of research and writing more broadly—are largely unresolvable. Instead, it falls to the researcher to signal these challenges as they arise and navigate them as deftly as possible.[60]

In conducting interviews with individuals in La Paz and El Alto, I confronted a number of the challenges addressed above. Perhaps the most obvious of these concerned the sensitivity of the questions that guided my research. During the course of my fieldwork, I interviewed 55 women about their personal experiences with pregnancy. Although I was primarily concerned with how women navigated pregnancies they described as unwanted, I sought interviewees by explaining that I was investigating women's experiences with pregnancy in general. In order to build rapport with the women I interviewed and establish a more holistic view of their lives, I began these interviews by asking each woman about her experiences early in life, including her upbringing and childhood. Then, later on, I asked women about their romantic liaisons and about each of their pregnancies. Although I sometimes asked women directly if they had wanted a pregnancy or not, I began by asking each woman in an open-ended manner how she felt when she discovered she was pregnant and whether these feelings changed over time. I did this in an effort to allow women's comments to guide the interview and to avoid imposing categories such as "wanted" and "unwanted" onto women's feelings about their pregnancies. Although the prevalence of "unwanted pregnancy" in national statistical data suggested that many of the

[59] Guha 1996; Tapias 2006. See also Crandon-Malamud 1992; Farmer 1999; Scheper-Hughes 1992; Tapias 2001; and Weismantel 2001, among many others.
[60] Bourgois 1995; Gluck and Patai 1991; Wallach Scott 1999 [1988].

women I interviewed would likely have experienced this phenomenon, I did my best to allow each woman to describe her feelings toward her pregnancies on her own terms.

It is perhaps not surprising that women had a range of emotional reactions toward their pregnancies. As I explore in the final two chapters of the dissertation, women sometimes characterized their pregnancies as "wanted" or "unwanted" but also expressed a number of other attitudes toward these. While some of these attitudes, such as ambivalence, seemed to fall somewhere on a spectrum of "wantedness," other feelings did not fit easily into this framework—as when women felt their pregnancies represented God's will or evidence of a higher order of events. In these cases, whether or not a woman wanted to be pregnant was not the most relevant question that shaped her attitude toward the pregnancy. For this reason, I make every effort throughout this project to highlight the slippery nature of the concept of "unwanted pregnancy" and to acknowledge, in women's own words, the diversity of women's reactions to their reproductive experiences.

Although most of the questions I directed to women focused on their experiences with pregnancy, women typically discussed these pregnancies in the context of relaying broader stories about their lives. Indeed, women often approached the interview as a monologue punctuated by my occasional questions. Sometimes, women steered our conversations in directions that were peripheral to my interview questions. This was particularly true for women who were suffering problems in their relationships with male partners, children, or other family members. When addressing their feelings toward their pregnancies, most women spoke first of pregnancies that resulted in living children before considering their experiences with miscarriage and induced abortion. This was true despite the fact that I asked women about their pregnancies in chronological order. Some women did not initially share with me their experiences of

abortion or miscarriage and mentioned these only after I inquired as to their opinion of abortion, or asked if they knew anyone who had terminated a pregnancy. Although several women shared with me their experiences of induced abortion, it is entirely possible that other women had also terminated pregnancies but did not feel comfortable speaking with me about these experiences—or indeed other events in their lives.

In some respects, I was surprised by degree to which women shared with me details of their personal experiences with sex, pregnancy, childbirth, and abortion, as well as their impressions of life in La Paz and El Alto. On the one hand, it is a relatively universal part of the human experience to want to share with others the trials and victories of our lives. Although it would be reasonable to assume that women would feel reticent to discuss deeply personal subjects such as sex and abortion, many women expressed the opposite sentiment, remarking that they were glad to have the chance to speak about these themes. Women often said that they had lacked the opportunity to talk about their experiences previously, or had not felt comfortable doing so with friends or family members. In part, women may have felt more at ease speaking with me than with their loved ones because of the anonymity and confidentiality of the interview setting.

Women may also have volunteered to be interviewed for the project because they had grown to know me as we sat together at one of a number of weekly workshops and classes I attended in working-class neighborhoods of La Paz and El Alto. With a few exceptions, the women I interviewed were constituents of one of three organizations that offered classes in crafts or led workshops about health, pregnancy, or gender relations.[61] After interviewing a woman

[61] These organizations included the Centro de Información y Desarrollo de la Mujer (Center for Information and Development of Women, or CIDEM), the Centro de Investigación, Educación y Servicios en Salud Sexual y Reproductiva (Center for Research, Education, and Services in Sexual and Reproductive Health, or CIES), and the

privately, she would usually return to the group and chat about the interview with other attendees, which probably put some of these women at ease and encouraged them to volunteer. Finally, although these were rarely easy conversations, my own comfort in speaking with women in Bolivia about pregnancy and abortion was likely facilitated by the fact that I had done it before. Prior to my fieldwork, I spoke with hundreds of women about their decisions to terminate their pregnancies while working as a health care advocate at clinics in Seattle, Washington, and Pittsburgh, Pennsylvania. The conversations I had with women in the United States exposed me to the complexity of women's feelings toward their pregnancies and helped me feel more comfortable discussing these themes with women in La Paz and El Alto. It is possible that this experience made me a more receptive listener and set women in Bolivia at greater ease.

Despite these successes, I faced both cultural and linguistic challenges while conducting research in Bolivia. Although I am fluent in Spanish, have some training in Quechua, and had lived in La Paz before, I still encountered occasional difficulties communicating with women in La Paz and El Alto. All of the women I interviewed spoke Spanish and I conducted these interviews without the assistance of an interpreter. Many of these women, however, spoke Spanish in a way that was heavily influenced by Aymara (and occasionally Quechua) words and syntax. This sometimes made it difficult for me to understand certain aspects of women's testimonies. Since speakers of Andean Spanish often utilize the present perfect, rather than past tense, for instance, I sometimes felt confused as to when an event had taken place. This also occurred with references of a cultural nature. Thus, when one interviewee said she knew she would soon give birth after a man in a local marketplace examined her hand, I initially thought

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Centro de Promoción de Salud Integral (Center for Promotion and Integral Health, or CEPROSI). All three of these groups conduct workshops and maintain offices in both La Paz and El Alto.

that the gentleman made this assessment based on some physical symptom, such as swelling. It was only later that I realized that a healer had read the woman's palm and alerted her to the impending delivery. In navigating these questions, this project benefited tremendously from the thoughtful and conscientious assistance of Sayuri Loza, a paceña historian fluent in Aymara. Sayuri not only transcribed all of my interviews—an unbelievably arduous task—but she carefully answered my every query regarding linguistic and cultural references about which I was unclear.

A final challenge that raised not only ethical, but also logistical, issues with this project is the illegal and secretive nature of abortion in Bolivia. Dozens of the individuals I interviewed were implicated to some degree in the crime of illegal abortion. Thus, several women I interviewed procured illegal abortions—an offence that carries between one and three years of imprisonment in the case of conviction.[62] Many other interviewees referred women to abortion providers, performed illegal abortions, and worked as administrators, nurses, and educators at clinics that offered the procedure. Still others, such as doctors at public health facilities and police officers, had knowingly failed to report or to arrest women and medical providers in connection with abortion—which also constitutes a breach of legal codes punishable by imprisonment.

With a few exceptions, the individuals I interviewed in La Paz and El Alto agreed to speak with me on the condition that these interviews be kept anonymous. For this reason, I refer to all but a few of my interviewees by a pseudonym. While I assigned only a first name to individuals whose surnames I did not know at the time of the interview, people whose full names I already knew carry pseudonymous first and last names. Many interviewees, however,

[62] Bolivia Código Penal Banzer 1973, cap. II, art. 263.

requested additional assurances before they agreed to speak with me. Thus, most doctors and nurses who performed illegal abortions consented to the interview only after I explained in detail my own political views on abortion. (Many only agreed to meet in the first place because I had been referred by other trusted abortion providers or well-known women's rights activists.) When speaking with medical personnel, my clinical experience and familiarity with the medical aspects of abortion care seemed to bolster doctors' trust in and openness with me. It also lent credibility to my claims of having worked in abortion care. Even when they eventually agreed to speak with me, however, many individuals were concerned that their employers or friends might discover the interviews. Thus, several police officers and some medical doctors asked that I pretend to be a distressed tourist seeking help in the event that our interviews were interrupted by someone they knew.

The above comments have probably signaled to readers on which side of the abortion debate I stand. My personal conviction that abortion should form a safe and legal part of reproductive healthcare represents part of my subjectivity as a researcher, and as such, likely shaped the research and writing of this dissertation to a certain extent. On the one hand, my ability to speak honestly about my political position with respect to abortion probably added to the depth and richness of my interviews with abortion providers and some women's rights activists. My views on abortion's legal status, however, did not prevent me from learning a tremendous amount from the several individuals I interviewed who opposed abortion, including pro-life activists and officials from Catholic and Protestant churches. As with the "pro-choice" individuals with whom I spoke, I asked interviewees who opposed abortion to explain in detail their professional endeavors and their personal attitudes toward unwanted pregnancy and abortion, and I listened carefully to their responses. Although I planned to speak openly about

my personal views on abortion's legal status whenever I was asked to do so, in practice only illegal abortion providers requested this information, probably because of their fear of being detected by police.

At times, the fact that I did not preemptively declare my position on abortion legalization, in combination with my obvious interest in my interviewees' comments, likely led some individuals to assume that I shared their political views on abortion—although this seemed to be true of interviewees on both sides of the abortion debate. As with being a white North American woman, my attitude toward abortion's legal status forms a relevant and inescapable aspect of my identity as a researcher (particularly one writing a dissertation on unwanted pregnancy). However, this attitude did not influence the project any more—or indeed less—than other facets of my identity. Regardless of my own political convictions or those of my interviewees, I felt indebted to each person I interviewed and am committed to portraying their comments and interpretations as accurately as possible.

As anthropologist Victoria Sanford notes in her study of Guatemala, the process of conducting interviews not only teaches the interviewer about the subjects discussed, but also may "mark [her] life" in irrevocable ways.[63] Reflecting on her field research, Sanford explains how she will forever view the violence in the countryside through the lenses of survivors' testimonies, remarking, "their memories of La Violencia are a part of my life."[64] Drawing on the work of Dominick LaCapra, who conducted oral histories with survivors of the Holocaust, Sanford describes the process in which an interviewer is impacted by an interviewee as one of transference, in which the interviewer "'opens oneself to empathetic unsettlement.'"[65] It is

[63] Sanford 2003: 22.
[64] Ibid.
[65] LaCapra 2001 quoted in ibid.

important to note the thematic distance between discussions of violence and trauma, explored above, and those of abortion and unwanted pregnancy—phenomena that, while unpleasant, I would hesitate to cast as necessarily "traumatic." At the same time, interviewing women in Bolivia about their pregnancies, not unlike the ways in which Sanford and LaCapra characterize the interview process, undoubtedly made a deep impression on my life. At times, my personal reactions to interviews led me in directions that were peripheral to my research goals when speaking with women in Bolivia. When women wept and expressed sadness over their pregnancies, for instance, I sometimes abandoned my prepared questions to express empathy or to ask women about their support networks. Rather than perceiving these deviations from the script as drawbacks, however, I view them as inevitable expressions of our humanity and individuality as researchers—as well as further evidence of the impossibility of achieving "objectivity" in social science research. Try as we might to approach our interviewees as historians, we are first humans—and not only the interview, but also our scholarship, is likely better for it.

1.4 OUTLINE OF PROJECT

This dissertation traces a broad history of unwanted pregnancy and abortion in La Paz and El Alto between the nationalist revolution of 1952 and 2010—the year after the passage of a new constitution that, for the first time, recognized citizens' sexual and reproductive rights. In this period of tremendous social and political change, the project places a broad examination of national reproductive health policy and social debates alongside a microhistorical perspective that considers women's individual experiences. In so doing, the dissertation reveals that the

conversations that took place in legislative sessions often had a great deal to do with women's individual lives—and vice versa.

Chapter two of this project examines changes in public policy and attitudes toward reproduction (including contraception, abortion, and unwanted pregnancy) over the past sixty years, placing these in historical context. In particular, I consider shifts in the national (and often international) political scene, as well as changes in the status of women and indigenous people more broadly. I argue that women's demand for abortion, in combination with the democratic opening and international developments, spurred progressive changes in reproductive health policy since the early 1980s.

Chapter three delves more deeply into the phenomenon of abortion. I examine the evolving incidence of abortion and contraceptive use alongside changes in abortion care across the period, placing these in Latin American context. The chapter demonstrates that the changes in abortion provisioning and post-abortion care that took place during these years were sparked by women's demand for abortion and the extraordinary lengths to which women would go to obtain the procedure. Focusing on the period between 1982 and 2010, chapter four considers how women shaped policy and provisioning not only through their demand for abortion and contraception, but also through organizing, providing referrals for abortion, and serving as constituents to civil society organizations. In this chapter, I explore how the democratic opening and the increased role of civil society organizations spurred the development of new referral mechanisms for illegal abortion. I demonstrate that the neoliberal policies that supported the rise of these organizations simultaneously subverted the legal system by facilitating illegal abortion provisioning. I also argue that, while changes in policies and provisioning since the early 1980s

have made abortion safer and more accessible, they have also slowed efforts to legalize the procedure.

In chapters five and six, I examine women's personal experiences with unwanted pregnancy, exploring what these experiences reveal about the evolving status and aspirations of women in Bolivia. Chapter five draws on medical records and personal testimonies to show broad patterns characterizing women's experiences with abortion alongside those of individual women in La Paz and El Alto. I also draw connections between the shifts in reproductive policy and service provisioning I describe in earlier chapters and women's personal experiences with reproduction. Chapter six explores the experiences of women who carried unwanted pregnancies to term. In this chapter, I consider how Andean and western notions of health and pregnancy influenced women's experiences, as well as the ways in which some civil society organizations shaped women's understandings of their own reproductive possibilities. These ethnographic chapters demonstrate that women's feelings about their pregnancies were often contradictory and complex, and that multiple, inter-connected factors influenced their responses to these pregnancies. I argue that the experiences of women in Bolivia with unwanted pregnancy, like those of women elsewhere in the world, are not adequately explained by politicized concepts like "choice." Instead, these experiences were conditioned by a range of personal and social circumstances.

The past six decades have witnessed considerable changes in reproductive policy and illegal abortion care in La Paz and El Alto, as well as notable shifts in social attitudes toward unwanted pregnancy and abortion. Despite this, I was struck when conducting research for this project with the frequency with which interviewees referred to abortion in Bolivia as a "*secreto a voces*," or an "open secret." Interviewees explained that, while most individuals know where to

procure abortion and even government authorities are aware of which facilities perform the procedure, people in La Paz and El Alto comply with an unspoken rule not to discuss it. Although the procedure is safer and more widely available today than it was in the early 1950s—and though most women will undergo it at least once in their lifetime—abortion in Bolivia still appears to be highly stigmatized and a frightening experience for many.

At the same time, this dissertation demonstrates the influence that men and women in Bolivia have brought to bear on the trajectory of public policy and on access to reproductive health care in the country. Individual women, activists, and sympathetic medical personnel have gone to extraordinary lengths to ensure access to abortion and to contraception—even crossing international borders to bring advanced medical technologies to the region. Due to these efforts, abortion and post-abortion care in La Paz and El Alto are both widely available, though largely unregulated. On the one hand, it is important to avoid the teleological assumption that abortion will eventually be legalized in Bolivia—although it seems reasonable to hope for this outcome, since it would likely lower rates of medical complications and death due to abortion. At the same time, the shifts that women and their allies have effected in reproductive health policy over the past several decades suggest that the future may bring yet further changes.

2.0 DOUBLE DISCOURSES: DEBATING AND LEGISLATING UNWANTED PREGNANCY AND ABORTION

When you talk about abortion with people, it's a theme that is still very sensitive. People don't have very clear positions on abortion, they prefer not to talk about it or take a stand on it—they prefer to put themselves behind the subject and never face it directly.[66]

-"Julián Costa," employee of a clinic that provides abortions

When I asked medical doctor "Blimunda Santillán" if her family knew that she performed illegal abortions as part of her job at a reproductive health clinic in La Paz, she remarked,

> My parents have always known what I do, but my sisters don't. But maybe they just pretend not to, because they also send me their friends. I mean, they continue with this discourse of, "Oh, what a barbarity! [abortion]," but then women come and tell me, "Your sister sent me, I would like you to help my daughter"…This is the double discourse that everyone has.[67]

Illegal in most circumstances since 1973, induced abortion in Bolivia is what many in the country refer to as "*un secreto a voces*," or, an open secret—publicly silenced but frequently practiced. Although an estimated 120 women in the country obtain an abortion each day and rates of unwanted pregnancy in the country are substantial, few speak openly about these

[66] "Julián Costa," La Paz, 3 July 2009. The names of interviewees cited here are pseudonyms. The presence of quotations around the name of an interviewee in a footnote indicates that the name is a pseudonym. All interviews were conducted by the author and recorded digitally. All translations are by the author, unless otherwise noted. Costa's comments in Spanish read, "Cuando tú hablas sobre el aborto con la gente, es un tema todavía muy sensible. No tienen posiciones muy claras al respecto, prefieren no hablar, prefieren hacerse a un lado, prefieren ponerse detrás y nunca adelante."

[67] "Blimunda Santillán," La Paz, 7 October 2009.

phenomena.[68] As the comments of Costa and Santillán suggest, when abortion *is* discussed in the public sphere, the subject is fraught. While some avoid taking a firm position on abortion, others, like Santillán's sisters, adopt a "double discourse," publicly condemning the procedure while privately tolerating it—even assisting friends and loved ones to locate abortion providers. Public policies on unwanted pregnancy and abortion in Bolivia appear to follow a similar double discourse. While abortion has remained illegal due to the strength of conservative political and religious forces in the country, recent government programs for the treatment of incomplete abortion and miscarriage belie an official recognition of the frequency of unwanted pregnancy and abortion. This recognition does not necessarily mean that the Bolivian state condones illegal abortion; however, it does reveal an acknowledgement that the procedure will occur regardless of its legal status—and a tacit acceptance of that fact.

Perhaps one reason that abortion is not discussed more openly in Bolivia is that there have been few changes in the legal status of the procedure over the past several decades that might spark further debate on the subject. First criminalized under President Andrés de Santa Cruz in 1834, abortion remained illegal in all circumstances until a modification of the penal code in 1973 authorized the procedure in cases of rape, incest, or to protect a woman's life or health.[69] Despite this change, only a handful of legal abortions have ever been carried out, since the officials called upon to authorize and perform the procedures, fearing public scrutiny, are often unwilling to do so. In Bolivia—a country that is largely Catholic and where women face frequent discrimination and violence—abortion is roundly condemned by broad sectors of the

[68] In 2000, *La Razón* reported on a study conducted by the United Nations Population Fund (UNFPA) and Bolivia's Ministry of Health that estimated that every 60 minutes in Bolivia, five women will terminate a pregnancy. "Maternidad: Cada hora, 5 mujeres buscarán el aborto," *La Razón*, (12 July 2000): A 18. According to Bolivia's National Demographic and Health Survey (ENDSA) in 2008, 36 percent of births that occurred between 2003-2008 were unwanted. ENDSA 2008: 127.

[69] Bolivia Código Penal Santa Cruz 1834, art. 516-517; Bolivia Código Penal Banzer 1973, cap. II, art. 263-269.

public, usually on moral or religious grounds. Yet, recent studies reveal that three in five women in Bolivia terminate at least one pregnancy in their lifetimes.[70] This suggests that neither restrictive policies nor conservative attitudes toward abortion prevent women from seeking the procedure or doctors from performing it.

This chapter seeks to illuminate the contradictions between the realities of unwanted pregnancy and abortion in Bolivia and restrictive laws and opinions on these phenomena. Drawing on interview and archival data, the first section examines changing policies on reproduction—particularly contraception, unwanted pregnancy, and abortion—between 1952 and 2010. I explore what the policy shifts reveal about the attitudes of the medical and governmental sectors toward these reproductive phenomena and toward women's health in general during these years. I argue that the most significant policy changes took place since 1982, when democracy was restored to Bolivia after 18 years of military rule. In particular, I find that an increase in women's demand for abortion in the mid-1980s, in combination with broader local and international trends, forced the national government to implement progressive programs in family planning and for the treatment of incomplete abortion and miscarriage between the early 1980s and 2010. Domestically, the proliferation in women's organizing following the democratic opening spurred political will among activist, medical, and government sectors to implement changes in public policy on reproduction. At the same time, rising international concern with elevated rates of abortion-related death beginning in the 1970s, in addition to broader shifts in women's status worldwide in the 1970s and 1980s, further encouraged a climate for progressive policy change in the Andean nation.

[70] "El aborto, un gran dolor de cabeza para la salud púbica," *La Razón* (20 March 1996): A 11.

The policy developments that have taken place since the early 1980s—changes that ultimately made abortion safer while allowing it to remain both ubiquitous and illegal—reveal that most doctors and government officials continue to conceive of abortion primarily as an issue of public health, rather than one of political or human rights. Since maternal mortality is often taken as an indicator of the overall status of a nation, the concern of doctors and policymakers with the public health impact of illegal abortion may further reflect anxieties about Bolivia's socioeconomic and political position on the world stage. At the same time, backlash by some sectors of Bolivian society to the increased public discussion of abortion that accompanied the recent policy developments—including physical attacks on participants at a conference on abortion in 1994—demonstrate that many in the country continue to oppose abortion, despite its implications for women's health.

The second section of this chapter examines the ways in which abortion and unwanted pregnancy are conceptualized in Bolivian society more broadly, beyond the medical and political sectors. Based on interviews with women and men of a variety of socioeconomic backgrounds, pro-choice and pro-life activists, and police and religious officials, this section traces societal attitudes toward unwanted pregnancy and abortion over the past few decades, illuminating the connections between these attitudes and broader conceptualizations of women's place in society. This section demonstrates that most Bolivians oppose abortion, and often condemn both the women who seek the procedure and the doctors who perform it. Many interviewees blame economic crisis since the mid-1980s and changes in women's status for what they believe to be increased abortion rates over the last one to two decades. Some assert that household economic problems have forced adult mothers to work outside the home and leave their adolescent daughters unsupervised, resulting in unwanted pregnancy and abortion largely among teenagers.

Others claim that women's increased independence and desire to study or to pursue careers outside the home have led adult women to avoid or delay motherhood through abortion.

Although most Bolivians publicly declare their opposition to abortion, this chapter also reveals that, in certain settings, individuals' opinions about the procedure are much more nuanced. Thus, in private conversations—or when an unwanted or unintended pregnancy has touched the life of an interviewee or of an interviewee's friend or relative—many Bolivians believe that abortion is acceptable. Others oppose abortion in general but find terminating a pregnancy permissible under particular circumstances. The disconnect between individuals' public and private positions on abortion suggests that, in Bolivia, as in other world regions, not only abortion doctors and their patients, but also individuals who admit to supporting abortion rights, face social stigma. Faced with the fear of what Bolivians call the "*qué dirán,*" or "what others might say," most individuals roundly claim to oppose abortion, even if, in private settings, they tolerate or accept it.

2.1 LEGISLATING WOMEN'S REPRODUCTION: POLICIES ON UNWANTED PREGNANCY AND ABORTION, 1952-2010

The period from 1952 to 2010 saw considerable evolution in public policy in Bolivia on women and reproductive phenomena such as contraception and pregnancy. These policy shifts took place in response to several interconnected factors at the national and international levels. Within Bolivia, government authorities of both military and democratic regimes balanced their own interests with those of their local supporters while considering how best to bolster the country's position on the international stage. A diverse range of actors, including women's

groups, indigenous activists, and religious officials, mobilized to garner government and popular support for their often conflicting agendas.

In the international sphere, policymakers concerned with population growth worldwide undertook a variety of initiatives to encourage contraceptive use in developing countries. These initiatives often sparked nationalist backlash and opposition on the part of local populations. At the same time, the last quarter of the 20th century saw the advent of the first global conferences on women, in addition to the development of an international consensus on the need to bolster women's status worldwide. This consensus culminated in the establishment of formal commitments, ratified by an increasing number of countries, to decrease levels of maternal and infant mortality and expand women's access to health care, education, and other services.

These local and international phenomena spurred the emergence of policies on women and reproduction in Bolivia across four key chronological phases. The first, which spanned the years of the nationalist revolution of 1952-1964, witnessed an expansion of political rights for women, but little legislative change specifically concerning reproduction. Organizing on the part of women in Bolivia, which occurred across socioeconomic class and ethnic group, was instrumental in spurring advances in women's political and social rights during the revolutionary years. During the second phase, stretching from 1964 to 1982, Bolivia traversed a period of military rule interrupted by only brief moments of democratic governance. While political mobilization in Bolivia was severely curtailed during the military era, the 1960s and 1970s saw increasing concern internationally with world population growth and maternal mortality. These concerns sparked limited attempts to expand access to contraception and abortion in Bolivia, but drew sufficient opposition by the Catholic Church and other social sectors to significantly curtail these efforts.

The phase stretching from the 1982 democratic opening through the end of the 1990s was a prolific one for initiatives on reproduction, due in part to organizing by women's groups and to women's persistent demand for contraception and abortion. It was during this period that Bolivia instituted its first national family planning program and that abortion came to be a subject of public discussion—albeit mostly among activists and policymakers rather than the public at large. The most recent period of legislative change on reproduction stretched over the last decade and a half, as Bolivia debated measures to be included in the country's new constitution. In the years leading up to and following the passage of the 2009 constitution, organizations representing women and indigenous peoples, in addition to religious institutions, weighed in on questions of sexuality and reproduction.

The first of these phases began in April 1952, when tin miners joined students and urban workers from the city of La Paz to launch a popular uprising culminating in a 12-year-long nationalist revolution. Upon coming to power, the Movimiento Nacionalista Revolucionario (Revolutionary Nationalist Movement, or MNR) party, spurred by the mobilization of indigenous *campesinos* (peasants) in the countryside and workers in mining centers, passed a number of progressive legislative measures. These measures included the nationalization of the country's mineral resources, an agrarian reform, and the extension of citizenship and voting rights to groups that, up to that time, were largely excluded from national politics—including indigenous peasants and women. In seeking to correct for the first time tremendous inequities in access to land and to the political system, the national revolution was significant in ways that were both real and symbolic. While the revolutionary measures effectively restructured the

country's economy and political system, they also expanded citizens' expectations of the state, bolstering progressive movements.[71]

The MNR described its political ideology as one of "revolutionary nationalism" and owed its popular support to its embrace of two slogans, "land to the Indians" and "mines to the state," first launched by radical intellectual Tristan Marof in the 1920s.[72] Within its first 18 months in office, the MNR established universal suffrage, nationalized the largest tin mines, and instituted a large-scale agrarian reform and land redistribution. In the mining centers and the rural countryside, workers and indigenous campesinos took a leading role in bringing the revolution to their environs, forming unions and regional associations.[73]

The vision of the MNR had particular implications for Bolivian women. On the one hand, scholars contend that even progressive policymakers of the period continued to conceive of women primarily with respect to their reproductive and "eugenic functions in the nation."[74] And yet, since women had been instrumental in bringing the party to power and could now vote, the MNR was forced to recognize them as political subjects—albeit as lesser participants (and in certain respects, lesser citizens) than their male counterparts. In the cities, the MNR women's faction, the Comando Femenino de La Paz (Female Command of La Paz) enjoyed considerable participation of urban women, although the group largely mobilized in support of the national MNR program and did not articulate separate, gender-specific concerns. Two members of the

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[71] Klein 2011a: 212-215.

[72] Ardaya 1992: 44.

[73] Klein 2011a: 212-215. The revolutionary government also sought to "incorporate" the country's indigenous populations into the nation (and into dominant mestizo culture) through educational programs and by altering campesinos' living spaces, hygienic practices and other behaviors, and forms of dress. This project of incorporation is the subject of my 2008 master's thesis, "Envisioning Incorporation: Campesino Citizenship and 'Progress' in the Bolivian National Revolution, 1952-1964." For a good overview of the incorporation project, see also Stephenson 1999: 111-157.

[74] Zulawski 2007: 119. Ardaya contends that the revolutionary state "cast [women] as reproducers of the family and of family values." Ardaya 1992: 61.

Command managed to ascend to positions of power within the new administration, serving in national posts; one, Lydia Gueiler Tejada, would later become Bolivia's first (and to date only) female president.[75] Most Command members, however, occupied positions subordinate to men in bodies such as the Social Assistance Office, a charity organization directed by the first lady.[76] In the countryside, the government's rural reforms only partially benefited rural-dwelling women, revealing the continuing limitations of citizenship for members of the female sex. Thus, campesinas were not designated as primary recipients of redistributed land and could only access parcels through familial connections with male recipients, such as husbands or brothers. At the same time, most women were excluded from equal participation in rural unions, which governed campesinos' access to markets and to political participation.[77]

The Comandos, however, did not constitute the only avenue for women's mobilization during the revolutionary years. Another significant player in women's organizing during the period was the Legión María Barzola, a somewhat more militant, pro-MNR group whose namesake was a female mineworker killed in an infamous massacre of tin workers in 1942. Unlike the Commands, which were largely made up of middle- and upper-class relatives of male MNR activists, the Legion was comprised largely of working class and illiterate women, many of whom were single mothers. The Barzolas, as they were popularly called, engaged in direct action and service provision in defense of women and children (including the families of its own low-income members). According to one member, the group worked in a number of arenas, including health care, literacy, and political advocacy: "'We had an office and a group of doctors

[75] Lydia Gueiler Tejada was a member of Bolivia's Chamber of Deputies between 1956 and 1964 (and acting president from 1979-1980), while Rosa Lema Dolz served as Secretary General of the Ministry of Peasant Affairs. Ardaya 1992: 62.
[76] Ibid.,: 59-67.
[77] Women could participate as full members of rural unions only if they were widowed or owned land. Gotkowitz 2007: 280.

who worked with us. We also did political work with women in various neighborhoods. We went to their homes when they were sick, we helped in any way we could.'"[78] When Bolivia suffered food shortages in the wake of the agrarian reform and was forced to accept donations of grain and other products from abroad, the Barzolas organized supply centers to make basic foodstuffs available to women, even engaging in contraband in order to do so. The occasionally dishonest and even violent tactics used by the Barzolas gave the group a poor reputation among some social sectors.[79] Wrote one scholar, "'in legislative sessions, they would stand up, and if anyone spoke against the MNR, they would throw tomatoes and other things to shut them up.'"[80]

During the years from 1956 to 1964, as Bolivia's revolutionary government slowly unraveled, women's formal political participation—at least that of the pro-MNR sectors—actually became more firmly consolidated. In 1956, the same year she was elected to the Chamber of Deputies, Command activist Gueiler Tejada advanced a proposal for the creation of a Sub-Secretary of Social Welfare dedicated to the defense of women; the measure passed the following year. In 1961, during the third and final administration of the revolutionary regime, the Female Commands held their first departmental conference. The event was so well attended that a national conference was convened the following year. In the 1962 and 1964 elections, between two and three female MNR candidates were elected each year to local or national posts.[81]

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[78] Leonor Calvimontes, quoted in Ardaya 1992: 73.

[79] Ardaya reports that Barzolas who were employed in domestic service spied on their anti-MNR employers, collecting information about their activities for the group. Ardaya 1992: 73.

[80] Moema Viezzer, cited in Ardaya 1992: 75. The activities of women in mining centers constituted another important sector of the women's movement during the revolutionary years. For more on the mobilization of women miners and housewives, see Ardaya 1992; Nash 1993 [1979], and Viezzer 1978, which presents the testimony of miner Domitila Barrios de Chungara.

[81] Ardaya 1992: 78-83.

Ultimately, neither the support of women nor that of the MNR's traditional base of campesinos, mine workers, and the middle class could prevent the disintegration of the revolutionary regime. The causes of the MNR's demise were both political and economic. The nationalization of Bolivia's most lucrative tin mines (with compensation to the former owners) and the destruction of the capitalist-oriented haciendas liquidated the country's main sources of income.[82] This situation compelled the MNR to increase its national currency, sparking inflation and discontent at home, and eventually forced the party to turn to the US for financial assistance and food aid. In the long term, the MNR's relationship with the US limited its ability to pursue the revolutionary nationalist agenda to which it owed its political support. By the time Paz Estenssoro was removed from the presidency in a coup in 1964, the party was marked both by deep internal divisions and a lack of popular support on the left.[83]

Following the collapse of the revolutionary government, Bolivia was plunged into 18 years of military rule, which severely curtailed progressive organizing in most sectors. During the long period of military rule, many intellectuals, activists, and civilian political leaders were forced to flee into exile, as the government cracked down on leftist movements and democratic participation in general.[84] Some women joined the ranks of those exiled during the military years. What would later become one of the city's most important women's organizations, the Centro de Información y Desarrollo de la Mujer (Center for Information and Development of Women, or CIDEM), was founded by sociologist Sonia Montaño while she was exiled in

[82] Haciendas are large estates dedicated to agricultural production for export or internal consumption, or both. Bolivia's economy was reliant on the hacienda system between about 1880 and 1952, when it was largely destroyed by the agrarian reform decree. Gotkowitz 2007; Klein 2011a: 209-216.
[83] Ardaya 1992: 69-70; Klein 2011a: 217-224. There is a great deal of scholarship on Bolivia's revolutionary period. See, for instance, Dunkerley 1984; Gotkowitz 2007; Grindle and Domingo 2003; Malloy 1970; and Malloy and Thorn 1971, among many others.
[84] Klein 2011a: 222-238.

Holland.[85] Like military regimes elsewhere in the continent during these decades, Bolivia's military leaders viewed the authoritarian system as a path to modernizing the country, and approached political parties and organizing on the part of labor and other groups with hostility.[86] In Bolivia, military leaders also courted the country's indigenous populations, forming what they called a "Military-Peasant Pact." The military's support of campesinos manifest in continuing the land distribution initiated in 1953, but stopped short of extending other rights demanded by rural-dwellers, such as credit or price controls to bolster their position in local markets. In this sense, the approach of Bolivia's military regimes to the country's indigenous populations was largely paternalist.[87]

During the military years of the 1960s and 1970s, indigenous campesinos found themselves plunged into a national debate concerning modernization, health care, and what would become known by its critics as "population control." Although health reform programs and studies on population growth were undertaken in the Bolivian countryside since the early 1960s, these initiatives did not provoke serious debate until 1969, when Bolivian filmmaker Jorge Sanjinés released his now-famous film *Yawar Mallku*, or *Blood of the Condor*. The film drew on allegations leveled by a local radio show in 1967 that U.S. Peace Corp volunteers were sterilizing indigenous women in the countryside without the women's knowledge or consent. The film, which drew audiences both at home and abroad, sparked a serious controversy concerning U.S. population-control efforts in the region. Within Bolivia, the movie fanned the

[85] Montaño would later serve as Bolivia's first Sub-Secretary of Gender Issues from 1993-1995 and, as of 2011, was the Director of the Division of Gender Issues for the UN Economic Commission for Latin America and the Caribbean (ECLAC). "Cati Molina," La Paz, 18 June 2009.

[86] The ideology of Bolivia's military establishment was far less coherent than those of the southern cone countries, however, and tended to shift in accordance with the individual personality of the leader in charge. For instance, General Juan José Torres, who served in 1970-71, supported the left-wing labor movement and accepted funding from the Soviet Union. Klein 2011a: 226-229.

[87] Ibid.: 230.

fires of existing anti-U.S. sentiments—culminating in the 1971 expulsion of the Peace Corps from Bolivia—and incited a backlash against contraceptive methods more broadly. At the same time, the film drew worldwide criticism of U.S. population policies as eugenicist projects designed to derail the "demographic explosion" by limiting the reproduction of poorer, non-white populations abroad. [88]

In the late 1960s and early 1970s, Bolivia in fact had no comprehensive program on family planning; however, these decades saw the advent of discussions between local authorities and international bodies, including the Peace Corps, on the possibility of pursuing such an initiative. When the Peace Corps came to Bolivia in 1962, it did so to investigate the efficacy of existing health programs in the countryside in an effort to bolster the success of any future projects.[89] According to historian Erica Nelson, the Peace Corps' evaluation of health initiatives "reinforced a particular ideology of development in Bolivia: that the acculturation of indigenous groups must necessarily precede the modernization of health services, and the subsequent modernization of the nation."[90] The Peace Corps, like other U.S. agencies during these years, had growing concerns with Latin America's "overpopulation" and tended to see the region's path to development as contingent upon limiting birth rates among poor, uneducated, and often non-white women.[91] Documents drafted by United States Agency for International Development (USAID) and the U.S. State Department during these years betrayed the interest of the U.S. in utilizing its aid programs in Latin America, including the Peace Corps, "as a funnel for contraceptive supplies and technical expertise."[92]

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[88] Geidel 2010b; Nelson 2009: 25-28; Rance 1990: 14-15.
[89] Nelson 2009: 28-29.
[90] Ibid.: 33.
[91] Geidel 2011; Nelson 2009.
[92] Nelson 2009: 29.

There is no evidence to suggest that the Peace Corps or any other international organization had implemented a large-scale population program in Bolivia in these decades. What is clear, however, is that at least a handful of Peace Corps volunteers distributed birth control to Bolivian women on an individual basis. Written correspondence of Peace Corps representatives and investigations by Bolivian authorities after the episode found that volunteers had inserted intra-uterine devices (IUD) into indigenous women in the countryside. Disturbingly, at least some of these women neither knew about, nor consented to, using the method. There is no way of knowing for certain if volunteers acted in line with a well-articulated Peace Corps policy or inserted the devices of their own accord.[93] In either case, however, the IUD insertions—at least those to which women did not consent—clearly represented both a gross violation of the women's rights and evidence of eugenicist interventionism in Bolivia.

Following the *Yawar Mallku*-Peace Corps scandal, it would be about five years before reformers in Bolivia would revisit the issue of contraception. In the interim, however, the government continued to pursue other aspects of maternal and infant health. In 1973, under the leadership of military president Hugo Banzer Suárez, Bolivia's Ministry of Health created, for the first time, a División Materno-Infantil (Maternal-Infant Health Division).[94] Also in 1973, Banzer modified the country's penal code to allow induced abortion in cases of rape, incest, and to protect a mother's life or health—as long as the woman in question was able to obtain a

[93] Geidel asserts that "Peace Corps and Bolivian authorities alike endorsed population control measures" in the 1960s and cites correspondence by a volunteer who claimed that the community in Bolivia where she worked was "'the Lippes' Loop capital of the *altiplano.*'" Geidel 2010b: 776. (The Lippes' Loop was the most commonly used IUD in the 1960s and 1970s.) Nelson describes interviewing a Bolivian doctor who, in 1963, said he treated a woman in the lowland city of Coroico for infertility and discovered that she had an IUD in place. The woman explained that she had been examined some time before by a Peace Corps nurse. Nelson 2009: 39-40.

[94] Ministerio de Salud y Deportes 2004: 11.

judicial order authorizing the procedure.[95] Since few judges were willing to face the public scrutiny that granting such orders might provoke, the penal code modification proved to have little impact on women's access to legal abortion in the country.[96]

Political scientist Mala Htun has noted that, in other Latin American contexts, socially progressive legislation concerning reproduction and the family was sometimes implemented under conservative dictatorships, rather than ostensibly more liberal democratic regimes. Citing the tendency for military regimes to engage in legislative processes requiring little or no public debate or transparency, Htun demonstrates that conservative regimes in Argentina, Uruguay, and Brazil passed relatively progressive policies concerning "abortion, divorce, and the family" in the 1970s and 1980s.[97] This was true even when regimes shared relatively cordial relations with the Catholic Church. (Since the two institutions shared similar values, argues Htun, the Church did not typically view the minor liberalization of family legislation by the military as evidence of greater change to come.[98]) With respect to abortion, these southern cone countries (in addition to Mexico and Cuba) actually represented the vanguard in abortion legislation, decriminalizing the procedure in cases of rape in the 1920s and 1930s, several decades before most European countries did so. In the Latin American countries, military dictators clarified the language of existing abortion laws in the 1970s and 1980s, but did not further liberalize access to the procedure (while in Europe, elective abortion became widely available during the same years).[99]

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[95] Bolivia Código Penal Banzer 1973, cap. II, art. 266, "Aborto impune."

[96] Interviews in La Paz with medical doctors "Emma Alvarez," 19 June 2009; "Alessandra Muñecas," 19 June 2009; "Isaías Rosales," 21 October 2009, and "Blimunda Santillán," 7 October 2009, and with activists "Daniela Brillo," 18 June 2009 and "Lupe," 29 June 2009, among others.

[97] This quote is taken from the subtitle of Htun's 2003 book, *Sex and the State: Abortion, Divorce, and the Family Under Latin American Dictatorships and Democracies.*

[98] Htun 2003: 149. According to Htun, the relative tolerance of the Catholic Church toward legislative reform on the family began to change in the late 1970s and throughout the ensuing decades, with the election of conservative Pope John Paul II in 1978. Ibid.: 151.

[99] Ibid.: 142-150.

To date in Latin America, women can legally access some form of elective abortion only in Cuba, Uruguay, and Mexico City.[100]

In Bolivia, military president Banzer Suárez probably rewrote the country's abortion law in 1973 for similar reasons as did other Latin American military leaders during these years—as part of broader efforts to modernize the state by updating criminal codes and other legislation. Argentina's abortion law went through subtle shifts first under military dictator Juan Carlos Onganía in 1967 and again in 1973 and 1976 under both democratic and authoritarian regimes—the same years that Banzer modified the Bolivian law.[101] It is also possible that Banzer opted to alter the abortion bill after the United States' Roe v. Wade decision the same year. An additional reason President Banzer may have loosened abortion restrictions when he did was that, by the 1970s, illegal abortion had begun to worry Bolivia's medical community—including Ministry of Health officials— due to the impact of the procedure on rates of maternal death in the country.

Two phenomena dating from the 1970s contributed to the interest of Bolivia's medical professionals in induced abortion during these years. First, by the early part of the decade, illegal abortion in Bolivia (and elsewhere in Latin America) seems to have represented a significant phenomenon—even if exact rates of the procedure were sometimes unclear.[102] Medical studies from a number of countries in the region found that the treatment of incomplete abortion constituted a considerable, even growing, percentage of gynecological visits at area hospitals during these years.[103] Similarly, high rates of illegal abortion in Chile prompted doctors

[100] In Cuba, elective abortion was legalized shortly after the 1959 revolution, while Uruguay and Mexico City have allowed the procedure in the first trimester of pregnancy since 2012 and 2007, respectively. "Abortion Legalised in Mexico City," *BBC News* (25 April 2007); Hamilton 2012; "Uruguay Approves First-Trimester Abortions," *New York Times* (17 October 2012).
[101] Htun 2003: 148.
[102] Cisneros 1976 and interview with medical doctor "Adrián Espinoza," La Paz, 8 October 2009. The changing incidence of abortion is discussed in more detail in chapter 3 of this project.
[103] For an overview of these studies, see Htun 2003; Paxman 1993; Viel 1988.

in the late 1960s and early 1970s to undertake a series of studies on the impact of illegal abortion on maternal death in the country—studies which some claim drew attention to the issue of unsafe abortion in the region more broadly.[104]

Secondly, in the 1960s and 1970s, population reformers in the U.S. intentionally worked to draw the attention of Latin American medical professionals and policymakers to illegal abortion in an effort to promote countries' adoption of family planning programs. Erica Nelson contends that U.S. Embassy Population Offices in Bolivia, Chile, Ecuador, and Argentina pointed to high rates of illegal, induced abortion in an effort to convince local authorities to establish national family planning programs. While the efforts of international population reformers in the 1960s and 1970s did not always succeed in increasing the use of contraceptive methods in the region, they did place the phenomenon of illegal abortion in the national and international spotlight.[105]

When family planning initiatives did reappear on the Bolivian national agenda, they did so as part of a program undertaken by the Banzer Suárez regime in collaboration with the USAID and the United Nations Population Fund (UNFPA). According to then-director of the Maternal-Infant Health Division Dr. Luis Kushner López, Bolivia decided to launch a family planning program in 1974 after participating in a population conference in Chile, where member countries expressed growing concern over high rates of fertility and maternal mortality.[106] The program would supply IUDs and birth control pills to public health facilities for distribution to a small percentage of women, with an increase in coverage in subsequent years.[107] When officials

[104] Paxman 1993: 206; Viel 1988: 321-322.
[105] Nelson 2009: 46.
[106] Nelson 2009: 126-129. Nelson remarks that Kushner López was unclear on the exact date of the project launch, however, Rance places the start of this program in 1974. Rance 1990: 15-19.
[107] For the Department of Santa Cruz, this coverage was estimated at 1 percent of Bolivian women of fertile age during the first year, with a 2 percent increase each subsequent year. Rance 1990: 16; Sivak 2001: 171. In La Paz

of the Catholic Church got wind of the project in September 1976, the Minister of Health initially denied that the government was distributing birth control. The following month, however, German-born Cardinal Clemente Maurer met with president Hugo Banzer, presenting proof of the project's existence and denouncing the program on various grounds, including Bolivia's low population density and the imperialist-eugenicist aims of the project, remarking that, "poverty cannot be solved by reducing numbers of the poor."[108] The meeting was followed by a flurry of press coverage accusing the government of pursuing population control in the country.[109] In the wake of the controversy, Banzer abandoned the family planning program and, in 1977, passed a formal resolution prohibiting any public institution from providing birth control. The same year, the dictator sent a letter to the United Nations (UN) clarifying the pro-natalist stance of his administration.[110]

For the next ten to fifteen years, a variety of sectors of the population—including some national government administrations and many of those leftist and indigenous organizations remaining in Bolivia—adopted staunchly pro-natalist positions.[111] This pro-natalism responded in part to legitimate concerns over U.S.-led population policies, in addition to broader fears of U.S. and European economic and political imperialism in Bolivia. Concerns about international

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Department, the program intended to reach 10,000 women in 1975 with an increase in subsequent years. Rance 1990: 16. According to Rance, a sociologist and women's health consultant, these initial family planning measures "were not based on existing demand for family planning services, rather on concrete goals to reduce fertility levels." Ibid.: 15.

[108] Rance 1990: 16. As proof of the project, the Cardinal presented the dictator with an official document of the Ministry of Public Health outlining the family planning initiative. Sivak 2001: 175-176.

[109] Nelson 2009: 135; Sivak 2001: 176.

[110] Aliaga Bruch 2004: 21 and interview with medical doctor "Adrián Espinoza," La Paz, 8 October 2009. Aliaga Bruch contends that Banzer prohibited birth control provisioning in the country following the release of the 1976 national demographic and health survey, which estimated Bolivia's population at about a million fewer inhabitants than expected. Nelson does not explicitly mention Banzer's prohibition of birth control, but notes that, facing pressure from the Catholic Church, the dictator stripped birth control provisioning from the USAID/UNFPA project. Nelson 2009: 129-130.

[111] Aliaga Bruch 2004: 21. A number of institutions and groups in the country continue to oppose contraceptives, including some indigenous organizations and the Catholic Church, among others.

population control in Bolivia became so severe during these years that other forms of aid from abroad, such as powdered milk and medical vaccinations, were rumored to contain sterilizing agents.[112]

The return to democratic governance in 1982 marked a major turning point in the development of policy on reproduction and women's health in Bolivia. The political opening ushered in a new era of popular participation in politics, including the birth of several women's rights organizations and renewed activity in existing women's groups.[113] While the majority of these organizations did not work directly with reproductive health (at least at first), by drawing women together in public forums such as educational workshops, many ended up facilitating conversations on diverse issues, including unwanted pregnancy and abortion. These conversations generated an incipient awareness of women's experiences with unwanted pregnancy and abortion among the activist community, spurring a few of these institutions to later take up the banner of women's sexual and reproductive health, if not explicitly abortion rights. Thus, "Cati Molina," one activist of women's rights organization CIDEM, noted that, during the course of workshops on domestic violence that the organization provided to women in El Alto in the 1980s, the mostly Aymara-speaking attendees began to request information on pregnancy prevention and abortion. "When you begin to generate this type of interest, they begin to demand things of you," reflected Molina.[114]

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[112] Ibid.: 16-17; Nelson 2009: 131.

[113] According to activist "Cati Molina," what remain the most active and influential women's rights organizations in Bolivia emerged in the early 1980s, including, in La Paz and El Alto, the Confederación Nacional de Mujeres Campesinas Indígenas Originarias de Bolivia "Bartolina Sisa" (Bartolina Sisa National Confederation of Indigenous, Original, Peasant Women of Bolivia) [1980]; the Centro de Información y Desarrollo de la Mujer (Center for Information and Development of Women, or CIDEM) [1982]; the Centro de Promoción de la Mujer "Gregoria Apaza" (Gregoria Apaza Center for Promotion of Women) [1983], and the Coordinadora de la Mujer (Women's Coordinating Body) [1984]. Interview in La Paz, 18 June 2009.

[114] Ibid.

Just a few years after the democratic opening, a now-elderly Víctor Paz Estenssoro—once hero of the national revolution's MNR party—retook the presidency and implemented a series of structural adjustment policies known as the New Economic Plan (NEP). While the NEP succeeded in halting rampant hyperinflation, it exacerbated economic insecurity by slashing public-sector wages and price controls and dismissing over three-quarters of workers in the mining sector. As unemployment ballooned, reaching over 20 percent, so too did the populations of El Alto and La Paz, as migrants from the old mining centers flooded the cities in search of work.[115] Between the mid-1980s and 1992, the population of El Alto grew over 9 percent each year, slowing only slightly to 5 percent per year between 1992 and 2001.[116] The influx of population to the Andean cities increased pressure on an already struggling social service sector.

It was in these years that some existing women's groups began to offer information about or services in contraceptive methods, while new organizations emerged dealing almost wholly with reproductive and sexual health. In 1985, CIDEM opened a clinic providing birth control and sexually transmitted infection testing (among other services) to women in El Alto at minimal cost. These years also witnessed the establishment of what today remain some of the largest and most active organizations providing information and services in sexual and reproductive health, including Prosalud (1985); the Centro de Investigación, Educación y Servicios en Salud Sexual y Reproductiva (the Center for Research, Education, and Services in Sexual and Reproductive Health, or CIES) (1987); Marie Stopes International (1994), and Ipas (1997).[117] Cognizant of the conflictive history surrounding contraception in Bolivia, these organizations were careful to

[115] Klein 2011: 244-246.
[116] Lazar 2008: 47.
[117] Interview with medical doctor "Antonia Rocio," La Paz, 26 May 2010. At its founding in the U.S. in the 1970s, Ipas was originally an acronym for "International Pregnancy Advisory Services."

describe the services they provided as "family planning," rather than "birth control." Explaining the decision of her teachers' union to support the opening of a CIES clinic in their building in the 1980s, one labor leader remarked, "'We realize that there is a need for family planning services to meet couples' needs…However, we are against sterilization and birth control imposed from the government or from foreign institutions.'"[118]

While during these years the work of organizations providing contraceptive methods to the local population was no longer prohibited—as it had been under dictatorial rule—neither was it actively supported by the government. This was due in part to continuing concerns of international eugenicist efforts in Bolivia. In 1988, for instance, the World Bank came under fire after the discovery of a document in which the institution recommended the widespread distribution of birth control.[119] The first government-led health program that included an explicit family planning component was finally instituted in 1989, when President Jaime Paz Zamora signed into law the National Plan for Survival, Infant Development, and Maternal Health.[120] Within a few months of the program's passage, the Maternal-Infant Health Division of the Ministry of Social Welfare and Public Health, in cooperation with a number of other institutions at home and abroad, formed a committee to determine the future direction of reproductive health efforts in the country. Although it disbanded in 2000 amidst conflicts over financing and other matters, the Committee for the Coordination of Reproductive Health nonetheless played a key role in the development of policy on reproduction during these years.[121]

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[118] Quoted in Rance 1990: 25-26. See also Aliaga Bruch 2004; Nelson 2009.

[119] The World Bank was later forced to amend the document to exclude mention of population reform. Rance 1990: 13, 19-22.

[120] A broad coalition of medical doctors, activists, and demographers were responsible for the design and implementation of the family planning component, which had financial and technical support from the United States Agency for International Development (USAID). Aliaga Bruch 2004: 56-59; Nelson 2009: 178.

[121] These conflicts were sparked by battles between local and international civil society organizations over funding, as well as changes in the scope of "reproductive health" to include sexual health concerns, such as HIV/AIDS.

During the 1990s, doctors, intellectuals, activists, and government officials in La Paz and El Alto undertook a variety of initiatives to promote contraceptive methods and to further public discussion on unwanted pregnancy and illegal abortion. These initiatives included the formation of working groups and conferences, training programs to improve the treatment of women suffering post-abortion complications, and social marketing projects to promote contraceptive methods. While some of these initiatives were supported by the Ministry of Health—or at least by certain individuals within it—others were organized and implemented by both international and local civil society organizations. According to Erica Nelson, this period also saw the development of a new narrative and language concerning reproductive health and contraception, as reformers sought to distance themselves from the eugenicist history of population control in the country.[122]

One of the first, and largest, initiatives undertaken by progressive reformers was the 1989 Working Seminar Against Abortion, convened by the Ministry of Social Welfare and Public Health in partnership with a variety of private institutions. Attended by the best and brightest of Bolivia's family planning reformers, the conference—like contraceptive initiatives of earlier decades—tied the prevention of illegal abortion to the promotion of family planning, rather than women's right to reproductive autonomy. As if to distance the seminar from pro-choice language, ministry official Aida Carvajal de Bustillo declared in her opening comments, "'The fight against abortion is about the right to life.'"[123] Transcripts from the event suggest that Bustillo and her colleagues were especially concerned with the lives of women, which conference attendees acknowledged were being lost in significant numbers due to illegal

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Nelson 2009: 178-179. The role of civil society organizations in Andean Bolivia is discussed in greater detail in chapters 4 and 6 of this project.

[122] Nelson 2009.

[123] Ministerio de Previsión Social y Salud Pública, Secretaría de la Mujer, Salud, y Desarrollo, and the Conferencia Episcopal Boliviana (CEB)1989: 11. See also Nelson 2009: 177-178.

abortion. "'The risks of abortion are great,'" wrote medical doctor César Peredo in a paper he delivered at the event, "'and family planning methods are practically free of risks.'"[124] Thus, reformers in the late 1980s generally conceptualized abortion as an issue of women's health rather than women's rights—and contraceptive methods were seen as a way to assuage that threat.

While by the late 1980s and early 1990s initiatives concerning family planning in Bolivia did not draw as much opposition as they had in earlier decades, those dealing more squarely with abortion sometimes did.[125] The experience of medical doctor Emma Alvarez, who helped organize a conference on the de-stigmatization of abortion in the city of Sucre in 1994—which included a workshop demonstrating techniques used to treat cases of incomplete abortion—indicates that some sectors of the population opposed discussions of the procedure.

> We were working in Sucre training a number of doctors from the Society of Gynecology in the demystification of abortion…For the first time we were talking to them about it…And a group of women and doctors went to throw stones at us at the hotel because we were doing a "pro-abortion" workshop. We had to leave through a basement.[126]

Medical doctor Blimunda Santillán encountered similar—albeit less violent—resistance to a program with which she was involved in the mid-1990s to decrease the mistreatment of women seeking care at public hospitals in La Paz after abortion complications. Dr. Santillán remarked that the doctors she trained as part of the "Let's Talk Openly" program at first appeared to be receptive to instructions that they treat patients with respect, but that later, patients would complain that they had been rebuked by hospital staff. "'Just deal with it, if it hurts,'" Dr.

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[124] Ibid.

[125] A number of interviewees asserted that family planning programs were met with greater acceptance in the early 1990s than in earlier decades, as information about contraceptives was more widely disseminated. The period from 1990-2010 would see an even greater opening in attitudes toward birth control in the country. See interviews in La Paz with medical doctors and activists "Emma Alvarez," 16 June 2009; "Julián Costa," 3 July 2009; "Vanessa Lujo," 26 March 2010; "Alessandra Muñecas," 19 June 2009, and "Miguel Ramírez," 21 October 2009, among others.

[126] "Emma Alvarez," La Paz, 19 June 2009.

Santillán mimicked hospital personnel, "'Why do you open your legs if you…don't want to get pregnant?'"[127]

During the same years that doctors like Santillán and Alvarez were working to de-stigmatize abortion in Bolivia, two key UN conferences highlighted the increase of international attention to the issue of unsafe abortion. The International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) built on earlier world conferences to tackle a wide range of issues, including population policy, socioeconomic development, and women's rights. The documents that emerged from the conferences urged states to comply with principles of human rights and ethical standards in health care, including guaranteeing patients' right to information in sexual and reproductive health.[128] Since abortion was prohibited in many of the countries that participated in the conferences, UN recommendations were designed in part to increase women's access to contraceptive methods in an effort to prevent unsafe illegal abortion. According to Julián Costa, employee of a La Paz-area sexual and reproductive health clinic, "These conventions were extremely important in influencing nations to assume responsibilities with respect to their populations, such as incorporating sexual and reproductive rights among their policies."[129] Following the meetings, the Bolivian government "promise[d] to initiate actions to prevent abortions in conditions of risk and to promote high quality health care services."[130] Five years

[127] "Blimunda Santillán," La Paz, 7 October 2009. The program's Spanish title was, "Hablemos con confianza." Other significant initiatives pursued during the decade include the 1993 Andean Safe Motherhood Conference in Santa Cruz; the 1994 formation of the "Working Group on Unwanted Pregnancy and Abortion," discussed below; and a national marketing campaign for "Pantera" brand condoms, which one researcher with the program remarked greatly increased condom use in Bolivia. Nelson 2009: 209-210; The Population Council and Servicio Internacional de Desarrollo (SID) 1995: 10-15; "Julián Costa," La Paz, 3 July 2009.

[128] Aliaga Bruch 2004: 79-111; Htun 2003: 149-151; Nelson 2009: 209-215.

[129] "Julián Costa," La Paz, 3 July 2009.

[130] Del Pozo and Alanes Bravo 2007: 11. Immediately following the conference, the government inaugurated the "Plan Nacional para la Reducción Accelerada de la Mortalidad Materna, Perinatal y del Niño (National Plan for the

later, the Bolivian government formalized this promise by signing a UN-sponsored commitment to eliminate unsafe abortions.[131]

In the years following the international conferences, the Bolivian government passed two policies to improve care for women suffering post-abortion complications. These policies aimed to reduce maternal deaths due to abortion by promoting the adoption of a new, safer method for treating incomplete abortion and by increasing women's willingness to seek medical care when experiencing complications following abortion or miscarriage. The Program for the Treatment of Hemorrhages in the First Half of Pregnancy (HPME), instituted in 1999, trained Bolivian medical professionals in a vacuum-aspiration technique to resolve cases of incomplete abortion and miscarriage while providing sensitivity training to improve the bedside manner of staff treating women following botched abortions.[132] That same year, the government expanded the universal health insurance, the Seguro Básico de Salud (Basic Health Insurance, or SBS), to include the treatment of complications related to pregnancy loss, making the aspiration procedure free of charge to all women.[133] While these policies were designed to treat cases of pregnancy loss that began spontaneously, in practice any woman who succeeded in provoking vaginal bleeding during her pregnancy could have her symptoms resolved free of charge in public medical facilities. With these policies, Bolivian authorities addressed growing domestic and international concerns with maternal mortality while leaving the question of abortion's legal status unaddressed.[134]

Accelerated Reduction of Maternal, Perinatal, and Child Mortality)," which stretched from 1994 to 1997. The Population Council and SID 1995: 12.

[131] Del Pozo and Alanes Bravo 2007: 11.

[132] The vacuum-aspiration technique can also be used to induce abortion, in addition to resolve cases of miscarriage.

[133] Del Pozo and Alanes Bravo 2007 and Ministerio de Salud y Deportes 2004.

[134] These policies, and the medical technologies on which they depended, altered the face of abortion provisioning in Bolivia and significantly contributed to reducing maternal deaths in the country. These changes are discussed in greater detail in chapter 3.

While for moderate policymakers in Bolivia the world conferences highlighted the global nature of the commitment to prevent unsafe abortion, for feminist activists the meetings for the first time sparked a serious interest in legalizing the procedure. Remarked one activist of CIDEM, "Abortion[‘s legal status] is an issue that we took onto our agenda very strongly after Beijing, in particular…It was precisely in 1996 that the 28th of September Campaign came to Bolivia."[135] Born at an international feminist conference in Argentina in 1990, the 28th of September Campaign for the De-Criminalization of Abortion in Latin America and the Caribbean represents the most consolidated sector of the abortion rights movement in the region.[136] In the 1990s, the activities of the Campaign in Bolivia focused primarily on promoting research on abortion and fostering links between supportive organizations at the local and international levels, rather than efforts to modify abortion laws. The most fruitful initiative to emerge during the decade was the Working Group on Unwanted Pregnancy and Abortion, an organization made up of scholars, medical personnel, and activists working on health and human rights. Supported by funding from local and international organizations, the Working Group, which was active between 1994 and 1998, held conferences and produced publications in an effort to "find multi-faceted solutions to problems associated with unwanted pregnancy and abortion in Bolivia."[137] The efforts of the Working Group succeeded in raising awareness on the

[135] "Cati Molina," La Paz, 18 June 2009.
[136] See the Campaign's website, http://www.28deseptiembre.org/index.php?option=com_k2&view=item&id=69:¿cuando-surgió-la-campaña-28-de-septiembre?&Itemid=210, accessed 1 December 2012. "Molina" asserted that the campaign began five years earlier, at a conference in Brazil in 1985. Interview in La Paz on 18 June 2009. Under the leadership of women's rights organization CIDEM, Bolivia held the regional coordinating position for the campaign between 1997 and 1999. The significance of the date September 28 is unclear.
[137] Grupo de Trabajo Sobre Embarazo No Deseado y Aborto 1995: 13.

impact of illegal abortion on maternal mortality and ultimately spurred additional organizations and individuals to join the 28th of September Campaign.[138]

In the last ten to fifteen years, the Campaign's Bolivian sector has refocused its attention on abortion law, pursuing legislative change in a few arenas. First, in the late 1990s, activists introduced a measure to Congress to outline specific guidelines to ensure the implementation of article 266 of the penal code regulating "unpunished" abortion.[139] Although abortion is ostensibly legal in certain circumstances, in practice the procedure is very difficult to obtain. As one study on legal abortion in Bolivia remarked, "past experience has shown us that…access to legal abortion depends on the will and the beliefs of the medical and judicial personnel in each case—and on the economic situation of the victim."[140] Although the campaign's proposal to implement guidelines for article 266 was ultimately rejected by Congress, Cati Molina believes the initiative helped spur continuing discussion of abortion in Bolivia. "We didn't succeed in modifying the law, but we put it on the national agenda…It gave abortion political visibility during those years."[141]

The Constituent Assembly of 2006-2007 provided activists of the 28th of September Campaign with yet another avenue to press for the liberalization of abortion law in the country. The Constitution of 2009, which was approved under President Evo Morales, represented a momentous document in a number of respects, including its measures supporting the rights of

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[138] Ibid. See also Aliaga Bruch 2004: 105-108; The Population Council and SID 1995: 10-11; Rance and Vallenas 1999.

[139] "Cati Molina," La Paz, 18 June 2009. Article 266 is known in Spanish as the law of "aborto impune." See also Alanes and Rance 1999: 24.

[140] Castro Mantilla and Salinas Mülder 2004: 114. The failure of the legal abortion system is discussed in more detail in chapter 4.

[141] "Cati Molina," La Paz, 18 June 2009. Efforts by Campaign activists to push for the modification of the penal code are ongoing, but thus far, have been unsuccessful. See email correspondence with "Fanny Barrutia," representative of the Campaign in Bolivia, 29 November 2012.

women and indigenous people.[142] Due in large part to the participation of women's organizations in the Constituent Assembly, the constitution established Bolivia as a secular, rather than Catholic nation, and explicitly recognizes citizens' sexual and reproductive rights.[143] Remarked Molina, "Many of the organizations that participated in the Constituent Assembly advanced proposals for the recognition of sexual and reproductive rights, but not of abortion. The Campaign had three non-negotiable principles: recognition of sexual and reproductive rights; of a secular state; and…that the right to life from the moment of conception not be incorporated."[144]

"Fanny Barrutia," who coordinates the Campaign in Bolivia, said that most of the women's advocates who participated in the assembly did not support raising the issue of abortion in the constitution, which was seen as too polarizing, and instead favored less contentious rights. "They supported a 'light' version of sexual and reproductive rights…The women's movement actually asked us to quiet down on the issue of abortion—we were seen as too radical on that issue."[145] In the end, the constitution reflected the more moderate position of most of the women's organizations in attendance, and makes no mention of abortion.[146] At the same time,

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[142] The constitution also outlined a number of measures to decentralize the state and officially declared Bolivia's status as a "plurinational" country. Klein 2011: 291-293. See also Romero and Böhrt Irahola 2009, among others.

[143] Constitución Política del Estado, 7 February 2009, Art. 4 and 66.

[144] "Cati Molina," La Paz, 18 June 2009.

[145] "Fanny Barrutia," La Paz, 18 June 2009. The formal proposal of the 28th of September Campaign to the Constitutional Assembly was known as "Desde el nuevo texto constitucional hacia nuestros cuerpos: Las propuestas femeninas a los derechos reconocidos en el proyecto de la nueva constitución política del estado."

[146] The dominant, and more moderate, proposal of the women's movement to the Constitutional Assembly was entitled, "De la protesta al mandato: Presentes en la historia, mujeres en la Asamblea Constituyente" and included the participation of national organizations the Women's Coordinating Body, the Articulación de las Mujeres por la Equidad y la Igualdad (Women's Network for Equity and Equality, or AMUPEI), the Foro Político Nacional de Mujeres (The National Women's Political Forum), the Plataforma de la Mujer (Women's Platform), in addition a number of other smaller local organizations. With respect to sexual and reproductive rights, the proposal defended a woman's right to bodily autonomy and to plan her family; however, it did not explicitly demand access to contraception or to abortion: "We demand recognition of the sexual and reproductive right of women to decide the number of sons and daughters they wish to have and their spacing, and to exercise autonomy and liberty over their own bodies." Mujeres Presentes en la Historia 2006: 6.

all three of the Campaign's "non-negotiable principles" were met by the document. Furthermore, in leaving the definition of sexual and reproductive rights unspecified, the 2009 constitution provided an avenue for future legislative action on the abortion law.[147]

Within a year of the constitution's passage, the Campaign—supported by activists from over 50 organizations—introduced a measure to the legislature to include abortion as one of the sexual and reproductive rights recognized by the new constitution.[148] Citing a legislative agenda that was already crowded with issues to address, Morales' Movimiento al Socialismo (Movement for Socialism, or MAS) party announced that it was temporarily shelving the abortion debate.[149] Since November 2010 when the abortion issue was shelved, Campaign activists have supported a two-pronged approach, trying to modify the penal code while at the same time advancing proposals for abortion to be recognized as a reproductive right.[150]

The failure of the state to *reglamentar,* or to specify, the terms on which laws are put into practice is a central complaint of many women's rights advocates in Bolivia. Referring to the Constitution's recognition of sexual and reproductive rights, medical doctor Alessandra Muñecas remarked, "We [Bolivians] are actually pretty progressive people, but what we're lacking is implementation… We have norms and laws that are even more progressive than those in many other Latin American countries but…when it's time to put them into practice, things do not go as

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[147] There is a great deal of scholarship on the participation of women in the Constitutional Assembly, including the differences between proposals advanced by organizations claiming to represent indigenous women, groups comprised primarily of mestiza and European-descendant women, and organizations that are ethnically diverse. See, for instance, Arnold and Spedding 2005; Claure 2007; Federación Nacional de Trabajadoras del Hogar de Bolivia 2006; Hernández Castillo 2003; Lanza Monje 2008; Monasterios 2007; Mujeres Presentes en la Historia 2006; Rivera Cusicanqui 1996; Viceministerio de Género y Asuntos Generacionales and Cooperación Técnica Alemana 2007, and Rousseau 2011, among others. On the preparation of women's groups for the Constitutional Assembly in the years leading up to the event, see Amonzabel Meneses and Paz Ballivián 2003 and Bravo 2005, among others.

[148] "Fanny Barrutia," La Paz, 18 June 2009.

[149] "Descartan debate sobre despenalización del aborto en Bolivia," *Los Tiempos* (6 November 2010). See also "Trabajo preventivo evitará abortos," *El Diario* (21 October 2009).

[150] Email correspondence with "Fanny Barrutia," 29 November 2012. See also "Plantean ley de educación sexual en vez de la de aborto," *La Razón* (29 September 2012).

they should."[151] Thus, many activists and medical doctors in Bolivia worry that the new guarantee of citizens' sexual and reproductive rights will go the way of the 1973 law on legal abortion and remain, essentially, a piece of paper.

Reproductive health reformers and advocates of women's rights in Bolivia often complain about the limited nature of recent policy shifts on unwanted pregnancy and abortion and tend to attribute these limitations to the influence of the Catholic Church.[152] Although most individuals I interviewed concurred that the power of the Catholic Church has declined in Bolivia over the last few decades, most also assert that its authority continues to be important, as the institution administers countless schools, health care facilities, and civil society organizations in the country.[153] Most Church-run institutions in Bolivia refuse to provide information on (or to administer) modern contraceptive methods, and some even refuse to treat women seeking emergency care for post-abortion complications.[154] (Instead, some Church programs offer workshops to the public on the use of natural forms of birth control.[155]) In terms of its political work, the Catholic Church does not administer a "pro-life" movement of any significance; however, its officials regularly weigh in on social and political issues, and the positions of the Church continue to have a significant impact on both public opinion and policy in the country.[156]

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[151] "Alessandra Muñecas," La Paz, 19 June 2009. See also interviews in La Paz with "Lupe," 29 June 2009; "Fanny Barrutia," 18 June 2009; "Cati Molina," 18 June 2009, and "Carla Meléndez," 2 February 2010, among others.

[152] "Julián Costa," La Paz on 3 July 2009; "Antonia Rocio," La Paz, 36 May 2010; "Blimunda Santillán," La Paz, 7 October 2009, and "Dolores Tapia," El Alto, 7 December 2009, among others.

[153] Individual interviewees who held these positions are too numerous to cite here, but included members of the police; government officials; religious authorities; medical doctors and other health workers; women's rights activists; and individual men and women.

[154] Interviews in La Paz with medical personnel, "Olga," 7 October 2009 and "Blimunda Santillán," 7 October 2009, both of whom worked in health care facilities administered by the Catholic Church.

[155] The La Paz-based organization Familia y Vida Humana (Family and Human Life) administers such courses, as does the Pastoral Familiar (Family Pastoral) of the Catholic Church. Interviews in La Paz with "Leandro Rubén," of Family and Human Life, on 3 December 2009 and with "Father Mariano Solana," head of the Family Pastoral, on 30 April 2010.

[156] "Father Mariano Solana" remarked that the work of the Church in promoting the pro-life movement is ongoing and part of its daily activities, rather than taking the form of a specific campaign. Interview in La Paz on 30 April

In its proposal to the Constituent Assembly, the *Conferencia Episcopal Boliviana* (Episcopal Conference of Bolivia, or CEB), the official representative of the Catholic Church in the country, declared that, "the majority of the Bolivian population is Christian and Catholic [and] the new constitution…cannot deny this spiritual reality."[157] As part of its proposal, the CEB pushed for the right to life to be recognized from the moment of conception, a measure that would have made more difficult the efforts of abortion rights advocates to press for the expansion of abortion legislation.[158] Although the measure was not incorporated into the new constitution, the document's existing declaration of the right to life is often cited as a potential obstacle to further liberalization of abortion law.[159] Following the passage of the 2009 constitution, Catholics and Protestants alike bemoaned the establishment of a lay state and the recognition of sexual and reproductive rights as attacks on religious values.[160] In response to

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2010. The organization Apostolado de la Nueva Evangelización (ANE) Pro-Vida, which is affiliated with the Catholic Church, represents one of the more active bodies of the pro-life movement in La Paz. Interview with coordinator "Carolina Llano" in La Paz on 5 May 2010. La Paz's Catholic university, the Universidad Salesiana, also administers a pro-life organization by the name of Centro por la Vida (Center for Life, or CEPROVI), under the leadership of Guillermo Cortés. In October 2010, the organization held a national conference of pro-life supporters in the northern city of Riberalta. "'Centro Por la Vida' de la Universidad Salesiana de Bolivia realizó en Riberalta el 'Primer Encuentro por la Vida y la Familia,'" *Radio San Miguel,* 19 October 2010. Finally, the organization Family and Human Life, mentioned above, has represented an important wing of the pro-life movement in La Paz and El Alto since its founding in 2005. "Leandro Rubén," La Paz, 3 December 2009. The group held a conference in La Paz in 2009 at which participants condemned the World Health Organization (WHO) and other international organizations for "promoting programs and legislation on sexual and reproductive rights in order to legalize abortion." "Apoyan proyectos de salud sexual y reproductiva para legalizar el aborto," *El Diario* (19 June 2009). To my knowledge, all of the pro-life organizations in Bolivia share affiliations with Human Life International, a U.S.-based pro-life organization with offices worldwide. "Carolina Llano," La Paz, 5 May 2010; "Leandro Rubén," La Paz, 3 December 2009. See also Htun 2003: 151. The continuing influence of Catholicism in Bolivia has been joined in recent decades by the growth of other religious sects, especially Christian denominations, who together grew to represent nearly 20 percent of the Bolivian population by 2001. "Las iglesias evangélicas se instalan en el eje central," *La Razón* (10 July 2011). See also "Daniel Báez," La Paz, 6 April 2010; Gill 2000.

[157] Conferencia Episcopal Boliviana (CEB) 2007: 2.

[158] Ibid.: 8.

[159] Article 15 of the constitution declares that "Every person has a right to life and to physical, psychological, and sexual integrity." Constitución Política del Estado, 7 February 2009. On 30 September 2010, Santa Cruz-based newspaper *El Deber* reported that Rebeca Delgado, President of the Chamber of Deputies of Bolivia, remarked that abortion could not be legalized due to the constitutional guarantee of the right to life. "Legisladores del país descartan despenalización del aborto."

[160] "Daniel Báez," La Paz, 6 April 2010; "Carolina Llano," La Paz, 5 May 2010. See also "Iglesias cristianas de Bolivia contrarias a muchos artículos de la constitución del MAS," *Hoybolivia.com* (13 January 2009).

more recent efforts by 28th of September activists to push for the recognition of abortion as one of the aforementioned rights, Catholic officials have instead suggested an emphasis on sex education—albeit, education limited to natural forms of contraception.[161]

It is unclear to what degree average Bolivians support the position of the country's religious institutions on questions of sexual and reproductive rights—although evidence suggests that the opinion of the public is more flexible than that of the Catholic Church. According to a 2003 survey of 1,500 Bolivian Catholics, 56 percent of respondents believe that abortion should be permitted in some circumstances, while 50 percent "believe it is possible [for a woman] to be a good Catholic even after having an abortion."[162] Survey respondents were even more accepting of modern contraceptive methods, with fully 91 percent believing that public health facilities in the country should provide birth control pills and condoms to adults free of charge.[163] Despite these figures, most progressive sectors in Bolivia believe that the power of the Church and other conservative elements will prevent further liberalization of abortion laws in the country, or even the effective implementation of those laws that do exist. "The Church is very strong in Bolivia," remarked medical doctor Blimunda Santillán. "There are some people who are working in government that are like us, that believe in women's rights. But society won't let you…Even the law of sexual and reproductive rights in the Constitution is still asleep."[164]

[161] "Plantean ley de educación sexual en vez de la de aborto," *La Razón* (29 September 2012). See also "Mariano Solana," La Paz, 30 April 2010.

[162] Catholics for a Free Choice 2003: n.p.

[163] Ibid.

[164] "Blimunda Santillán," La Paz, 7 October 2009.

2.2 "UN SECRETO A VOCES": THE DOUBLE DISCOURSE OF ABORTION IN ANDEAN BOLIVIA

When I asked him if people's attitudes in La Paz toward abortion and unwanted pregnancy had changed over the 25 years he had been working in medicine, Dr. "Miguel Ramírez"—who provides illegal abortions, in addition to a range of other services—remarked somewhat pessimistically,

> Culture does not change, you know? Sometimes…people don't want to come here [to the clinic] for birth control because they think people are watching them…It's like a feeling of shame. Women tell me, "People are going to say that I am a bad person." So, unfortunately, no. We try to do a lot with education, but social control exists—the neighborhood, the town, one's brother, one's relative, one's neighbor—all with these closed-minded ideas.[165]

Dr. Ramírez's comments on the ubiquity of "closed-mindedness" in La Paz—and its detrimental effects on women seeking abortion and birth control in the region—resonate with the opinions of other individuals I interviewed. Medical personnel in the field of sexual and reproductive health have the greatest opportunity to witness, as well as the challenge of dealing with, the seemingly widespread opposition to abortion and contraceptive methods. Doctor "Emilia Santana" remarked that during her two years of medical residency in the town of Copacabana, women would come to the hospital after dark, their heads hidden by heavy shawls, to request the contraceptive Depo-Provera injection. This concern with discretion is equally true in urban areas, and often stems from women's fears that their male partners will oppose their contraceptive use.[166] One social worker who provides birth control counseling at a clinic in El Alto laughed as she told me that, to calm angry husbands who burst into the health service demanding to know if their wives are using contraception, doctors at the clinic sometimes lie,

[165] "Miguel Ramírez," La Paz, 21 October 2009.
[166] "Emilia Santana," El Alto, 10 February 2010.

claiming not to know why a woman has been unable to become pregnant. "All this is confidential [referring to women's medical information]," remarked the social worker, "but some men are aggressive, and we have cases in which sometimes we must find a solution at that moment because it's a woman's decision [to use birth control]."[167]

When asked, most men and women of a variety of social sectors—in addition to many doctors, political officials, and other individuals—claim to oppose abortion in most circumstances, if not necessarily birth control. Despite widespread opposition to abortion, however, when pressed, most individuals admit to tolerating the procedure in particular circumstances or when a friend or loved one has procured an abortion. The disconnect between individuals' public and private attitudes toward abortion is indicative of a broader stigmatization of the procedure in Bolivian society, which stems from three main factors: 1) Catholic, and to a lesser extent Protestant, beliefs and education, in addition to a broader cultural context of closed-minded attitudes toward sexuality; 2) pro-natalist concerns with Bolivia's under-population vis-à-vis other nations; and 3) indigenous values that conceive of abortion as contradicting the interests of the community. Many individuals oppose abortion not only due to religious convictions or demographic concerns but also because they conceive of the procedure as an attack on traditional family values and gender roles. Thus, abortion is often seen as a tool that allows women to postpone or reject motherhood in lieu of professional aspirations.

Religious beliefs and education, as well as a cultural atmosphere characterized by what Bolivians refer to as "closed-mindedness," contribute to the stigmatization of abortion (and in some cases contraception) in Bolivia. On the one hand, Catholic and Protestant beliefs and values, which tend to condemn abortion, influence the types of messages about sex and

[167] "Stefania Montoya," El Alto, 3 February 2010.

reproduction that are transmitted at school and at home. Closed-mindedness, for its part, consists of a broader set of attitudes toward sexuality, pregnancy, and romantic partnership in Bolivia that is not necessarily religious in origin. Many interviewees characterized societal attitudes toward sexuality in Bolivia as "closed" or "closed-minded."[168] While some interviewees utilized this expression to describe the infrequency with which families and peers discuss themes such as sex and pregnancy, others used the term to mean something similar to "socially conservative," as when explaining public opposition to pre-marital sex. In practice, it is not always easy to discern when opposition to abortion or contraception is religious in nature or when it arises from closed-mindedness. At the same time, while some religious institutions or doctrines articulate clear positions condemning abortion or contraception, individuals' religious beliefs tend to be much more varied. Thus, not all individuals in Bolivia who identify as Catholic or Protestant oppose abortion or birth control.

Several interviewees who claimed to oppose abortion cited religious or moral objections to the procedure, protesting that abortion was a "sin," "against God's laws," or "murder." "Beatriz," a 49-year-old Aymara woman living in El Alto, reported that, when her daughter returned from a trip to Cuba (where abortion is legal), the two argued over the ethical implications of the procedure. "My daughter says that in Cuba, it [abortion] is normal, but to me, it should not be legal because it's like killing a child…It would be better to first take care [to not get pregnant]. Contraceptives are everywhere nowadays."[169] Some women, rather than describing abortion as "taking a life," explained their opposition to abortion by citing God's ostensible prohibition of the procedure. "Maybe it's the economy that leads people to do things

[168] The term in Spanish that interviewees employed to describe these attitudes was "cerrado."

[169] "Beatriz," El Alto, 13 October 2009. The expression "to take care" has been translated from the Spanish, "cuidarse," which is commonly used to mean preventing pregnancy through the use of modern forms of birth control or other methods of fertility regulation.

that they shouldn't," reflected "Sandra," a 38-year-old Catholic woman of Aymara descent. "Abortion is a sin that's against God's laws."[170] "Lorena" and "Nina," Catholic women who had abortions in the 1990s, both worried that God had not forgiven them for terminating their pregnancies and remarked that, in general, they oppose abortion. Lorena, a 38-year-old Aymara woman, explained, "I spoke with a priest and he told me…that I should ask forgiveness and that God will forgive me, but I'm not sure that he ever will."[171]

Discussions of sexuality and pregnancy that take place in schools—both secular institutions and those affiliated with religious groups—also contribute to the stigmatization of abortion and, to a lesser extent, contraception. On the one hand, interview data reveal that both religious (mostly Catholic) schools and those unaffiliated with religious institutions have provided sexual education to students, including treatment of birth control and sexually transmitted infections, for at least the last fifteen years.[172] Some interviewees believe that this education has contributed to a progressive opening of attitudes toward contraception in recent years, while others, like the medical personnel quoted above, feel that shame associated with birth control use remains significant. Most interviewees concur, however, that characterizations of abortion in school curricula are markedly negative and contribute to the stigmatization of the procedure.

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[170] "Sandra," El Alto, 13 October 2009. "Lorena" and "Nina," Catholic women who both had abortions some years before, both worried that God had not forgiven them for terminating their pregnancies and remarked that, in general, they oppose the procedure. Interviews in La Paz on 7 July 2009 and in El Alto on 16 November 2009, respectively.

[171] "Lorena," La Paz, 7 July 2009. See also "Nina," El Alto, 16 November 2009. As has been noted in literature on attitudes toward abortion in other geographical and social contexts, Bolivian women's opinions of the acceptability of abortion did not necessarily correspond in any particular way with their own reproductive histories. Thus, some interviewees who claimed to oppose abortion had considered terminating their own pregnancies—or had done so—while other women who found the procedure acceptable had never considered terminating a pregnancy of their own. Fessler 2006; Messer and May 1988; Peterman 1996; Wainer 2006.

[172] Prior to the passage of the 2009 Constitution, Bolivia was designated a Catholic country and religious scripture and values were often taught in public schools. Thus, there were not always clear differences between the types of sexual education transmitted by state-run schools and those affiliated with religious institutions.

Activist "Fanny Barrutia," who is now in her 50s, attended a Catholic school in La Paz in the mid-1970s where students received little education concerning sex and pregnancy. "In high school, we didn't get a lot of information," recalled Barrutia. "Sex was a sin, so if you were pregnant it was the result of sin…And there were a lot of myths, taboos, and erroneous information—including that you could get pregnant by getting kissed."[173] "Ida Torralba," a 28-year-old woman who attended a Catholic high school in the 1990s, received more information about sex and pregnancy than did Barrutia, but characterized attitudes of school officials toward these themes as closed-minded. "It was a high school run by nuns and so I had a very limited education with respect to sexuality." When she undertook a project on modern contraceptive methods, school officials allowed Torralba to present her work to the class but prevented her from talking about the methods in detail. "I wanted to explain how to use condoms, birth control pills, and the IUD, but they would only let me show pictures of them…And the other students didn't ask any questions because the nuns didn't allow them to," recalled Torralba.[174] While most interviewees under about 30 years of age received some sexual education in school, not all did. "Muriel," who is in her 20s, attended a Catholic high school in El Alto. "As far as I remember, they never spoke to us about this at all."[175]

While some individuals believe that contraceptive methods are more widely accepted in Bolivia today than they were a few decades ago, others feel that social attitudes toward birth control remain unfavorable. When I asked social worker "Stefania Montoya" if perspectives toward contraception had changed in the 15 years she has counseled men and women in El Alto about birth control, she remarked, "Yes, there have been very important changes…We are even

[173] "Fanny Barrutia," La Paz, 18 June 2009. Growing up, "Idalina's" mother warned her to avoid walking near places where men had urinated, lest she become pregnant. Interview in El Alto on 10 March 2010.
[174] "Ida Torralba," La Paz, 17 June 2009.
[175] "Muriel," El Alto, 7 December 2009.

seeing changes in men. They are beginning to take greater responsibility for their own reproductive health and that of their families." After thinking for a moment, Montoya continued, "But of course, these changes have been quite slow. We still see women who do not want their partners to know they are using contraception."[176] Activist Fanny Barrutia feels that birth control continues to be opposed by many Bolivians. Recalling an episode that occurred a few years before, Barrutia explained,

> In [the city of] Sucre during Carnival in 2006, the ministry planned to distribute condoms to prevent HIV and unplanned pregnancies. But the governor at the time was an evangelical [Christian] and he decided to burn the entire supply of condoms in the plaza…There you can see how these fundamentalist positions have penetrated people's mentality.[177]

While interviewees disagree about the degree to which sexual education in schools has shifted attitudes toward contraception, most concur that the treatment of abortion in school curricula is consistently negative and contributes to social stigma against abortion. A number of interviewees reported having seen videos or television shows or heard lectures denouncing abortion at high schools and universities in La Paz and El Alto.[178] "Natividad," a 23-year-old mother of two, saw a video condemning abortion in one of her classes at La Paz's public Universidad Mayor de San Andrés (UMSA). "It was during a course in early childhood development," she recalled. "The documentary showed a woman's womb during an abortion…It was obviously a Catholic or Christian video that was made to discourage women from getting abortions."[179] "Rigoberta" reported seeing a similar film at her public high school in the late

[176] "Stefania Montoya," El Alto, 3 February 2010.
[177] "Fanny Barrutia," La Paz, 18 June 2009. It is unclear which government ministry planned to distribute the condoms.
[178] Prior to the passage of the 2009 Constitution that designated Bolivia a secular state, Catholic scripture might be taught in any public school. Thus, there may not have been substantial differences between the sexual education offered by schools affiliated with the Catholic Church or other religious institutions and that provided by state-run schools.
[179] "Natividad," El Alto, 16 June 2009.

1990s; the video was accompanied by a lecture condemning abortion. "In the video we were shown," recalled Rigoberta, "The child asked for help, saying that he wanted to live, that he had a right to life…But piece by piece, they took out the baby."[180]

While religious values and education and closed-mindedness are likely the most important factors contributing to the stigmatization of abortion in Bolivia, pro-natalist attitudes also contribute to condemnation of the procedure. According to a small proportion of Bolivians—particularly pro-life activists and Catholic clergy—abortion, and sometimes contraception, endanger the economic and social progress of the Bolivian nation.[181] Pro-life activist "Leandro Rubén" coordinates an organization in La Paz that identifies women seeking abortion and attempts to convince them to continue their pregnancies. While Rubén and his colleagues hold religious and moral objections to abortion, they also oppose the procedure because they believe it contributes to Bolivia's under-population vis-à-vis more developed nations.

> The defense of life is not just a moral issue, it is a social issue, because the greater the population of a country, the more possibilities it has to progress…If we had more population in Bolivia, we could think about creating companies—and there would be a larger labor force to meet the demand of these companies.[182]

After our interview, Rubén showed me a U.S.-based documentary entitled *The Demographic Winter* that warns against the long-term demographic impact of abortion and contraceptive use. "Abortion is causing a serious problem around the world," remarked Rubén. "We're talking

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[180] "Rigoberta," El Alto, 10 March 2010. See also "Alicia," La Paz, 7 July 2009; "Jazmín," El Alto, 30 November 2009; "Maura," El Alto, 30 November 2009. Based on their descriptions of the footage they viewed, the film that these women saw was likely the 1984 documentary *The Silent Scream,* a U.S.-made film often utilized by the pro-life movement to increase support for its cause. The documentary has drawn the criticism of pro-choice communities in the U.S. for its graphic and medically inaccurate portrayal of an abortion at 11 weeks' gestation. Petchesky 1987.

[181] "Pro-life activist" has been translated from the Spanish term "activista en defensa de la vida" which "Leandro Rubén," "Carolina Llano," and other interviewees utilized to describe their work.

[182] "Leandro Rubén," La Paz, 3 December 2009.

about almost a billion human beings who now do not exist."[183] Catholic priest "Mariano Solana," who cited the same documentary, lamented that the widespread availability of birth control and abortion in Europe had aged the region's population considerably. "The largest portion of Europe's budget is spent on health care," remarked Father Solana, "and 80 percent of this budget is spent on diapers for the elderly."[184]

Social stigma against abortion and contraceptive use in Bolivia is often associated with broader anxieties about changes in women's roles over the last few decades. Many interviewees blamed recent economic crisis in Bolivia, coupled with changes in women's aspirations leading some women to favor career over family, for a perceived increase in abortion rates in recent years. When I asked her why she thought some women in Bolivia might choose abortion, pro-life activist "Carolina Llano" remarked, "I think it's because of the economic situation, you know?...And I think that also nowadays, women want to study and be professionals, they want to quote un-quote 'realize their dreams.' So, they resort to abortion."[185] For one social worker employed with the La Paz police department, the broader danger of women seeking professional careers—beyond its impact on abortion rates—is that they no longer see themselves as wives and mothers. Recalling the case of a male police officer whose wife was a city councilwoman in La Paz, the social worker recounted,

> Since [the establishment of] International Women's Day, women have been liberated from the yolk of the family. But what does this mean? It means she has turned into a libertine. I worked on a case of one policeman whose wife was a councilwoman. The wife often came home late from work because she said she was in meetings. But this situation ultimately led to the dissolution of their family—why? Because he [the policeman] caught her with another man. The woman distorted her own situation

[183] Ibid.
[184] "Mariano Solana," priest and Director of the Catholic Church's Family Ministry. Interview in La Paz on 30 April 2010. See also pro-life activist "Carolina Llano," La Paz, 5 May 2010.
[185] "Carolina Llano," La Paz, 5 May 2010.

> terribly, she was no longer a mother or a wife, rather, she was a *woman*—and this situation happens a lot.[186]

The comments of Llano and the social worker, which resonate with those of other individuals I interviewed, suggest a deep ambivalence among some sectors of the population with the expansion of women's economic and political roles in Bolivian society. By opting to be "women" and to seek careers, rather than "mothers" and "wives" oriented toward family life—and by sometimes choosing abortion as a means of fulfilling this goal—upwardly mobile women are seen as a threat to the constitution of the Bolivian family.

While some believe that female professionals are responsible for the increased incidence of abortion in recent years, others feel that adolescent girls, particularly the daughters of working women, are to blame for rising abortion rates.[187] In the context of recent economic crisis, some individuals fault women, either explicitly or implicitly, for choosing to work outside the home and leaving their teenage daughters unsupervised. Other note that the economic situation has forced both parents to work and do not necessarily blame mothers for the abortions that ostensibly result from the lack of parental control. "I think that unwanted pregnancy occurs

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[186] Group interview with members of the Community Police Force in La Paz, 18 March 2010. A number of other interviewees also asserted that the recent economic crisis, and the concomitant necessity for women to work outside the home, contributed to increased abortion rates (although not all felt that women should remain at home). See interviews with the Police Chief of the Community Police Force of La Paz in 2010 "Manuel Bastos," La Paz, 18 March 2010; with the Director of the crime unit of the El Alto police department in 2010 "Colonel Eduardo Castillo," El Alto, 19 February 2010; with pro-life activists "Carolina Llano" and "Leandro Rubén" in La Paz on 5 May 2010 and on 3 December 2009, respectively; with Catholic priest "Father Mariano Solana," La Paz, 30 April 2010, and with social worker "Idelia Parra," who works at a home for young pregnant women, La Paz, 10 November 2009, among others.

[187] Demographic data on women who have abortions in Bolivia is scant, but suggests that women of all reproductive ages have abortions. A 2010 national survey of 1,175 women found that 152, or 13 percent, had at least one induced abortion. At their last abortion, these women ranged in age from 13 to 44, with 26 representing the median age. Bury et al 2012: S6. Abortion rates are discussed in greater detail in chapter 3. Rates of adolescent pregnancy in Bolivia are significant and widely believed to be increasing. According to statistics from La Paz's public Hospital de la Mujer (Women's Hospital, or HM), of 3,631 births at the hospital in 2008, 933 (or 25.7 percent) corresponded to adolescent women between the ages of 14 and 19. Statistics provided by the director of the Department of Statistics of the HM in 2010, "Dr. Amalia Hurtado." Concerns about rising rates of adolescent pregnancy led to the 2009 formation of a Judicial Advisory Unit dedicated to unwanted pregnancy and abortion among adolescents. "Crearán Asesoría Jurídica para jóvenes embarazadas," *El Diario,* (11 December 2008).

because now, young people have a lot of freedom and are not supervised by their parents," noted one police officer, "because both [parents] have to work out of economic necessity."[188] For most interviewees, the role of poor parental supervision in contributing to abortions among adolescents is exacerbated by other problems at home, such as domestic violence, divorce, and alcohol use by both parents and children. "Disorder in the home is what makes kids go out to the street," remarked Catholic priest Mariano Solana. "'My home is hellish, so where should I go?' They ask themselves, and they go looking for love elsewhere"—which, the priest continued, ultimately leads to unwanted pregnancy and abortion.[189]

The cultural values of Bolivia's indigenous populations, particularly those residing in rural areas, may also contribute to the stigmatization of abortion in the country. Several interviewees asserted that rural-dwelling indigenous women who are suspected of terminating their pregnancies are often ostracized, chiefly because their abortions are believed to bring misfortune on the entire community. According to interviewees, this misfortune typically takes the form of a hailstorm or other climatic event that damages the community's harvest, and thus, threatens their survival. "Carla Meléndez," a women's rights activist of Aymara descent who grew up in a rural indigenous community, remarked, "When I was little, my mother often said that when it hailed a lot, it was because some woman had aborted…It was like a punishment not

[188] Interview with several members of the Community Police Force in La Paz, 18 March 2010, of which this police officer was one. See also interviews in El Alto with "Coronel Eduardo Castillo," 19 February 2010, and in La Paz with "Alessandra Muñecas," 19 June 2009, and "Leandro Rubén," 3 December 2009. Pro-life activist "Carolina Llano" asserted that abortion rates are so high among young people in Sucre because young women who move to the city to pursue university education are living on their own and are unsupervised by their parents. "Carolina Llano," La Paz, 5 May 2010.

[189] "Father Mariano Solana," La Paz, 30 April 2010. "Disorder" here has been translated from the Spanish term, "desfase." Similar arguments were made by "Coronel Castillo," "Leandro Rubén," and various members of the Community Police Force, cited above. A number of other interviewees blamed a general "loss of values" for increasing rates of abortion among both adolescent and adult women. See, for instance, interviews in La Paz with "Jumila," an educator at a home for pregnant youth, on 24 May 2010; pro-life activist "Carolina Llano," 5 May 2010, and "Idelia Parra," a social worker at another home for pregnant adolescents, on 10 November 2009, among others.

just for her, but for the whole community. I also heard this in the mining centers."[190] Activists "Juana" and "Adela," who produced a documentary on traditional birth practices in the rural countryside, noted that when a poor harvest befalls a community, the female leaders will "take all the young women and examine their breasts to see if there is milk."[191] For Juana and Adela, as well as some other interviewees, female members of indigenous communities are sanctioned more often than men for actions considered to be morally suspect. Reflected Adela, "It's interesting to ask why it doesn't hail [in an indigenous community] when a man rapes a woman, you know?"[192]

According to scholar Molly Geidel, the complex history in Bolivia surrounding the struggles of indigenous peoples for autonomy from dominant mestizo culture and from U.S.-led population control efforts in the region places indigenous women in a particularly difficult position. In the Andes, traditional notions of community and gender relations emphasize "gender complementarity"—or equal, and ostensibly harmonious, relations between the sexes—coupled with loyalty to the community over individual rights, including the right to limit pregnancies.[193] An indigenous woman who uses contraception—often perceived as an imperialist, eugenicist tool—or terminates a pregnancy is liable to be accused of betraying the interests of her community. Notes Geidel,

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[190] "Carla Meléndez," El Alto, 2 February 2010.

[191] "Juana" and "Adela," La Paz, 1 July 2009. Both Juana and Adela asserted that abortion is only believed to cause misfortune to a community if the aborted fetus is buried within the boundaries of that settlement, and thus, some women will inter any fetus they abort in a neighboring community. The activists also claimed that midwives are sometimes interrogated following climatic catastrophes to determine if they have performed an abortion on a woman in the community.

[192] Ibid. Viceminister of Equal Opportunities in 2010, "Dania Coronillo," who was raised in the countryside, also felt that women in indigenous communities are judged more harshly than men on a range of issues. Interview in La Paz on 4 March 2010.

[193] There is a great deal of scholarship on the concept of gender complementarity in the Andes. See, for instance, Arnold 1997; Bourque and Warren 1981; Burman 2011; Howard-Malverde 1997; MacCormack and Strathern 1980, and Zulawski 1990, among others.

> Indigenous women…must…always act as intermediaries for their own reproductive lives, proving over and over that they are using them for the good of their communities…Because of…[the] vulnerability to charges of betrayal, women in Bolivia who are interested in trying to promote indigenous women's bodily autonomy are always stymied by the question of gender complementarity.[194]

The conflict that Geidel notes between the rights and autonomy of indigenous communities and those of women to control their reproductive lives is indicative of a larger split in Bolivia between the indigenous and women's rights movements.[195] While the "feminist" movement is often perceived by indigenous activists to represent only the interests of Western, mestiza and European-descendant women, representatives of women's rights groups in the region often allege that the indigenous movement fails to acknowledge the problem of unwanted pregnancy and abortion among women who self-identify as indigenous.[196] Notes Minister of Health Nila Heredia, a medical doctor and activist widely known for defending the rights of indigenous women,

> The notion of women's rights is Western [and] here those rights come into conflict with the rights of the community. If a woman has all the rights to her body…to have 20 kids or no kids at all, where is the right of the community in all that? But I'm also not in favor of patriarchal rule. It's a very difficult issue.[197]

While aspects of the split between the women's and the indigenous rights movements are understandable and palpable, in practice, the realities of ethnic and cultural identification in

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[194] Geidel 2010a and 2010b.

[195] See Arnold and Spedding 2005; Hernández Castillo 2010; Rivera Cusicanqui 1996, and Riveros Pinto 2003, among others. Further evidence of this split may include the fact that my attempts to secure an interview with the indigenous women's rights organization Gregoria Apaza were repeatedly denied by activists who remarked that they didn't work on, or ostensibly have any opinion about, unwanted pregnancy or abortion.

[196] Since in Bolivia some consider "feminism" to connote a Western (and/or imperialist) ideology, many organizations that consider themselves part of the "women's rights movement" do not identify as "feminist." Throughout this dissertation, therefore, I use the term "women's rights organizations" to include both groups that call themselves "feminist" and those that do not.

[197] Quoted in Geidel 2010a. This split between the women's and indigenous movements in Bolivia seems to be particularly noticeable in debates concerning sexual and reproductive rights, including abortion. At a conference I attended on sexual and reproductive rights in La Paz in November 2009, comments by panelists on the one panel dedicated to the interests of indigenous women seemed to imply that indigenous culture represented an obstacle to the realization of sexual and reproductive autonomy.

Bolivia—and of women's experiences with unwanted pregnancy—blur this distinction. On the one hand, there is considerable overlap between female and indigenous constituents and activists who are served by (and who form part of) the women's and indigenous rights movements. (In other words, many women's rights organizations in La Paz and El Alto are staffed by Aymara- and Quechua-speakers and serve indigenous populations, while many indigenous rights groups in the region include women and claim to organize around women's issues.) Further, the supposed distinction between the indigenous and women's rights camps implies that indigenous women may not experience, or are not particularly concerned with, unwanted pregnancy and abortion—which is not in fact the case. Both my own interview data and a 2009 study on ethnicity and desired fertility rates in the country reveals that women who self-identify as indigenous experience more, not less, unwanted pregnancy than mestiza and European-descendant women.[198] In addition, social stigma associated with abortion crosses ethnic boundaries and likely impacts all women who procure the procedure, regardless of ethnic or cultural identity.

Despite the relatively outspoken opposition of many sectors of the Bolivian population to induced abortion, most individuals believe that the procedure should be permitted in some circumstances. While some interviewees merely hinted at finding abortion acceptable in some cases, others offered particular circumstances in which they believed abortion should be allowed, such as economic difficulties. "Manuela," an Aymara woman who earns approximately U$S10 daily as an artisan, remarked that, "If you don't have a way to survive, it's better, I think, to abort a pregnancy than to toss it in the street once it's born."[199] "Maita," whose friend became pregnant when her health care provider failed to adequately inform her how to use the

[198] McNamee 2009: 166.

[199] "Manuela," La Paz, 7 July 2009. The term "survive" has been translated here from the Spanish, "salir adelante" (roughly, "do alright"), a common phrase in Bolivia that sometimes, but not always, has economic connotations. "Belinda" and "Noel" also believed that economic difficulties warranted abortion. Interviews in El Alto on 22 October 2009 and 17 November 2009, respectively.

contraceptive method she had selected, believes her friend should have had access to abortion. "She trusted in that method and then she ended up pregnant…I say that abortion should be allowed in that case."[200] As noted above, broader, city- and nation-wide surveys suggest that many Bolivians share the conviction that abortion should be acceptable in some cases—including men. One 2008 survey of 50 male residents of El Alto found that 28 of the men believed that abortion should be permitted in some circumstances.[201] In addition to economic difficulties, those surveyed found abortion acceptable in cases of rape, when a woman's health is threatened by a pregnancy, or when a fetus suffers congenital defects.

To some interviewees, the disconnect between most Bolivians' claims to oppose abortion and their willingness to accept the procedure in particular circumstances represents both a sign and a symptom of the "double discourse" surrounding abortion in the country. As medical doctor Blimunda Santillán noted in the opening pages of this chapter, many Bolivians—such as Santillán's own sisters—will publicly denounce abortion while privately referring their friends and family members to trusted abortion providers. This suggests that the social stigma surrounding abortion in Bolivia is so powerful that not only women who have abortions but even those who openly tolerate the procedure, may face societal judgment.

The experience of one receptionist of an illegal abortion clinic in El Alto suggests that, even when to do so might provide them with much-needed employment, Bolivians may be deterred by their fear of social stigma to admit to accepting abortion. Muriel, who was friendly and talkative at our interview, was in her twenties when she applied for the receptionist position at a clinic widely believed to provide illegal abortions. Although she was raised Catholic and

[200] "Maita," El Alto, 24 November 2009.

[201] This survey, entitled "Masculinidades," was conducted by La Paz-based organization CIDEM, whose representatives interviewed 50 men door-to-door in El Alto in 2008. The organization provided me with full transcripts of the interviews in 2010.

said that neither she nor any of her loved ones had ever terminated a pregnancy—at least, as far as she knew—Muriel believed from a young age that abortion should be permitted. To interview for the receptionist position, Muriel and eleven other candidates were gathered together in a hotel lobby, where they were collectively questioned by clinic staff on a number of issues.

> They started to ask us questions, but not really things about work. Rather, they asked about our ways of thinking, and eventually, they raised the question of our thoughts on abortion. Well, since I was a child I always thought abortion was a person's decision, despite being very Catholic. So, they asked us that question and I—just as I respond to you now—said openly that I supported it. But all the others said no, that they were against abortion. The majority of people at the interview were scared to talk and I think that they just said to themselves, "If I respond that I agree, they are going to think that I am a woman who is not dignified, a woman who could commit a murder." So, maybe they responded like that even though they actually believe the way I do.[202]

Muriel, the only job candidate to publicly declare her acceptance of abortion, received a call the following month and has worked at the clinic ever since.

The double discourse of abortion in Bolivia—which makes it difficult for individuals like Muriel to publicly defend abortion rights, but nonetheless allows for a fairly widespread tacit acceptance of abortion—mirrors, in some respects, the evolution of public policy concerning the procedure over the last several decades. Pressured by growing international concern over the impact of unsafe abortion on maternal mortality but limited by the opposition of religious groups and the broader public to abortion legalization, Bolivia's political authorities, like those elsewhere in Latin America, are traversing difficult terrain. At present, the solution of public health reformers in the country has been to implement stop-gap medical and insurance policies to mitigate abortion's risks to maternal mortality, while leaving intact the procedure's illegal status. This strategy suggests that most health professionals and political officials in Bolivia conceive of abortion primarily as an issue of public health, rather than one of women's rights. At the same

[202] "Muriel," El Alto, 7 December 2009.

time, abortion's continuing illegality in Bolivia has allowed the procedure to remain both unregulated—and thus, a continuing threat to women's health—and a locus of secrecy and shame for women, families, and the doctors who perform the procedure.

3.0 MAPPING ABORTION CARE IN THE URBAN ANDES: THE LANDSCAPE OF ABORTION AND UNEXPLAINED MISCARRIAGE

At the time, my youngest daughter was a year and seven months old and she was sick with diarrhea. I went to the doctor and he told me, "You are pregnant." I thought, "What am I going to do, my other child is so small still!" My husband said, "Women can't go around like that [with two small children]– they can just get rid of it. Carry this cement." So, I carried the bag of cement all the way from the marketplace to the house. And I felt a big pulling and a kind of bursting, and I fainted…My daughters got me into bed. I bled for three days until a doctor, a naturopath, came to see me and gave me an injection. 'You aborted,' he said."

> -"Celestina," an Aymara indigenous woman living in El Alto, speaking of her experience inducing an abortion in 1989[203]

In Bolivia, stories such as Celestina's are all too common. According to a 2008 national demographic survey, 36 percent of births that occurred in the previous five years were unwanted.[204] While some women facing unwanted pregnancies in Bolivia eventually carry these to term, many others seek abortion.[205] In countries like Bolivia where abortion is illegal,

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[203] "Celestina," El Alto, 16 November 2009. The names of interviewees cited here are pseudonyms. The presence of quotations around the name of an interviewee in a footnote indicates that the name is a pseudonym. All interviews were conducted by the author and recorded digitally. All translations are by the author, unless otherwise noted.

[204] If we take into account those births that occurred from 2003-2008 that women wanted at a later date, but not at the time of the pregnancy, this figure increases to 61 percent. National Demographic and Health Survey (ENDSA) 2008: 127. This figure is similar to rates of unwanted pregnancy reported in the 2003 ENDSA. The difference between observed and desired fertility rates is greater in rural-dwelling women, those who have attained only a primary educational level, and poorer women. Ibid.: 128.

[205] Throughout this chapter, the terms "abortion" and "induced abortion" are used interchangeably to indicate intentional terminations of pregnancy, while "miscarriage" is used to connote spontaneous or accidental, unintentional terminations of pregnancy. The term "aborto" in Spanish, however, does not distinguish between abortion and miscarriage; in addition, many women often falsely claim to have experienced miscarriage to avoid the legal and social repercussions of confessing to induced abortion. To account for this ambiguity, I utilize the term "unexplained miscarriage" to refer to an abortion or miscarriage whose cause is unclear. Finally, the term

statistics concerning the procedure—such as incidence of abortion and rates of maternal death due to the procedure—are notoriously difficult to measure.[206] However, interview, medical record, and statistical data attest to the elevated rates of induced abortion and abortion-related death across much of the twentieth century. Estimates over the last decade and a half place the number of abortions in the country between 40,000 and 80,000 per year, making Bolivia's abortion rate potentially one of the highest in the region.[207] Since these procedures are illegal—and thus performed in unregulated and often unsafe conditions—these abortions are sometimes deadly. Recent estimates indicate that 27-43 percent of maternal deaths in the country result from complications from abortion.[208] Despite the high incidence of abortion in Bolivia, however, little is known about the history of abortion provisioning in the country, or the circumstances in which these abortions take place.

Drawing on statistical, interview, and medical record data, the current chapter traces a broad history of abortion and unexplained miscarriage in La Paz and El Alto between 1952 and

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"pregnancy loss" is used to refer to all types of pregnancy termination, including miscarriage, unexplained miscarriage, and induced abortion. Pregnancy loss, in addition, refers to the loss of a pregnancy of approximately 20-25 weeks and under, depending on the medical facility defining the event, while stillbirth refers to the loss of those pregnancies about 25 weeks and over.

[206] Grimes et al. 2006: 1908; Kushner Lopez et al. 1986: 4; Paxman et al. 1993: 206; Remez 1995: 32; World Health Organization (WHO) 2011: 15.

[207] A 2010 article from BBC Mundo cites a reproductive rights activist who reported this number as falling between 40,000-50,000. "Bolivia: Mortalidad materna en ascenso," *BBC Mundo* (29 September 2010). This number is echoed by Alanes, which cites a study published the same year by The Workshop of History and Participation of Women (TAHIPAMU). Alanes 1995: 8. Friedman-Rudovsky 2007 places this number at 80,000, and asserts that, considering the population of women of reproductive age in the country, the abortion rate in Bolivia is "one of the world's highest." (Throughout this chapter, abortion rate is expressed according to WHO standards, in numbers of abortions per 1,000 women aged 15-44 per year.) Nelson reports that, as of 2009, Bolivia and Haiti reported the highest rates of abortion in the Western Hemisphere. Nelson 2009: 8. Daulaire, et al. 2002 assert that 67,801 abortions take place in Bolivia each year; however, this figure is derived from estimates for the region of Latin America and the Caribbean, and does not represent any direct measure of abortion in Bolivia.

[208] *La Razón* 1996 reports that 43 percent of maternal deaths are due to abortion complications (A11), while Alanes 1995 (8) and Ministerio de Salud y Deportes 2006 (11) estimate that abortion is responsible for between 27-35 percent of maternal mortality in the country. Both Alanes 1995 and Zulawski 2007 suggest that actual rates are likely higher because of the difficulty of measuring abortion-related deaths. Friedman-Rudovsksy 2007 and Aliaga Bruch, Quitón Prado, and Gisbert 2000 report that 400 women die from abortion complications yearly, while Friedman-Rudovsky 2007 and Ministerio de Salud y Deportes 2006 [2001] (11) contend that complications from abortion were the "third leading cause of maternal mortality" in Bolivia in those years.

2010. First, I analyze the available statistical data to explore changing rates of abortion, miscarriage, and maternal death due to these phenomena in these cities across time, situating this within the broader national and regional context. Rates of abortion are difficult to measure in part because women may be hesitant to report vaginal bleeding in pregnancy as the result of induced abortion, and instead claim to be experiencing miscarriage. In addition, medical personnel note that it is often impossible to determine whether a woman has experienced a spontaneous miscarriage or an induced abortion, even upon physical exam. For this reason, unexplained miscarriage—pregnancy loss that cannot be definitively diagnosed as spontaneous or induced—forms a central part of this story. The second section of the chapter delves into what is known about those abortions that *are* induced. Drawing on the testimonies of abortion providers and other medical personnel as well as of women and activists, this section reconstructs a history of abortion provisioning in La Paz and El Alto, exploring questions such as: Who performed abortions during these years, and in what types of facilities? What methods did women and/or providers utilize to terminate pregnancies? How safe were these different methods and how much did they cost?

This chapter demonstrates the elevated incidence of abortion in Bolivia across much of the twentieth century, with a probable increase in abortion rates since the mid-1980s, if not earlier. Medical records and interview data reveal a great deal of continuity in the characteristics of abortion provisioning between midcentury and the mid-1990s. Then, from the last few years of the twentieth century to 2010, innovations in abortion technologies, coupled with a few key government initiatives, vastly altered the landscape of abortion care in Bolivia, making the overall abortion experience—from the procedure itself to the appointment for post-abortion care—both safer and more accessible. Alongside these innovations in technologies and

programs, the past few decades witnessed additional improvements in abortion provisioning in Bolivia. These include measures to improve the quality of care at existing clinics and the emergence of a new kind of abortion provider in the region—one that is both safer and more affordable than previously existing clinics, and that is motivated by an ideological commitment to ensuring women's reproductive rights and health.

In demonstrating the elevated incidence of abortion in Bolivia over the last several decades, this chapter, put another way, argues that women's *demand* for abortion has remained consistent, and may even have increased over the past three decades. Despite the illegal status of the procedure, women in Bolivia navigated a range of personal and structural circumstances to procure abortion and, ultimately, plan their families and lives. This chapter suggests that women's demand for abortion in Bolivia helped shape the evolution of abortion provisioning in the country—a phenomenon that seems to have been true in other world contexts. In her history of abortion in the United States during the era when the procedure was illegal, historian Leslie J. Reagan shows how women's experiences with abortion "challenged public policy and altered medical thinking" on the procedure.[209] In Bolivia, evidence suggests that women's demand for abortion had similar impacts. In the wake of free-market austerity measures instituted after 1985, rising poverty rates led many women to need to limit the size of their families. Since access to contraception continued to be restricted, women turned to illegal abortion. Women's persistence in seeking abortion in these years—alongside the concomitant rise in medical complications and maternal death due to the procedure—contributed to a growing public awareness of illegal abortion. This awareness culminated in the formation of public forums on abortion and the institution of key changes in abortion care and for the treatment of pregnancy

[209] Reagan 1997: 3.

loss beginning in the mid-1990s—changes that vastly improved the landscape of abortion provisioning in Bolivia. Thus, women's experiences with abortion, far from constituting private matters, may have a significant effect on the development of reproductive health policy and services. Understanding the dynamic relationship between women's personal experiences with reproduction and changes in health care provisioning can broaden our conception of the factors shaping the evolution of national processes—and hopefully, lend greater urgency to our efforts to comprehend and respond to women's and men's reproductive needs.

3.1 ABORTION INCIDENCE AND CONTRACEPTIVE USE IN ANDEAN BOLIVIA, 1952-2010

In his 1976 book *El aborto inducido: Un estudio exploratorio* (Induced Abortion: An Exploratory Study), Antonio Cisneros lamented the near impossibility of "obtaining a solid and clear picture of the…incidence [of abortion] in the country."[210] The study, published just three years after a modification of Bolivia's penal code decriminalized abortion under limited circumstances, represented one of the first attempts to capture the incidence of the procedure in the country. Judging by the tone of Cisneros's comments, completing this task in a nation such as Bolivia—where the procedure was rarely reported (due to its illegal status) and often morally condemned—posed a significant challenge. "Although there exists a generalized opposition to abortion," Cisneros remarked, "this does not mean that it does not occur; by which we may observe a serious discrepancy between perceptions of real behavior and cultural values regarding

[210] Cisneros 1976: 12.

abortion."[211] Characterizing the "'contraceptive climate'" in 1976 as "still somewhat hostile" and noting the persistence of pro-natalist beliefs and opposition to birth control in the country, Cisneros asserted that women in Bolivia "resort to abortion as a means to regulate fertility."[212]

Studies on abortion in Latin America—where the procedure is illegal in most countries—note that data on the incidence of induced abortion is inconsistent, with underreporting representing a substantial problem. Most studies on the incidence of abortion in the region have relied on either household or hospital surveys for which "accurate reporting is discouraged by the nature of the subject and the general illegality of [the procedure]," or on registration or discharge statistics collected by medical facilities.[213] While household surveys ask women to discuss their reproductive histories on their doorsteps or in their living rooms—something many women are understandably loath to do—hospital surveys ask patients at the bedside whether they intentionally provoked their bleeding—and thus to admit to an illegal act. Hospital statistics, for their part, record numbers of women hospitalized for abortion, miscarriage, or unexplained miscarriage. According to one author, hospital statistics "can never be expected to show more than the tip of the iceberg," since most abortions probably do not require follow-up care, and in many regions—particularly rural areas of Latin America—medical facilities are scant.[214] In addition, many women, fearing interrogation or mistreatment by hospital personnel, may hesitate to visit medical facilities for complications following abortion.[215] In general, most scholars concur that actual rates of induced abortion in those Latin American countries in which the

[211] Ibid.: 11-12.
[212] Ibid.: 10, 12. Attitudes toward abortion and contraceptive methods are discussed in chapter 2.
[213] Paxman et al. 1993: 206.
[214] Viel 1988: 321.
[215] Bury et al. 2012 and interviews in La Paz with "Dr. Emma Alvarez," 19 June 2009; "Dr. Alessandra Muñecas," 19 June 2009; "Olga," La Paz, 7 October 2009, and "Dr. Blimunda Santillán," 7 October 2009.

procedure is illegal are likely much higher than calculated estimates suggest.[216] Recent measures for the region estimate that the rate of unsafe abortion in South America alone is higher than that of any other world region except middle and eastern Africa.[217]

Prior to the 20th century, it is unlikely that rates of induced abortion in Latin America were high, since elevated infant mortality probably limited family size, if not overall fertility. With improvements in public health across much of Latin America in the first four decades of the 20th century, infant mortality declined and the population ballooned, growing at a rate of between one and three percent per year after the 1930s. It is in these first decades of the 20th century that rates of induced abortion are also thought to have increased, primarily as a way to limit family size.[218] The earliest attempts to measure abortion's incidence in Latin America date from the 1940s, where in Chile, doctors began to record numbers of women hospitalized each year for complications they believed to be caused by induced abortion. Since only about a third of illegal abortions in Chile were thought to end in hospitalization, actual rates of induced abortion were believed to be much higher than those reported by hospitals.[219] By the 1960s, rising rates of hospitalization due to induced abortion in Chile prompted doctors to undertake two studies, one in 1964 and another in 1977, in an attempt to more accurately measure abortion's incidence in the country. The studies, based on household surveys in a number of different regions, found that "illegal induced abortion [in Chile] was…much more frequent than

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[216] Viel 1988: 321. See also Alanes 1995:8; Paxman et al. 1993: 206.

[217] WHO 2011: 19. The unsafe abortion rate in South America, according to data collected in 2008, was 32 unsafe abortions per 1,000 women of reproductive age (WRA), while the estimate for middle and eastern Africa was 36 unsafe abortions per 1,000 WRA. The WHO defines an unsafe abortion "as a procedure for terminating a…pregnancy carried out either by persons lacking the necessary skills or an in environment that does not conform to minimum medical standards, or both." Ibid.: 2.

[218] Viel 1988: 318-319. Zulawski notes that, as of 1928, high infant mortality in Bolivia continued to limit family size. Zulawski 2007: 121.

[219] Paxman et al. cite studies from 1965 and 1976 that found that one in three abortions in Chile resulted in hospitalization in those years. Paxman et al. 1993: 206.

hospital statistics indicated."[220] One group of scholars contends that the Chilean studies served to draw attention to the frequency of illegal abortion in Latin America as a whole.[221]

Ann Zulawski demonstrates that from the early 20th century in Bolivia, medical doctors and policymakers expressed concern over what they believed to be high rates of induced abortion.[222] By the time of Antonio Cisneros' 1976 study, abortion ostensibly constituted "a major social and public health concern" in the country.[223] Drawing on data from surveys of over 2,500 women (1,455 of whom lived in La Paz), Cisneros estimated rates of contraceptive use and induced abortion in three Bolivian cities. The study found that 10.4 percent of respondents in La Paz had terminated at least one pregnancy, and that those most likely to seek abortion were married, between 25 and 39 years of age, and already had more than three children.[224] Based on this data, Cisneros elaborated figures of a "very exploratory and tentative [nature]" suggesting that 12,178 abortions took place each year in La Paz, or 33 per day.[225] With a population of 117,100 women of reproductive age (WRA) in La Paz in 1976, this amounts to an abortion rate of almost 104 abortions per 1,000 WRA—more than twice the rate in Chile in 1975, and about three times the rate that Cisneros found for the Bolivian cities of Cochabamba and Santa Cruz.[226]

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[220] Viel 1988: 321.

[221] Paxman et al. 1993: 206. The same source asserts that, as of that year, Chile continued to be "one of the few countries [in Latin America] with consistently accurate abortion data." Ibid.: 206.

[222] Zulawski 2007: 119. Zulawski reviews a sampling of medical records from La Paz's public *Hospital General* from 1942 to 1949 that suggests that the procedure may have been widespread by that time. In her review of the data for these years, Zulawski found that incomplete abortion represented "the single most important cause for admission" to the gynecological department of the hospital. Zulawski 2007: 140. This figure undoubtedly included some cases of spontaneous miscarriage.

[223] Cisneros 1976: 12.

[224] Ibid.: 55-57.

[225] Ibid.:58.

[226] Ibid.: 58. It is unclear, however, if Cisneros' estimate of the population of "women of reproductive age" in Bolivia included women between the ages of 15 and 44, as per WHO definitions. Chile's abortion rate in 1975, which was calculated according to WHO standards, amounted to an estimated 43.3 abortions per 1,000 WRA; however, this figure is based on hospital statistics, which Viel claims tend to underestimate rates of induced abortion, as noted above. Viel 1988: 321. This could suggest that the abortion rate in Chile in 1975 was in fact

Ten years later, a group of Bolivian doctors conducted a study on induced abortion based on hospital statistics that—considering the contention of some scholars that hospital data may underestimate abortion incidence—somewhat predictably placed rates of the procedure much lower than Cisneros's figures. The study drew on the assessments of medical staff at one of 11 hospitals in the country as to whether women hospitalized for complications related to abortion, miscarriage, or unexplained miscarriage during a year-long period had induced their symptoms. The study, undertaken by Dr. Luis Kushner López et al., estimated that 77 percent of hospitalized patients had probably suffered spontaneous abortions, while 23 percent had likely provoked their bleeding.[227] Based on the numbers of cases recorded at hospitals in each city, the study estimated an abortion rate in La Paz of less than 5 per 1,000 WRA—about one-twentieth of the figure estimated by Cisneros—with rates in Cochabamba and Santa Cruz at approximately 14 and 7 abortions per 1,000 WRA, respectively.[228] In other words, the 1986 study found abortion rates throughout the country at only a fraction of those estimated in 1976, with the rate in La Paz *lower*—not higher—than that of other Bolivian cities.[229]

In an attempt to improve the accuracy of hospital statistic data in estimating rates of induced abortion, in the 1980s, the World Health Organization (WHO) developed a method of

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higher than this estimate; however, it could also indicate that the abortion rate in the mid-1970s was higher in Bolivia than in Chile, as it is reported to be in more recent measures. Paxman et al. 1993: 206.

[227] Kushner López et al. 1986: 10-14. The authors indicate that the numbers of women arriving to hospital facilities during the year of the study—and thus, the numbers of recorded cases of abortion and miscarriage—may have been lower than usual due to labor strikes taking place at the time in the transport and health care sectors.

[228] Ibid.: 13. Kushner Lopez et al. define the population of WRA in Bolivia according to the standards of Bolivia's 1976 census. While it is unclear how the 1976 census defines WRA, Bolivia's 1989 census defines WRA as women aged 15-49, rather than 15-44, as does the WHO.

[229] Kushner López et al. found that rates of maternal death due to abortion, however, were higher in La Paz than in other cities. Kushner López et al. 1986: 20-21. Aliaga Bruch quotes one doctor who worked at La Paz's public *Hospital Obrero* who stated that rates of hospitalization due to complications from abortion, miscarriage, and unexplained miscarriage increased at that facility from 46 percent to 51 percent across the 1970s and 1980s. Aliaga Bruch 2004: 36. This, however, does not necessarily indicate that rates of abortion increased in La Paz overall during these decades; it could simply mean that women were more likely to seek treatment following pregnancy loss during these years, or were more likely to seek treatment at the hospital in question.

measuring the likelihood that women hospitalized with complications from pregnancy loss had provoked their abortions.[230] This method (which appears to be somewhat more systematic than that employed in the 1986 study) relies on the combination of a physical exam for cervical trauma and a conversation with the woman regarding her feelings about the pregnancy and her contraceptive use.[231] Employing this method, a 1993 study of hospitalizations in four Latin American countries found that, "in Bolivia…71 percent of all women in the study were hospitalized with…complications that might have resulted from induced abortion, compared with 13 percent reported by Bolivian women."[232]

While evidence indicates that abortion rates in some Latin American countries may have decreased in the 1980s due to the increased availability of birth control during those years, data for Bolivia suggest that modern contraceptive methods were not widely available until the early 1990s—and that even after they became available, they were neither commonly used, nor even necessarily known, until more recently.[233] According to one 1983 study of contraceptive knowledge in Bolivia, only about 30 percent of the more than 5,000 women interviewed were able to name any kind of contraceptive method (traditional or modern), while just 21.4 percent of women could name a modern form of birth control.[234] The same study found that just over 23

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[230] Singh and Wulf, who employ the WHO method, remark that, "the discharge records of women hospitalized for abortion complications" represent "the only source of quantifiable and reasonably complete data about abortion at the national level." Singh and Wulf 1993: 134.

[231] Singh and Wulf 1993: 135. Kushner López et al. determined the likelihood that hospitalized patients had induced their abortions, "according to the opinion of the medical investigator at the moment of [the woman's] admission to the hospital [upon assessing] the medical profile and physical condition [of the woman]." Kushner López et al.: 13-14.

[232] Singh and Wulf 1993: 136.

[233] Viel argues that rates of induced abortion decreased in Chile due to an increase in the use of birth control. Viel 1988: 320-321. On Bolivia, see Aliaga Bruch 2004: 47-87; Nelson 2009: 196-207; Rance 1990, and Schuler, Choque, and Rance 1993, as well as interviews with "Marcela," La Paz, 22 September 2009; "Catalina Méndez," La Paz, 18 June 2009; "Emilia Santana," El Alto, 10 February 2010, and "Miguel Ramírez," La Paz, 21 October 2009, among others.

[234] These figures represent women that were able to name specific methods spontaneously, without assistance by interviewers. The most commonly identified methods were the birth control pill, the rhythm method, and the

percent of women were using some form of birth control at the time of the interview; however, of these, only 9 percent were using a modern method.[235] Levels of contraceptive use were notably higher among women with formal education, those who spoke Spanish, and those who lived in urban areas.[236] By the time of Bolivia's 1989 national demographic survey, contraceptive use in the country had increased somewhat, but was still confined to a minority of women. Thus, only 30 percent of partnered women were using birth control at the time of the survey, with 12 percent using modern and 18 percent traditional methods.[237]

Studies suggest that most women in Bolivia did not use birth control in the 1980s because they did not know about it. Writing in the late 1980s, sociologist Susanna Rance noted the "almost complete lack of family planning information and services" in Bolivia.[238] Having inaugurated its first government-sponsored family planning program in late 1989, Bolivia was indeed several years behind the development of similar programs in other Latin American countries.[239] While this may speak in part to the under-developed nature of Bolivia's public health establishment vis-à-vis other Latin American nations, it also belies the long-standing fear of population control initiatives in the country that emerged in response to both internal, cultural

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intrauterine device (IUD). It is unclear how traditional methods were defined in the 1983 survey, but these usually comprise the rhythm method, periodic abstinence, and withdrawal, and sometimes, herbal infusions to provoke menstruation. The 1983 study is cited in Rance 1990: 77.

[235] Cited in Rance 1990: 79. The most commonly used methods were the IUD and the pill.

[236] Ibid.: 79-80.

[237] This figure corresponds to women of reproductive age. ENDSA 1989: 42. The ENDSA includes among traditional methods periodic abstinence, withdrawal, and "other methods," likely herbal infusions.

[238] Rance 1990: 86. Lack of knowledge as measured here is considered a separate phenomenon from lack of confidence or trust in these methods, which is discussed in more detail below.

[239] State-sponsored family planning initiatives were first inaugurated in the mid-1970s in Chile, Peru, Argentina, Mexico, and Brazil, although many of these programs were later cancelled or significantly reduced under military regimes or in the face of local opposition. Felitti 2011: 5-10. For more on the development of contraceptive programs in Latin America, see Balán and Ramos 1990; Correa 1993; Felitti 2009; Jiles and Rojas 2001; Llovet and Ramos 1986; Necochea López 2009; Pedro 2003, and Shepard 2003, among others.

factors, and to international interventionism.[240] This complex history contributed not only to women's lack of familiarity with modern contraceptive methods, but also to a distrust of birth control on the part of many Bolivians.

Domestically, many Bolivian authorities in the 1970s and 1980s bemoaned the country's underpopulation with respect to other Latin American nations as a sign of the country's lagging political, economic, and social progress. Thus, national leaders during these decades, hoping to increase and not limit Bolivia's birth rate, were often disinterested in pursuing large-scale family planning programs.[241] At the same time, after the 1971 scandal in which the U.S. Peace Corps were ejected from the country following allegations that volunteers had forcibly sterilized indigenous women, national health reformers were facing decades-long criticism (and lingering fears) of international population-control efforts in Bolivia.[242] In the face of these geopolitical circumstances—and fearful of igniting the wrath of the public or of the Catholic Church—few national authorities attempted to establish family planning programs in the 1970s and 1980s.[243] (The distribution of contraceptive methods was even partially prohibited during part of the military era, from 1977 to 1982.[244]) When in 1989 then-president Jaime Paz Zamora did finally sign into law a plan for maternal and infant health that included an explicit family planning component, it was met by a number of unfavorable press reports accusing the government of "population control."[245]

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[240] The history of population policies in Bolivia is discussed in greater detail in chapter 2. See also Aliaga Bruch 2004; Geidel 2010; Nelson 2009; Rance 1990; Zulawski 2007.
[241] Aliaga Bruch 2004: 17-25; Nelson 2009; Rance 1990: 86.
[242] Aliaga Bruch 2004: 17-21; Geidel 2010b; Nelson 2009: 25-72, and Rance 1990: 13-27.
[243] See chapter 2.
[244] The prohibition was limited to the distribution of birth control methods by state-run health facilities and other public institutions. Aliaga Bruch 2004: 21.
[245] Nelson 2009: 187.

The widespread atmosphere of suspicion toward birth control in the 1970s and 1980s was reflected in the attitudes of the Bolivian population more broadly, resulting in a "generalized distrust of contraceptive methods" that was particularly pronounced in rural areas.[246] In studies examining ideas toward birth control during the period, women typically reported fearing the ingredients or modes of operation of contraceptive methods, rather than their potential connection to population control projects (although these fears may have been intertwined). In particular, Bolivians worried about the possible side effects or other negative health impacts of birth control. One study carried out between 1986 and 1987 found the "'[fear of] health problems'" to be a significant deterrent to women's use of contraceptive methods.[247] Although it did not measure the statistical significance of factors deterring women from using birth control, a 1994 study of nearly 700 urban Aymara women found that "almost all of the women [surveyed] had heard alarming stories and rumors about the harmful side effects of contraceptive methods that had influenced them." According to the study, participants feared "general…and specific illnesses," in addition to the "consequences of having foreign objects or substances introduced into the body," such as IUDs and hormonal contraceptives.[248]

Evidence suggests that, while the past few decades have seen a substantial increase in women's knowledge of contraceptive methods, their distrust of these methods remains—and may even have grown. Thus, in the 1983 study, 56 percent of women said they did not use birth control because they did not know about it, while only 5 percent cited fears of negative health

[246] Rance 1990: 88. Although Bolivian men also likely expressed a distrust of contraceptive methods during this period, the discussion that follows focuses primarily on the attitudes of women, since most studies surveyed that population. The attitudes of men toward their female partners' use of birth control in Bolivia has been studied extensively, and is discussed in more detail below.

[247] This study is cited in Rance 1990: 89.

[248] Schuler, Choque, and Rance 1994: 214.

impacts.[249] On the other hand, Bolivia's 2003 national demographic and health survey found that only 16 percent of women reported not using contraception due to lack of knowledge, while 21 percent cited a fear of side effects.[250] My own interview data support the notion that women in La Paz and El Alto feared the health impacts of birth control use—including cancer and long-term infertility. "Everyone used to say, 'That's going to cause cancer,'" remarked Marcela, who did not begin to use birth control until about 2005. "They put that fear in your head—everything I heard, I listened to."[251] In addition to fearing the negative health impacts of birth control, some Bolivians simply doubted that methods could be relied upon to prevent pregnancy. The 1987 study cited above, which surveyed women in three Bolivian cities, found that "fear of inefficacy" constituted another reason women did not use birth control.[252]

The lack of confidence in modern contraceptive methods on the part of many women in Bolivia is, in many cases, linked to a broader distrust of Western medicine by both women and men in the country; this may be particularly true for individuals of indigenous descent, but also for many *mestizos* (individuals of "mixed" indigenous and European ancestry). The 1994 study cited above found that, while most women practiced some form of fertility regulation, they were often loath to use contraceptive methods due to, "a deep suspicion of modern medicine and

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[249] Cited in Rance 1990: 86 and 89.

[250] Of the 16 percent of women who said they were not using birth control due to their ignorance of contraceptive methods, 13 percent lived in rural areas and 3 percent lived in cities. An additional 34 percent of women said they did not use birth control "due to concerns about a specific method." ENDSA 2003: 91.

[251] "Marcela," La Paz, 22 September 2009. See also Schuler, Choque, and Rance, which found that women feared the side effects of birth control "not only for cosmetic reasons, but because they [were] perceived as a sign that something [was] going wrong with the body." Schuler, Choque, and Rance 1994: 214. Interviews with women who feared the negative health impacts of contraception either in the past or currently are too numerous to cite here comprehensively, but include "Alicia," La Paz, 7 July 2009; "Beatriz," El Alto, 13 October 2009; "Begonia," El Alto, 12 April 2010; "Magdalena," El Alto, 28 January 2010, and "Vania," La Paz, 2 December 2009. In addition, a number of medical doctors and other health personnel remarked that their patients feared the health consequences of using birth control, either in the past or currently. See, for instance, medical doctors "Davíd Estrada," El Alto, 30 March 2010; "Miguel Ramírez," La Paz, 21 October 2009; "Emilia Santana," El Alto, 10 February 2010, and "Blimunda Santillán," La Paz, 7 October 2009, among others.

[252] Cited in Rance 1990: 89. As with the study's finding of women's fear of health problems, Rance does not specify what percentage of women surveyed chose not to use birth control because of fears of its inefficacy.

medical practitioners, who are not seen as reliable sources of information."[253] According to the study, which found that only 25 percent of respondents were using a modern form of contraception, women's suspicion of Western medicine was owed in part to the discrimination they suffered when visiting modern health facilities.[254] Interview data suggest that the mistreatment of women at health facilities—including, but not limited to, condescending, rude, and even violent language and behavior by medical personnel—continues to be a significant problem not only for indigenous women, but also for those of mestiza or European descent.[255] Women's distrust of Western medical care may be further exacerbated by the inadequacy of public health facilities, which can be overcrowded and lack even basic infrastructure.[256]

Evidence suggests that distrust of contraceptive methods and Western medicine in the Andes may have additional historical and cultural roots beyond concerns with discrimination and the quality of care offered by medical facilities, or even the legacy of population reform. According to some scholars, present-day distrust of Western medicine in the region may be linked not only to the history of Western interventionism but also to broader processes of capital accumulation and technological development during the nineteenth and twentieth centuries. Thus, anthropologist Mary Weismantel explores stories of white bogeymen in the Bolivian and Peruvian countryside who would steal the flesh of indigenous *campesinos* (peasants) and use it

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[253] Schuler, Choque, and Rance 1994: 211.

[254] Ibid.: 211-221.

[255] Women interviewees who report having experienced mistreatment at public health facilities are too numerous to cite here comprehensively, but included women of Aymara and Quechua descent and mestizas. See, for instance, "Guillermina," La Paz, 8 February 2010; "Leticia," El Alto, 24 February 2010, and "Simona," El Alto, 24 February 2010, among others. A great number of medical doctors and other health care personnel remarked that women often face discrimination and mistreatment at health care facilities. See "Davíd Estrada," El Alto, 30 March 2010; "Stefania Montoya," El Alto, 3 February 2010; "Muriel," El Alto, 7 December 2009; "Olga," La Paz, 7 October 2009, and "Blimunda Santillán," La Paz, 7 October 2009, among many others. See also Bury et al., which found that women seeking post-abortion care often experience mistreatment at health facilities. Bury et al. 2012: S8. This phenomenon is discussed in greater detail below.

[256] Schuler, Choque, and Rance 1994: 211, and interviews with "Blanca," El Alto, 16 April 2010; "Guillermina," La Paz, 8 February 2010; "Jazmín," El Alto, 30 November 2009; "Leticia," El Alto, 24 February 2010, and "Maura," 30 November 2009, El Alto, among others.

for a range of nefarious purposes, usually related to economic gain. In the 1970s and 1980s, for instance, campesinos alleged that these terrifying figures, known as *ñakaqs* or *kharisiris*, used the fat of indigenous men, women, and children to repay Peru's foreign debt, make high-quality soap for export, or power U.S. electric companies.[257] According to Weismantel, ideas about fat-sucking ñakaqs in the Andes are intimately related to the health and bodily integrity of indigenous campesinos struggling to survive in a capitalist economic system. Thus, the "invisible labor" of indigenous residents of the Andes,

> …creates the wealth that belongs to others. For the very poor in peripheral economies, such labor eats up their bodily health and strength, leaving them thin and broken…Goods and capital accumulate around the white body, while the Indian sees her possessions devoured by ever-accumulating debt.[258]

In a context in which selling one's labor or land to a white, Western employer in the nineteenth or twentieth centuries often left indigenous Andeans on the short end of an unfair arrangement, present-day Bolivians may hesitate to trust recommendations advanced by Western medical practitioners. Thus, suspicion on the part of La Paz and El Alto residents toward modern contraceptive methods, which lead to relatively low rates of contraceptive use among the population, may stem from a range of historical and cultural circumstances that cannot be adequately explained by women's "ignorance" or "lack of knowledge" alone.

It is further important to note that the "traditional" forms of birth control to which most women recur in Bolivia—including the rhythm method, periodic abstinence, and withdrawal—are nearly as effective in preventing pregnancy as some modern forms of birth control. (In other words, it may be unwise to attach a value judgment to the use of modern methods as necessarily "better" or more reliable than that of traditional methods.) In one 2009 study by the Guttmacher

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[257] Weismantel 2001: 209.

[258] Ibid.:217. For other scholarship on Andean conceptions of health and the body, see Castellón 1997*;* Hammer 1997; Larme 1998; Miles 1998; Oths 1999, and Tapias 2006, among others.

Institute, for instance, withdrawal (in which the male partner withdraws prior to ejaculation) was found to be 96 percent effective with perfect use, compared to a 98 percent efficacy rate for condoms. Measures of the typical, rather than perfect, use of condoms and traditional methods further suggest that the two types of methods are at least roughly comparable in efficacy.[259]

A major problem with the use of traditional methods in Bolivia, however—and an additional cultural factor shaping contraceptive use in the country—is opposition on the part of many men. Since traditional forms of birth control, in particular, require the cooperation of the male partner, men's opposition to these methods likely makes even their typical use less effective in preventing pregnancy than statistical measures might suggest. Women interviewees of the 1993 study, for instance, reported picking fights with their male partners or sharing beds with their children in an attempt to enforce periods of abstinence with which their partners might otherwise not comply.[260] At the same time, evidence suggests that men in Bolivia also often oppose their partners' use of modern contraceptives—not just the traditional methods requiring their more active participation. According to the authors of the 1994 study cited above, many women "were reluctant to bring up the subject of contraception with their husbands" because, if they did, "their husbands [would] suspect them of wanting to use [these] in order to have an affair."[261] Women also hesitated to use modern contraceptives because they feared that

[259] The 98 percent efficacy rate for condoms applies to their perfect use. With typical use, condoms' efficacy decreases to 83 percent. Jones et al. 2009: 407. Burkhart et al. measured the efficacy of the rhythm method (in which abstinence is practiced during the fertile days of a woman's menstrual cycle) among couples in Guatemala, and found that "the probability of pregnancy over 12 months of typical method use was 11 percent." Burkhart et al. 2000: 134. Although the 11 percent figure is not directly comparable to the failure rate of 17 percent with typical use of condoms (since this figure is based on condom use in the U.S. and was not necessarily measured over a 12-month period), it still suggests that careful use of the rhythm method is potentially as effective as most couples' use of condoms.

[260] Schuler, Choque, and Rance 1993: 216.

[261] Ibid. The 1983 study also cited "the husband's opposition" as a central factor deterring women from using modern forms of birth control. Cited in Rance 1990: 90.

neighbors and friends, not just partners, would view them as promiscuous.[262] At times, men's opposition to their partners' use of modern contraceptives proves just as problematic as their failure to cooperate with a traditional method, such as periodic abstinence. Thus, interviewee Manuela remarked that she sometimes missed taking her daily birth control pill because she was forced to hide the pill packet at work, where her husband would not discover it.[263] Many health care workers also assert that the contraceptive Depo-Provera injection owes its popularity in Bolivia to its relatively private character, which allows women to conceal its use from husbands or boyfriends.[264]

Thus, local cultural factors such as the distrust of Western medicine and complex gender dynamics represented obstacles to contraceptive use in Bolivia from the 1970s to the 1990s, and to a certain extent, remain so today. (This is in addition to other, more structural, barriers to contraceptive use, such as the lack of access to birth control, which remain present.) According to a 2010 survey of 1,175 sexually active women nationwide, authors Bury et al. reported that "mistrust of the safety or effectiveness" of birth control, opposition on the part of male partners, and shame associated with the use of contraceptives represented the most important deterrents to women's use of birth control in Bolivia, rather than a lack of knowledge.[265] At the same time, comparing the findings of Bury et al. to those of earlier studies reveals that more women in Bolivia are using modern contraceptive methods than ever before—suggesting that there have

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[262] Ibid.: 214; Rance 1990: 90. A number of interviewees asserted that modern forms of birth control are often associated with promiscuity; see, for instance, "Emma Alvarez," La Paz, 19 June 2009; "Vanessa Lujo," La Paz, 26 March 2010; "Stefania Montoya," El Alto, 3 February 2010; "Alessandra Muñecas," La Paz, 19 June 2009, and "Miguel Ramírez," La Paz, 21 October 2009, among others.

[263] "Manuela," La Paz, 7 July 2009. A number of other women interviewees remarked that their male partners opposed their use of birth control, or did so in the past. See, for instance, "Concepción," El Alto, 5 November 2009; "Leticia," El Alto, 24 February 2010, and "Pilar," El Alto, 30 October 2009, among others.

[264] See interviews with "Raquel Mariño," El Alto, 10 February 2010; "Stefania Montoya," El Alto, 3 February 2010; "Miguel Ramírez," La Paz, 21 October 2009, and "Emilia Santana," El Alto, 10 February 2010, among others. Attitudes toward contraceptive methods are also discussed in chapter 2.

[265] Bury et al. 2012: S5. As mentioned above, my own interview data from 2009 and 2010 support these assertions.

been *some* changes in attitudes toward birth control across the period. Thus, the 2010 study also found that 49 percent of women surveyed were utilizing some form of contraception, with 39 percent of these using a modern method.[266]

Despite the recent increase in birth control use in Andean Bolivia, induced abortion has remained a significant phenomenon in the last decade. According to hospital statistics, the total number of pregnancy losses seen in medical facilities in La Paz and El Alto between 2000 and 2010 was considerable—although it is sometimes unclear what proportion of all medical visits these pregnancy losses represented.[267] Comparing numbers of pregnancy losses of 20 weeks' gestational age and under—including cases of abortion, miscarriage, and unexplained miscarriage—to numbers of births and cesarean sections at La Paz's HM suggests at the very least that the treatment of pregnancy loss constituted a significant portion of the hospital's activity. In 2007, the HM saw about 1,300 cases of pregnancy loss, compared to about 3,390 births and cesarean sections, while numbers for 2008 were approximately 1,265 pregnancy losses and 3,630 full-term pregnancies.[268] At the public Hospital Municipal Boliviano-Holandés (Bolivian-Dutch Municipal Hospital, or HMBH) in the city of El Alto, numbers of pregnancy losses for the same years were fewer—about 600 in 2006, 740 in 2007, and 675 in 2008—but

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[266] Ibid.

[267] Two changes that took place in the last decade in Bolivia may have influenced numbers of patients hospitalized for complications due to pregnancy loss in the country in contradictory ways. On the one hand, improvements in abortion technologies since the late 1990s have likely decreased the rate of complications (and thus numbers of hospitalizations) due to abortion. On the other hand, the expansion of the national health insurance system to cover the treatment of hemorrhages during the first half of pregnancy in 1999, coupled with government programs instituted in 1998 aiming to decrease mistreatment of women seeking care for complications following abortion, may have increased the numbers of women willing to seek care at medical facilities following their abortions. These developments are discussed in greater detail below.

[268] These figures were provided by the director of the Department of Statistics of the HM between 2009-2010, medical doctor "Amalia Hurtado." In these statistics, unlike those for the 1990s, pregnancy losses are defined as numbers of manual vacuum aspiration procedures (or *aspiración manual endo-uterina,* hereafter abbreviated AMEU) that were performed for each year. The AMEU procedure would only have been performed on incomplete pregnancy losses of 20 weeks' gestational age or less, which means that pregnancy losses of greater than 20 weeks are not included in these figures. As for the data from the 1990s, numbers of visits do not necessarily equal numbers of patients.

these represented a considerable percentage of total gynecological visits for those years. In 2006, pregnancy losses represented almost 78 percent of gynecological visits at the facility, with percentages amounting to 63 percent and 51 percent for 2007 and 2008, respectively.[269] Although it is unclear what, if anything, these figures indicate about rates of induced abortion in the population overall, it is clear that hospital visits due to pregnancy loss in the cities of La Paz and El Alto have been a common occurrence over the last several decades.

The largest, most recent study on abortion in Bolivia concurs with the hospital data cited above, finding that both unwanted pregnancy and abortion remain significant problems nationwide. Based on a combination of household and hospital surveys and in-depth interviews, Bury et al. spoke with nearly 1,400 women from the cities of Sucre, Santa Cruz, Cochabamba, La Paz, and El Alto in 2010.[270] Of the 1,175 women who had engaged in sexual intercourse, 48 percent said they had experienced at least one unwanted pregnancy and of these, 31 percent attempted to abort their last unwanted pregnancy. Overall, 13 percent of women surveyed had terminated a pregnancy—a number the authors believed was almost certainly low, due to under-reporting.[271] Due to the illegality of the procedure, Bury et al. remark, women's experiences recurring to abortion were often difficult. "Because of the social and legal restrictions imposed on pregnancy termination, many of the women felt fearful and ashamed when they sought abortion," write the authors, "but [they] were also sufficiently desperate to end the pregnancy in any way they could."[272]

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[269] These figures were provided by the Director of the HMBH in 2009-2010, Dr. Cristina Gemio. Total numbers of pregnancy losses in HMBH data include all abortions, miscarriages, and unexplained miscarriages resolved by any treatment method.
[270] Bury et al. 2012: S4-S5.
[271] This means that 1 in 8 women who had engaged in sexual intercourse had also terminated a pregnancy. Ibid.
[272] Ibid.: S8.

In general, a review of the available data on the incidence of abortion in Bolivia over the last half-century suggests two broad patterns: First, that illegal abortion has been ubiquitous in the country, with rates probably on the rise since the mid-1980s, if not earlier; and second, that it nonetheless remains unclear just *how* ubiquitous the procedure has been. While it is possible to measure the numbers of women hospitalized for abortion or unexplained miscarriage over some portion of the last several decades, it is much more difficult to determine whether such hospitalizations resulted from induced abortion or spontaneous miscarriage. It is also unclear what—if anything—these hospitalizations tell us about abortion rates in the population overall. As long as abortion in Bolivia remains illegal—and thus officially unreported—measures of its incidence will remain speculative at best.

3.2 THE LANDSCAPE OF ILLEGAL ABORTION IN ANDEAN BOLIVIA, 1952-2010

While exact rates of abortion's incidence in Bolivia over the last several decades are difficult to determine, it is clear that the procedure has been available in the country since the mid-1950s, if not a great deal earlier. Providers of illegal abortions in La Paz since the 1950s (and in El Alto since probably the mid-1980s) were diverse in scope, and included medical doctors working in the public and private spheres; other Western-trained health care workers like nurses and medical students; and midwives and herbalists. Some women, rather than visiting providers, recurred to a diverse array of strategies to terminate their pregnancies on their own, including throwing themselves down stairs or lifting heavy items. Women also purchased and ingested herbal abortifacients on their own, without seeking the supervision of providers like midwives and

herbalists. Often, women attempted to induce abortion by themselves unsuccessfully before seeking the procedure through a provider.[273]

Between the early 1950s and the mid- to late-1990s, abortion providers in Andean Bolivia terminated pregnancies by employing one or more of the following methods: Introducing an object into the cervix, or a liquid through the cervix into the uterus (which the body would then—it was hoped—expel, along with the pregnancy); dilating the cervix and removing the contents of the uterus (a procedure known as a dilation and curettage or "D and C"); administering an herbal abortifacient, or, after it became available in the late 1980s or early 1990s, giving an injection of methotrexate.[274] Providers with Western medical training were probably more likely than those without to perform dilation and curettage procedures, however, dilation and curettage and placing an object or liquid into the cervix were likely the two most commonly used abortion methods by all types of providers until the mid-1980s, if not longer.[275]

Women who attempted to abort on their own between the early 1950s and mid-1990s (and to a certain extent, still today) ingested herbal abortifacients; carried heavy items; inserted objects into their vaginas; or attempted to cause physical trauma to their own abdomens either by

[273] Benitez Reyes 2000; Castro Mantilla and Salinas Mülder 2004; Gisbert and Quitón Prado 1992; Paxman 1993; Alanes 1995, and interviews with a number of women, medical doctors, health care personnel, and activists.

[274] Interviews with numerous individuals in Bolivia as well as medical record data support these assertions. These methods are used in a variety of Latin American countries in which the procedure is illegal. Paxman et al. 1993: 208. A variety of terms in Spanish can be understood to be dilation and curettage procedures. Throughout this chapter, women who described their abortions with the following terms, or medical records that listed abortion methods in the following ways, have all been translated here as "D and Cs" (or surgical abortions): raspaje; curetaje, and legrado uterino instrumental (LUI). The term "limpieza" may refer to a D and C or to an abortion performed through vacuum aspiration, a technique widely used in Bolivia since the late 1990s.

[275] Kushner López et al. 1986: 18-19 and interviews in La Paz with illegal abortion providers "Miguel Ramírez," 21 October 2009; "Blimunda Santillán," 7 October 2009, and "Dolores Tapia," 7 December 2009. See also interviews with a number of health care personnel who treated cases of incomplete abortion at public health facilities and private institutions in the country in the 1970s and 1980s, such as "Adrián Espinoza," 8 October 2009; "Davíd Estrada," El Alto, 30 March 2010; "Amalia Hurtado," La Paz, 11 December 2009; "Raquel Mariño," 10 February 2010, and "Alessandra Muñecas," La Paz, 19 June 2009, among others.

themselves, or with the assistance of their partners.[276] Sometimes these methods were successful in provoking abortion. Other times, they were not, and women tried still other methods or sought out providers to perform the procedure surgically or by administrating medications. After discussing her unwanted pregnancy with her husband, Celestina, quoted at the beginning of this chapter, carried a heavy load of cement several blocks to provoke an abortion in 1989. Although it took three days of painful bleeding and cramping in order to miscarry, ultimately, Celestina passed the pregnancy.[277] Lupe, who faced an unwanted pregnancy in the early 1980s, first ingested herbs in an attempt to provoke an abortion, and when that did not work, eventually located a provider to perform a dilation and curettage procedure.[278]

According to a 1992 study of abortion among *alteñas* (residents of El Alto), most women surveyed who had ever terminated a pregnancy did so on their own. Fully 22 of the 30 women who had abortions had either ingested herbal abortifacients, engaged in vigorous movement (such as walking or running long distances, jumping, or carrying heavy items), or employed a combination of the two methods to terminate their pregnancies.[279] "'I aborted because I carried two *arrobas* of wheat,'" remarked one interviewee, "and then…I drank oregano tea.'"[280] It is unclear if the frequency with which women in this study induced their own abortions is indicative of a broader trend among urban women, since the study does not specify where the women lived when they terminated their pregnancies. As of 1992, when this study was

[276] Ibid. Gisbert and Quitón Prado 1992 and my own interview data suggest that both induced abortions and accidental miscarriages in Bolivia are often caused by physical aggression by male partners. Sometimes, women's partners physically attack them in an attempt to provoke abortion, even when the women desire to continue their pregnancies. See Gisbert and Quitón Prado 1992: 16-19 and interviews with women who miscarried pregnancies due to their partners' physical attacks, "Jazmín," El Alto, 30 November 2009; "Maida," El Alto, 22 February 2010; "Vicenta," El Alto, 20 October 2009, and "Yessica," El Alto, 9 November 2009;

[277] "Celestina," El Alto, 16 November 2009.

[278] "Lupe," La Paz, 29 June 2009. A number of other interviewees who faced unwanted pregnancy during these years attempted to induce their own abortions; their experiences are discussed in greater detail in chapters 5 and 6.

[279] Gisbert and Quitón Prado 1992: 21. The women in this study were likely interviewed in the mid-1980s, although it is unclear precisely when. It is also unclear when their abortions took place.

[280] Quoted in ibid.: 22. An "arroba" is a measurement equal to approximately 25 pounds, or 11.3 kilograms.

published, fully 84 percent of El Alto residents consisted of migrants from rural areas.[281] This suggests that some of the study participants may have been migrants, and thus leaves open the possibility that respondents terminated their pregnancies in the countryside, before moving to El Alto.

Even if participants of the 1992 study terminated their pregnancies in rural areas, recent evidence suggests that urban women in Bolivia also terminate pregnancies on their own—and sometimes risk their lives in order to do so. Bury et al.'s 2010 study reported that, of 152 urban-dwelling women who had ever terminated a pregnancy, between 34-39 percent of these did so on their own (or attempted to do so) by ingesting medications or herbal infusions or inflicting physical trauma on themselves.[282] Women who induced their own abortions were more likely to suffer complications than those who saw providers, although more than a third of all women who had abortions experienced some type of complication, including fever, infection, excessive bleeding, and the failure of the method to terminate the pregnancy.[283] Interview data further support the notion that women in La Paz and El Alto tried to induce their own abortions between the 1950s and 2010 by various means, including ingesting herbs, engaging in vigorous physical activity, and causing trauma to their bodies. Vania, who became pregnant unexpectedly in 2007, first took herbs and then boarded a number of amusement-park rides whose forceful movement succeeded in provoking an abortion.[284] Other interviewees played basketball, lifted heavy

[281] Cited in ibid.: 7.
[282] Bury et al. 2012: S7. The 5 percent variation corresponds to women who used injectable medications to attempt to induce their abortions. It is unclear if these women self-administered these injections or recurred to medical providers to obtain these.
[283] Ibid.: S8.
[284] "Vania," La Paz, 2 December 2009.

baskets of laundry, or threw themselves down stairs in an attempt to pass their pregnancies.[285] With respect to herbal abortifacients, women in Bolivia ingested teas made of oregano, fig leaves, basil, parsley, rue, or orange blossom—or, more commonly, a combination of several herbs—in an attempt to abort.[286] In 1968, for instance, one 35-year-old mestiza woman was treated at a public hospital in La Paz for the symptoms she continued to experience after ingesting oregano and parsley teas to provoke a miscarriage.[287]

The abortion methods described above vary in efficacy according to the gestational age of the pregnancy and other factors; they also carry various degrees of risk. While some methods, when used correctly, can be relatively safe, others can be quite dangerous, causing uterine perforation, infection, poisoning, and in some instances, death—particularly when performed in sub-standard conditions or by an individual lacking the necessary training. In particular, surgical procedures, which involve the insertion of objects into the cervix and uterus and remain the most commonly performed abortion procedures in Bolivia, carry significant risk of infection and uterine perforation.[288] (The risk of sepsis, a life-threatening infection, is greater with insertion-based abortions than those induced by medications because these procedures dilate the cervix,

[285] See, for instance, "Alicia," La Paz, 7 July 2009; "Agustina," El Alto, 1 October 2009; "Maura," El Alto, 30 November 2009; "Paula," La Paz, 7 July 2009. The experiences of these women are discussed in greater detail in chapters 5 and 6.

[286] Gisbert and Quitón Prado 1992: 19; interviews with "Julián Costa," La Paz, 3 July 2009; "Juana" and "Adela," La Paz, 1 July 2009; "Lupe," La Paz, 29 June 2009; "Carla Meléndez," El Alto, 2 February 2010; "Stefania Montoya," El Alto, 3 February 2010; "Olga," La Paz, 7 October 2009; "Miguel Ramírez," La Paz, 21 October 2009, and "Vania," 2 December 2009, and medical record data.

[287] ALP INA December 1968: 2503. The woman in question was treated at the Instituto de Maternidad "Natalio A. Aramayo," (Natalio A. Aramayo Maternity Institute, or INA), which was later absorbed by the HM. Records for the INA are available at La Paz's Archivo Histórico La Paz (La Paz Historical Archive, or ALP). Medical record evidence from the HM, the HMBH, and the ALP suggests that women ingested herbs both to induce abortion and to assist with normal childbirth; this is discussed in greater detail in chapter 5. In accordance with requirements by the University of Pittsburgh's Institutional Review Board (IRB), record numbers listed here can be traced only to a volume of medical records at La Paz's ALP, and not to specific medical records, which contain women's names. The record number following the colon corresponds only to the number that is randomly assigned by the Endnote software program in which I documented information from medical charts.

[288] Bury et al. found that the abortions of nearly 60 percent of the 152 women surveyed were performed by inserting objects into the cervix and/or uterus. Most of these women sought surgical abortions with providers, while the remaining three women inserted herbs or roots into their own vaginas. Bury et al. 2012: S7.

opening a pathway to the body through which bacteria may more easily travel.[289]) Furthermore, most abortions that were performed by providers between the early 1950s and late 1990s, regardless of method, probably took place in facilities ill equipped to handle surgical procedures. Instead, abortions took place in medical offices, called *consultorios* (rather than clinics), or in private homes—either that of the patient, of the woman's partner or friend, or of the person performing the abortion. Adela's 1998 surgical abortion, for instance, took place on a hotel room bed, putting her at serious risk of infection.[290] In fewer instances, abortions were performed in hospitals and clinics equipped to handle surgical procedures.[291]

Since approximately the late 1970s in La Paz, and a decade or so later in El Alto, the most prolific—and notorious—illegal abortion providers have clustered in busy market districts.[292] These medical offices and clinics—which not only women interviewees, but also police officers and government officials, know to exist—are located along Buenos Aires Avenue and nearby streets in La Paz, and the La Ceja neighborhood in El Alto.[293] Perched in offices above or alongside stores selling foodstuffs, clothing, or small electronics, these clinics display signs outside their offices offering pregnancy tests "in a minute." Thus, when I asked how she

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[289] Bailey et al. 1988; Kushner López et al. 1986, and interviews with medical doctors "Emma Alvarez," La Paz, 16 June 2009; "Adrián Espinoza," La Paz, 8 October 2009; "David Estrada," El Alto, 30 March 2010; "Alessandra Muñecas," La Paz, 19 June 2009; and "Emilia Santana," 10 February 2010, among others.

[290] "Adela," La Paz, 1 July 2009.

[291] In their 2000 study of 20 middle-class Bolivian women who had abortions in unknown years, 12 had their abortions in medical offices, and 8 in clinics equipped for surgical procedures. Aliaga Bruch et al. 2000: 54. See also Bailey et al. 1988: 149-151 and interviews with health care personnel and other individuals who have worked extensively in abortion care in Bolivia, such as "Betina Aguilar," La Paz, 6 July 2009; "Julián Costa," La Paz, 3 July 2009; "Muriel," El Alto, 7 December 2009; "Olga," La Paz, 7 October 2009; "Miguel Ramírez," La Paz, 21 October 2009, and "Blimunda Santillán," La Paz, 7 October 2009, among others.

[292] It is difficult to know exactly how long these clinics have existed, but women's rights activist "Lupe" remarked that she and her colleagues began to hear about the growth of these market-district clinics in La Paz in the late 1970s. Interview in La Paz on 29 June 2009.

[293] A great majority of interviewees, when asked where one could procure an illegal abortion in La Paz and El Alto, referred to these streets and neighborhoods. In addition, several women I interviewed obtained their abortions at clinics in these areas, including "Leticia," El Alto, 24 February 2010; "Lorena," La Paz, 7 July 2009; "Lupe," La Paz, 29 June 2009; "Olga," La Paz, 7 October 2009, and "Pilar," El Alto, 30 October 2009.

knew which type of establishment to approach for an illegal abortion in the late 1990s, Pilar remarked, "Because they say, 'We can tell you in such-and-such a time'—quickly—'if you are pregnant.' They are like normal medical offices, with normal doctors."[294]

Figure 1. Informal medical clinic.[295]

[294] "Pilar," El Alto, 30 October 2009. See also Benitez Reyes 2000: 91. Women's experiences locating abortion providers are discussed in greater detail in chapter 5.

[295] This is an example of signage at a medical office that might offer illegal abortion. The small green and white sign in the lower left portion of the frame reads, "Pregnancy test in blood and urine," while the matching sign at the top of the frame reads, "Gynecology, general medicine, venereal infections, vesicular surgery, pregnancy test, cures, pap smear, injectables, serums." The term "curación" or "cure" in Spanish is commonly used to refer to "abortion"

Evidence suggests that the care provided by market-district abortion clinics in La Paz and El Alto is sub-standard, and in some cases, seriously deficient. Marcela, who had an abortion at one such clinic in La Paz in the late 1980s, remarked that, "It isn't sterile—they stick you in this office, they say they are performing the procedure cleanly, but it isn't true."[296] When I asked one receptionist of a higher-quality abortion clinic what she knew of the providers in market zones, she remarked, "One patient told me that they placed her on a regular wooden table covered with a sheet. Many women emerge from those places with infections."[297] Betina Aguilar, a psychologist who worked extensively with a number of market-district abortion clinics in 2009, asserted that few providers who work at these establishments are licensed doctors.

> I would say that 90 percent of the staff are medical assistants, rather than nurses. Assistants study for maybe two and a half years, and nurses closer to five years…The clinics are private and in busy areas—working-class areas, that's why they are cheaper. But they establish themselves there because patients won't ask them for a certificate proving that they are doctors.[298]

According to sociologist Benitez Reyes, cited above, abortion clinics in market zones are characterized by "inadequate infrastructure and unqualified personnel."[299] As part of her thesis, Benitez investigated a legal case brought by a woman against an abortion provider who operated a clinic in the busy Buenos Aires-Max Paredes area of La Paz. "Although in his testimony the

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(ie.. a "cure for pregnancy,") but it may also refer to other types of cure. The use of "cure" to signify "abortion" in the Andes probably relates to the common usage of "estar mal" or "estar enferma"—"to be unwell" or "to be sick/ill"—to indicate "to be pregnant," as in, abortion is a cure for the illness that is pregnancy. "Desembarazarse"—to "un-pregnant oneself" or to "be relieved of a pregnancy" is a common term for "to give birth."

[296] "Marcela," La Paz, 22 September 2009. A number of interviewees had abortions in these establishments and complained about the conditions at the facilities; their experiences are discussed in more detail in chapter 5.

[297] "Muriel," El Alto, 7 December 2009.

[298] "Betina Aguilar," La Paz, 6 July 2009. The word "working class" has been translated from the Spanish, "popular."

[299] Betinez Reyes 2000: 91.

doctor who performed the botched abortion claimed to be a gynecologist," wrote Benitez, "we could find no record of his qualifications in the Medical School."[300]

Market-district abortion clinics in La Paz and El Alto are often blamed for the majority of abortion-related complications; some also say they offer the procedure primarily for financial gain—despite the fact that their services are sometimes cheaper than those offered by higher quality providers. "There are doctors who profit from abortion, unfortunately," remarked Miguel Ramírez, a doctor who performs illegal abortions in La Paz. According to interview data, the fee for an abortion at a market-district clinic ranges from U$S10 to over U$S100, with prices depending not only on the method used or gestational age of the pregnancy, but also on the whim of the individual provider.[301] (Dr. Ramírez, for his part, charges U$S25 for an abortion at his clinic in La Paz that is well-known for providing comprehensive, high-quality care.[302]) Muriel, a receptionist at a reputable abortion clinic in a residential neighborhood of La Paz, said that she had heard stories about the market-district clinics from the patients where she works. "One girl told me, 'If you want the cleaning to be done *well well well*, it's going to cost you 600 [Bolivianos]"—the equivalent of about U$S85 in 2010—"but if you want to just help yourself to some abortion pills, it'll cost 300."[303]

The tendency for market-district clinics in La Paz and El Alto to offer abortions that may be cheaper, but also more risky, than those offered by higher-quality clinics means that poorer

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[300] Ibid.: 92. Legal action against abortion providers and their patients in La Paz and El Alto is discussed in more detail in chapter 4.

[301] Interviewees who had abortions at these clinics reported paying anywhere from around U$S12 to U$S 85; their experiences are discussed in greater detail in chapter 5 of this project. See interviews in La Paz with and "Lorena" and "Lupe" on 7 July 2009 and 29 June 2009, respectively, and in El Alto with "Nina" and "Pilar" on 16 November 2009 and 30 October 2009, respectively.

[302] Ibid. The cost of a pregnancy termination at another high-quality, La Paz-based clinic, according to its director "Julián Costa," is approximately U$S85, although they offers a sliding scale to women based on their capacity to pay; interview in La Paz on 3 July 2009. The cost of abortion procedures in La Paz and El Alto is discussed in more detail in chapter 5.

[303] "Muriel," El Alto, 7 December 2009.

women likely face the brunt of post-abortion complications and death in Andean Bolivia. Yuri, a middle-class mestiza woman who had two abortions over the course of her reproductive life, said that few women in La Paz and El Alto are able to access abortions that they can be sure are performed safely. "I paid U$S300 to have a safe abortion in one of the best clinics of La Paz, because I could. But most women can't do that and they go…to clandestine places, and that's where women die."[304] At the same time, while some higher-quality providers offer affordable procedures (such as Dr. Ramírez), most women are unaware that such establishments exist, and instead walk the streets of busy market zones where they can be sure to find a clinic. Remarked Lupe, an activist at a local women's rights organization, "Access is very difficult—many women don't know where to go. I think each woman just deals with it on her own, by asking around."[305]

The outline of illegal abortion provisioning in La Paz and El Alto described above remained relatively stable between the early 1950s and the mid-1990s, and to a certain extent continues to exist today.[306] Beginning in the last few years of the twentieth century, however, a number of factors began to alter the face of abortion provisioning in La Paz and El Alto, making the procedure a great deal safer, more affordable, and more accessible. The earliest of these changes consist of improvements, implemented since approximately 1990, in the quality of abortion care at existing clinics in the region. Confidentiality issues prevent me from describing the circumstances under which these changes were implemented; however, both the medical and psychological facets of abortion care improved as a result.

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[304] "Yuri," La Paz, 18 June 2009.

[305] "Lupe," La Paz, 29 June 2009.

[306] It is likely, however, that the type and number of abortion providers in La Paz and El Alto increased in line with increases in the overall populations of these cities. Illegal providers operating in El Alto, in particular—a city that grew significantly only after the austerity programs of the mid-1980s—likely proliferated only in the 1990s, while abortion providers probably existed in significant numbers in La Paz since at least the 1970s.

Among the most significant of these improvements was the adoption of a safer method of performing abortions, consisting of manual vacuum aspiration (*aspiración manual endo-uterina,* or AMEU). The method, which is performed with an inexpensive and reusable plastic device (also referred to as the AMEU), reduces the risk of uterine perforation associated with other surgical abortions, since it terminates pregnancy through aspiration, rather than the more-invasive curettage method. (The AMEU may also be used to treat incomplete miscarriage, in addition to inducing abortion.[307]) According to medical personnel, the introduction of the AMEU has greatly improved the ease, efficacy, and safety of both abortion care and the treatment of incomplete pregnancy loss in Bolivia. Explained one doctor of a public hospital in El Alto, "The resolution [of cases of incomplete abortion] is simpler, less costly, and ambulatory—and not only can specialists perform the procedure, but also family practice doctors. Even nurses could be trained to do it."[308]

Just a few years after the AMEU began to be used in Bolivia, the Ministry of Health, in partnership with the U.S.-based manufacturer of the AMEU device Ipas, introduced two policies that further improved the landscape of abortion care.[309] With its "Program for the Treatment of Hemorrhages in the First Half of Pregnancy" launched in 1999, the Ministry of Health began to train medical personnel at public health facilities in the country to use the AMEU to resolve cases of incomplete pregnancy loss. The program also included sensitivity training designed to

[307] Prior to the introduction of the AMEU device to Bolivia, a device called the Karman cannula and syringe, or "jeringa Karman" in Spanish, occasionally seems to have been used in Bolivia to treat incomplete pregnancy loss; however, interviewees assert that dilation and curettage was the preferred method of treatment for these cases. Despite evidence that the Karman cannula and syringe have been used to induce early abortions in other countries in which the procedure is illegal, I have encountered no evidence that it was ever used to induce abortion in Bolivia. Joffe 1995 and National Abortion Federation (NAF), "Surgical Abortion: History and Overview," http://www.prochoice.org/education/resources/surg_history_overview.html accessed 20 December 2012.

[308] "Davíd Estrada," El Alto, 30 March 2010. In describing abortion care as ambulatory, Dr. Estrada means that patients may be treated and released from medical facilities in a short time and do not require lengthy hospital stays.

[309] Ipas initially was an acronym for the name, "International Pregnancy Advisory Services," which the institution later dropped in 1993. "The Ipas Story," http://www.ipas.org/en/Who-We-Are/The-Ipas-Story.aspx accessed 17 December 2012.

end the mistreatment of women arriving to hospitals with complications that might have resulted from induced abortion.[310] "We did the first workshop to introduce the AMEU in La Paz in 1999," recalled medical doctor Alessandra Muñecas, who worked with Ipas in the past. "Post-abortion care has improved remarkably since that time."[311] The aim of the program was to reduce maternal deaths due to abortion and to other types of pregnancy loss by not only promoting the AMEU method, but also increasing women's willingness to seek medical care when experiencing complications following abortion, by eliminating discrimination against women with induced abortion. "There was a lot of mistreatment of women with incomplete abortion," remarked medical doctor Blimunda Santillán. "Many clients would go to hospitals and say to themselves, 'Darn! They treated me so poorly, I don't want to go back ever again.'"[312]

In addition to the hemorrhage treatment program, a second government policy instituted the same year may have further empowered women to seek care after their abortions. In late 1999, the Bolivian government expanded the universal health insurance, the Seguro Básico de Salud (Basic Health Insurance, or SBS), to include the treatment of complications related to pregnancy loss, making the AMEU procedure free of charge to all women.[313] "Before the insurance programs," recalled one doctor, "if a patient arrived with vaginal bleeding, she had to pay between 400 and 500 Bolivianos,"—about U$S60 to U$S70 in 2009—"in addition to paying for any medications."[314] Another doctor who completed his residency at a public women's hospital in La Paz concurred, saying, "Treatment for women in these situations was far from

[310] Del Pozo and Alanes Bravo 2007; Ministerio de Salud y Deportes 2004; Ministerio de Salud y Deportes 2005.
[311] "Alessandra Muñecas," La Paz, 19 June 2009.
[312] "Blimunda Santillán," La Paz, 7 October 2009. See also "Emma Alvarez," La Paz, 19 June 2009; "Miguel Ramírez," La Paz, 21 October 2009.
[313] Two years later, with the Seguro Universal Materno Infantil (Universal Maternal-Child Health Insurance, or SUMI) insurance was expanded even further to include not only the AMEU procedure, but medical attention for, "all conditions related to pregnancy and childbirth and care for the child up to age five." Ministerio de Salud y Deportes 2004: 11-12.
[314] "Davíd Estrada," El Alto, 30 March 2010.

free—not the least because, to do a dilation and curettage procedure, a patient had to be hospitalized for more than one day."[315] Medical record data from public hospitals in the region demonstrate that, after the introduction of the AMEU method, the length of a woman's hospital was shortened from between two to several days, to just hours.[316] While in theory, the hemorrhage treatment and insurance programs were designed to improve care for women suffering spontaneous miscarriage, in practice the policies guaranteed care for any woman experiencing symptoms of a pregnancy loss—including those who might have induced their own abortions.

Concurrent with the introduction of the AMEU method and related policy developments, the 1990s also saw the growing utilization of a new medication to provoke abortion, called misoprostol (or Cytotec, for the name of its manufacturer). Although its earliest use in pregnancy termination in Bolivia probably dates from the mid-1990s, misoprostol—which can be used to treat ulcers, in addition to other ailments—may have been available in the country a great deal earlier. "Before the 1990s," remarked one doctor who works at a public hospital in El Alto, "misoprostol was already being used in Brazil to terminate pregnancies, but people didn't start using it here until later—and it's totally changed the epidemiology of abortion."[317] Although the first studies worldwide on the use of misoprostol to induce abortion date from the early 1980s, medical abortion was not approved until 1988 in France and 2000 in the U.S. In these countries, misoprostol—a prostaglandin that functions by inducing contractions of the uterine muscles—is

[315] "Adrián Espinoza," La Paz, 8 October 2009.

[316] This assertion is supported by medical record data for the 1990s-2008 at the HM in La Paz and for 2005-2007 at the HMBH in El Alto. The length of hospital stays at the HM in cases of incomplete pregnancy loss were significantly reduced following the introduction of the AMEU in the late 1990s. At the HMBH, the AMEU was already widely used by 2005, and medical records reveal that most patients with incomplete miscarriage and abortion were treated and released in the same day.

[317] "Davíd Estrada," El Alto, 30 March 2010. According to Ipas, the first reports of misoprostol's use in pregnancy termination in Latin America originated in Brazil in 1986. Ipas 2010: 3.

used in combination with mifepristone, a more expensive medication that stops the growth of a pregnancy and detaches it from the uterine wall.[318] Although in countries where abortion is legal the regimen is only approved for use early in a pregnancy (up to about nine weeks), in Bolivia and elsewhere in Latin America, women often ingest misoprostol alone, without mifepristone, and many take it throughout pregnancy, even at more advanced gestational age.[319]

The availability of misoprostol in recent years has changed the landscape of abortion provisioning in Bolivia in contradictory ways. On the one hand, the medication has made abortion safer, by eliminating the risk of uterine perforation. At the same time, misoprostol has made the abortion experience more private—giving a woman a greater degree of control over her abortion—and more accessible, since the pills may be purchased illegally at many pharmacies. On the other hand, the unregulated use of misoprostol poses a number of problems. First, by using the medication without the supervision of a doctor, women may be unsuccessful in terminating their pregnancies and, worse, may be putting their lives at risk. In their 2012 study of abortion in Bolivia, Bury et al. found that the 34 women who used misoprostol to terminate a pregnancy took the medication 33 different ways (ie., methods of administration and dosages), while the drug failed to terminate the pregnancies of 13 of these women. The study further noted that, of all the methods survey participants utilized to terminate their pregnancies, medication abortion caused the greatest number of complications.[320] Furthermore, while misoprostol may represent a more accessible abortion method, since many pharmacies sell it illegally, the high demand for—and lack of regulation of—the medication means that its cost varies considerably. While the cost of a single pill of misoprostol in the U.S. is estimated at U$S0.25, women in

[318] Between 1988 and 2000, a number of other countries legalized medical abortion, including Israel, Norway, Sweden, Taiwan, and South Africa, among others. NAF, "Medical Abortion: History and Overview," http://www.prochoice.org/education/resources/med_history_overview.html accessed 18 December 2012.
[319] Bury et al. 2012; Ipas 2010; Lara et al. 2006; Sherris et al. 2005.
[320] Bury et al. 2012: S7-S8.

Bolivia may pay anywhere from U$S3 to U$S70 for the regimen.[321] Thus, while misoprostol has made abortion in Bolivia somewhat safer, more private, and more accessible, its unregulated use continues to pose challenges for Bolivian women.

A final phenomenon that contributed to transforming the landscape of abortion care in Andean Bolivia in recent years was the emergence of a new kind of abortion provider in the region that offers safe, affordable procedures and is committed to protecting women's reproductive health and rights. These providers date from the mid-1990s and early 2000s and tend to use the latest and safest abortion technologies, including the AMEU and misoprostol. "Today, there's an important number of high quality, sensitive doctors that before did not exist," remarked a journalist who writes about issues concerning women.[322] These clinics are, without exception, operated by licensed medical doctors and nurses that are trained not only in the most effective abortion technologies, but also in the provision of non-judgmental and patient-centered care. The emergence of this smaller group of clinics has greatly contributed to the quality of the abortions provided in La Paz and El Alto, in addition to other urban centers in the country.[323]

Confidentiality issues prevent me from providing details about newer abortion providers in the region; however, testimonies by medical personnel who work at these facilities illustrate the differences between these new, ideologically centered clinics and previously existing clinics.

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[321] Bury et al. 2012: S7. According to interview data, the cost of a single tablet of misoprostol at pharmacies may vary from about U$S0.50 to U$S15. "Davíd Estrada," El Alto, 30 March 2010; "Stefania Montoya," El Alto, 3 February 2010, and "Emilia Santana," El Alto, 10 February 2010. Oden 2009 reports the cost of misoprostol in the U.S. as U$S0.25; 51. Bury et al. cite a study on the availability of misoprostol in Bolivia that found that, of a random sample of 100 pharmacists in the country, 80 percent offered the medication without a prescription. Bury et al. 2012: S4.

[322] "Lidia Alvarado," La Paz, 2 July 2009. One survey found that 45 of 58 women who had surgical abortions did so at clinics administered by civil society organizations. Bury et al. 2012: S7.

[323] Interviews with a variety of medical personnel, activists, and women who have procured abortions support these assertions. See for example, in La Paz, "Betina Aguilar," 6 July 2009; "Julián Costa," 3 July 2009; "Lupe," 29 June 2009; "Olga," 7 October 2009; "Gabriela Ovando," 22 February 2010; "Miguel Ramírez," 21 October 2009; "Antonia Rocio," 26 May 2010, and "Blimunda Santillán," 7 October 2009, and in El Alto, "Muriel," 7 December 2009; "Stefania Montoya," 3 February 2010, and "Dolores Tapia," 7 December 2009.

Remarked an employee of one such clinic, "You know that abortion in Bolivia is penalized, but our philosophy is oriented principally to respond to the needs of women facing unwanted pregnancy…When…people say that we perform abortions, we deny it…But this is allegedly, because our philosophy is to respond directly to the demands and needs of women.[324] Unlike the market district clinics—whom some assert perform abortions primarily for profit—newer abortion providers offer quality care to patients because they possess an ideological conviction to do so.[325] "Women have very bad experiences seeking abortions and are coerced," explained medical doctor Miguel Ramírez, who performs abortions with one such clinic. "Instead, the service that we provide is different—totally personal, very human, very sensitive—and the cost is low."[326]

For one nurse of new clinic in La Paz who herself visited a market-district clinic for an abortion some years before, the central difference between the two types of facilities lies in their "values," which are particularly visible in their attitudes toward patients. "I've noticed differences here…certain values in the institution," reflected "Olga." "From the very way we treat the [woman] from the moment she walks in, the way we speak with her and listen to her..."[327] Most, if not all, personnel of these establishments believe that abortion should be legal—a conviction staff members often describe as arising from their concern for women, rather than from political or ideological ideals. "You shouldn't have to go get an abortion full of fear, knowing that your uterus could be perforated, that you could get an infection, or that you could be raped," remarked one doctor when I asked if she felt the procedure should be legal. "So yes, I think it should be legal so that we can all, rich or poor, have the chance to access safe

[324] Ibid. The term "allegedly" has been translated from the Spanish "entre comillas," meaning literally, between quotation marks.
[325] "Betina Aguilar," email correspondence, 26 January 2011.
[326] "Miguel Ramírez," La Paz, 21 October 2009.
[327] "Olga," La Paz, 7 October 2009.

services…As a mother, I am convinced of this. And I hope my daughter finds a clinic and a doctor like me, should she ever need it."[328]

Recent estimates suggest that the developments in abortion care in La Paz and El Alto since the early 1990s—including the introduction of the AMEU and related government programs, the use of misoprostol, improvements in the quality of abortion care, and the emergence of the newer abortion clinics—have had significant impacts for women. Most notably, the past 15 years have seen a significant reduction in medical complications and death due to abortion and other types of pregnancy loss. While in 1994, Bolivia's maternal mortality rate was 390 maternal deaths per 100,000 live births, 37 percent of which were due to pregnancy loss, in 2008, this number had decreased to 310 per 100,000 live births. One official of Bolivia's Ministry of Health estimated that, after the introduction of the AMEU method, maternal deaths due to pregnancy loss decreased by 10 percent.[329] A medical doctor who operates a private practice in La Paz concurred, saying that she "very rarely" sees women with severe complications following induced abortion. "After ten years [of not seeing a death due to botched abortion], I saw a woman who died last year after she had one in a rural area, but now it is rare that women die."[330] Another doctor of a public hospital in El Alto remarked, "Since the mid-1990s, the pathology of abortion has changed, because before, patients arrived in very grave condition to the hospital—with terrible bleeding, anemia, shock, infections of all kinds. But now, abortion methods have changed...and we don't see the same kinds of complications."[331]

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[328] "Blimunda Santillán," La Paz, 7 October 2009.

[329] The 1994 figure is reported in Del Pozo and Alanes Bravo 2007: 14, while the 2008 figure is reported in ENDSA 2008: 142. The Ministry of Health official is quoted in Del Pozo and Alanes Bravo 2007: 27. The 2003 ENDSA reported even lower levels of maternal mortality; that year, maternal mortality was estimated at 229 deaths per 100,000 live births. ENDSA 2003: 151.

[330] "Emma Alvarez," La Paz, 19 June 2009.

[331] "Davíd Estrada," El Alto, 30 March 2010.

The changes that have taken place in abortion care in Bolivia since the early 1980s were spurred by a number of interconnected phenomena at the local, national, and international levels. While some of these phenomena are private and personal in nature, others are related to broader social and political processes. On the one hand, concern with the public health impact of illegal, unregulated abortion surged both domestically and internationally beginning in the 1970s and 1980s. This concern coalesced with an increase in political mobilization after Bolivia's 1982 democratic opening, creating the willingness on the part of activist doctors and lawmakers to improve abortion care in specific (and sometimes illegal) ways. On the other hand, the drive to improve abortion care also arose from intensely personal experiences, particularly women's demand for illegal abortion. Evidence suggests that, while women's need to limit their pregnancies has always been present, their demand for abortion likely increased in the mid-1980s. This increased demand ultimately pushed policymakers and sympathetic medical professionals to adopt new strategies for providing, and dealing with the consequences of, illegal abortions.

While medical personnel and other individuals in Bolivia agree that the recent developments in abortion care reduced the public health impact of the procedure, many worry that women's access to safe, comprehensive abortion care in the country remains limited. Unfortunately, many women lack the social networks or knowledge to access either the new, higher quality abortion clinics or the medication misoprostol. Furthermore, due to its illegal status, abortion providers are unable to openly advertise their services, and many women, unaware of the relatively newer and higher quality providers, end up recurring to the poorer quality medical offices located in market districts. Some women and medical providers assert that, while discrimination of patients seeking post-abortion care has improved in recent years, it

continues to be a problem. In other words, while the landscape of abortion provisioning has clearly improved in the last several years, women seeking abortion in the region still face significant challenges.

4.0 ABORTION CARE IN THE WAKE OF DEMOCRACY: ABORTION REFERRALS AND PROVISIONING IN HIGHLAND BOLIVIA, 1982-2010

> *Our society coexists harmoniously with…the interruption of pregnancy. I mean, no one says anything. The police know where abortions are performed and they know who performs them; the judges know too—everyone knows. It's not a real secret. But no one does anything. Why? Because abortion is necessary. So, the police usually extort doctors, but they do not necessarily put them in jail.*
>
> - "Betina Aguilar," a psychologist who worked with a group of abortion providers in 2009[332]

> *Abortion is like an iceberg, where we only see the tip...It is something that is done with or without laws and that is practiced in the entire country. When I ask women who come to medical consults, it is rare that they say they never had an abortion…It's something so hidden, this mountain underneath the water. Whether or not permission is given by the state to do it, abortions will continue to be performed.*
>
> - "Dolores Tapia," a doctor who performs abortions in El Alto[333]

When asked to describe illegal abortion in Andean Bolivia, individuals in La Paz and El Alto draw on a variety of metaphors. Whether characterizing the procedure as an iceberg—a significant, and perhaps menacing, reality obscured by the waters of social convention—or as an open secret, rarely discussed but widely acknowledged, these metaphors about abortion point to the same truth. Abortion in Bolivia, although illegal in most circumstances, occurs frequently, is spoken of sparingly, and is tacitly accepted by authorities in the country. Although an estimated 115 illegal abortions occur in the country each day, few cases concerning the procedure have

[332] "Betina Aguilar," La Paz, 6 July 2009. The names of interviewees cited here are pseudonyms. The presence of quotations around the name of an interviewee in a footnote indicates that the name is a pseudonym. All interviews were conducted by the author and recorded digitally. All translations are by the author, unless otherwise noted.
[333] "Dolores Tapia," El Alto, 7 December 2009.

made it to trial.[334] This situation raises the question, why do Bolivian authorities fail to prosecute women for seeking abortion, or doctors for performing the procedure? Alternatively, considering the lack of political will of authorities in the country to prosecute cases of illegal abortion, why does the procedure continue to be prohibited? Whose interests does abortion's illegality in Bolivia serve—and what are the consequences of this illegality for women?

These questions are not merely rhetorical, but are of intimate concern for a majority of Bolivia's female population. Since an estimated 60 percent of women in the country will terminate at least one pregnancy in their lifetimes, it is clear that Bolivian women—like women elsewhere in the world—consistently, and persistently, demand access to abortion.[335] This is true despite widespread stigmatization of abortion in Bolivia and the opposition of the Catholic Church to the procedure.[336] While in other world contexts women's demand for abortion ultimately led to the decriminalization of the procedure, in Bolivia, I will suggest that it has had a different outcome. In the first section of this chapter, I show how an increase in women's organizing in the wake of re-democratization strengthened the existing strategies that women utilized to locate and refer for illegal abortion providers, while simultaneously giving rise to new, institutional avenues for abortion referrals. The second section of the chapter examines the mechanisms that allow illegal abortion referrals and provisioning to thrive in La Paz and El Alto. These mechanisms include the tacit tolerance of illegal abortion by local authorities and the failure of the legal system to guarantee women's access to those abortions that *are* permitted under the law.

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[334] Cruz Vera 2004: 28; Michel Altamirano 1980: 143; Zulawski: 118.

[335] *La Razón* 1996 cites a study conducted by a local organization that found that, of every 1,000 Bolivian women, 600 have at least one abortion. "El aborto, un gran dolor de cabeza para la salud púbica," *La Razón* (20 March 1996): A 11.

[336] Societal attitudes toward abortion are discussed in more detail in chapter 2.

While shifts in formal and informal policy concerning abortion contributed to reducing levels of maternal death due to poorly performed procedures (particularly over the last decade and a half), they have also, ironically, slowed efforts to legalize abortion. Since part of the pressure on the state to legalize abortion emerges from the procedure's impact on maternal morbidity and mortality, the improvements in abortion care that have emerged in recent years have diffused pressure from medical and feminist sectors to legalize the procedure. Yet abortion's continuing illegality significantly impacts women in the country and society more broadly. Abortion's illegal status poses significant medical and legal risks for women and contributes to the stress of an already difficult experience. Meanwhile, widespread moral condemnation of the procedure shrouds society as a whole in an atmosphere of secrecy and shame.[337]

The emergence of new mechanisms for abortion provisioning and referral in Bolivia sheds light on broader historical patterns in the country over the past 25 years—particularly the return to democracy, the rise of neoliberal regimes, and the growing influence of civil society organizations in the country. On the one hand, the democratic opening enhanced public support for women's rights and fostered greater social and political freedoms, which allowed women and their advocates to discuss unwanted pregnancy more openly and to strategize about how to access illegal abortion. On the other hand, the turn toward neoliberal political and economic measures that accompanied the democratic opening—such as President Víctor Paz Estenssoro's 1985 New Economic Plan (NEP)—increased women's need to limit pregnancies while facilitating the state's retreat from social service provisioning in health care and education. As state expenditures on social and human services declined across the 1980s and 1990s,

[337] A number of scholars concur that women who are forced to seek abortion in countries where the procedure is illegal often suffer increased stress and shame. See, on Bolivia, Bury et al. 2012; on the U.S., Messer and May 1998, and on Australia, Wainer 2006, among others.

government policies in the last decade of the 20th century simultaneously encouraged the presence, and even autonomy, of civil society organizations in Bolivia. As these organizations took over social service provisioning in health care and other arenas, some began to provide illegal abortions. Thus, the state, in encouraging local and international organizations to assume the burden of providing health care to its citizens in La Paz and El Alto, simultaneously facilitated the expansion of illegal abortion services in the region.

4.1 "EVERY LAW HAS ITS LOOPHOLE": THE 1982 DEMOCRATIC OPENING AND ITS IMPACT ON ABORTION CARE

On December 19, 1994, police carried 26-year old "Juana Suárez," who was suffering severe vaginal bleeding, through the doors of La Paz's public *Hospital de la Mujer* (Women's Hospital, or HM). Officers had found Juana, who was married and had two children, in the street, where intense headache, abdominal pain, and blood loss had rendered her nearly unconscious. Upon interrogation at the hospital, the patient admitted that a month before, carrying a pregnancy of seven weeks' gestation, she had visited a midwife to obtain an abortion. The midwife had inserted a metal instrument through Juana's cervix and into her uterus, which succeeded in terminating the pregnancy but, doctors discovered, led to a severe infection. Despite learning of the infection, the next day—before doctors could administer the appropriate treatment—the young woman fled the medical facility. When she returned a week later with continuing

symptoms, doctors treated Juana with a dilation and curettage procedure and a blood transfusion for anemia. However, they never called police to report the illegal abortion.[338]

By 1994, when Juana entered the hospital emergency room, the landscape of abortion care in La Paz and El Alto was in the midst of a significant shift. While Juana likely had less difficulty locating an abortion provider than she would have a decade or so before, the fact that her procedure took place in 1994, just before the emergence of new, safer abortion methods in the country, meant that the type of pregnancy termination she underwent still put her at significant risk of infection, sepsis, and even death.[339] At the same time, other aspects of Juana's experience would likely have looked similar whether her abortion took place in 1994, in 2010, or several decades earlier. Thus, Juana's apparent fear—perhaps of mistreatment by medical staff or of legal repercussions—prompting her to flee the hospital, in addition to the failure of doctors to alert police authorities to Juana's illegal abortion, remain long-standing features of post-abortion care at medical facilities in Andean Bolivia.[340]

During the 18-year period of military rule preceding the democratic opening, abortion in Bolivia was probably more difficult to access than in the post-democratic period; nevertheless, the procedure was still widespread. By the mid-1970s, demographers and medical doctors asserted that illegal induced abortion constituted a significant public health problem that

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[338] HM December 1994: 327. In accordance with requirements of the University of Pittsburgh's Institutional Review Board (IRB), record numbers listed here can be traced only to a volume of medical records at a given archive or hospital and not to specific medical records, which contain women's names. The record number following the colon corresponds only to the number that is randomly assigned by the Endnote software program in which I documented information from medical charts. Names given to women represented in medical records are pseudonyms.

[339] Abortion methods and the medical complications that may be associated with these are discussed in chapter 3.

[340] A number of interviewees reported that women seeking post-abortion care are often mistreated by hospital staff; see for instance, medical personnel "Emma Alvarez," La Paz, 19 June 2009; "Miguel Ramírez," La Paz, 21 October 2009 and "Blimunda Santillán," La Paz, 7 October 2009 and activist "Lupe," La Paz, 29 June 2009, among others. Mistreatment of abortion patients at medical facilities and efforts to combat it are discussed in more detail in chapter 3.

contributed to a considerable proportion of maternal mortality in the country.[341] One medical doctor who completed his residency at La Paz's HM in the early 1970s characterized cases of women arriving to the facility with incomplete induced abortion during those years as being, "as common as daily bread."[342] Women who terminated pregnancies in La Paz and El Alto during the 1960s and 1970s either visited an unregulated provider, such as a medical doctor, nurse, midwife, or herbalist, or employed one of a number of methods to abort on their own. Since under military rule the activities of progressive organizations were severely restricted, most women facing unwanted pregnancy likely relied on word-of-mouth referrals to locate abortion providers, rather than seeking referrals from institutions.

Following the democratic opening of 1982, a number of interrelated factors at the local, national, and international levels contributed to the development of more sophisticated referral mechanisms for illegal abortion in Andean Bolivia, ultimately facilitating women's access to the procedure. First, the democratic election of President Hernán Siles Zuazo after 18 years of military rule ushered in a new era of popular participation in politics, including the birth of a number of organizations dedicated to women's rights and renewed activity in existing women's groups. Inspired by international feminist movements and the democratic opening, and moved by the wide range of their constituents' experiences with pregnancy, some of these organizations took up the banner of women's reproductive rights and health. While some groups offered workshops or services in pregnancy and birth control to local women, others engaged in political advocacy to legalize the procedure; still others pursued both activities. While workshops served as a venue for women to voice their experiences with phenomena like unwanted pregnancy and domestic violence, political advocacy raised new awareness about women's rights in the public

[341] Cisneros 1976: 12. Shifting rates of induced abortion and of maternal death associated with the procedure are discussed in more detail in chapter 3.
[342] "Adrián Espinoza," La Paz, 8 October 2009.

at large. Newly attuned to the needs and demands of local women, some organizations began to refer for illegal abortion, while others spurred referral networks in more informal ways, by generating recognition of women's plight in society more broadly.[343] At the same time, by providing forums such as workshops and classes at which women could make contact with one another and discuss their personal challenges, women's organizations facilitated referrals for abortion between individual women.

In the mid-1980s, medical doctor "Antonia Rocio" worked for three years with an El-Alto based health service founded by a local women's organization that routinely referred clients for illegal abortion. "The vision that we had was to support everything that had to do with women's rights…To not only watch over the health of women's families—which women always did—but also their *own* health."[344] According to Rocio, *alteñas* (women living in El Alto) visited the health service, which practiced "a fusion of traditional medicine" and western health care, with a variety of concerns, including gynecological issues and injuries associated with the physical labor that they frequently performed. "Women also came to the clinic when they suspected they might be pregnant," noted Rocio. "And of course we oriented them [with information on abortion providers] because, clearly, if a woman wants a safe space to terminate a pregnancy, it is absolutely preferable to provide her with guidance on the subject." Rocio provided women with referrals for abortion providers in part to combat the medical risks associated with unsafe abortion, but also because she believed that women have the right to terminate an unwanted or unintended pregnancy. "Absolutely we gave referrals, with complete

[343] Interviews in La Paz with "Daniela Brillo," 18 June 2009; "Lupe," 29 June 2009; "Catalina Méndez," 18 June 2009; "Gabriela Ovando," 22 February 2010; "Dina Preto," 18 March 2010, and "Dr. Antonia Rocio," 26 May 2010, among others.
[344] "Antonia Rocio," La Paz, 26 May 2010.

liberty," declared Rocio, "because I think that women have the right to make these decisions—this was the opinion that we always had."[345]

"Lupe," an activist at a La-Paz-based women's advocacy group founded in the early 1980s, characterized the relationship that her organization shares with some illegal abortion providers in the city as an "inter-institutional" one.[346] The organization, which has worked on issues of sexual and reproductive rights since its founding, refers women facing unwanted pregnancy to one of a select group of clinics that are not only staffed by supportive medical personnel and perform safe procedures, but share the conviction that women have the right to choose abortion. "There are places that have the ideological issue worked out—they have a particular position concerning abortion and they employ sensitive medical personnel," noted Lupe. "So, if we know someone in this situation [who is facing unwanted pregnancy]…we make contact with these clinics."[347]

Although it is unclear whether organizations not directly involved with reproductive rights referred their constituents for abortion as early as the 1980s, by the 1990s this seems to have been the case. Representatives of three La Paz-based women's rights organizations that emerged between the early 1990s and 2002 and that work on themes as diverse as alternative media, indigenous mobilization, and women's political participation noted that they shared information on abortion providers with women who requested it since first opening their doors.[348] Activist "Gabriela Ovando," who works with an organization that produces a radio show (in addition to other projects), remarked that members of the group routinely provide their

[345] Ibid.
[346] "Lupe," La Paz, 29 June 2009.
[347] Ibid.
[348] Interviews in La Paz with "Adela," 1 July 2009; "Juana," 1 July 2009, and "Gabriela Ovando," 22 February 2010 and email correspondence with "Dina Preto," 24 March 2012.

constituents with referrals for abortion providers—and that women who visit the institution, in turn, share their own tips on locating clinics.

> When women who want to abort come to us for information…obviously we assist them without prejudice or moral judgment... And other *compañeras* give us referrals for other places. Women who have a relationship with us tell us, "This place is safe," or "This place is cheap," or "At this place, you are seen by a gynecologist," or that type of thing…This is how referrals emerge, through friendships.[349]

Dina Preto, who in the early 2000s founded an organization that mobilizes around a number of social and economic issues concerning women, agreed that women often share information about abortion with one another—although she was unsure how frequently this might happen within her own institution. "Women often share information with one another about clinics or individuals who perform abortions," remarked Preto. "If someone in our organization has this information, I suppose she would share it, although personally I don't know."[350]

In addition to organizations that maintain a consistent policy of referring for illegal abortion, some professionals working in close contact with women in La Paz and El Alto refer their clients for the procedure behind the backs of their employers. Several employees of civil society organizations and other institutions in La Paz and El Alto, including social workers, medical doctors, psychologists, and activists, admitted that they sometimes refer constituents to illegal abortion providers without the knowledge or approval of the organizations at which they are employed. During our interview, one social worker who has provided birth control counseling at an El Alto clinic since the mid-1990s first told me that she could serve only as a sympathetic ear to women facing unwanted pregnancy, since the organization's U.S. Agency for International Development (USAID) funding (in addition to other factors) prevents staff from even speaking of abortion. When I asked her directly, however, if these issues deterred her from

[349] "Gabriela Ovando," La Paz, 22 February 2010.
[350] "Dina Preto," email correspondence, 24 March 2012.

providing referrals for illegal abortion, the health care worker implied that she might give women references for providers, despite her organization's official prohibition of the practice.

> SM: Look: institutionally, because of our mission, the vision that we have, the objectives that we have, and our USAID funding…we do not work with abortion in our center. But that doesn't mean that, if a woman comes here in that desperate situation, we won't listen to her. So, we listen to women talk about their needs, their problems, and their fears.
>
> NK: So, you are not able to give any type of referral for places that do perform abortions?
>
> SM: There was a period that we could do that. This depends a lot on who the director of our center is at any given time. Our previous director…was more open in that sense, we worked with other institutions, we even saw some cases ourselves…But you know that in our country, abortion is still clandestine—I mean it is very difficult to talk about this publicly—but there are needs. Women have needs. So, institutionally, we cannot give referrals. Now, *I* can give referrals personally, which is something else, of course—I run a risk—but these are the needs that women demand of me, so I cannot say to them, "go wherever you want," because if a woman goes somewhere and then comes back with an infection, that's on me; I am going to feel badly.[351]

Sympathetic medical doctors in La Paz and El Alto also refer their patients for illegal abortion, even when they may not be willing to assume the risks of performing the procedure themselves. Some doctors who worked at clinics and hospitals run by religious institutions, for instance, reported connecting their patients with abortion providers, in addition to other services not provided by these institutions, such as birth control. One doctor who worked at La Paz's *Hospital Metodista* (Methodist Hospital) in the early 1990s admitted to referring her patients for illegal abortion during those years. "When I was working at the Methodist Hospital, the copper 'T' existed but it was expensive, it wasn't covered by insurance," remarked the doctor. "So, women would get pregnant, and we had the names of some people to whom we could refer them

[351] "Stefania Montoya," El Alto, 3 February 2010. The stipulation to which the interviewee is referring with respect to USAID is the Mexico City Policy, widely known as the "Global Gag Rule," which was first imposed by President Ronald Reagan in 1984. (The policy was later repealed by President Bill Clinton in 1993 and then reinstated by President George W. Bush in 2001.) The measure prohibited any international organization receiving funds from USAID from speaking of or providing counseling concerning abortion to constituents. The law was repealed once again in January 2009 by U.S. President Barack Obama and thus was no longer in effect by the time of my interview with Ms. Montoya, a fact about which she appears to be unaware.

if they decided to abort."[352] While completing her specialty in gynecology at the Catholic Juan XXIII Hospital in La Paz in the late 1980s, medical doctor "Blimunda Santillán" said she was prohibited from providing information about abortion and birth control to her patients—yet she gave women referrals for both. "There was no way we could give women the copper 'T' at a Catholic hospital," remarked Santillán. "But of course, we'd follow her out on the street after the consult and tell her, 'Go to this clinic and we'll get you the 'T' or anything else you need.'"[353] Medical doctor "Alessandra Muñecas," who operates a private practice in La Paz in addition to working for a reproductive health organization in the city, also admitted to referring her patients to illegal abortion providers. "Really, I am not allowed to refer women for illegal abortion because in Bolivia abortion is not legal," the doctor noted. "But as they say, 'every law has its loophole.' A person always has connections with certain individuals who can do this—but I don't know if you should put that in your writing because it could cause me problems."[354]

While the growth of organizations such as women's groups and health care institutions since the democratic opening spurred institutional referrals for illegal abortion, it also facilitated referrals between individual women. "I think most women deal with unwanted pregnancy by themselves, just asking around," remarked one women's rights activist in La Paz.[355] While women in Bolivia have doubtless shared information about abortion with one another for decades, the proliferation of women's organizing since 1982 has probably increased the volume,

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[352] "Emma Alvarez," La Paz, 16 June 2009. The copper "T" is form of intrauterine device (IUD). A nurse who worked at the Methodist Hospital in the 1990s explained that she and other medical personnel were required to pray together at the hospital chapel once a week. "Olga," La Paz, 7 October 2009.

[353] "Blimunda Santillán," La Paz, 7 October 2009.

[354] "Alessandra Muñecas," La Paz, 19 June 2009. The expression Muñecas used in Spanish to describe the legal situation of abortion in Bolivia was, "hecha la ley, hecha la trampa." Doctor Muñecas agreed to allow me to cite her comments once I assured her of the anonymity of the interview. Medical doctor "Miguel Ramírez" who worked at a medical facility in La Paz administered by a civil society organization also referred his patients for illegal abortion until the provider to whom he sent clients passed away; then, he began to perform the procedures himself. Interview in La Paz on 21 October 2009.

[355] "Lupe," La Paz, 29 June 2009. Women's experiences seeking abortion providers are discussed in chapter 5.

frequency, reliability, and efficiency of these referrals. This is true not only because the organizations that emerged in these years held workshops at which women grew accustomed to speaking more openly about topics such as unwanted pregnancy, but also because the events gave women the opportunity to develop friendships with one another—friends who could serve as allies in the search for abortion providers.

A number of interviewees in La Paz and El Alto reported having assisted friends or acquaintances find abortion providers over the past several decades, sometimes accompanying them for the procedure. "Just a little bit ago, a school friend commented to me about her cousin who was pregnant and had to have an abortion," said one young woman of Quechua descent. "So, I asked around and I passed her the information and she went to this place that I found. Actually, I accompanied her."[356] When they both had to terminate pregnancies in the late 1990s, Nina and Lorena asked a friend and a family member, respectively, where they might locate abortion providers.[357] Recalled Lorena, "One time my sister-in-law had an abortion, so I asked her, 'Where was it?'…'At such and such a place,' she told me. So I went to find it with my husband."[358] Adela, who had an abortion in 1995 at age 18, said that her boyfriend found an abortion provider the couple could visit. "I guess a number of my high school friends had had abortions. But I didn't find out about it from them; rather, my boyfriend was friends with their boyfriends—so, the guys talked to each other and passed around the information about the clinic." Adela, who since the early 2000s has participated in a women's collective where she and other participants discuss their experiences with pregnancy and sexuality, now feels frustrated that she and her high school girlfriends were uncomfortable talking with one another about their

[356] "Juana," La Paz, 1 July 2009.
[357] "Lorena," La Paz, 7 July 2009; "Nina," El Alto, 16 November 2009.
[358] "Lorena," La Paz, 7 July 2009.

abortions. "Despite the fact that we saw each other all the time and knew that we had all had abortions, we weren't capable at that age of talking and saying, 'Well, what should we do?' or, 'This is how I feel about it.'"[359]

It was this hesitancy to speak about private matters such as pregnancy and abortion that women's organizations and their constituents may have helped to change in the past few decades, particularly through workshops, classes, and other events attended by women in La Paz and El Alto. While it is unclear if women's conversations at these events included referrals for illegal abortion, interviewees assert that the workshops facilitated dialogue on a range of topics, including reproduction and sexuality. Medical doctor Antonia Rocio, quoted above, participated in one such initiative in El Alto in the mid-1980s that, she argued, facilitated conversations among women attendees and between women and their families on a variety of themes.

> We had a multidisciplinary team—a psychologist, a social worker, and educators and doctors—who would visit mother's clubs and hold workshops…We would choose a given theme…such as the prevention of cervical and uterine cancer, and they'd come to get pap smears, talk, and learn. We'd talk about STIs [sexually transmitted infections] and women would come and then sometimes their partners would come too, because they'd talk with them about STI testing. One time, the father of one of the woman participants came to the center to find out if he had an infection. So, these workshops were very useful—they became a space where people could have their questions answered.[360]

"Simona," an alteña I interviewed in 2009, remarked that workshops she attended on pregnancy, contraception, and other topics at a reproductive health organization in El Alto helped her discuss the issue of family planning with her husband. "All the information I receive at the workshops that I attend, I share with my husband, such as the different methods that may be used to prevent pregnancy."[361] After attending the workshops for a few years, Simona sought training from the organization to facilitate a discussion group on sex and pregnancy in her own

[359] "Adela," La Paz, 1 July 2009. See also "Dunia Aguirre," El Alto, 1 March 2010; "Lidia Alvarado," La Paz, 2 July 2009, and "Lupe," La Paz, 29 June 2009, among others.
[360] "Antonia Rocio," La Paz, 26 May 2010.
[361] "Simona," El Alto, 24 February 2010.

neighborhood. "Vicenta," who was first referred to a local domestic violence advocacy group by a doctor who treated her for a broken arm she suffered as a result of her husband's beatings, explained that her contact with the organization changed the way she thought about her relationship with her husband. "My husband sometimes forced me [to have sex], but I won't let him anymore because of the things I have learned here…I analyze everything now, I see how I have grown."[362] One social worker asserted that the initiatives undertaken by institutions dedicated to women's rights during these years—and the participation of local men and women in these initiatives—led to notable changes in social attitudes toward sex, contraception, and pregnancy over the past few decades. "We've seen a lot of changes in men, they are taking responsibility for themselves with respect to reproductive health," she remarked. "Also, couples now come to ask for birth control. Before, it was only women—now, they come together."[363]

While the years since 1982 saw the development of a more reliable system for sharing information about abortion providers in La Paz and El Alto, a second change consisted of improvements in the quality of abortion provisioning itself. These changes in abortion care, which are discussed in more detail in chapter three, are threefold. First, beginning in the mid-to-late 1990s, new, safer abortion technologies began to be utilized in Bolivia, namely, a manual device to terminate pregnancy through aspiration and a medication used in non-surgical abortion (misoprostol). Second, in the late 1990s and early 2000s, Bolivia's Ministry of Health instituted two key policies that made the treatment of incomplete abortion and miscarriage simpler, cheaper, and more effective. Most relevant to the present discussion, however, is the third of

[362] "Vicenta," El Alto, 20 October 2009.

[363] "Stefania Montoya," El Alto, 3 February 2010. A number of interviewees believe that attitudes toward contraception, abortion, and pregnancy have become more progressive in recent years (and that these themes are discussed more openly than they were in the past). See, for instance, "Emma Alvarez," La Paz, 16 June 2009; "Daniela Brillo," La Paz, 18 June 2009; "Julián Costa," La Paz, 3 July 2009; "Lupe," La Paz, 29 June 2009; "Muriel," El Alto, 7 December 2009; "Alessandra Muñecas," La Paz, 19 June 2009, and "Blimunda Santillán," La Paz, 7 October 2009, among others.

these changes, which consist of improvements in abortion care instituted by activists within civil society organizations—improvements that reflect the increased role of organizations such as these in Bolivia more broadly. In the wake of the democratic opening, civil society groups helped improve abortion provisioning in the country in a few key respects. While some worked to improve the quality of care at existing abortion clinics in Bolivia, activists at other organizations began to perform illegal abortions themselves. Still others, as noted above, participated in abortion care in more subtle ways, by referring their constituents for abortion and spurring referrals between individual women. Remarked an employee of one organization that provides abortions in La Paz and El Alto, "We are one of a number of organizations who all—directly or indirectly—participate in this work [illegal abortion]."[364]

For readers unfamiliar with the role that civil society organizations have played in Andean Bolivia over the last few decades, it may seem remarkable that institutions such as these are able to refer for, regulate, and even perform abortions in La Paz and El Alto with relative impunity. Evidence suggests that neoliberal policies implemented in the country over the past few decades may have helped facilitate this process. According to anthropologist Lesley Gill, neoliberal measures enacted in Bolivia following the democratic opening decreased national government expenditures on social services such as health care and education, while at the same time empowering civil society organizations to assume the burden of providing these services.[365] First, the NEP, instituted by President Estenssoro in 1985, slashed public sector jobs and privatized government agencies dedicated to social service provisioning. Then, a package of

[364] "Julián Costa," La Paz, 3 July 2009.

[365] Between 1987 and 1992, government expenditures on services such as education, housing, and health care decreased from 19 to 15 percent of the state budget; cited in Gill 2000: 51. Much has been written on the growing role of civil society organizations in Bolivia and elsewhere in the developing world. See, in addition to Gill 2000, Arellano-López and Petras 1994; Bebbington and Thiele 1993; Carroll 1992; Conaghan and Malloy 1994; Edwards and Hulme 1996, and Scurrah 1995, among others.

laws implemented in 1994 deepened the privatization of state resources and diverted a portion of these funds to local and international organizations, while at the same time endowing these with greater autonomy.[366] As the state backed away from adequately caring for its citizens, newly empowered organizations stepped in to support, and sometimes administer, private health clinics and other service institutions. The success of some organizations in attracting funding and in serving as mediators between the state and the urban poor further bolstered the influence of these institutions, particularly in the areas of health care, education, and development. According to Bolivian sociologist and former Congresswoman María Lourdes Zabala, the work of civil society organizations became particularly important for Bolivian women. Writing in 1995, Zabala asserted that, "non-governmental organizations (NGOs), for the volume of financing that they channel, human resources that they utilize, and people that they benefit, constitute an inescapable reality in the feminine and feminist arena" in Bolivia.[367]

4.2 SYMPATHETIC ALLIES: BOLIVIAN AUTHORITIES AND ABORTION LAW

> *Law is a discourse of absolutes, and yet it is beset by ambiguities. Legality is inevitably identified with morality, and yet there is in all legal systems a zone where the legal and the non-legal become hard to distinguish.*[368]
>
> -Olivia Harris

When I asked him the punishment in Bolivia for a woman who provokes her own abortion or who solicits an abortion from another individual, then-director of the crime unit of the El Alto police department pulled out a tattered copy of the country's penal code and read aloud,

[366] Gill 2000: 48-51.
[367] Zabala 1995: 137. See also Gill, which notes that "approximately one-third of…NGOs [in El Alto] deal only with the female residents of the city." Gill 2000: 142.
[368] Harris 1996: n.p.

"'Abortion: imprisonment of one to three years for the woman who consents to having the abortion performed.' I mean," continued "Colonel Castillo," "there are different gradations of punishment depending on the case."[369] When I pressed him to explain why women in Bolivia are rarely, if ever, imprisoned for the crime of abortion, the Colonel protested in a somewhat exasperated tone, "But who are we supposed to punish?" After a somewhat awkward silence, Castillo continued, "This is a very complicated situation. In this case the complaint is left in the hands of the Attorney General's Office, which investigates crimes requiring public prosecution in which the complaining victim desists. It would be advisable for you to ask *them* why more arrests are not made."[370]

The tenor of Colonel Castillo's comments regarding the failure of Bolivian authorities to arrest individuals in connection with abortion matched that of conversations I had with other law enforcement officers, medical doctors, and government officials responsible for policing abortion in the country. Sometimes, interviewees deflected responsibility for the ubiquity of illegal abortion to individuals in other government agencies. At other times, public officials cited the seemingly insurmountable obstacles to upholding Bolivia's abortion laws, such as the difficulty of proving that an illegal abortion has occurred. On the one hand, assert officials, it is difficult to arrest a woman for procuring an abortion, since it is nearly impossible to determine if a pregnancy loss has resulted from a provoked abortion or a spontaneous miscarriage—even upon physical exam. Authorities protest that it is equally tough to prosecute abortion providers because in order to meet the burden of proof, these must be caught performing the procedure *in flagrante*. The complaints of Bolivian authorities notwithstanding, interview and medical record data suggest that, even when proof of an illegal abortion exists, medical doctors and police

[369] "Colonel Eduardo Castillo," El Alto, 19 February 2010.

[370] Ibid. Attorney General's Office has been translated from the Spanish, "Ministerio Público." Their role in prosecuting abortion cases is discussed in more detail below.

officers rarely denounce or arrest abortion providers or their patients. The failure of doctors, police officers, and government officials to denounce and prosecute individuals in connection with illegal abortion constitutes a central mechanism maintaining women's access to unregulated abortion in La Paz and El Alto.

Denunciations and arrests of illegal abortion providers in Bolivia were infrequent over the last several decades, but they did sometimes occur. In his 1980 thesis, one La Paz political science student found that 53 abortion complaints were filed with that city's police department between 1978 and 1979—which amounted to less than 1 percent of all crimes reported for that year.[371] Of these 53 illegal abortion cases, fully 66 percent were still pending in 1980 and fewer than 2 percent had been passed on to the Attorney General's Office for prosecution.[372] Statistics from more recent years conform to this general pattern. In 1998 and 1999, Bolivian authorities investigated approximately 80 denunciations of abortion nationwide each year, representing less than 1 percent of all crimes reported during those years, as they had two decades earlier.[373] In the first decade of the 21st century, arrests for abortion in La Paz and El Alto were also rare, with fewer than seven made each year between 2005 and 2009.[374]

According to interviewees and to the press, arrests for abortion in Bolivia typically take place only after a woman has suffered severe complications or death due to a botched abortion. The four complaints for illegal abortion that Colonel Castillo oversaw in El Alto in 2008 came to the attention of authorities after women were discovered in public places with severe vaginal

[371] Michel Altamirano 1980: 142.
[372] Ibid.
[373] Benitez Reyes 2000: Appendix 3.3. It is unclear how many of these complaints resulted in arrests or convictions.
[374] This according to "Colonel Eduardo Castillo," El Alto, 19 February 2010, and statistics provided to author by the General Command of the Bolivian Police reflecting arrests for abortion from January 2005 to December 2009. The year 2008 saw the most arrests, with four in El Alto and seven in La Paz. In 2005 and 2006, there were no arrests made in either La Paz or El Alto for the crime of abortion.

bleeding following abortion procedures.[375] "They were found in the street by a police vehicle and…taken to the hospital," remarked Castillo. "The doctor examined them and realized it was an abortion…and we went to the clinic and intervened."[376]

Arrests of abortion providers may occur following poorly performed procedures in part because the complainant—usually the patient or one of her family members—hopes the legal case will force the provider to repay the costs of treating the complications that resulted from the abortion. (This may have been particularly true prior to 2003, when universal health insurance was expanded to include treatment of post-abortion complications.) In one case from 1999, for instance, the aunt of 22-year-old alteña "María" reported her niece's abortion provider to police after the provider, in a private meeting, refused to cover the costs the family incurred treating the injuries María sustained during her procedure. After the aunt filed the complaint, however, a friend of the abortion provider—a police officer—threatened to arrest María and her boyfriend if the family pushed ahead with the case. When the aunt consulted La Paz police on the matter, officials ostensibly supported the other officer's story. Faced with the possibility of María's arrest, the family dropped the complaint against the abortion provider.[377] Explained the family's lawyer,

> The aunt of the girl came and told me that…the police warned them that if we did not accept that the abortion provider pay just 60 percent of the medical costs, they were going to detain the boyfriend of the girl for complicity in the crime, and then when the girl was

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[375] Ibid; "Sergeant Paulo Carmona;" La Paz, 5 February 2010.

[376] Ibid. The same year, the La Paz daily *El Diario* reported on the investigation of a clinic that performed an abortion on a woman who later had to undergo three surgeries to treat the injuries she suffered from the illegal abortion. The reporter failed to mention if either the woman or her abortion provider were ultimately arrested. "Abortos provocan daños y perforación de órganos," *El Diario* (28 August 2008). In an exposé on illegal abortion printed the following year, the La Paz daily paper *El Diario* asserted that arrests for abortion occur only following a patient's death or when the individuals involved are either well known or financially connected. The unidentified reporter wrote, "Business of this type occurs constantly, and the law is only applied…when a patient dies or when there is some scandal involving a famous person, because when the problem concerns someone of few economic resources, the case isn't even addressed." "Autoridades dejan de lado control de clínicas ilegales," *El Diario* (22 February 2009).

[377] Benitez Reyes 2000: 93-122.

> released from the clinic, she would also be detained…With this argument, and with the fear that the other policeman had inspired in them, they arranged a deal behind my back—I think that the doctor [*sic*] paid 60 percent of the costs.[378]

Evidently, many abortion cases fail to go to trial because the parties involved reach agreements on their own—probably involving an exchange of money. In an interview he conducted with three Superior Court judges in La Paz in the late 1970s, political scientist Hugo Altamirano said the officials in question believed that, "the rate of legal cases [concerning abortion] was minimal because agreements were made between the parties to avoid lodging the complaint with the Attorney General's office."[379] Although such agreements may spare a woman or abortion provider a trial and potential imprisonment, they are often reached only after a threat of additional legal action has been made, usually against the woman or her partner (as in the case concerning María). Thus, police Colonel Eduardo Castillo explained that when a woman denounces the individual who performed her abortion, the patient usually ends up dropping the complaint after the provider threatens to file a counter-suit. Remarked the colonel, "Once an investigation is opened to arrest an abortion provider, he [the provider] reminds the woman, 'But you came searching for me,' and the patient abandons the case—and when the victim desists, the police are left with our arms crossed."[380]

As Castillo notes, when police are unable to pursue a denunciation of illegal abortion due to the lack of a clear complainant or victim, the case is passed on to the Attorney General's office for prosecution. Article 14 of Bolivia's *Law of the Attorney General's Office* lists among the central functions of the Office, "to defend the interests of the State and Society as established

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[378] Quoted in ibid: 114. The individual that performed María's abortion claimed to be a gynecologist, but La Paz's Medical School failed to locate any record of him, suggesting that he was not in fact a licensed doctor. Ibid: 92.
[379] Michel Altamirano 1980: 143.
[380] "Colonel Eduardo Castillo," El Alto, 19 February 2010.

by…the Laws of the Republic," and "to exercise public criminal proceedings."[381] Although it is unclear how often police authorities report cases of abortion to the Attorney General, they must occasionally do so, since trials for abortion do sometimes occur—even if these rarely end in conviction. Altamirano reported that 14 cases of illegal abortion reached the La Paz Superior Court system during 1978 and 1979, which represented less than one quarter of one percent of all suits brought for those years.[382] More recent data affirms the infrequency of trials for abortion. La Paz law student Elvira Cruz Vera (evidently unaware of the cases from the late 1970s) could locate only two trials concerning illegal abortion before 2004, both of which were dismissed by the Supreme Court for insufficient evidence.[383] "To prove the crime of abortion," writes Cruz Vera, "one must demonstrate the existence of a pregnancy, the interruption of the pregnancy, and the death of the being that was conceived"—requirements that are difficult to fulfill.[384]

While some abortion cases fail to end in conviction due to a lack of sufficient proof, others never reach trial because authorities fail to thoroughly investigate complaints of illegal abortion. One 1995 study on abortion in Bolivia noted that, "denunciations of abortion are rarely followed by police or the Attorney General's Office, so consequently few cases make it to the courts and they do not end up receiving a condemnatory sentence."[385] A 2009 article from La Paz daily paper *El Diario* concurred, noting, "unlicensed clinics that perform illegal abortions proliferate…in the country, but the authorities do not act to close them down as they should

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[381] *Ley Orgánica del Ministerio Público*, Ley 2175, 13 February 2001, http://bolivia.infoleyes.com/shownorm.php?id=304, accessed 15 May 2012.
[382] Michel Altamirano 1980: 143.
[383] Cruz Vera 2004: 28-30. Friedman-Rudovsky asserts that, "There is no record of any doctors or patients involved [in abortion cases] being prosecuted [in Bolivia]." "Abortion Under Siege in Latin America," *Time* (9 August 2007). Numbers of abortion trials in Bolivia from the early part of the 20th century are similarly scant. Only nine cases concerning abortion were heard at the Supreme Court of Cochabamba between 1915 and 1960; the outcome of these cases is unclear. I am grateful to Dr. Laura Gotkowitz for sharing this information.
[384] Ibid: 28.
[385] Alanes 1995: 9.

according to the current norms."[386] Rather than attempt to arrest or prosecute abortion providers, interviewees assert that authorities typically resort to blackmail. Remarked one doctor who has worked in gynecological and obstetric care in La Paz and El Alto for over twenty years, "I do not know of cases of illegal abortion that have been punished as the law dictates…Instead, the first thing that the police do is arrange a bribe."[387]

Despite the infrequency of arrests of abortion providers in Bolivia, providers of the procedure still fear detection by police. While in Bolivia, I interviewed three doctors who admitted to performing illegal abortions (in addition to a few others who implied that they might), plus several health care workers employed at abortion clinics in La Paz and El Alto. When I asked her whether police in these cities pursue illegal abortion, one medical doctor who performs the procedure in La Paz told me that police monitor clinics frequently. When I asked her, somewhat dubiously, if this was really true, the doctor remarked, "Yes, they raid clinics—that's why we're so scared…Police officers sometimes come to ask for an abortion undercover, so we have to be careful. We can't just tell clients, 'Sure, I'll do your abortion right now.' We have to investigate a bit, figure out how she heard about us, who sent her—because if you don't, you're finished."[388] Medical doctor "Miguel Ramírez" who performs abortions said that police have not attempted to infiltrate his practice, but that they do monitor clinics in central areas of the city. "Here, we don't get followed much by police…The clinics downtown, though—the police are always there…threatening and trying to extort them."[389]

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[386] "Autoridades dejan de lado control de clínicas ilegales," *El Diario* (22 February 2009).

[387] "Davíd Estrada," El Alto, 30 March 2010. The doctor's comment, "arrange a bribe," has been translated from the Spanish, "chantaje." A number of interviewees asserted that police regularly bribe illegal abortion providers. See, in La Paz, "Betina Aguilar," 6 July 2009; "Emma Alvarez," 16 June 2009; "Miguel Ramirez," 21 October 2009; "Blimunda Santillán," 7 October 2009.

[388] "Blimunda Santillán," La Paz, 7 October 2009.

[389] "Miguel Ramírez," La Paz, 21 October 2009. The ways in which abortion providers describe the policing of illegal abortion in Bolivia seems to resonate with the experiences of other Latin American countries in which the

Providers of illegal abortions typically fear police detection not because they believe it would lead to a lengthy prison sentence but because it would negatively impact their professional reputation and later employment prospects. Medical doctor Blimunda Santillán, who performs illegal abortions in La Paz, personally knows doctors who were arrested for performing abortions and warns her parents that she might herself end up in jail someday. Rather than fearing significant jail time, however, Santillán seemed concerned with other consequences of the arrest. "Many illegal abortion centers have been closed and many doctors have gone to prison, *and they don't stay in prison, obviously*, but they have already fallen, you know?"[390] "Julián Costa," an employee of a local abortion provider, insisted that clinics such as the one where he works are "at permanent risk" of detection by police.[391] Recounting the story of a provider who was arrested for performing abortions, Costa implied that the most deleterious aspect of the arrest was its impact on the doctor's professional and personal life.

> There was one case in which the police went to pick up an illegal abortion provider from his house. They accused him of being an abortionist and they put him in prison. Imagine! They destroyed his family and his professional credibility—this doctor had to dye and perm his hair to change his image because the press went and filmed him, they showed him on television. They destroyed his life, you know?[392]

Like those of providers, arrests of women in Bolivia in connection with illegal abortion are infrequent, but do sometimes occur. Since police statistics do not distinguish between denunciations of providers and those of their patients, it is unclear how many complaints of illegal abortion over the past few decades concerned women. Medical record and interview data, however, affirm that doctors who treated women following abortion rarely, if ever, denounced

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procedure is illegal. One article on abortion in Brazil remarked that there are only "sporadic crackdowns" on the procedure in the country and quoted one researcher who said, "'There is a silent acceptance of these clinics, and everyone knows where they are located.'" "Brazil Abortions: Illegal in Name Only," *New York Times* (21 July 1991).

[390] "Blimunda Santillán," La Paz, 7 October 2009. Emphasis added.

[391] "Julián Costa," La Paz, 3 July 2009.

[392] Ibid.

these to police—despite the fact that they are required to do so by law.[393] Of 37 women treated at public hospitals in La Paz and El Alto between 1955 and 2007 for complications from abortions that were verified to have been illegally provoked, not a single one was reported to police authorities by medical staff.[394] Even when police had direct contact with abortion patients, they sometimes failed to arrest these. In December 1995, police brought a 24-year-old woman to La Paz's HM for treatment for the symptoms she suffered following her provoked abortion. After dropping the woman off at the medical facility, police evidently failed to pursue the case further—the woman was released from the hospital in the company of her husband four days later.[395]

Interview data suggest that medical personnel fail to report women for having interrupted their pregnancies because they disagree with the law that requires them to do so or feel that reporting falls outside the responsibilities of their profession, or both. As one doctor who has worked at a public hospital in El Alto since 2002 remarked, "When we are absolutely certain that a patient induced her own abortion, we are supposed to denounce her. But this represents a conflict for us, because here, abortion is considered a family planning method of last resort…And besides," reflected the doctor, "once we called them, the first thing the police would do is arrange a bribe."[396] Doctors also fail to report abortion patients because it is difficult to prove that their symptoms were caused by a provoked abortion. One doctor who worked at La Paz's public HM in 2009 remarked, "We've never had any relationship with the police. We

[393] According to article 72 of Bolivia's Social Security Code, medical staff, "upon learning of a case of provoked abortion…have the obligation of denouncing [the case] to the Attorney General's Office." Quoted in Cruz Vera 2004: 24.

[394] In these cases, women either admitted that their abortions were provoked or medical staff encountered physical evidence of the illegal abortion, or both. It is unclear whether staff would make a notation in a woman's medical chart if they had reported her to police. However, a discharge date is noted in each of these records, suggesting that patients who provoked their abortions were allowed to leave the facility unhindered.

[395] HM December 1995: 2210.

[396] "Dr. Davíd Estrada," El Alto, 30 March 2010.

wouldn't be able to prove our denunciation anyway, even if we did suspect a voluntary interruption of pregnancy."[397] While I was unable to locate any doctor who admitted reporting a patient to police for inducing an abortion, several doctors asserted that, prior to the last ten to fifteen years, medical staff did sometimes denounce patients. "In one case," explained medical doctor Miguel Ramírez, "medical staff at La Paz's Women's Hospital denounced a woman who had misoprostol tablets in her vagina…they even locked up her husband."[398] Another doctor who participated in an initiative to improve post-abortion care in public hospitals in 1999 remarked, "When we entered medical facilities to do the first workshops, women who arrived with vaginal bleeding were treated very poorly—they were even denounced to the police."[399]

Like medical doctors, police officers who handle complaints against women for provoking abortion also sometimes fail to pursue the cases, either because they believe they will be unable to find sufficient proof, or because they sympathize with the patient's plight. When I asked him to describe how police investigate denunciations of abortion, the director of the El Alto crime division in 2010, Colonel Castillo remarked that authorities usually find women unconscious in the street and only learn later that they interrupted their pregnancies. "Some women faint in the street because of excessive blood loss, so the police take them to the hospital," remarked the Colonel. "When the medical personnel come and tell us, 'This is a provoked abortion,' then it's considered a crime. At that point, homicide personnel go to the hospital to investigate." When I asked him to clarify how police carry out this investigation, however, the Colonel remarked, "Well, we would interrogate the woman, but only if it is

[397] "Adán Ebi," La Paz, 8 October 2009.
[398] "Miguel Ramírez," La Paz, 21 October 2009. It is unclear when this case occurred.
[399] "Alessandra Muñecas," La Paz, 19 June 2009.

possible, because one must remember that she is suffering."[400] Later, when I asked him how, if at all, he believed abortion patients should be punished, the Colonel stated,

> There are very radical positions that hold that women must be penalized, but these do not take into account the social aspect, the economic aspect, the question of the mother's age…There are many factors that we must analyze. It shouldn't be about saying, "Let's give it to her rough." So, of the different positions that exist, I am with the most lenient.[401]

Thus, officers may be hesitant to arrest or prosecute women in connection with abortion not only because of the difficulty of meeting the burden of proof but also because they may sympathize with them.

An additional reason some doctors and police authorities may fail to denounce women and medical providers in connection with abortion is because they recognize that women are largely unable to access even those abortions that are permitted under the law. In 1973, Bolivia decriminalized abortion in cases of rape, incest, or when a pregnancy would threaten a woman's life or health. Since the modification of the penal code, however, only a handful of legal abortions have ever been performed—and these after much controversy. Fearing professional ostracism, judges and doctors called upon to authorize and perform legal abortions often decline, passing the request off to other professionals. In most cases, the wheels of justice turn so slowly that petitioners' children are born before they are able to secure legal abortions. The failure of the legal abortion system in Bolivia, which might otherwise provide a partial response to

[400] "Colonel Eduardo Castillo," El Alto, 19 February 2010. Emphasis added.

[401] Ibid. The Colonel's comments in Spanish read, "Hay posiciones muy radicales de sancionar pero que no miran la parte social, la parte económica, la parte…de la edad de esa madre…Hay muchos factores que tenemos que analizar, no es decir, 'bueno que se le dé duro,' entonces de las diferentes corrientes yo estoy con la más…suave."

women's demand for the procedure, constitutes a key mechanism supporting the stability of illegal abortion provisioning systems in the region.[402]

Despite the fact that legal codes had permitted abortion in certain cases for over two decades, the first legal abortion did not take place in Bolivia until 1998—and then only after persistent mobilization by the young woman's family and local women's rights activists. That year in May, 14-year-old Olga became pregnant after her stepfather raped her in their home in the city of Sucre. By the time the girl's mother, Leonarda, discovered the pregnancy, Olga was 10 weeks pregnant. It took Olga's family and sympathetic activists at the *Centro Juana Azurduy* (Juana Azurduy Center) more than a month of diligent work to secure the judicial authorization for Olga's procedure.[403] Even with the judicial order in hand, medical authorities at Sucre's Jaime Sánchez Pórcel Hospital invented a number of pretexts to avoid performing the abortion.[404] Only when the director of the Juana Azurduy Center approached the court to complain of the hospital's incompliance was Olga finally able to secure her abortion on August 19—some six weeks after Leonarda first reported her daughter's rape to police.

The determination of the young woman's family and local activists notwithstanding, Olga's petition likely reached fruition—at least in part—due to a few peculiarities of the case. Thus, advocates of the Juana Azurduy Center decided to pursue Olga's case, at least in part, because the young woman "possessed a physique that appeared to match that of a much younger girl"—a fact that drew sympathy for Olga and raised concerns that she could suffer

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[402] Women's rights activists have attempted to increase access to legal abortion in the last two decades by proposing legislation that outlines specific guidelines under which the procedure may be requested and performed. These efforts, which are discussed in chapter 2, have up to now been unsuccessful.

[403] This case is described in detail in Domínguez 1999: 6-34. It is unclear if the author altered the names of the individuals involved in this case; I have maintained the same names as those that appear in the original text.

[404] When Olga's mother, Leonarda, questioned one medical student why it was taking so long to perform her daughter's procedure, the student reportedly remarked, "'No one wants to dirty their hands with her.'" Quoted in Domínguez 1999: 32.

complications in childbirth.[405] Secondly, Olga's mother Leonarda probably acted with particular haste and resolve in helping to secure her daughter's abortion because, at age 16, she herself had been raped and impregnated by a friend of the family for whom she worked as a domestic servant.[406] Having suffered that experience, Leonarda not only advocated tirelessly on her daughter's behalf, but also gained the sympathy of the activists and government authorities handling Olga's case.

Typically, petitioners of legal abortions in Bolivia are not so fortunate. In the early 1990s, one mother in the city of Santa Cruz filed requests for legal abortions for her two teenage daughters, both impregnated by their father. After the request was passed between three separate court bodies and after two judges had recused themselves from the case, the girls—by then nearly five and eight months pregnant, respectively—were forced to keep their father's children.[407] "I am very concerned about the…justice system," remarked Julián Costa, who works at an abortion clinic. "More than 30 years have passed [since the implementation of the legal abortion law] and there must have been only 6 or 7 legal pregnancy interruptions…The police, the judges—they must change their mentality."[408] According to one government health official, Bolivian authorities are hesitant to handle cases of legal abortion because they "don't want to implicate themselves. At the moment that the legislation must be applied…everyone acts like a savior of the world," the official remarked, "and finally the patient opts for a clandestine abortion."[409] Even Olga was almost unable to secure her procedure legally. Members of the medical personnel who initially refused to perform the girl's abortion ostensibly

[405] Ibid.: 24.
[406] Ibid.: 9-10. Leonarda gave birth to the child in the rural town where she lived and a few months later traveled to the city of La Paz to find work, leaving the child in the care of her stepmother. Upon returning home, Leonarda found that her stepmother had "exchanged her child for a portion of potatoes." Ibid.: 10.
[407] Cruz Vera 2004: 31-32.
[408] "Julián Costa," La Paz, 3 July 2009.
[409] "Nika Coelho," La Paz, 4 July 2009.

advised Olga to insert an abortifacient into her vagina herself, "since the situation would be different if the patient arrived to [our] hands with the abortion already begun by another person."[410]

Part of the reason that judges and doctors are hesitant to authorize and perform legal abortions in Bolivia is because they fear condemnation by the general public and by religious institutions—and even their own colleagues. In the city of Cochabamba in 2006, a judge of the Child and Adolescent Court recused himself from authorizing an abortion for a ten-year-old girl after the local archbishop publicly declared his opposition to the procedure.[411] Medical doctor Isaías Rosales experienced first-hand the difficulty of providing legal abortions in Bolivia. Although he denied fearing for his reputation, Dr. Rosales—who performed three of the six legal abortions in Bolivia's history—had considerable difficulty finding a location to perform one procedure. The abortion, which was for a 13-year-old girl who had been raped by a family member, could not be performed in Dr. Rosales' small office due to the gestational age of the pregnancy. Although he implored a number of colleagues to allow him to use their clinics to perform the procedure, each refused. In the end, Dr. Rosales, desperate, performed the abortion at a colleague's clinic without telling him what type of procedure it was. When the doctor discovered that it was an abortion, he was furious. For Rosales, some doctors' refusal to perform legal abortions is particularly frustrating because many of them, if offered enough money, perform the procedure illegally.

> It's a double standard, because these doctors perform illegal abortions in their private clinics, but they charge U$S800 or U$S500…And on top of it, they are families from

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[410] Dominguez 1999: 31.

[411] Questioned by the press as to his opinion of the abortion petition, Archbishop P. Ariel Beramendi remarked, "'the cure [abortion] that they would like to give the girl is even worse than the rape, because if the girl is not prepared to be a mother, she is even less so to have an abortion.'" "Embarazo de niña enfrenta a la justicia e Iglesia Católica," *El Diario* (16 July 2006).

> high society, very educated—daughters of families that can pay and aren't going to say anything…This is the problem with abortion being illegal.[412]

The failure of authorities to guarantee women's access to legal abortion in Bolivia—in addition to their hesitance to denounce and arrest individuals in connection with the procedure—made possible the emergence of an innovative and stable illegal abortion system in the years since the democratic opening. The operation of this system reveals the wide range of societal ideas at play concerning abortion but also has concrete implications for women and abortion providers in the region. The failure of most petitions for legal abortion, on the one hand, suggests the strength of public opposition of abortion in Andean society, even in cases involving rape and incest. On the other hand, the failure of authorities to arrest women and doctors in connection with abortion—and the failure of many Bolivian citizens to denounce their friends and acquaintances for seeking the procedure—may suggest a hidden tolerance and compassion for women facing unwanted pregnancy in the country, even if authorities sometimes accept bribes in exchange for silence.

The illegal abortion system also has significant consequences for women and abortion providers in the country. While on the one hand, the system has reduced maternal deaths associated with abortion, it has also facilitated abortion's continuing illegality by decreasing the public health risks associated with abortion, thereby alleviating pressure on the state to legalize the procedure. At the same time, the illegal abortion system allows unscrupulous providers of the procedure to benefit financially from performing unsafe procedures, while imbuing the lives of more responsible abortion providers with particular stress and strain. The most dire consequences of abortion's illegality, however, fall on women in the country. Due to abortion's

[412] "Dr. Isaías Rosales," La Paz, 21 October 2009.

illegal status, *bolivianas* are forced to navigate an already difficult experience in a context of secrecy, while risking their physical and mental health on Bolivia's unregulated abortion market.

Changes in the illegal abortion system over the past three decades also reveal the unexpected outcomes of some political and economic policies adopted as part of Bolivia's turn toward neoliberalism. In particular, the state's relegation of social service provisioning to local and international civil society organizations in the 1990s ultimately facilitated advances in abortion care and referrals in the country. By endowing private institutions with greater autonomy and funding, and simultaneously reducing public health care services, the state enabled the emergence of a more sophisticated abortion system in Bolivia. While these policies were designed to empower organizations to provide legal health care services to citizens, in practice they allowed institutions that supported reproductive choice to perform illegal abortions. While these developments provided a response to women's demand for abortion and contributed to making the procedure safer and more accessible, they also allowed the procedure to remain unregulated—or, perhaps, to be regulated only by free-market principles. In other words, if a woman possesses the economic or social capital to connect her with a relatively expensive, private provider or an affordable but little-known clinic administered by a civil society organization, she is likely to obtain a safe abortion. Lacking such resources, women navigating the abortion market in La Paz and El Alto may gamble with their lives in an effort to plan their families. Wrestling with the difficult odds of the abortion market in Bolivia is one burden of recent neoliberal reforms that women, in particular, are forced to face.

5.0 NAVIGATING CHOICE AND OBLIGATION: WOMEN'S EXPERIENCES WITH ABORTION AND UNEXPLAINED MISCARRIAGE

At 17 years of age in 1954, "Magdalena" was one of five children being raised in the highland city of Potosí by her mother—a market vendor who "carried the family forward" by selling beer, bread, fruit, and other items—and her father, an injured veteran of the Chaco War.[413] Magdalena's mother was insistent that she and her siblings continue their schooling; however, the girl often helped her mother at the store in her free time, since their father was unable to work. One day, while selling a natural fruit drink made of dried peach boiled in cinnamon, Magdalena met the man that would later become her husband and the father of her four children. "I saw him and he said, 'to your health,' raising the drink, and I immediately fell in love with him…The following year we got married…and in 1956 my oldest child was born." When I asked her how she felt when she discovered she was pregnant, Magdalena said, almost by way of confession, "That was before I got married…Because I had fallen in love in such a way that in the end, going to bed didn't matter…Well, I felt bad, imagine, I was just a little kid still, right? Just 17 years old and already pregnant." Although she "felt panic at the idea of marriage,"

[413] "Magdalena," El Alto, 28 January 2010. "Carry the family forward" has been translated from the Spanish, "nos sacó adelante." Most of the names of interviewees cited here are pseudonyms. The presence of quotations around the name of an interviewee in a footnote indicates that the name is a pseudonym. All interviews were conducted by the author and recorded digitally. All translations are by the author, unless otherwise noted.

Magdalena and the boy married at the insistence of Magdalena's older brother, and the following year, their first child was born.[414]

Before the birth of her child—before she had even revealed to her mother that she was pregnant—Magdalena reported that her future husband, terrified at how his own parents might react to the pregnancy, had suggested the couple seek an abortion. At the time of Magdalena's pregnancy in 1955, Potosí—although home to a lucrative tin mining industry—was a relatively small city just a fraction of the size of La Paz.[415] Despite this, Magdalena's boyfriend seemed convinced that the couple could locate an abortion provider. Explaining her boyfriend's reaction to the pregnancy, Magdalena remarked, "He was scared, too, and he said, 'Oh, my parents, what will they say now? Let's go to…a clinic, a midwife, who knows,'—he surely wanted to have me abort…, And I said to him, 'No, my mother did not raise me like that.'"[416] When I asked her if she knew of abortion providers operating in Potosí at that time, Magdalena told me she had a high school friend who had successfully procured an abortion a year or two before. Although she did not know who performed the young woman's abortion, Magdalena remarked that her friend, who was concerned with the symptoms she was experiencing after her procedure, confessed to her, "'I went to a clinic and they did a 'scraping' for me and now I am having bleeding.'"[417]

Although Magdalena decided not to terminate her own unexpected pregnancy, many other women did during these years, either by visiting providers or recurring to any number of strategies to induce abortion on their own. Elsewhere in this dissertation, I demonstrate the consistently elevated rates of illegal abortion in Andean Bolivia over the past several decades. In

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[414] Ibid.
[415] Leonard 1952: 37.
[416] "Magdalena," El Alto, 28 January 2010.
[417] Ibid. This procedure was most likely a dilation and curettage. Abortion methods are discussed in chapter 3.

this chapter, I draw on medical records and oral testimonies to trace women's personal experiences with unwanted pregnancy and abortion—experiences that have remained largely absent from the historical record. Medical record data between 1954 and 2008 provide a window into the experiences of women who sought follow-up care after pregnancy loss (including abortion and spontaneous, accidental, and unexplained miscarriage) at one of three public hospitals in La Paz and El Alto. Excerpts from the testimonies of 12 women who terminated pregnancies between the early 1980s and 2007, for their part, offer a unique personal account of induced abortion over the last three decades. In their testimonies, women describe how they located abortion providers and their experiences at the clinic—or in the marketplace, where they purchased herbal abortifacients. These testimonies also illuminate the emotional complexity of induced abortion, particularly the decision-making process that led women to terminate their pregnancies and their thoughts and feelings after the procedure.

In discussing women's experiences with abortion and miscarriage, I make a particular effort to emphasize women's voices, often quoting interviewee testimonies at length. My concern with including women's personal testimonies of abortion engages with debates in the fields of subaltern studies, oral history, and Latin American *testimonio* that, on the one hand, recognize women who have had abortions as the most suitable speakers from whom we can learn about this phenomenon, and, on the other, consider the process of giving testimony and the testimonio itself as deeply transformative—as capable of affecting personal, social, and even legislative change around reproduction and abortion in highland Bolivia.[418] Throughout the chapter, I strive to provide a balance between "micro" and "macro" understandings of abortion,

[418] In the preface to his book, *Testimonio: On the Politics of Truth*, John Beverley, drawing on a quote by Karl Marx, asserts that, "testimonio aspires not only to interpret the world but to change it." Beverley 2004: xvi. Additional scholarship influencing my analysis of testimony in this and other chapters include Abu-Lughod 1993; Guha 1996; Gluck and Patai 1991; James 2000; Portelli 1991, and Sanford 2003, among others. The methodology of this project is discussed in more detail in the introduction to this dissertation.

exploring women's individual abortion experiences alongside a broader, analytical optic that examines not only the range of abortion experiences over time and geographical location but how these experiences differ according to the marital status, age, ethnicity, and socioeconomic status of the woman.

The personal testimonies included in this chapter demonstrate the wide range of women's reasons for terminating pregnancies, experiences with abortion methods, and feelings toward these events. While the methods women utilized to terminate their pregnancies sometimes changed over the course of the time period, their reasons for seeking abortion and feelings toward the procedure remained relatively constant. These testimonies suggest that fear, shame, and guilt surrounded many women's experiences with pregnancy termination, due in part to a deep-seated social stigma against abortion, but also to personal factors, such as women's relationships with family members, friends, and partners.[419] For some women, abortion's illegal status heightened the emotional difficulty of the abortion experience, since the fear of legal repercussions colored the ways in which abortion providers approached their patients and the appointment of pregnancy termination itself.

Recentering the discussion of abortion on women and on their experiences with the procedure raises new questions about the significance of pregnancy termination for women and for society more broadly. First, understanding women's experiences with abortion brings new insight into the overall impact of not only the legal but also the social status of the procedure. In Bolivia, an estimated 3 in 5 women will have at least one abortion in her lifetime.[420] Yet abortion in Bolivia is, as more than one interviewee noted, "*un secreto a voces*," or an open secret—ubiquitous, but rarely acknowledged publicly. What effect, then, does it have on a

[419] Social attitudes toward abortion, including the stigmatization of the procedure, are discussed in chapter 2.
[420] Zulawski 2007: 118.

society when more than half of the women in the country will undergo a procedure that they feel they must keep secret, and for which they are often morally condemned? And further, how is society impacted when its women risk significant medical complications and death from one of the most commonly performed and consistently demanded surgical procedures, simply because it is illegal (and thus, unregulated)? In listening to Bolivian women's stories about abortion, we learn from the ground up the stakes of the illegal and stigmatized status of the procedure. These lessons can, in turn, bolster the struggle to ensure women's reproductive autonomy in the Andes and around the world.

Further, this chapter suggests that the ways in which women conceptualize their experiences with unwanted pregnancy may demand a reevaluation of the language with which reproductive rights activists and other sectors speak about abortion more broadly. Doubtless due, at least in part, to the polemical nature of the debate around abortion legalization, there is a tendency among activists in the United States and elsewhere to frame any discussion of abortion in a language of "rights" and of "choice"—specifically, of women's right to control their reproductive lives by choosing when, and if, to bear a child. This chapter, like scholarship exploring women's experiences with abortion elsewhere in the world, suggests that these legal and political frameworks for understanding abortion may be too limited to capture women's personal experiences with the procedure.[421]

[421] See in particular Lopez 2008, on Puerto Rican women's experiences with induced abortion, and Kushner 1997, on women's experiences with the procedure on the U.S. mainland.

5.1 MEDICAL RECORDS: PARTIAL INSIGHTS INTO ABORTION EXPERIENCES

Limited interview data from the 1950s and 1960s prevent me from arguing with certainty that most people, like Magdalena, quoted above, knew that abortion existed during these years and where it could be procured. Medical record data, however, suggest that women in La Paz succeeded in locating abortion providers during these years. Medical records from public health facilities in La Paz and El Alto, particularly those of women in childbirth or who sought care after pregnancy loss, provide some insight into women's experiences with abortion and miscarriage. Thus, records reveal the numbers of pregnancies women experienced and how these resolved, as well as demographic data on individual women; they also illuminate medical practices common during the period and, occasionally, the attitudes of medical personnel toward their patients. At the same time, medical records may mask other aspects of women's reproductive experiences. Feeling fearful or ashamed, patients may have provided partial or even false responses to the questions of medical personnel regarding their reproductive histories. Alternatively, medical personnel may have recorded erroneous information or, more likely, failed to record comprehensive data about their patients. As employees of an under-developed public health establishment facing a shortage of staff and other infrastructure, personnel at public hospitals in La Paz and El Alto may have felt they lacked the time or resources to fully investigate women's histories. Perhaps more fundamentally, medical records typically reveal little about women's feelings or attitudes toward abortion. While not insurmountable, the challenges of using medical record data to understand women's personal reproductive experiences should be kept in mind. Most likely, medical records provide sketches of women's

experiences with abortion and miscarriage—partial insights into realities that were undoubtedly much more complex than appear in the hospital register.

According to medical records from La Paz's public *Instituto de Maternidad Natalio A. Aramayo* (Natalio A. Aramayo Maternity Institute, or INA), women's experiences with abortion and miscarriage during the second half of the twentieth century were varied. Between its founding in 1955 and the mid-1990s, when it was absorbed by a larger hospital, the INA provided primarily obstetrical, rather than gynecological care—and thus saw many more women for child birth than for incomplete pregnancy loss, such as abortion.[422] Despite this, the INA recorded detailed information on patients' previous pregnancies, including full-term births, abortions, and miscarriages.

These records demonstrate that, while few women admitted to (or were recorded as) having intentionally terminated a pregnancy during these years, many others had experienced some form of pregnancy loss. Thus, while only 75 women who visited the INA between 1955 and 1967 admitted to having had an induced abortion, 775 women—more than ten times that amount—reported having lost at least one pregnancy through spontaneous, accidental, or unexplained miscarriage.[423] The difference between these figures could be due to a few different factors—and may suggest a few different things. Since the term *aborto* in Spanish does not distinguish between abortion and miscarriage, some of the women included in the 775 figure

[422] Between 1955 and 1994 the INA functioned exclusively as an obstetrical facility, while gynecological care in the city—including cases of early pregnancy loss—was provided primarily by the Hospital de Clínicas (Clinics Hospital, or HC). In 1994, the gynecological department of the HC and the obstetrical department of the INA joined to form what is currently La Paz's largest women's hospital, the Hospital de la Mujer (Woman's Hospital, or HM), which continues to operate today. Interview with medical doctor "Adrián Espinoza," La Paz, 8 October 2009.

[423] This is out of a random sample of approximately 7,300 medical visits to the INA between 1955 and 1967, which represents between a third and half of total recorded visits to the facility during these years. Each visit to the facility probably, but not necessarily, corresponds to a different woman. In addition to the 775 women who experienced some form of pregnancy loss, 13 women were listed as having had an induced abortion on one chart within the medical record, and not on another. Throughout this chapter, I have privileged the pre-natal sheet in a woman's medical chart over other sheets when discrepancies exist within portions of a medical record.

may have intentionally terminated their pregnancies, rather than suffered accidental or spontaneous pregnancy loss.[424] This could be true either because women provided false information or were intentionally vague when reporting their reproductive histories, or because medical personnel did not inquire about or document the type of aborto a woman experienced (or both). Furthermore, the gestational histories of some women who visited the INA during these years were not recorded—and thus, more women may have had abortions or miscarriages than appear here. In any case, data reveal that at least 10 percent of women who visited the INA for any purpose between the mid-1950s and 1967 experienced some form of pregnancy loss in the past.

Women who sought provoked abortion during these years visited a range of different kinds of providers and terminated their pregnancies for various reasons. Most of the 75 women who had abortions between 1955 and 1967 underwent the procedure in their own homes; their pregnancies, however, were terminated by a diverse array of individuals. Thus, seven of the women had their first abortion performed by a doctor, five by midwives, two by family members, and one by a nurse. One woman provoked her own abortion.[425] Of women who provided reasons for having provoked their first abortions, one cited health problems, one her desire to continue her schooling, one economic concerns, one having too many children already, and one simply not wanting to have a child. Most women provided no explanation as to why

[424] Throughout this chapter, I have relied upon notations by medical personnel in counting and designating cases of induced abortion and of spontaneous, accidental, and unexplained miscarriage. (In other words, if a medical chart designates a woman's pregnancy loss as a spontaneous miscarriage, I have accepted that designation, regardless of the circumstances detailed in the chart.) Notations of "aborto provocado" and "aborto inducido," are counted as abortion; of "aborto espontáneo" as spontaneous miscarriage; of "aborto accidentado" and "aborto traumático" as accidental miscarriage, and finally, of "aborto" as unexplained miscarriage. Spontaneous and accidental miscarriage are counted and referred to as true miscarriages; however, unexplained miscarriages are not. I have also designated as spontaneous miscarriages those pregnancy losses that were caused by medical conditions, such as placenta previa.

[425] The remaining women either were not asked where their first abortions took place or were performed, or declined to respond. Although I have detailed information on all of the abortions that each woman reported, I will only report quantitative data on each woman's first abortion.

they terminated their pregnancies—perhaps because medical records did not prompt staff to ask women why they sought abortion, except during a short span of years. [426]

Records further suggest that women who terminated pregnancies during these years utilized the procedure as a means of family planning—that is, of delaying their first pregnancy, or of limiting or spacing their pregnancies. Thus, about half of the women who had abortions during these years already had children at the time of their first pregnancy termination. While 22 of the 75 women had never been pregnant before seeking the abortion (and thus ostensibly did not have children), four patients had been pregnant once before, ten twice before, and nine women had been pregnant either three, four, five, or six times before the abortion.[427] This suggests that women who terminated their pregnancies in the 1950s and 1960s may have done so in order to better care for their existing children, by limiting the size of their families—a phenomenon that is further supported by interview data for these and later decades.

One 23-year-old, married *mestiza* (woman of "mixed" European and indigenous descent) from La Paz experienced two previous pregnancy losses before giving birth to her first child at the INA in 1956. The woman reported having suffered the first of these losses—a spontaneous miscarriage—at 19 years of age. Then, a year later, the woman induced an abortion in her own home with the assistance of a midwife, effectively delaying the experience of motherhood.[428]

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[426] Medical records at the INA only prompted personnel to ask a woman the cause of her abortion or miscarriage between approximately 1959 and 1967. A review of cases of previous miscarriage between 1965 and 1969 suggests that when records prompted personnel to note the cause of a woman's abortion or miscarriage, many more pregnancy losses were attributed to accidental causes than when records did not request this information. For instance, in 1965 and 1966, when medical charts asked personnel to record the cause of a patient's miscarriage or abortion, the percentage of pregnancy losses that were reportedly caused by accidents (including falls, lifting heavy items, and other causes) reached over 42 percent, while for years during which charts did *not* ask the cause of the pregnancy loss, this figure amounted to less than 1 percent. This suggests both that medical personnel were more likely to record the cause of a woman's miscarriage when prompted, *and* that many more miscarriages during the period were caused by accidents than data for other years suggest.

[427] The position of the first abortion in relation to other pregnancies is unknown for 30 women.

[428] ALP INA December 1956: 262. In accordance with requirements by the University of Pittsburgh's Institutional Review Board (IRB), record numbers listed here can be traced only to a volume of medical records at the Archivo

The gestational history of a 30-year-old mestiza washerwoman from Sucre who had an abortion in 1955 suggests that the woman may have recurred to abortion to space her pregnancies, rather than postpone the experience of motherhood. The laundress, who at the time of her visit to the INA in 1960 described herself as single, had her first child in 1952 at the age of 22. Two years later she had another child; then, the following year, the woman provoked an abortion by herself in her own home. Although it is unclear what method she utilized to provoke her abortion, the woman luckily experienced no complications from the procedure. After the abortion, the washerwoman went on to have two more children, both at the INA.[429]

A few women reported specific reasons for having terminated their pregnancies. As noted above, many or most were probably not asked. One 29-year-old white woman from La Paz who visited the INA in 1963 cited medical reasons for having terminated four pregnancies over the course of her reproductive life. After having two children by age 22, the woman, who described herself as married, then sought four provoked abortions, all performed by medical doctors (two of the procedures took place in her home and two in medical offices). When asked what led her to terminate her pregnancies, the woman stated "hardening of the aorta;" medical personnel, however, seemed not to understand the relationship of this ailment to the abortions, and followed the notation with a question mark in the medical chart. After the abortions, the woman went on to have three more full-term deliveries.[430] Another woman—whose own mother died in childbirth—was 23 years old when she gave birth to her fifth child at the INA in 1965. The mestiza woman reported having had one provoked abortion in the past because she already

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Histórico La Paz (La Paz Historical Archive, or ALP) and not to specific medical records, which contain women's names. The record number following the colon corresponds only to the number that is randomly assigned by the Endnote software program in which I documented information from medical charts.

[429] ALP INA April-May 1960: 731.

[430] ALP INA January 1963: 1058. In what may have been a fast-paced work environment that left the staff with little time to make detailed notations, the question mark often seemed to function both as a way to indicate personnel's uncertainty of a particular phenomenon, and to cast doubt on explanations provided by patients.

"had many children."[431] According to the record, the *paceña* (woman from La Paz) and her husband, a shoemaker with a primary school education, were raising five children in their home near the Parque Niño Jesús.

Most of the women who visited the INA between 1955 and 1967 who reported having had an induced abortion were married at the time of their visits to the Institute and of mestiza ethnicity.[432] This profile, however, reveals more about the clientele of the INA—and perhaps about women's opinions of western medical care during these decades—than about women who had abortions during these years. Although not one woman in this sample who had an induced abortion was identified as indigenous, the national census of 1950 demonstrated a reverse trend in the population overall; thus, this figure cannot be taken to indicate that indigenous women had abortions at a lower rate than women of other ethnicities.[433] Instead, the pattern likely suggests that fewer women of indigenous descent visited the INA during these decades than women of mestiza and European descent.[434] In culturally and linguistically diverse La Paz, women of all ethnicities—but particularly indigenous women—often prefer home to hospital birth, and traditional to western medical care. This was true not only in earlier decades, but also, to a

[431] ALP INA September 1965: 1386. It is unclear when this woman had her abortion or how many children she may have had at that time.

[432] At the time of their visits to the INA, 48 of the 75 women who had abortions were married and 26 single; the marital status of one woman is unknown. It is likely that some women who identified themselves as married were partnered rather than legally married, a common occurrence in Andean Bolivia. With regards to ethnicity, 44 of the 75 women self-identified as mestiza, 21 as white, and 10 did not respond or were not asked (no women identified as indigenous).

[433] The census reported that 67 percent of inhabitants of the La Paz Department self-identified as indigenous (most of Aymara or Quechua descent). Dirección General de Estadística y Censos 1950: n.p. In addition, of a sample of 1,140 visits to the INA between 1955 and 1967, only 54 corresponded to women identified as indigenous.

[434] This pattern may also raise questions about how ethnic identity was determined, both in the census and in the hospital. For instance, did the attending nurse at the INA determine a woman's ethnicity, or did she ask the patient how she identified herself? What about the census worker?

certain extent, today.[435] Thus, medical record data may reveal less about the abortion experiences of indigenous women than those of women identified as mestiza or white.

While the vast majority of visits to the INA between 1955 and 1967 consisted of women giving birth, 60 visits during these years corresponded to women seeking treatment for pregnancy losses that were in progress—including spontaneous or accidental miscarriage, incomplete induced abortion, and unexplained miscarriage.[436] Medical personnel at the INA described just one of these 60 cases as induced abortion, nine as spontaneous miscarriages, and another nine as accidental miscarriages. Fully 41 of the cases constituted unexplained miscarriage, wherein medical personnel did not document the cause (or suspected cause) of the pregnancy loss. Of cases of accidental miscarriage, five were caused by falls, three by unspecified physical trauma, and one by an unspecified accident. All of the women who visited the INA with pregnancy loss during these years (and whose gestational histories are known) were pregnant at least once prior to the miscarriage or abortion, suggesting that many of these women had living children. While 12 women had been pregnant just once before visiting the INA, 15 women had been pregnant twice before, and 21 women three or more times.[437]

A significant sub-section of women who visited the INA with pregnancy loss during these years reported that their miscarriages occurred after suffering accidents of various kinds. One 35-year-old indigenous woman went to the INA the day after she passed a pregnancy of five months' gestation at home. The woman, who was single and had a three-year-old daughter, said that for three days, she had been subjected to rough movements as she traveled in a truck over

[435] This tendency responds in part to cultural preference and tradition, in part to financial concerns (since western medical care tends to be more expensive than traditional care), and in part to complaints by women that they suffer racial, class, and sexual discrimination at health care facilities. Discrimination against women visiting medical facilities in Bolivia is discussed in chapters 2 and 3.

[436] As with numbers of abortions and other pregnancy losses during the period, this figure is of a sample of approximately 7,300 visits of all kinds.

[437] It is unclear whether the remaining 12 women had been pregnant before.

unpaved roads through the Bolivian countryside. A day after returning from the trip, the woman suffered two hours of labor pains before passing the deceased fetus and placenta in her home.[438] Another 28-year-old woman living in the Miraflores neighborhood of La Paz reported that a fall caused her to miscarry, as did many women who suffered miscarriages during these years. At five months in pregnancy in March 1961, the married mother of two fell "on irregular terrain" and several hours later began to suffer intense vaginal bleeding, which she continued to experience when she arrived at the INA the next day. The woman passed the pregnancy at the Institute and was released a few days later.[439]

Although it would have been difficult for medical personnel to prove if a patient had intentionally provoked her abortion, INA staff sometimes doubted the veracity of women's reports of accidental miscarriage. When in 1955 a 20-year-old single white woman claimed that the miscarriage she was experiencing occurred after she suffered an unspecified accident, staff at the INA treated her but suspected that she had provoked her symptoms. Noting the woman's description of events leading up to the miscarriage, personnel wrote, "She says she felt her water break due to a traumatic accident, which is obviously false," and diagnosed the pregnancy loss as an, "incomplete spontaneous (?) abortion at two months in pregnancy."[440] A year later, a 23-year-old white woman from the Sopocachi neighborhood of La Paz visited the INA after experiencing two days of vaginal bleeding. The married woman reported having taken a "drastic purgative" two weeks before and, after several days of carrying her young child in her arms, began to experience vaginal bleeding and abdominal pain. After performing a dilation and curettage procedure, medical personnel noted, perhaps snidely, on the woman's chart, "The

[438] ALP INA May-June 1955: 51.
[439] ALP INA March 1961: 853.
[440] ALP INA May-June 1955: 44. The notation made by medical staff in Spanish reads, "Relata haber sentido la ruptura de la bolsa de las aguas, a consecuencia de un accidente traumático a todas luces falso." The question mark appears in the original hand-written document.

patient did not remember or did not realize that she was pregnant."[441] Despite the woman's explanation of the events leading up to her miscarriage, medical staff diagnosed the pregnancy loss as a provoked abortion.

In most cases in which women sought treatment at the INA for pregnancy loss between the 1950s and the 1970s, it is unclear what caused the symptoms, since medical personnel did not document this information in the medical chart.[442] In part, doctors and nurses treating women for incomplete pregnancy loss were probably more interested in providing care to the patient than in recording how her symptoms began. In addition, hospital staff were likely unable to determine with certainty the cause of women's symptoms. Medical personnel attest to the difficulty of discerning the difference between a spontaneous miscarriage and an induced abortion by physical exam alone. Medical doctor "Adrián Espinza" saw hundreds of such cases while completing his residency at the INA in the mid-1970s. When I asked him if it was possible to determine if a woman had experienced a spontaneous miscarriage or an induced abortion, Dr. Espinoza remarked,

> It's a bit difficult…Because usually, the only symptom that the patient presents is genital bleeding. So, occasionally we would find a brass sound [dilator] stuck in the uterine cavity, despite the fact that the patient had categorically denied having been operated on…But, those are very exceptional cases…The majority say they have experienced traumas or accidents.[443]

Of course, another reason why medical personnel do not often know the cause of a patient's pregnancy loss is because the woman may be reticent to discuss it—and understandably so. Regardless of the cause of a pregnancy loss or a woman's feelings about being pregnant, a

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[441] ALP INA May 1956: 139. This notation in Spanish reads, "La enferma no recuerda o no haberse dado cuenta [sic] el haber estado embarazada."
[442] Of 29 cases of pregnancy loss treated at the INA between 1970 and 1979, 15 corresponded to unexplained miscarriage, while only six represented other types of losses, including miscarriages due to accidents, unspecified traumas, medical causes, and provoked abortions.
[443] "Adrián Espinoza," La Paz, 8 October 2009.

woman may feel that her experience of abortion or miscarriage is too private to discuss with hospital staff—particularly if members of the personnel are men, or if she feels she has been treated insensitively.[444] For this reason, even if she knows how her bleeding began, a woman may not reveal it. Some women may have induced their abortions, but fearing moral judgment or legal repercussions, claim to have suffered an accidental miscarriage. Other women may genuinely have experienced miscarriages following abdominal trauma or accidents; still others may have miscarried for reasons that are unknown to them.

A woman's feelings about her pregnancy loss, furthermore, are not necessarily determined by, or may not correspond to, the type of loss that she has experienced. A woman may have a miscarriage that began spontaneously, but—perhaps feeling ambivalent about the pregnancy—may feel relieved, rather than mournful, over the loss. Other women doubtless feel a great deal of grief over the loss of a pregnancy—even when this has resulted from intentional induced abortion. In other words, the complexities surrounding the experiences of pregnancy and its loss (in addition to abortion's illegal status) may prevent women from discussing these phenomena openly with their health care providers—and thus, the causes of abortion and miscarriage may be absent from medical records.

[444] Kushner López et al. report that 42 percent of women in their study who were hospitalized for post-abortion complications refused to tell medical personnel who had provoked the abortion due to the illegality of the procedure. Kushner López et al. 1986: 17. See also Rance 1993, which references the difficulties the researcher experienced conducting interviews with women suffering post-abortion complications at hospitals in Bolivia.

5.2 INTIMATE EXPERIENCES: INTERVIEWS WITH WOMEN WHO HAD ABORTIONS

Personal testimonies offer additional—and often richer—insight into women's feelings toward abortion and unexplained miscarriage. While conducting research for this project, I interviewed 55 women about their experiences with pregnancy, 12 of whom shared with me their experiences of induced abortion.[445] Many of these women had not spoken about these experiences in several years. Most had shared their abortion stories with only a few individuals, such as a partner or a close friend. For some, these were difficult conversations. Most of the women who shared with me their testimonies of induced abortion terminated their pregnancies between the early 1980s and the late 1990s, so much of the discussion that follows focuses on these years.

Interviewees who had abortions during these decades often succeeded in locating providers only after considerable difficulty, and the quality of the abortions they received was sometimes questionable. While at times women obtained safe abortions but did not feel that medical staff addressed their concerns about the procedure, at others, women experienced complications following their abortions, or even suffered psychological or sexual abuse at the hands of their abortion providers. Still other women reported few problems following their abortions, even if the experience itself was logistically difficult, expensive, or emotionally taxing.

Interviewees located abortion providers in a number of different ways. A few women felt comfortable asking friends if they knew where they might secure an abortion; however, most women kept the abortion to themselves or between themselves and their partners, relying on their

[445] Many more women interviewees reported that they considered induced abortion, or attempted to procure abortion or provoke miscarriage on their own without success. The experiences of these women are explored in chapter 6.

own limited knowledge to locate providers. Still other women asked total strangers for abortion referrals or simply walked around market districts commonly known to have abortion clinics until they found a provider willing to perform the procedure. Finally, one woman extracted an abortion referral from her sister-in-law without telling her that she planned to terminate her own pregnancy.

Most women located providers on their own or with the help of their partners. "Lorena," for instance, kept her plans to seek abortion between herself and her partner; however, neither of them knew where to go for an abortion. When she remembered that her brother's wife had terminated a pregnancy a year or two before, Lorena feigned curiosity to ask her sister-in-law where she had secured her abortion. Recalling this conversation, Lorena remarked,

> One time my sister-in-law did that [had an abortion], so, she didn't *give* me the information—I also didn't ask her, she doesn't know [about my abortion]—I just said to her, "Where did you go?" Like that I asked her. "To this place," she told me. So my husband and I went to look for it. Neither she nor anyone else knows; rather, she more or less told me the location [of the clinic] involuntarily.[446]

"Marcela" and "Pilar," who both had two abortions over the course of their reproductive lives, relied on their partners to help them locate providers the first time that they sought the procedure; the second time, they found providers on their own. When her family's difficult economic situation led her to seek an abortion in the late 1990s, Pilar and her partner, who did not know any abortion providers, simply walked around the Garita neighborhood of La Paz where abortion clinics were known to exist until they located a medical office that would perform the procedure. When I asked her how she knew which clinics in the area to approach, Pilar remarked,

> Because they are offices that say, "We can tell you in this much time if you are pregnant." They are like normal offices with their normal doctors. So, we went by

[446] "Lorena," La Paz, 7 July 2009.

> coincidence. We spoke with the doctor, saying that I was pregnant and that we did not want to have the baby. He made us sign a document saying that we were both in agreement. He didn't want to do it just like that [without a legal release] because he said, "Perhaps I could have problems later."

When she sought an abortion a second time about five years later, Pilar walked around the same neighborhood until she found a provider, but this time she did so on her own, since her partner had recently taken up with another woman. The consequences of *not* having trusted individuals to whom one could turn for help in locating a safe abortion provider were sometimes dire. "Adela," who grew up in La Paz, was visiting the lowland city of Santa Cruz in 1998 when she realized she was pregnant with an unwanted child. Far from home, the 21-year-old was forced to ask strangers to help her arrange an abortion. The situation proved disastrous. The medical student who ultimately performed Adela's abortion did so on a hotel room bed and raped her once the procedure was complete.[447]

Marcela, like Pilar, looked to her partner for help finding an abortion provider the first time she terminated a pregnancy in the early 1990s. With this abortion, Marcela's husband took her to a doctor he met who agreed to perform the procedure. The second time she terminated a pregnancy, however, Marcela—who implies that she no longer could count on her partner's assistance—relied on the knowledge she had gained in nursing school to find a provider.

> The first time my husband just told me, "Let's go to such-and-such a place. I met a doctor and we're going to go there," and he took me there. The second time, I had to go look by myself. And since I also knew about nursing and all that, I was more aware of these things, so I knew where to look.[448]

Although her experience as a nurse may have helped Marcela locate a provider the second time she procured an abortion, she did not feel that the clinic she found was particularly trustworthy.

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[447] "Adela," La Paz, 1 July 2009. Several interviewees told me that women are sometimes raped by the individuals who perform their abortions. See "Lupe," La Paz, 29 June 2009; "Miguel Ramírez," La Paz, 21 October 2009, and "Blimunda Santillán," La Paz, 7 October 2009, among others.

[448] "Marcela," La Paz, 22 September 2009.

Marcela, whose two abortion procedures were performed at medical offices in market districts of La Paz, recalled, "I am a nurse, so I know what is sterile, what is clean…They say at those places that they are performing the procedure cleanly, with clean instruments, but it isn't true."[449]

"Lupe," who had an abortion in the early 1980s, also worked with her partner to find a provider—although they did so by approaching and questioning a stranger on the street. Describing her decision to ask a market woman if she knew where she might find an abortion provider, Lupe remarked, "I didn't have a lot of knowledge about this—I didn't have a relationship with people that could help me, not even my own friends." Recalling the relief and disbelief that she felt when the random woman that she and her boyfriend approached on a La Paz sidewalk actually knew an abortion provider, Lupe explained:

> We were in the street and he [her partner] says to me, "Let's go talk to her, maybe she knows someone." And we walked up to her and just said to her directly, "Do you know where they do abortions? I don't want to have it"—and who knows what else—"I'm pregnant and I have to travel and I can't travel like this." That was the story I invented, right? But she looked at us, and said, "Yes, I do know." Ha! And she gave us an address.[450]

Interestingly, although Lupe did not know the woman she approached on the street, her comments suggest that she may have worried that the vendor would judge her for terminating her pregnancy. Rather than confiding in the market woman her true motivations for seeking abortion, Lupe instead invented a story that she felt might provide a more reasonable or urgent justification for interrupting the pregnancy.

Some women, perhaps fearful of procuring the procedure from an individual they did not know, approached their regular doctors to request abortions. "Noel" succeeded in convincing

[449] Ibid. Women's perceptions of the care they received at their abortion appointments are addressed in greater detail below.
[450] "Lupe," La Paz, 29 June 2009.

her family doctor—who also delivered her four children—to perform the three abortions she had over her reproductive life.

> I asked the doctor, I cried, I begged him, I told him please, if he knew where someone would do me the favor of…of…that I didn't want to have any more children. And he told me, "If you like I'll do it for you, but don't tell anyone…" He was a good doctor; he gave me medicine for my children.[451]

Although Noel succeeded in convincing her family doctor to perform her abortions, her comments suggest that this was not easy. Perhaps fearing the judgment of friends or family members, many women chose to keep their plans to terminate their pregnancies to themselves, which limited their ability to reach out to individuals who might have directed them to better-quality providers. Some women in this situation were forced to tolerate poor quality care, not knowing where to turn to locate alternative providers. At the same time, the atmosphere of secrecy and shame surrounding abortion often meant that women did not ask questions at their appointments about what to expect during or after the procedure. On the other hand, the testimonies of women such as "Nina" and Lorena, who had abortions in the late 1990s, suggest that some women did feel comfortable reaching out to loved ones or acquaintances for assistance in locating providers. This may have been particularly true for women who sought abortion in the last decade and a half—a period in which, some interviewees contend, themes such as sex and reproduction began to be discussed somewhat more openly than in previous years.

It was not unusual for women who had abortions during these years to experience complications following their procedures. While at times these complications resulted from poorly performed procedures, at others they occurred due to poor care overall, such as when a woman was not counseled on how to care for herself after the abortion. After she had an abortion in the late 1990s, Lorena experienced several days of vaginal bleeding and eventually

[451] "Noel," El Alto, 17 November 2009.

had to have the procedure performed a second time. "After [the abortion]," noted Lorena, "a week went by and I was unwell. The bleeding increased, and my abdomen inflated. So, I went back to the doctor and he told me that not all of it [the fetal tissue] had been removed. So, he did the 'cleaning' a second time."[452]

Pilar remembered the care she received at her two abortion appointments more positively than did Lorena; however, the details of her testimony suggest that the quality of this care was less than excellent. The first time she had an abortion in the late 1990s, the provider failed to tell Pilar that she should rest following the procedure. When she continued to lift crates of fruits and vegetables as part of her work as a market vendor in the days following the abortion, Pilar suffered complications that led her to require follow-up treatment.

> I wasn't supposed to have lifted weight, and I lifted as I usually did…Then I felt a pain in my womb. The doctor said to me, "If you feel anything wrong, come back, don't be afraid." So, I went to the doctor and…he examined me and he says, "Were you resting in bed?" "No, I went to the market," I said to him. "It [your uterus] filled up again with blood, that's what's causing you the pain," he told me. So, again they had to remove the blood.[453]

The second time that Pilar had an abortion, in 2004, the experience could have ended disastrously. She returned to the provider she had visited a few years before but he turned her away, saying the pregnancy was too advanced to perform the abortion in his small office. Distraught, Pilar located another provider on nearby Tumusla Avenue, a medical office sandwiched between a cake shop and a tailor in a commercial district of La Paz. Desperate to end the pregnancy, Pilar deliberately misled the provider, telling him that she was two, rather than four months pregnant. Instead of verifying the gestation of the pregnancy—as most providers would in countries where abortion is legal—the provider went ahead with the

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[452] "Lorena," La Paz, 7 July 2009.

[453] "Pilar," El Alto, 30 October 2009. The procedure that Pilar underwent to remove the blood and fetal tissue was a repeated aspiration of the uterus—a second surgical intervention very similar to the initial abortion procedure.

procedure in a doctor's office ill-equipped to handle terminations of 16 weeks. "When they were doing the abortion the doctor said to me, 'This is not the gestation that you told me,' and he called the nurse…because I was bleeding out," recalled Pilar. Following the abortion, medical personnel administered intravenous medications and instructed Pilar to call her husband to pick her up, saying she must rest and could not walk to the bus stop. "I guess it's because we did the abortion at a medical office, rather than a clinic. The doctor said we should have done it at a clinic, and that I was in real danger."[454] Whether unaware of the risks of undergoing an abortion at that facility or because her desperation to end the pregnancy outweighed these concerns, Pilar, in misleading the provider, may have endangered her life—albeit probably less so than if she had tried to abort on her own. At the same time, even if the medical office she visited lacked equipment to determine the age of a pregnancy, such as an ultrasound machine, the provider could have performed a bimanual exam—a simple test that would easily reveal that Pilar's pregnancy was more advanced than she claimed. In any case, Pilar's experience further illustrates how the lack of regulation of illegal abortion in Bolivia increases the chances of women receiving inadequate, and potentially dangerous, care.

Occasionally, women who had abortions during these years suffered complications that were much more severe than those experienced by Lorena and Pilar—and some women died from them. Between the early 1950s and the late-1990s, most women who had abortions underwent dilation and curettage procedures or had instruments inserted through the cervix into the uterus—methods that carry serious risks of uterine perforation and infection. One medical doctor noted that in the 1990s, she often treated women for complications following abortion, including a uterine perforation so severe that the woman's intestines were drawn into her vaginal

[454] Ibid.

canal.[455] During the final year of his residency in the 1980s, another doctor helped treat a 16-year-old girl brought to the facility by her father. Medical staff discovered that the girl's uterus had been perforated during an illegal abortion and that the injury had been left untreated so long—probably because the girl was afraid to tell her parents about the abortion—that it provoked a severe infection. Despite the efforts of medical staff, which included the removal of the patient's uterus, the young woman died as a result of the abortion. "Imagine, I was in my last year of residency and confronting such a complicated case," recalled the doctor. "She was such a pretty young girl, and in this terrible situation. She kept quiet, saying nothing to her family about what she was going through. And despite the hysterectomy, despite all of our efforts, she still passed away."[456]

Not all women who had abortions during these years experienced complications following their procedures—but this did not necessarily mean that they were satisfied with the care they received. Lupe and "Olga," who terminated pregnancies in the early 1980s and in 1989, respectively, both doubted the quality of the abortions that they obtained. The two women had abortions at facilities in busy market districts of La Paz, neighborhoods notorious for housing medical offices that perform cheap, but often unsafe, procedures. Olga was a 17-year-old high school student when her mother took her to get an abortion at an office on Buenos Aires Avenue. Recalling the experience, Olga remarked, "I could tell that the instruments weren't being handled well…They gave me anesthesia, they did it [performed the abortion], I woke up from the anesthesia, I vomited—it was terrible for me."[457] Looking back on her own abortion almost 30 years before, Lupe remarked that, in visiting a provider that was unknown to her, she

[455] "Emma Alvarez," La Paz, 16 June 2009.
[456] "Miguel Ramírez," La Paz, 21 October 2009.
[457] "Olga," La Paz, 7 October 2009. Olga's comments in Spanish read, "Yo pude percibir que tal vez no estaba bien manipulado el instrumental…Me pusieron anestesia, me hicieron, me parece que levanté de la anestesia, vomité, me hizo tanto daño."

felt as if she was, "risking her life." Lupe was in her early twenties when she visited a provider in the Pérez Velasco area of downtown La Paz. "I entered the place and there was a line of women," remarked Lupe. "In five minutes it all happened… Without anesthesia, without anything…and basically in terrible conditions."[458]

Some women complained not of the quality of the abortions they obtained, but the indifferent or cold attitude of the individuals performing them. When I asked her if the medical staff performing her abortion talked with her before or during the procedure, Lupe said, "No, not much: 'How far along are you?' and I don't know what else…We [referring to the other women in the waiting room] were like—I don't know—like animals, I think, you know? That they had to do it [perform an abortion] for, and that's it."[459] Reflecting on her first experience of abortion in 1995, Adela wondered whether the insensitive attitude of the personnel that performed her procedure might have been due to abortion's illegality—since providers may have been concerned they would be detected by authorities—or because they performed several abortions each day and were desensitized to the experience.

> It's something that I suppose is complicated for them because what they are doing is illegal, right? So they treat you like a patient but they want to do everything fast—and they want to be done with you fast, to avoid problems. They are not very sensitive, perhaps because they do twenty abortions each day...So, they don't care much how you feel emotionally. It's like taking out a tooth for them. With my first abortion experience, the anesthesia hadn't even worn off when they said, 'You have to get dressed and leave,' because, on top of it, I was in a hidden part of the clinic where you entered and left by the door where they took out the garbage. 'Be careful that no one sees you,' they said. So, after all that, I even had to hide.[460]

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[458] "Lupe," La Paz, 29 June 2009. Lupe's comments in Spanish read, "He entrado al lugar y era una fila de mujeres…En cinco minutes fue todo…Sin anestesia, sin nada…y como que nada de condiciones." "Marcela," as noted above, also felt she received deficient care at her abortion appointments. Interview in La Paz on 22 September 2009.

[459] "Lupe," La Paz, 29 June 2009.

[460] "Adela," La Paz, 1 July 2009.

While many women remarked that they were instructed to take precautions to not be seen when leaving their abortion appointments, not all were displeased with the care they received. Despite needing to have the procedure performed a second time, Lorena described feeling "well cared for" at her abortion appointment in the late 1990s, noting that the doctor asked if she felt sure of her decision to terminate the pregnancy and prescribed her a medication to calm the pain following her procedure.[461]

The cost of the abortions that interviewees obtained in La Paz and El Alto varied widely. Lupe does not remember the exact price of the abortion she had in the early 1980s, recalling only that it seemed inexpensive to her and her partner, who were both university students in their early twenties.[462] Pilar's two abortions in the late 1990s and 2004, both at market-district clinics, cost approximately U$S85 and U$S35, respectively. Earning an average monthly income of less than U$S200 in 2009, for Pilar, these abortions cannot have seemed "cheap"—neither did they seem to correspond to differences in the type of procedure that was performed. While Pilar's first abortion was performed with the relatively cheaper aspiration device, her second abortion, for which she was administered a medication (probably misoprostol) *and* received a dilation and curettage, amounted to less than half the cost.[463] Lorena's dilation and curettage procedure in approximately 1997 cost around U$S28—a bit less than Pilar's—while Nina paid about U$S12 for her injection abortion in 2000.[464] "Yuri," the only interviewee who had an abortion who described herself as middle class, paid U$S300 for each of her two procedures, which she described as "safe abortions performed in one of the best clinics of La Paz."[465]

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[461] "Lorena," La Paz, 7 July 2009.
[462] "Lupe," La Paz, 29 June 2009.
[463] "Pilar," El Alto, 30 October 2009.
[464] "Lorena," La Paz, 7 July 2009; "Nina," El Alto, 16 November 2009.
[465] "Yuri," La Paz, 18 June 2009. While medical doctors and activists often assert that a woman's ability to procure a safe abortion depends on her pocketbook, in practice, a woman's social capital—ie., her connections with

For medical doctor and illegal abortion provider "Blimunda Santillán," the overall quality and safety of a woman's abortion experience during the 1980s and 1990s depended in part on her ability to pay a skilled provider to perform the procedure, and in part on the care she received after her abortion (if she required follow-up care). While completing her medical training in the 1980s, Santillán asserted that patients who suffered complications after pregnancy loss were routinely mistreated by personnel who assumed that they had induced their bleeding and judged them for it. Witnessing this mistreatment was particularly painful to Santillán, since her own best friend died after a botched abortion in the late 1980s.

> When it was my turn to do my rotations in gynecology, I saw so much mistreatment in the hospital…My friend died due to lack of attention, because she had a bad abortion. She suffered complications and then they did a hysterectomy, but she still died, you know? And she was just a girl like the rest of us, a student. I mean, she didn't have the ability to pay a good gynecologist who could have done it [the abortion] better. So that—and also seeing so many people in the hospital who are treated like nobodies, I mean, they [the personnel] don't understand the reason [for the abortion] instead they usually just judge without asking—*that* made me dedicate myself to caring for women.[466]

Some medical personnel assert that, since the introduction of government policies in the late 1990s combating mistreatment of post-abortion patients, women seeking care after abortion and miscarriage in La Paz and El Alto are treated more sensitively. Most health care personnel, however, contend that discrimination against women seeking post-abortion care remains a problem.[467] Stigmatization of abortion in Bolivian society, coupled with cultural values that engender unequal power dynamics between medical personnel and their patients, mean that

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individuals or institutions that might refer her to a safe provider—was probably just as important. This argument is developed in greater detail in chapter 4.

[466] "Blimunda Santillán," La Paz, 7 October 2009. Santillán performs illegal abortions, in addition to providing a range of other gynecological services. Medical doctor "Emma Alvarez" noted that such mistreatment was sometimes an institutionalized part of medical practice during those years. Interview in La Paz on 16 June 2009.

[467] Policies to end mistreatment of women seeking post-abortion care are discussed in chapters 2 and 3. Medical doctors "Emma Alvarez" and "David Estrada," interviewed in La Paz and in El Alto on 16 June 2009 and 30 March 2010, respectively, believe that overall, discrimination against women with induced abortion has decreased in recent decades. "Alessandra Muñecas," "Miguel Ramírez," and "Blimunda Santillán," among many others, believe mistreatment continues to be a significant problem. Interviews in La Paz on 19 June 2009, 21 October 2009, and 7 October 2009.

health care workers who oppose abortion may continue to treat women harshly—and may be able to do so with relative impunity.[468]

5.3 ABORTION, DECISION-MAKING, AND "CHOICE"

Before locating providers and canvassing friends to raise funds for their abortions, the women whose testimonies appear here navigated complex and often conflicting emotions as they decided how to confront their unwanted pregnancies. In this final section, I draw on the testimonies of women who terminated pregnancies between 1980 and 2007 to explore the complicated territory of decision-making and choice that underlies the experience of abortion. In it, I demonstrate that, while many women articulated reasons for terminating their pregnancies, few felt that they unequivocally "chose" to do so. Instead, facing difficult circumstances, women's choices to seek abortion were significantly constrained—even at times non-existent. In addition, while abortion's illegal status did not deter women from seeking the procedure, it did likely add to the stress of the experience. Finally, widespread societal condemnation of abortion, coupled with women's spiritual beliefs, sometimes led women to feel guilt, shame, or ambivalence following their procedures.

The most common reasons that women cited for terminating their pregnancies during these years included household economic problems and difficulties in their relationships with male partners, often in combination with a desire to limit or to space their pregnancies. Three of

[468] A number of interviewees reported experiencing mistreatment at public health facilities even when seeking care not related to abortion or pregnancy loss. "Leticia" remarked that, when giving birth to her second child at La Paz's Maternal-Infant Hospital, medical personnel, "treated me so poorly. They yell at you, demoralize you…the doctors there area really wicked." Interview in El Alto on 24 February 2010. This mistreatment is discussed in greater detail in chapter 3.

the twelve women I interviewed did not yet have children when they had their abortions, and half of the women already had two or more children. Women also terminated pregnancies in response to, or in anticipation of, negative reactions to their pregnancies on the part of partners or family members. In addition, one woman reported seeking abortion because she simply did not want to have children. Women often cited multiple reasons for seeking abortion.

The reasons that women cited for having abortions remained fairly consistent over the years of this study, and across the age, ethnicity, and educational level of the woman. A woman's reasons sometimes varied, however, according to the health and stability of her relationship with her male partner. While women in long-term, live-in partnerships who described those relationships as functional and/or relatively happy typically cited economic concerns as the major motivating factor for their abortions, women who described their partnerships as conflictive often stated that they had terminated their pregnancies due to these conflicts, sometimes in addition to financial concerns. Sometimes women's conflicts with their partners included these partners' negative reactions to their pregnancies, but usually they encompassed broader problems as well. On the other hand, women who were dating their partners but not living with them when they became pregnant said that they sought abortion due not to economic concerns but because they feared—or had confirmed—that their parents or partners would react negatively to learning of their pregnancies.

Pilar and Marcela both terminated two pregnancies over the course of their reproductive lives due to economic concerns and to problems in their marital relationships. Although they did not specifically intend to do so, Pilar and Marcela ultimately utilized abortion to space their pregnancies; both women had additional children after at least one of their abortions.[469] Pilar,

[469] "Pilar," El Alto, 30 October 2009; "Marcela," La Paz, 22 September 2009. "Celestina" also had an abortion due to economic and marital problems and to space her pregnancies. Interview in El Alto on 16 November 2009.

who described her ethnicity as *Castellana* (Castilian or Spanish), was married and only about 19 years old in 1995 when she became pregnant with what would have been her third child. At that time, she and her partner decided together to terminate the pregnancy, since their income from working as small-scale merchants was already stretched thin. In subsequent years, Pilar and her partner had two more children. When she became pregnant a sixth time at age 28, Pilar again terminated the pregnancy, but this time she sought the abortion because her partner had taken up with another woman and she feared she could not support another child on her own. Pilar also complained that her partner faulted her for becoming pregnant and believed that she had done so intentionally in order to "trap" him in the relationship.[470]

Marcela, a married mestiza woman who in 2009 worked as a medical assistant, sought abortions after her second and third children at approximately 26 and 30 years of age. While at first Marcela said that financial concerns and her partner's rejection of her pregnancies led her to seek abortion, later, she added that her partner's excessive sexual appetite—and implicitly, abuse—occasioned the unwanted pregnancies and obligated her to terminate these.

> I became pregnant and I had to recur to abortion because economically, we were not doing well…My husband has always rejected my pregnancies. I mean, I've suffered a lot—actually, economically, we were doing okay, but my husband was very into sex…I've never told this to anyone…but my husband thought only of his own satisfaction, he didn't think about me. So, I got pregnant two times, and both times I had to abort it because I couldn't have it. I argued with my husband, he said to me, "Then, why'd you get pregnant?" I responded, "I didn't ask you [for sex], you looked for me, I mean, you use me"…I think many women experience this in Bolivia because men use us sexually…There's a lot of *machismo*, for that reason, yes, I've aborted two times…At the moment that I found out I was pregnant, I did think about it—Should I have it? Should I not have it? But my husband also said to me, "What are we going to do? Another mouth to feed!" So, it was him that—well, all in all, we both decided.[471]

[470] "Pilar," El Alto, 30 October 2009.
[471] "Marcela," La Paz, 22 September 2009.

While she draws parallels between her own coercive sexual experiences and those of other women in Bolivia's *machista* or sexist society, Marcela also struggles with how to best explain her decision to terminate her pregnancies. Although she alternately asserts that she "had to" have the abortions due to economic constraints and also suggests that it was her husband's idea to seek abortion, she ultimately states that she and her husband decided together to terminate the pregnancies. At the same time, Marcela's comments suggest that these decisions, as well as the circumstances that led to her pregnancies, were fraught—and that the abortions that resulted from them may have been difficult events. This seems to have been true not only because the experiences themselves were trying, but because Marcela felt she had few people with whom she could share them. Marcela, like other women I interviewed, said she felt some relief—in addition to other emotions—after talking about her experiences with abortion. When I asked if she had ever spoken about her abortions with anyone, Marcela remarked, "No, parents here are very closed-minded. They just see that you ended up pregnant, they don't see what you might need going forward. It isn't easy to talk about stuff like this in Bolivia."[472]

The coercive sexual encounters that Marcela experienced with her husband, like those of other interviewees, also point to the distressing commonality of women's mistreatment and abuse by intimate partners in Bolivia. In a 2003 national demographic survey, 68 percent of women in the country reported having suffered some form of physical, emotional, or sexual violence within a romantic relationship.[473] Sexual violence often results in pregnancy—6 of 55

[472] Ibid. Interestingly, Marcela's daughter "Graciela," who I also interviewed for this project, expressed the same sentiment about her own parents. Interview in La Paz on 22 September 2009. Obviously, this sentiment is not unique to Bolivia but forms part of the child-parent relationship, at least to some degree, in many places around the world.

[473] ENDSA 2003: 279. Although it is unclear how census-takers framed this question or how individual women conceptualized their experiences with coercion or violence, this figure still suggests that mistreatment within romantic relationships may be widespread. Interview data indicate that women's experiences and understandings of mistreatment occurred on a spectrum. While some women considered their experiences to form part of a "normal" relationship, others defined these as abusive. Still others reported that their views of their experiences had changed

women in my interview sample became pregnant at least once as a result of acts of intercourse that they described as forced, coerced, or otherwise non-consensual.[474] Many women who suffer sexual assault in Bolivia, as elsewhere, do not report the violence to authorities—and for understandable reasons. Women may fear that police will interrogate their sexual histories or deny their accusations of rape; or, if their attacker is a relative, women may be hesitant to upset the dynamics of their families. Although the law ostensibly provides women access to legal abortion when they have become pregnant due to sexual assault, the inefficacy of the legal system and survivors' hesitancy to report the crime mean that most women who terminate pregnancies following rape seek the procedure from illegal providers.[475]

When Nina was sexually assaulted by her estranged husband in 2000, she never considered soliciting a legal abortion, and instead sought out an unregulated provider to terminate her pregnancy. Nina, a mestiza woman who works nights cleaning offices in El Alto, had two daughters when her children's father forced his way into her home and raped her. Although she in part sought abortion because the pregnancy resulted from an assault, Nina also terminated the pregnancy because she did not want additional children and because she was newly single. Nina explained that if she had enjoyed a healthy relationship with her partner and, perhaps, if the child were born a boy, she might have wanted to continue the pregnancy.

> After I had my daughter, one time, my daughter's father…came and forced me [to have sex] and I was in the dangerous days [of my menstrual cycle]…So I went to the doctor

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over time, and that they now saw as abusive experiences that, in the past, they might have considered normal. (At the same time, although many interviewees viewed abuse or violence within intimate relationships as "normal," they very rarely considered such behavior "acceptable," even when they remained in these relationships.)

[474] Although in western settings "rape" is typically defined as any sexual contact to which one party does not explicitly consent, interviewees in Bolivia defined their own sexual experiences with more subtlety, and did not necessarily feel they had been raped (even when they did not consent). Thus, while "Jazmín," "Marcela," and "Vicenta" said they were obligated or forced to have sex, "Leticia," "Nelly," and "Nina" described their encounters as "rape."

[475] "Andrea Cima," an ombudsperson working with adolescent survivors of rape and other abuse, believes that many of her clients who become pregnant as a result of rape seek abortion with illegal providers. Interview in El Alto on 22 March 2010. The failure of the legal abortion system is discussed in chapter 4.

> and I said, "I think I am pregnant. What can I do?"…"There's an injection," he said. "Then give it to me, please, because I don't want to have any more [children]."…The doctor said to me, "Is it your husband's?" "Yes," I said. "Then why don't you want to have it?" "Because he already left," I said to him, "We aren't going to live together, so why would I want to be pregnant?" He came and he raped me, so, for this reason, I had the injection put in…Later, I said to myself, "Maybe my child would have been a boy, I could have just had it—maybe my husband might have changed and we could have been a happy family." But no, it was already done. Now I don't want any more children.[476]

Nina's comments suggest that, while the nature of the sexual encounter that led to her pregnancy contributed to her decision to seek abortion, the unhappy state of her relationship with her partner may have been just as influential. Even when they did not feel they had experienced abuse or coercion, several interviewees (like Marcela, quoted above) felt unsupported by their partners when they became pregnant, saying that these placed the responsibility for the pregnancies solely on their shoulders. Recounting her second experience with abortion in 2004, Pilar remarked, "I was sort of obligated to have the abortion because he [her partner] said to me, 'You should have taken care of yourself [to not get pregnant]'…My husband thought I'd gotten pregnant in order to grab ahold of him, but it wasn't like that."[477]

Some women who terminated pregnancies were initially unsure how they felt about being pregnant, but eventually decided to seek abortion out of fear of their loved ones' reactions to their pregnancies. When she became pregnant in 1995 at age 18, Adela, who was unmarried and had a one-year-old daughter, feared what her parents would say when they discovered she was pregnant yet again. The fear that she felt at her family's potential reaction to her pregnancies led Adela to have two abortions—one in 1995 and a second in 1998—without, she remarks, first evaluating her own feelings toward the pregnancies.

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[476] "Nina," El Alto, 16 November 2009. The injection that Nina received was likely methotrexate, a medication that is sometimes used in combination with the drug misoprostol in medical abortion procedures in the U.S. and elsewhere.

[477] "Pilar," El Alto, 30 October 2009. See also "Marcela," La Paz, 22 September 2009, "Nelly," El Alto, 1 March 2010, "Vania," La Paz, 2 December 2009, and "Vicenta," El Alto, 20 October 2009, among others.

> Both times I had an abortion, what most mattered was what my parents, and fundamentally my dad, were going to say. The first time, my daughter was a year old, so it was like, "What? So quickly, two daughters?" And who knows what else, right? Also, I felt ashamed, who knows of what? Maybe because I didn't use a better contraceptive method. The second time, I also aborted because of what my parents might say…I first thought of what everyone else would think before I thought of whether I wanted or did not want that baby. I mean, I didn't stop to think if I wanted it, if I really loved the father, or if I would've liked to be a mother again—no. First I thought of what my dad would say, then what my mom would say, and like that successively down to the neighbor on the corner.[478]

Like Adela, 23-year-old college student Vania was unsure if she wanted to be pregnant when she realized she had missed her period. Although she worried how her parents might react to the news, the factor that most led Vania to seek abortion was her boyfriend's declaration that he wanted no part in the pregnancy.

> We saw each other one day and I brought the pregnancy tests that I had done. And he got scared, he took a few steps back and he started to cry, and the only thing that he said to me was that he was not prepared, that he was studying in the university…that all of his courses were already paid for and that he was not going to risk that for a baby. I started crying, obviously, and he left. "Please excuse me, but I don't know you," he said, "and if you want to make problems for me…I will leave this very night for Tarija [a city in the south of Bolivia]. I don't know—you decide." I was sad; what was I supposed to do?...For a moment yeah, I said to myself, "It must be nice, to have a baby," but no, I didn't want it, I didn't want it above all when he reacted this way…I mean, it's not like I was 15 years old—I was already in university, I was already grown up, but…he said to me, "I don't know you, don't look for me, if you look for me, I'm going to act like I don't know you."[479]

Vania implies that, since she was already a grown woman when she became pregnant, she might have wanted to keep the child, but faced with her partner's rejection, her feelings about the pregnancy changed. Even though she no longer wanted to be pregnant, however, Vania believed that if her boyfriend had not repeatedly urged her to seek abortion and eventually taken her to a local market to buy herbal abortifacients, she probably would have ended up continuing the pregnancy. When I asked her if she thought about visiting a clinic rather than buying an herbal

[478] "Adela," La Paz, 1 July 2009.
[479] "Vania," La Paz, 2 December 2009.

concoction to provoke the abortion, Vania replied, "I didn't think about anything at all, to tell you the truth. I was completely shocked. All I did was cry and sleep. I think that if I'd just stayed at home, I probably would have kept my baby. But he gave me all these options and alternatives…He called me all the time, until finally we went up here to Santa Cruz Avenue and bought the tea."[480]

As the comments of Vania and other interviewees suggest, women's partners influenced their decisions to seek abortion in a number of ways. Some women, feeling uneasy about the strength or stability of their relationships or worried their partners would reject the pregnancies, sought abortion on their own. Other women decided jointly with their partners to seek abortion after long and sometimes difficult conversations. Sometimes women emerged from these conversations feeling confident about their decisions to terminate their pregnancies; at others, women felt they had been pressured or coerced into procuring abortion. Tearfully recounting how her husband urged her to carry a heavy bag of cement for several blocks to induce a miscarriage, "Celestina," for instance, described the experience as something her partner "did to her."[481] Although they did not explicitly report feeling pressured to seek abortion, both Pilar and Marcela, quoted above, said they felt obligated by their partners' lack of support and sexual proclivities to terminate their pregnancies. Whether directly or indirectly, women's partners, and the status of their relationships with these, played a significant role in their decisions to seek abortion.[482]

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[480] Ibid.

[481] "Celestina," El Alto, 16 November 2009.

[482] "Marcela," La Paz, 22 September 2009; "Pilar," El Alto, 30 October 2009. Bury et al. reported that, of 152 women who had abortions, 59 percent said the decision to abort was their own, 20 percent said they made the decision together with their partners, and 21 percent said their partners had decided to terminate the pregnancies. Half of the women whose partners made the decision to seek abortion said their partners had physically assaulted them because of the pregnancies. Bury et al. 2012: S6-S7.

Unlike other interviewees, Lorena described her decision to seek abortion in the late 1990s as one that she undertook together with her partner. Although they both later regretted the abortion, Lorena and her husband decided to terminate the unexpected pregnancy because they already had two young children and were struggling to make ends meet.

> When my younger son was four or five years old, I got pregnant again and we had an abortion, as they call it. My husband and I talked about it. We didn't want the child at the time, but the years go by and it feels like a trauma, something that doesn't let you rest…At the time, we both felt bad, we said, "Why didn't we take care [to not get pregnant]?"…It was our economic situation that led us, drove us, to do it. Back then, that's what I was thinking about. Now I see it differently.[483]

As the testimonies above suggest, while many women possessed reasons or motivating factors that led them to terminate their pregnancies, few felt that they unequivocally "decided" or "chose" to do so. Women interviewees utilized a number of expressions to describe their abortion experiences, reflecting a range of perspectives on how they came to seek abortion. While some women stated that they "decided" to have abortions—either on their own or together with their partners—other women said that they "had to" have abortions, or were "obligated," "compelled," or "forced" to do so. Several women used both sets of expressions to describe their experiences, remarking at one point during the interview that they had decided to terminate their pregnancies and at another point that they had been compelled or obligated to do so (either by partners, as noted above, or by broader life circumstances). Finally, two interviewees were unambiguously forced to have abortions—one by her mother and the other by her husband.

Lupe, a woman of mixed Aymara and Quechua descent who had an abortion in the early 1980s, did not explicitly use the term "decision" to describe her abortion experience. However, Lupe clearly explained that she did not want to be pregnant and knew from a young age that she never wanted to have children.

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[483] "Lorena," La Paz, 7 July 2009.

> When I was 23 or 24 years old, I got pregnant and I aborted because since I was about 15, I said to myself, "I am never going to have children, I don't want to have children, I want to do other things." I did not want to repeat what my mom was going through because she suffered a lot…I did not want to be a mother, I did not want to be a housewife.[484]

Lupe, who equated the experience of motherhood with that of being a housewife and who felt that pregnancy would prevent her from pursuing other activities, decided to procure an abortion.

Several interviewees said both that they decided to terminate their pregnancies and that they were compelled or obligated to abort by life circumstances, such as economic concerns or problems with their partners. Pilar and Marcela said at one point during their interviews that they decided to have their abortions, and then at another point that they were obligated or compelled to do so. While Pilar felt that her partner's poor reaction to her pregnancy and his relationship with another woman obligated her to seek her second abortion, Marcela explained that she had to have her two abortions because of her difficult economic situation. Noel, who had three abortions between about 1987 and 2000, alternately explained that she terminated her pregnancies because her partner convinced and obligated her to do so, but also because she had planned to have only two children and was concerned with her family's poor economic situation. Noel, now 51 years old and of mixed Quechua and Aymara descent, remarks:

> N: I was not in a good situation to have my child…My partner did not earn enough to have another baby…and I only planned to have two children, so because of this I interrupted the three pregnancies.
>
> NK: And at that time, did you speak with your partner about the abortions?
>
> N: I did want to have the children; it was him that didn't want to. Buuut he also convinced me. And the truth is I saw my situation—that we barely had enough to eat. He said to me, "Look, the situation is critical—where are we going to get money?...What are we going to do?"…I was surprised and I said, "How are you going to do this if God is sending us another child?" But he obligated me and he said, "No, we can't have it because where are we going to get money to pay for food?" I mean, he convinced me, you know? And I also thought about it and said yes…But I have a lot of guilt and I

[484] "Lupe," La Paz, 29 June 2009.

> always ask God for forgiveness for all of the things I have done wrong, because I'm a Catholic and God says, "Do not kill; it isn't your decision." I already said that it wasn't my decision. But it was the situation that led us to do these bad things.[485]

Torn by the desire to provide her existing children with a better life and her objections to abortion on religious grounds, the path that led Noel to terminate her pregnancies was clearly fraught. While in part Noel says her partner obligated her to seek abortion and that the decision to abort was not her own, she also expresses a sense of responsibility for terminating her pregnancies. In part, Noel's conflicted attitude about her abortions relates to the condition of her youngest child. Born in 2001 when Noel was 43 years old (after her third abortion), Noel's son "Marco" has Trisomy 21, commonly known as Down Syndrome. Despite evidence that the risk of Down Syndrome may increase in children born to older mothers like Noel, she often wonders if "God brought [her] a child with the Syndrome" because she had abortions earlier in life.[486]

For Adela, quoted above, the economic, political, and social challenges that she and other women face in Bolivia make it difficult for her to consider that women ever truly "decide" to abort their pregnancies. While she does not feel that she freely decided to have her two abortions in her teenage years, however, neither does Adela regret the procedures. Now 32 years old, Adela said that only after becoming involved with women's activism in her late twenties did she begin to see her abortion experiences in this light.

> I think that the conditions that society presents you with as a woman nowadays—economic and political conditions—it's impossible to think that it is your decision, right? Because, economically, you can want to have a baby but you don't have the money nor the conditions to have one, and politically, I mean, everyone exercises power over your body, so everyone else decides if you should or should not have a child. There's a particular age, particular conditions to meet to have a baby—to be married, for example, or at least that the guy with whom you're going to have it be your formal partner. You can't say that one night you met a friend and you became pregnant—I mean, that would be a total taboo. So, there's an exercise of power over your body, so you decide to not

[485] "Noel," El Alto, 17 November 2009.
[486] Ibid.

> have it, but *you* don't *decide*, right? Others decide, because you haven't met those requirements. No, in neither case did I feel that it was my decision—but that doesn't mean that I regret having them either. I think that abortion gives you the possibility to decide about your body, and that women have a right to abort…But the fact that you see a woman, like in my case, who aborts more than one time, it shows you not that I like to abort, right? Rather, it's society that is pushing women to abort.[487]

Finally—and tragically—two women I interviewed were unambiguously forced to terminate their pregnancies. At age 17, Olga's mother took her to a clinic to get an abortion, while Leticia's husband convinced a doctor to terminate her pregnancy without her knowledge or consent. These experiences reveal the influence that partners and family members can sometimes bring to bear on the reproductive experiences of their wives, girlfriends, and daughters. At the same time, the comments of Olga and Leticia demonstrate the powerful ways that women may harness their past experiences in ways that help other women exercise greater control over their own reproductive lives. Olga, 23 years after her own abortion, now works as a nurse at a La Paz-based clinic that specializes in high-quality, patient-centered care. The clinic performs illegal abortions, in addition to a range of other reproductive health services. For her part, Leticia works as a health promoter at a reproductive health organization in El Alto. Both in her work as a health promoter and at her job running a beauty salon, Leticia encourages women to ask questions of and demand clarification from personnel at medical facilities.

When I sat down to interview Olga, a 40-year-old urban Aymara woman, I did so to learn about her work as a nurse at a well respected, internationally funded clinic providing illegal abortions to women in La Paz. When I asked her to describe the difference between the clientele that typically visits the lower-quality abortion clinics in market districts of La Paz and the population that visits the clinic where she works, Olga told me of her own abortion in 1989, which she obtained at one of the poorer quality medical offices lining Buenos Aires Avenue.

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[487] "Adela," La Paz, 1 July 2009.

> I'm going to tell you an anecdote of mine, that I went through, that I lived, and that perhaps made me enter into this field of sexual and reproductive health. Well, when I was very young, about 18 years old, just like every young girl has her boyfriend and things happen, right? I got pregnant, but I didn't know that I was pregnant. I didn't have that trust with my mother, so that she could give me advice on how I should take care of myself [to not get pregnant] once I started having sex. So, it had already been about three months…and my mother—mothers are wise, my mother wasn't a doctor or anything, she was a humble, poor woman—she said to me, "You seem strange, daughter, I think you are pregnant." And this surprised me, because I was happy that I hadn't gotten my period. And she took me to a doctor who she said was her own doctor, on Buenos Aires Avenue…The doctor…told me that I was three months pregnant…and my mother said to me, "You cannot have this child because you have to be a professional. I don't see a good future for you with this boy. You're both young. No…I am going to have you *cured*," she said, because that was her form of saying it…And I, since I was very young and relied on her financially, I couldn't— she made decisions for me practically. Nor did my partner ever know that I was pregnant. So, she took me there…It was a terrible experience for me…I think that everywhere, it must happen like that. I think about how many women must have lived what I lived…But here [at this clinic], I see certain differences…Here, they demand quality of us. Although we have our problems, they are left at the door. Here we cannot yell at a patient, she must be treated as if she is the best person that exists. This is the great thing about this clinic.[488]

Olga's experience undergoing an abortion that she did not choose at a clinic whose quality she doubted bolstered her own commitment to providing quality care at the facility where she currently works. At the same time, Olga's experience was deeply painful—particularly since she and her husband now desperately desire a child, and Olga has been unable to become pregnant since the abortion. "Sometimes I wonder, why didn't I resist my mother's decision?" remarked Olga tearfully. "I've had the fertility treatments and I can't get pregnant…I've studied and all, I'm a professional—and as a professional, I am successful. But as a woman and a mother, I'm not." For Olga, the experience of motherhood forms a central part of what it means to be a woman. Having not had the opportunity to decide whether to pursue motherhood, Olga's

[488] "Olga," La Paz, 7 October 2009.

experience with abortion and the subsequent trajectory of her life left her with a feeling of loss.[489]

Leticia was approximately 22 years old when her partner took her to get an abortion at a clinic in the Garita neighborhood of La Paz. At the time of the abortion in about 1996, Leticia, an urban Aymara woman from El Alto, had a two-year-old child and did not realize that she had become pregnant a second time—although her partner evidently did. Leticia's experience undergoing an abortion to which she did not consent convinced her of the importance of asking questions when visiting medical providers.

> I was pregnant and I didn't know it, and one day my husband said to me, "Let's go buy vegetables…." So I left my son who…then must have been two years old and I went innocently to buy vegetables. This is why sometimes it's not good to be a person that doesn't know things…I say this because, since I didn't know things, my husband took me, he told me, "I called a doctor and I told him to do a cleaning for you." I didn't know what "cleaning" he referred to…We entered a house and the doctor says, "How many children do you have?" "Just one," I said. "Ah, and your baby is very young?" "Yes," I said…"Ok, get up on the table…Don't worry, we're going to give you an injection…" And I don't remember anything else…Like I told you, I didn't used to go out anywhere, I was an innocent person. Many girls fall into this position. After that, at age 28, I began to gain a use of reason, I began to go to workshops. Before, I was scared to talk, but now I communicate more easily with people, even with doctors, asking, "What's this? What's that?" One time I read about abortion and then I realized that they did an abortion on me, a *cleaning*… Now, I am 34. Since I have my [beauty] salon, there are girls that come to talk to me and I, having had this experience, advise them, "Look: Always ask. You have to be informed. You should ask doctors, "What's this for? What are you going to do to me?'...You have to say this to them, never be silent," I tell them, because I have had this experience, I have lived it.[490]

While for Leticia, attending workshops helped her learn to express her needs and desires to health care personnel and other individuals, her comments also reveal the ways in which women share information with and encourage one another to defend their own interests in day-to-day life, even outside the context of formal classes.

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[489] Ibid.

[490] "Leticia," El Alto, 24 February 2010. Although the description she provides of the place where her abortion was performed sounds like a medical office, Leticia refers to the facility as a "house."

Reflecting back on their abortions anywhere from three to 30 years earlier, women I interviewed in La Paz and El Alto had a variety of feelings about these experiences. Some felt relief, while others were troubled by guilt and religious concerns. Most women fell somewhere in-between, feeling both sadness, as they wondered how their child might have turned out, but also the desire to "*salir adelante,*" or move on. About three-quarters of interviewees who had abortions disagreed with abortion in principle, and yet most also felt that in specific situations—such as prior to the last 10 to 15 years, when birth control was largely unavailable, or in dire economic circumstances—abortion represented the most feasible alternative.

Interestingly, not one interviewee who terminated a pregnancy during these years took into account the procedure's illegal status when making her decision to seek abortion, nor did those women who felt guilt following their abortions attribute these feelings to having broken the law.[491] Instead, social factors—particularly the stigmatization of abortion and of particular "types" of pregnancy and motherhood—shaped women's experiences with pregnancy termination. On the one hand, the social and religious stigmas attached to abortion—stigmas shaped both by abortion's illegality and by the strength of the Catholic Church and other religious institutions—contributed to the stress and pain of women's experiences with the procedure. Women who terminated pregnancies worried that they had committed an unethical act, or that others would judge them for seeking abortion. At the same time, societal stigmas attached to particular "types" of pregnancies—such as those that occur when a woman is single or "too" young—often led women to seek abortion in the first place. Thus, negative social attitudes in Bolivia surrounding abortion and pregnancies that occur in particular circumstances

[491] In addition, very few interviewees who carried unwanted pregnancies to term decided against abortion because of the procedure's illegality.

sometimes meant that both abortion and its alternative represented difficult options that were laden with conflict.

Women's experiences with unwanted pregnancy also suggest that it may be time to develop a new framework for understanding and speaking about abortion. Although politicized notions such as "choice" and "life" often play a key role in debates over the legalization of abortion, these concepts are not always central to women's lived experiences with pregnancy termination. While some women facing unwanted pregnancy in Bolivia articulated their desires to continue or to terminate their pregnancies in terms of "choice"—as the Western feminist movement does—most did not. Many of my interviewees who continued unwanted pregnancies felt that they had no other option but to do so—as did many women who sought abortion. In addition, whether a woman continued or terminated a pregnancy often had little to do with her personal stand on abortion. Conditioned by a range of personal circumstances and by broader, societal conceptions of motherhood, women's experiences with unwanted pregnancy demand a new analytical framework that pushes beyond either medical considerations or a politicized language of choice.

I do not mean to suggest that the legal status of abortion is unimportant; as my scholarship makes clear, abortion's illegality increased women's risk of medical complications and imbued their experiences with the procedure with particular stress and strain. At the same time, however, I would like to suggest that many women experience unwanted pregnancy in ways that are so heavily conditioned by adverse circumstances that they significantly curtail women's reproductive control, rendering the concept of "choice" nearly irrelevant. It is my hope that understanding the constraints shaping women's reproductive experiences may imbue both

scholarship and policy debates on these themes with greater depth—and perhaps, with greater urgency.

6.0 KEEPING THE CHILD: WOMEN'S EXPERIENCES CONTINUING UNWANTED PREGNANCIES

"Paula" was 18 years old in 1986 and lived in the highland mining town of Siglo XX with her parents and nine brothers and sisters when she found herself facing an unwanted pregnancy. Although she had been dating her boyfriend for four years and the two were sexually active, she did not realize that missing a menstrual period might mean she was pregnant. Terrified of how her parents and siblings would react, Paula hid the pregnancy from her family for seven months. "The first month that I didn't get my period, my friends and I even talked about drinking tea [to provoke an abortion]," explained Paula. "We went to buy the tea but we got scared…and I didn't end up buying it." When I asked if she considered getting an abortion a few years later, when she and her then-husband faced a third pregnancy they felt came too soon after the birth of their second child, Paula remarked, "No. When I'm already pregnant, I say to myself, 'Ok, it doesn't matter—what can I do?' Since getting married, I never thought about it again."[492]

[492] "Paula," La Paz, 30 September 2009. Most of the names of interviewees cited here are pseudonyms. The presence of quotations around the name of an interviewee in a footnote indicates that the name is a pseudonym. All interviews were conducted by the author and recorded digitally. All translations are by the author, unless otherwise noted. Paula's comments in Spanish read, "Cuando el primer mes no me bajó, ya dije con mis amigas inclusive tomar mates…Iba a comprarme así los mates pero nos daba miedo…y no lo hice;" and later, "No. Si estoy ya, decía, 'ya, no importa, ¿qué puedo hacer? Desde que he tenido mi esposo nunca he pensado [en abortar]."

According to a 2008 national demographic survey, 36 percent of births that occurred in Bolivia during the previous five years were unwanted.[493] As demonstrated elsewhere in this project, many women facing unwanted pregnancy seek abortion, braving difficult personal and social circumstances and sometimes risking their lives to locate unregulated providers or to abort on their own. But most women facing unwanted pregnancy in Bolivia carry their pregnancies to term. A recent survey of 564 women in five Bolivian cities who experienced at least one unwanted pregnancy found that 60 percent of these women carried the pregnancy to term without attempting abortion. An additional 6 percent of women attempted to induce abortion on their own but were unsuccessful, and ultimately kept their pregnancies.[494] Interview data further support the notion that most women facing unwanted pregnancy in Bolivia end up continuing their pregnancies. Of 55 women I interviewed in La Paz and El Alto, 30—more than half—reported having faced at least one unwanted pregnancy in their lifetimes; an additional 15 women felt deeply ambivalent about at least one of their pregnancies. Twelve of these interviewees had abortions, while 31 ended up continuing pregnancies they either did not want or about which they felt considerably conflicted.[495] Like women who had abortions during these years, women who carried unwanted pregnancies to term navigated complex emotions and life circumstances to decide how to best confront their reproductive experiences and ultimately, plan their lives.

Based on data from interviews with women of a variety of socioeconomic and ethnic backgrounds, this chapter explores women's experiences continuing unwanted pregnancies in La

[493] If we take into account those births that occurred between 2003-2008 that women wanted at a later date but not at the time of the pregnancy, this figure increases to 61 percent. National Demographic and Health Survey (ENDSA) 2008: 127. This figure is similar to rates of unwanted pregnancy reported in the 2003 ENDSA.
[494] Bury et al. 2012: 55.
[495] Two additional women ended up miscarrying pregnancies they described as unwanted but that they nevertheless planned to continue.

Paz and El Alto between 1955 and 2010. I examine the variety of factors influencing women's feelings toward their pregnancies, including their relationships with partners and family members and their economic situations and life goals. I also investigate the range of women's responses to these pregnancies, including considering abortion and deciding against it, attempting to seek abortion without success, and continuing their pregnancies without ever considering abortion. This chapter reveals the complex and sometimes contradictory nature of women's feelings toward their pregnancies. It also demonstrates the wide variety of women's attitudes toward and conceptualizations of not only pregnancy and childrearing, but also other life experiences, such as marriage, work, and family. Women's testimonies, furthermore, often illuminate the attitudes of society at large toward a broad range of reproductive phenomena and life events.

This chapter, like that exploring women's experiences with abortion, wrestles with an uncomfortable and slippery notion—that of "unwanted pregnancy." While both statistically significant and relevant to the reproductive experiences of women in a variety of world contexts, this concept is insufficient to describe the range of emotions that women feel toward their pregnancies. While many women unequivocally state that they have experienced unwanted pregnancy, others may be hesitant to do so. This may be particularly true for women—like those whose testimonies appear here—who decided to continue pregnancies that may have been unexpected, and are now raising living children with distinctive personalities. For this reason, I make an effort to distinguish between women who, at some point during an interview, described one or more of their pregnancies as "unwanted," those who said they had mixed feelings about being pregnant, and those whose pregnancies were unplanned but not unwanted. At the same time, I utilize other terms that women used to describe their pregnancies, including unexpected and unplanned, and reference emotional reactions that women had toward being pregnant, such

as sadness, uncertainty, disappointment, and fear. In so doing, I hope to capture as fully as possible the complexity of women's feelings toward their pregnancies, while still reflecting patterns characterizing the phenomenon of unwanted pregnancy in Andean Bolivia over the past several decades.

Even after approaching these questions with care, however, women's experiences may not be fully explainable, or may fit uncomfortably into scholarly or ethnographic paradigms for doing so. On the one hand, women's feelings toward their pregnancies may not always be easily classified in terms of "wantedness"—nor may it be desirable to do so, particularly if such categorization hides from view other aspects of women's experiences. Other facets of the interview process also present challenges to understanding women's experiences with pregnancy. Testimonies represent a snapshot in time, revealing only how women recalled, on a particular day, their experiences with pregnancies that may have occurred months or years in the past. Interviews, therefore, may not capture all of the changes in women's feelings toward their pregnancies over time, or the range of factors that may have influenced these shifts. (Women's recollections are, furthermore, shaped not only by the events of the intervening months or years, but by their perspectives toward the interview and toward myself, as the interviewer—considerations I examine elsewhere in this thesis.) Thus, the pages that follow open a window on to the common, though under-studied, experience of unwanted pregnancy, but one that is nonetheless partial.

6.1 "IT WASN'T THE TYPE OF RELATIONSHIP YOU GET PREGNANT IN": WOMEN'S FEELINGS TOWARD UNWANTED AND UNEXPECTED PREGNANCIES

When I asked "Elba" to compare her feelings toward her first pregnancy, which occurred in 1978 before she and her husband were married, and the second, which took place a year after the couple's nuptials, Elba remarked, "The first was an inopportune pregnancy…The relationship I had with him [her husband] wasn't the type of relationship you get pregnant in, rather, it was fleeting. After I got married," continued Elba, "my older child arrived, so I accepted that more—but not the first one."[496] Elba's ambivalence toward her first pregnancy matched that of Paula, quoted above, and of other women in La Paz and El Alto whose first pregnancies occurred unexpectedly. The single most important reason women reported not wanting their first pregnancies was the unstable nature of their relationships with male partners—particularly those that were not formalized with marriage, or at least cohabitation. This seems to have been equally true across all decades of this study; however, women who became pregnant between the 1950s and the 1990s preferred to be formally married, while those whose pregnancies occurred in the last decade and a half were content to cohabitate with the fathers of their children. In part, women seemed to prefer more stable partnership because they felt that live-in mates would demonstrate a greater sense of commitment to the pregnancy and to the relationship, compelling them to accompany and assist their girlfriends or wives during and after the pregnancy. In addition to the degree of commitment within their relationships, women's assessments of the overall health and quality of these partnerships also significantly influenced their feelings about their pregnancies.

[496] "Elba," La Paz, 24 September 2009. The word "fleeting," which Elba uses to describe her relationship with her husband before the two were married, has been translated from the Spanish, "pasajera."

When she became pregnant for the first time in 1972, "Belinda," like Elba, had difficulty accepting her pregnancy because she was not married. Remarked the now 64-year-old *mestiza* (woman of "mixed" European and indigenous descent), "I didn't want to be pregnant because my greatest wish was to get married in a church, in white, everything beautiful. So, my mom always told me, 'You have to take care [to not get pregnant];' but sometimes the devil tempts us, and I ended up pregnant."[497] Belinda, whose partner was divorced and already had two children, said her romantic relationship was loving but that her partner, in particular, did not want to begin a second family. "Our problems began when I became pregnant," she remarked.[498] "Sandra," a 38-year-old *alteña* of Aymara descent, was "crazy in love" with her partner when she first became pregnant in 1993.[499] When I asked how she felt about being pregnant, however, Sandra remarked, "I mean, I felt a little sad, since we had not formalized [the relationship] and did not live together."[500] While in part Sandra felt sad because she and her partner did not yet live together, she also attributed her feelings to having to interrupt her education and future plans. "The pregnancy wasn't planned," explained Sandra. "So I felt a little sad. Sad because I was studying at the time, working toward preparing myself in life, and then my daughter arrived and I couldn't put my studies into practice."[501] "Mili," who became pregnant in 1998 when she was 21, felt unsure how to react to her pregnancy. "'I don't know what I'm going to do,' I said to

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[497] "Belinda" El Alto, 22 October 2009. Belinda used the phrase, "cuidarse," or "to take care of oneself," to indicate taking steps to prevent pregnancy, a common term in the Andes. This phrase, which may connote the use of modern birth control methods or other forms of fertility regulation, was used by a number of women whose testimonies appear here.

[498] Ibid.

[499] Women described here as Aymara or Quechua are *de vestido*, meaning they wear pants or dresses rather than the traditional indigenous *pollera* or skirt, unless otherwise indicated. The cultural significance of being a woman who is *de pollera* versus *de vestido* is described in more detail in the introduction. The term *alteña* refers to a woman who resides in El Alto, while *paceña* connotes a woman living in La Paz.

[500] "Sandra," El Alto, 13 October 2009.

[501] Ibid.

myself. So I told him [her partner], 'Ok, let's just move in together.'"[502] Once her partner agreed to cohabitate and assist her with the pregnancy, Mili felt more at ease having her first child. "Emotionally, physically, I felt good, because my partner helped me—since I had the belly, he cleaned, he helped me, and I was able to rest."[503]

As Mili's comments suggest, women facing unwanted pregnancy sometimes preferred to be in formal relationships because they believed that husbands and *concubinos* (cohabitating partners) were likely to make better fathers and mates than were casual boyfriends. According to women's testimonies, good partners were those who demonstrated a firm commitment to the relationship and to the pregnancy; who were emotionally supportive; who assisted with household tasks, and who contributed financially to the family. "Mariel," a 41-year-old mestiza whose partner left her when she was five months pregnant, said that her boyfriend acted insensitively about the symptoms she suffered during her pregnancy. "I had all kinds of problems…and even though I was pregnant I kept working," recalled Mariel, who sewed clothing with her boyfriend at a tailor shop. "Before [the pregnancy], when he would get tired, I would say to him, 'Go rest, I'll wake you up later,' and I thought he would do the same for me, but no…Later, when I had to go to the doctor, my brother had to take me, he [her partner] wouldn't take me."[504] For Mariel, a supportive partner would not only extend her the same care that she offered him, encouraging her to rest when she was tired, but would also accompany her to the doctor during pregnancy.

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[502] "Mili," El Alto, 16 November 2009. Here and elsewhere, the expressions "move in together" and "cohabitate" have been translated from the Spanish, "juntarse," which in Bolivia connotes domestic partnership, not simply sharing a living space.

[503] Ibid. "Agustina" and "Celestina" both reported feeling happy with their first pregnancies because they were already cohabitating with their partners. Interviews in El Alto on 1 October 2009 and 16 November 2009, respectively.

[504] "Mariel," El Alto, 23 November 2009.

"Yessica," an Aymara alteña who became pregnant unexpectedly in 2006, was married but suffering considerable difficulties in her relationship when she discovered she was pregnant. When I asked if she would ever want another child, Yessica ardently exclaimed, "No, not anymore!" Then, reflecting on her experiences, Yessica, who was then divorced, explained,

> Having children is beautiful, it's wonderful, but only really when your partner supports you. And that's what I really wanted, you know? When you're ill [with pregnancy], you feel sensitive, you feel vulnerable, you want someone to hug you—your partner, you know?—to caress and to care for you, this is what you want. And I think all women are like that.[505]

"Alma" was only 15 years old when her first partner left her to confront a pregnancy on her own. After that experience, Alma initially felt panic when she became pregnant a few years later with another partner. "My first thought was to leave him before he could leave me," recalled Alma, who suspected her partner of intentionally misusing the rhythm method in order to get her pregnant. "But then I thought, maybe since he's a bit older he'll assume his responsibility…And then I began to see how he took care of everything, he cared for me, even bringing me food in bed—for me, this was the best, because the first time [she was pregnant] I was on my own."[506] Although she did not initially want to be pregnant, Alma's feelings toward the pregnancy changed when she saw the care and support that her partner brought to the relationship.

At times, women facing unwanted pregnancy preferred to be formally partnered because marriage and cohabitation were seen as more acceptable to their parents, friends, neighbors, and broader society than having a child on their own. A number of interviewees lamented what they called the narrow-mindedness or judgmental attitudes of people in La Paz and El Alto toward women who give birth out of wedlock, or outside the confines of a cohabiting relationship. Some women, concerned with how their relationships would be perceived by family or friends,

[505] "Yessica," El Alto, 9 November 2009. Yessica refers to being pregnant here as "estar enferma," or "to be sick," an expression commonly used in the Andes to indicate pregnancy.
[506] "Alma," La Paz, 7 July 2009.

hoped to formalize their relationships with the fathers of their children. Other women were pressured by parents or siblings to marry or cohabitate once their pregnancies were discovered. As in other Latin American countries, pre-1945 laws that limited the social and property rights of children born out of wedlock reveal the historically discriminated status of "illegitimate" children and their mothers in Bolivia.[507] At the same time, such familial arrangements were and continue to be common in the Andes, despite their sometimes-stigmatized status. While some interviewees believed that single motherhood was more accepted in 2010 than it was in previous decades, other interviewees protested that judgment against women in this situation remained severe.

"Belén," a mestiza from La Paz, was 55 years old when I interviewed her in 2009. "It was a huuuge disappointment to me," recalled Belén of her first experiences with pregnancy and partnership, in the late 1970s. "I met him when I was just getting out of high school, but he left me expecting our first child." Belén, who was 23 years old when her child was born, remarked that it was very "*mal visto"*, or poorly seen, to be a single mother at that time. "It felt to me like my life was over. Back then, it was seen very poorly to be expecting a child. At least now, there are some who defend us, who believe that being a single mother is not a crime—back then, it was a serious offense."[508] "Magdalena" was 17 years old and still attending high school in the city of Potosí when she became pregnant unexpectedly in 1955. Since her father was ill, Magdalena's older brother often made decisions for the family, and he insisted that she and her boyfriend marry. "I was so scared of marriage…I loved my husband and was totally in love with him, but I felt panic at the thought of marriage," recalled Magdalena. "But when my mother told my brother [about the pregnancy], he said, 'Okay, well, what are we going to do? We're not

[507] These policies are discussed in greater detail in chapter 2.
[508] "Belén," La Paz, 30 September 2009.

going to take her to abort, let's get her married…' And he demanded we marry through the Catholic Church and a civil ceremony."[509]

"Idelia," a social worker who at the time of our interview in 2010 had worked for five years at a house of refuge for pregnant adolescents, believed that attitudes against single motherhood remain harsh. When I asked her how the young women living at the home where she works are perceived by other students at the high school they attend, Idelia remarked,

> Our society is very harsh and judges people without knowing what their lives have been like. At the high school, the judgment is fierce—although maybe not by the other kids their age, rather, by the parents of those kids, who say to them, 'How could you talk to that girl??'…So we have to teach them [the young women] these things—that they should learn to live their lives alongside their children and not feel ashamed.[510]

Fearing discrimination at the local high school, some adolescents who live at the refuge attend night school instead, where the students are older and may also have children or partners. Reflecting on the phenomenon of single motherhood in La Paz and El Alto, Idelia remarked, "This situation where men abandon their partners is very strong and frequent here. But I don't think that a woman should let this define her—it's just another experience in life. They have to move forward, and that's what we try to help them do."[511]

Some women felt ambivalent about their first pregnancies not because of the informal status of their relationships with the men involved, but because they had to abandon other activities they valued—especially pursuing education. Women further worried that they would disappoint their parents by quitting school in order to raise their children. Magdalena, quoted above, felt disappointed when she became pregnant at age 17, not only because she enjoyed being a high school student but because she knew her mother had sacrificed a lot in order for her

[509] "Magdalena," El Alto, 28 January 2010.
[510] "Idelia Parra," La Paz, 10 November 2009.
[511] Ibid.

and her siblings to study. Recalling the conversation in which she was forced to admit to her mother that she was pregnant, the now-75-year-old Quechua woman remarked, "'Mom, I am not going to continue [studying],' I said. 'Why, what's wrong? I don't want you to work. Leave everything else aside and keep studying! What, so your brothers and sisters are going to prepare themselves, but not you?' So, I had to confess [the pregnancy] to my mother."[512] "Rigoberta," an alteña of Aymara descent, was also 17 when she got pregnant for the first time in 1998. "It was disappointing to me, more than anything, because I couldn't do all of the things I had wanted to—study, all those things," remembered Rigoberta. "Like all parents want the best for their kids, my mom and dad would always say to me, 'You have to study, you can't be like us, see how we've suffered?'…I didn't know what to say to them."[513] "Marisol," at 24 years old, was no longer a teenager when she became pregnant, yet the Aymara woman still feared telling her parents she would have to suspend her education in order to raise a child. "I was scared of what my parents would say because they really made sacrifices to allow me to study…'To disappoint them in this way,' I said to myself, 'is going to be so hard on them.'"[514]

While women who described their first pregnancies as unwanted typically did so because of the instability of their relationships or a desire to seek further education, interviewees whose second, third, or subsequent pregnancies were unwanted usually cited additional concerns. Some women felt ambivalent toward their pregnancies because they were experiencing problems in their relationships and were hesitant to raise additional children with these partners or,

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[512] "Magdalena," El Alto, 28 January 2010. "Ida Torralba," an activist at Catholics for a Free Choice, remarked that, until recently, high schools in Bolivia required that students who became pregnant withdraw from school for the duration of the pregnancy. Interview in La Paz on 17 June 2009.

[513] "Rigoberta," El Alto, 10 March 2010.

[514] "Marisol," El Alto, 18 May 2010. Marisol ended up miscarrying this pregnancy. "Sandra," quoted above, also regretted having to suspend her studies in order to have a child. Interview in El Alto on 13 October 2009. Although "Concepción" described her first pregnancy as planned, she also said she was afraid to tell her parents about the pregnancy because, "They always thought that I was going to spend more time enjoying my career and studying" before becoming pregnant. Interview in El Alto on 5 November 2009.

alternatively, to do so on their own. Others were unhappy with the spacing of the pregnancy or sex of the fetus in relation to their other children, or worried about the impact of an additional child on the family's finances. These issues preoccupied women of all ages and ethnicities and were equally important across the last six decades. In addition, a few women who experienced unwanted pregnancy during these years explained that having children was never in their life plans, or that they became pregnant following acts of sexual coercion or assault. As they reflected on their experiences, a number of women expressed frustration at the trajectory of their reproductive lives, saying they wished they had known more about sex and pregnancy or that they had been able to speak more openly with their partners about these matters.

"Jazmín," a 45-year-old Aymara woman who wears the traditional *pollera*, gave birth to eight children between 1984 and 2001, the last four of which she described as unwanted due primarily to her unhappy relationship with her partner.

> I didn't want to be pregnant anymore, but my husband would come home drunk and obligate me to have sex. I didn't want to, because many times he would then deny being my children's father…My son who is now 18…and my daughter who is 11, he denies—"Whose kids are they?" he asks me. "We didn't have sex!"…He didn't remember sleeping with me, and that hurt a lot…I always suffered being pregnant and he didn't care…"You don't even remember sleeping with me, so why should I keep bringing children to the world to suffer?" I would say to him…He ended up leaving me for another woman.[515]

Jazmín, concerned that her daughters will suffer poor relationships with men, advises them to remain single. "My fear is that just like I have suffered, my children will suffer, because I have six daughters and two sons," remarked Jazmín. "'Until you reach a certain age, stay single,' I tell my daughters… And they must have listened, because they are still single."[516] "Maura," a 36-year old mestiza living in El Alto, was so desperate when she realized she was pregnant a

[515] "Jazmín," El Alto, 30 November 2009. The expression, "We didn't have sex!" has been translated from the Spanish, "Acaso teníamos relaciones?"
[516] Ibid.

fifth time by her abusive partner that she attempted suicide. "With the last pregnancy I decided to take my life…because I didn't want to suffer so much—he insulted me all the time…and he had a child with another woman."[517] Although she ingested rat poison in an attempt to end her life, Maura was taken to a hospital and survived.[518]

A number of women reported not wanting pregnancies because these followed the birth of previous children too closely or too distantly, or because they feared the unborn child would be the same sex as their other children. "Idalina" was 22 years old and had a daughter of just over 18 months when she discovered she was pregnant yet again.

> This was a real problem for me…One baby not even two years old, and another one that I had to take care of, too. I mean, I completely stopped taking care of myself in order to care for my children…My husband stopped paying attention to me…I wasn't able to enjoy my married life—trips, going to parties, making myself up, eating well…My whole life had changed because my children were born so close together.[519]

Some women, like "Camila" and "Blanca," felt their pregnancies occurred too *late* after the birth of their previous children. "I didn't want to have it because it had been so long since I had my older daughter, and they [doctors] thought I couldn't get pregnant anymore…But then, after 14 years, I got pregnant," explained Camila, whose second child was born in 1980. Nearly 40 years old, Camila worried the pregnancy might threaten her own health or that of the child: "'What if it's born sick...or with retardation?'…Luckily, though, she was born perfectly fine—and this daughter of mine has such a strong character!"[520] Blanca, who was 38 years old when her last child was born in 2003, felt embarrassed to be pregnant in front of her daughters, who were teenagers. "With all my symptoms, I felt a little embarrassed—not because I didn't want my

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[517] "Maura," El Alto, 30 November 2009.

[518] "Begonia" and "Miguelina" also reported not wanting pregnancies due to problems they were experiencing with their partners. Interviews in El Alto on 12 April 2010.

[519] "Idalina," El Alto, 10 March 2010. "Manuela," "Sandra," and "Simona" also reported not wanting pregnancies because they occurred too soon after the birth of previous children. Interviews in La Paz on 7 July 2009, and in El Alto on 13 October 2009 and on 24 February 2010, respectively.

[520] "Camila," El Alto, 11 February 2010.

baby, but because my youngest daughter was already 14 years old…To be sleeping all the time, going to the bathroom; I didn't want my daughters to see me like that, feeling so badly."[521]

"Agustina," a 46-year-old mestiza woman, and 'Leonora," a 39-year-old Aymara woman who is de pollera, both said they did not want their last children because they feared giving birth to another girl and to another boy, respectively. Agustina was 42 years old and already had three girls when she became pregnant a fourth time. "I didn't want it," recalled Agustina. "I said to myself, 'It's going to be another girl,' and—excuse me for saying this—I tried to abort it. But the doctor saw the ultrasound and said, 'It's a boy'. They do make mistakes sometimes, but I said, 'Ok, whatever comes, comes.'" Fortunately for Agustina, her child was born male. "I always liked boys. Of course, I love girls too—but I wanted some of each," remarked Agustina.[522] Leonora, who was 34 when her last child was born, had three boys when she became pregnant a fourth time in 2005. "The youngest child I didn't want…I had all boys, I had hoped it would be a girl," remarked Leonora. Now, Leonora feels that her youngest son is the most loving of all her children. "The one that I didn't particularly want—he is the most affectionate."[523]

Several women who became pregnant in La Paz and El Alto during these years reported not wanting a first or a subsequent pregnancy because they were concerned with the impact of an additional child on the economic situation of their families. While some women hoped to delay having children until they achieved greater financial stability, others wanted to limit the size of their families due to their economic troubles. Mariel was 35 years old and worked with her boyfriend at a tailor shop when she became pregnant unexpectedly in 2003. "I had a debt, so I

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[521] "Blanca," El Alto, 16 April 2010.
[522] "Agustina," El Alto, 1 October 2009.
[523] "Leonora," El Alto, 15 March 2010. Leonora's comments in Spanish read, "El que no era tan deseado, más cariñoso es el chiquito."

couldn't afford to get pregnant yet, and I told my partner that: 'I have to work, I have to pay this off first.' But it turned out I was already pregnant." Prior to the pregnancy, Mariel and her partner considered traveling to Brazil to find more lucrative employment, but once she became pregnant, they called off the trip. Soon after, Mariel's partner left her, and she later discovered that he had another family. "I thought he was a sensitive man, but it turns out that he wasn't—he had another partner and child. After he left and I found out everything, part of me was happy, 'I'm going to have my child,' I said to myself. But I was also sad, because I was pregnant and had no one to take care of me. My siblings helped me a lot through that time," recalled Mariel.[524] Maida was only 15 years old the first time she became pregnant in 2003. When I asked how she felt about the pregnancy, the young woman remarked, "I didn't know anything about it, I was 15 years old and the only thing I felt was fear." During the pregnancy, Maida suffered frequent beatings by both her mother, who was angry she had become pregnant, and her partner. She ended up miscarrying the pregnancy at seven months. "I suffered a lot because I had a normal birth and the child was big…I was sad about it, but in part I thought it was better because we lived in poverty," remarked Maida. "I didn't have anything to give it—no furnishings, no clothing, no money. I didn't even have any identification documents."[525]

Women who felt ambivalent about a pregnancy due to financial concerns often worried they would not be able to adequately provide for their existing children. "Simona," a 32-year-old Aymara woman, had two children, ages five and one, when she became pregnant a third time in 2004. "I felt bad," remarked Simona. "My husband has a job but he doesn't earn much, and we often don't have enough to get by." Since the birth of her third child, her husband continues to want more kids, but Simona refuses. "Despite the fact that my husband says, 'Let's have one

[524] "Mariel," El Alto, 23 November 2009.

[525] "Maida," El Alto, 22 February 2010. The term "furnishings" has been translated from the Spanish, "ajuar;" this refers to a set of household items, clothing, and furnishings for a baby, including pieces such as a cradle.

more'…I don't want to. It's my decision and I have three children already, so no. In this life, there is so much suffering…Sometimes when I have to buy bread, I can only buy it for my children and can't buy it for myself…And the children still ask for more. This is why I don't want more children. This is my worry—I don't want them to suffer."[526] Rigoberta, who became pregnant a second time in 2000 when her first child was two years old, worried that the economic hardship her family suffered during her second pregnancy left a lasting impact on her son. "My husband was working in construction and his salary wasn't enough to allow us to eat, which was worrisome in my state," recalled Rigoberta. "I, just like every pregnant woman, had certain cravings, but we didn't make enough money for that. So during that pregnancy I was sad, I didn't eat well and I went around sad all the time. And my son was born with this. He is the same—sad, quiet. It's like I transmitted what I was feeling to him."[527]

Several women I interviewed reported not wanting pregnancies either because they had never wanted children or because they became pregnant as a result of rape or coerced intercourse.[528] Sometimes women felt ambivalent about their pregnancies not only because of the circumstances in which they had occurred, but also additional factors, such as their feelings about their relationships or the broader trajectories of their lives. Begonia, a 30-year-old Aymara woman who is de pollera, was pregnant three times between 1999 and 2010, the first two of which she described as unwanted. Just 19 when she had her first child, Begonia remarked, "I didn't want to be pregnant, I hadn't really ever thought about it…I never wanted children

[526] "Simona," El Alto, 24 February 2010. Simona, like several women I interviewed, engages in activities like washing clothing and selling beverages to earn extra money for the household without telling her partner that she does so.
[527] "Rigoberta," El Alto, 10 March 2010. "Maura" and "Yessica" also reported feeling ambivalent about their pregnancies because they could not afford to care for these; interviews in El Alto on 30 November 2009 and 9 November 2009, respectively.
[528] While some women described their sexual encounters as rape, others said they were obligated or forced to have sex. See footnote 40 for additional details.

because they seemed so difficult to care for."[529] "Nelly" and "Vicenta" were among a number of women I interviewed who reported not wanting their pregnancies because these occurred after they were forced to have sex. In 1972, Nelly became pregnant when a man she met at a Carnaval party drugged her by placing a substance in her drink and then took her to his home and assaulted her. She was 22 years old. When her family discovered the pregnancy, they insisted that Nelly and the man marry. Nelly, an Aymara woman who is de pollera explained, "I didn't want it. I wanted to be on my own, I never had boyfriends or anything…If it were up to me, perhaps I would never have had children."[530] Vicenta, whose partner sometimes forced her to have sex, felt similarly ambivalent about several of her seven pregnancies. Remarked the 32-year-old Aymara woman who is de pollera, "A part of me wanted to be pregnant because they were my children—I wanted my children—but sometimes my husband forced me. Even now he wants to do the same, but no—not anymore."[531]

Like Begonia and Nelly, some women who experienced unwanted pregnancy felt that, because of the circumstances in which they became pregnant, they did not have the chance to adequately assess their situations and decide if they wanted to have children, and that instead, motherhood had happened to them.[532] When describing her first pregnancy, which occurred when she was young and, she said, was unsure how to best regulate her fertility, Pilar remarked

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[529] "Begonia," El Alto, 12 April 2010. "Maida," whose only child was born in 2008, also reported never wanting children because she lacks both the economic resources and the patience to raise a child; interview in El Alto, 22 February 2010.

[530] "Nelly," El Alto, 1 March 2010.

[531] "Vicenta," El Alto, 20 October 2009. "Leticia," who was raped by an ex-partner, and "Jazmín," whose partner obligated her to have sex, both continued the unwanted pregnancies that resulted from these encounters; interviews in El Alto on 24 February 2010 and 30 November 2009, respectively. "Marcela" and "Nina" both sought abortion when they became pregnant after their partners forced them to have sex; interviews in La Paz on 22 September 2009 and in El Alto on 16 November 2009, respectively.

[532] This sentiment was also expressed by some women who had abortions, a topic I discuss in chapter 5.

that she "turned up" pregnant.[533] Pilar was 16 years old when she moved in with her 23-year-old boyfriend in El Alto. When I asked how she felt when she got pregnant, Pilar corrected me, saying, "I didn't *get* pregnant. When he took me to his house to live, that's when I became pregnant—I turned up pregnant at his house." Looking back on the experience, Pilar suggests that, in part, the pregnancy was unexpected because she had engaged in sexual intercourse in the past without getting pregnant. "I was 16 years old, so I didn't look at it as others did. When you're already grown, you say, 'Wow, I am going to be a mother!' But for me, well, I had already had sex and hadn't gotten pregnant, and I wasn't using a method or anything. It was only after I moved in with him that it happened."[534] Pilar describes her experience having a baby as a teenager as somewhat unreal, but notes that over the years, her feelings toward pregnancy and childrearing have changed. "For me it was a little like a game, like having a doll. When a person is older, they think about having a child and giving that child all of their love and care—but it wasn't like that for me, for me it was like a dream. I wasn't prepared," reflected Pilar. "Now, though, my children are the most beautiful thing I have. Now that I am thirty-something, the four of them are the most wonderful thing for me."[535]

As women's testimonies perhaps suggest, many interviewees had mixed feelings toward their pregnancies. While some women never explicitly stated whether they did or did not want to be pregnant, others expressed one sentiment toward a pregnancy at a particular point during the interview, and at a different point, another. Women's feelings of ambivalence toward their pregnancies, like those of women who stated directly that their pregnancies were unwanted, were

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[533] "Pilar," El Alto, 30 October 2009. "Beatriz" also used this expression, which I have translated from the Spanish "aparecer embarazada," to describe one of her pregnancies; interview in El Alto on 13 October 2009.
[534] "Pilar," El Alto, 30 October 2009. Pilar's comments in Spanish read, "No me he embarazado. Cuando ya me trajo a su casa a vivir, recién me embaracé, allí he aparecido embarazada."
[535] Ibid.

influenced by multiple factors, including financial concerns, the reactions of family members and partners to the pregnancies, and their hopes of pursuing other activities.

Edna was 25 years old and had a five-year-old son when she became pregnant with her second child in 2000 and, remembering her life circumstances at the time, said she felt ambivalent about the pregnancy. While Edna's parents had helped the young woman and her husband raise their first child, by the time the couple's daughter was born in 2000, Edna's parents had moved from La Paz to the countryside. "I was both happy and sad: happy because my son would have a little sister…but also a little sad because the things I had wanted to do were closed off to me," remarked Edna. "My parents left for the *campo*…and I could no longer study…I had to take them [her kids] to school and do these 'mom' things."[536] Some women felt ambivalent toward their pregnancies due to their complex relationships with their families of origin. While Jacinta was in part happy to become pregnant because it allowed her to escape a turbulent life living with her parents, "Margot" and Marisol were concerned their families might reject them because of their pregnancies. "My childhood was not happy because my parents never got along," remarked Jacinta, a 27-year-old mestiza woman. "When I got pregnant…part of me wanted to be, because it was a way of escaping from my house, which was a torment…Of course, I also felt really sorry about it because I had just gotten out of high school and didn't have anything."[537]

Margot was 21 years old when she became pregnant in 2001 after leaving her parents' home to move in with her boyfriend, whom her family did not accept. "I was kind of happy, but another part of me wasn't. I was still thinking that I could return to my parents' home at some

[536] "Edna," La Paz, 30 September 2009.
[537] "Jacinta," El Alto, 20 October 2009.

point, so that was a very hard blow for me."[538] Margot implies that, once she became pregnant, returning to her previous life with her family of origin was no longer possible. Marisol was 24 years old and still lived at home with her parents when she became pregnant for the first time in 2008. "I was still single when I got pregnant—I felt bad, I thought, 'Now what am I going to do?' I was scared of what my parents would say…But I was also happy to have this blessing inside of me, this life."[539]

Yessica, a 30-year-old Aymara woman living in El Alto, expressed complex feelings toward her fourth pregnancy, which occurred in 2006. After their first child was born in 2000, Yessica and her husband worked diligently at their hat-making business to provide for their daughter who, although unplanned, the couple wanted. Within a few years, however, Yessica and her partner began to experience problems in their relationship. "After my first pregnancy, I had two miscarriages thanks to my husband's beatings," explained Yessica. "With the fourth pregnancy, the doctor told me, 'Your health is delicate'…it was frustrating to me because my partner had also left me by then…I just asked the Lord to help me…until finally, my child was born—but it was risky." When I asked Yessica if she wanted this fourth pregnancy, she said that she didn't, but also explained that a number of factors led her to keep the child.

> Y: No, I didn't want it. But I had already lost two babies and this was frustrating to me. So, more than seeing it [the pregnancy] as a problem, I clung to it—to my belly, that day after day was growing a bit more.
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> NK: So, you didn't want to be pregnant, but you also didn't want to lose it?
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> Y: Right. I didn't want to be pregnant because economically, I had nothing. But it was also one of the things that made me happy…After the two times…I lost the pregnancies…when the next baby came…the doctor said to me, "Look, you're at risk…Get an abortion," but I didn't want to. The doctor even said to me…'the baby

[538] "Margot," El Alto, 18 February 2010.
[539] "Marisol," El Alto, 18 May 2010.

> could have some defect because your uterus is not well."…So, against the doctor's wishes I had the baby…And it was born healthy, thanks be to God.[540]

Although she states that she did not want to be pregnant, Yessica's comments also suggest that, perhaps because she had not really had the chance to decide whether to continue her second or third pregnancies (due to her husband's beatings), she preferred to make a firm decision to keep her fourth pregnancy—even though it put her health at risk.

Like Rigoberta, quoted above, a number of interviewees who continued pregnancies that were unwanted or about which they had mixed feelings worried that their expressions of sadness or rejection toward their pregnancies had negatively impacted either themselves or their children. While some women said they suffered difficulties during pregnancy or childbirth because they cried or expressed frustration while pregnant, others believed that their children's personalities were influenced by the rejection. "Noel" was 29 years old and had a child less than a year old when she became pregnant unexpectedly in 1986. "When I found out I was expecting my second child, it was difficult from the very beginning," remarked the now 51-year-old mestiza woman. "It seemed as if I was rejecting it, I didn't want to have my baby. And the baby responded as if to say, 'Since you are rejecting me, I won't let you sleep.' Lying down, I couldn't sleep. Sitting up, sometimes I could."[541] Maura, a 36-year-old mestiza woman living in El Alto, worries that two of her sons perceive the rejection she felt toward them during her pregnancies. "I planned to have just two children," remarked Maura, "when I found out I was pregnant a third time, I cried a lot." When Maura became pregnant a fourth time six years later, she accepted the pregnancy, but then, when she became pregnant again soon thereafter, she felt similar feelings of rejection toward the child.

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[540] "Yessica," El Alto, 9 November 2009.
[541] "Noel," El Alto, 17 November 2009.

> Those two little boys are unwanted children; I didn't want them when they were in the womb. I cried all the time. There are times I ask myself, "Why did I cry so much over my sons?"—Because, you know, they say that children can feel this when they are in the womb. I think that perhaps they might hate me, my two sons, because I did not want them.[542]

Margot, now a 29-year-old mestiza woman living in El Alto, believed the sadness and frustration she felt during her pregnancy caused complications with the birth of her child. Margot was 21 years old and working on a degree at a technical college when she became pregnant in 2001 and, since her family refused to support her decision to have the child, often felt alone during the pregnancy. "Not even my father wanted to see me, he said…'No, my daughter has to be something more, she shouldn't end up like me.'…And he [her partner] worked a lot, so I was alone." Since she frequently cried and complained during her pregnancy, Margot said, she was forced to have a cesarean section.

> I had my child by emergency cesarean section at seven months because of my sadness. They say when you are pregnant, you can't be sad and you can't complain. I had all these symptoms, though. I felt a lot of sadness and I cried and complained a lot…I thought I was going to be able to hold my child, but they put him in the incubator, and they [the hospital staff] told me it was because of that—that if I had carried the pregnancy normally, calmly, without complaining, without arguments, it would not have happened…But I let myself be carried away by sadness.[543]

The concerns of interviewees in La Paz and El Alto with the impact of their feelings of sorrow or rejection on their pregnancies may echo those of other women in the region. Anthropologist Maria Tapias found that women who feel anger or sadness are sometimes blamed for transmitting an illness, known as *arrebato*, to their children through their breast milk.

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[542] "Maura," El Alto, 30 November 2009. "Concepción" also remarked that an unborn child is negatively impacted by its mother's depression: "If a mother is depressed and crying all the time, the fetus can experience those symptoms…They grow up with learning disabilities and problems with their personalities." Interview in El Alto on 5 November 2009.

[543] "Margot," El Alto, 18 February 2010. The terms "complain" and "complaining" have been translated from the Spanish, "renegar" and "renegona," while the Spanish version of "I let myself be carried away by sadness" reads, "Me he dejado llevar por la tristeza." "Natividad" felt that she experienced nausea during her pregnancy because she frequently complained about being pregnant. Interview in El Alto on 16 June 2009.

"During my fieldwork," writes Tapias, "certain women became indexed as 'bad mothers' when their infants were affected with this ailment or when the mother failed to 'control' her emotions. There were particular idealized gender expectations that mothers were expected to fulfill regarding their emotional expression."[544] For Tapias, Andean discourses of "mother-blame," which sometimes discouraged women from breast-feeding in certain circumstances, often clashed with national, biomedical discourses that faulted women for *failing* to breast-feed either exclusively, or for as long as local development programs advised. These competing discourses, on the one hand, demonstrate the scrutiny of mothers and motherhood in both western contexts, "because of [mothers'] role in the biological and social reproduction of society," and in Andean settings.[545] At the same time, Tapias notes that ideas about motherhood are remarkably varied even within western and community settings, and are shaped by broader hierarchies related to gender, class, and ethnicity.[546] The testimonies of women in Bolivia further illustrate the multiple sources of, and negotiations surrounding, ideas about appropriate motherhood. Thus, women's assessments of the quality of their own parenting were influenced by their relationships with partners and family members, their interactions with medical personnel, and their own experiences with health and illness.

[544] Tapias 2006: 84.
[545] Ibid.: 95.
[546] Ibid.: 83-108.

6.2 "I'LL JUST HAVE IT": WOMEN'S EXPERIENCES CONTINUING UNWANTED PREGNANCIES

Considering the complexity of women's feelings toward their unplanned and unwanted pregnancies, it is not surprising that they attempted to resolve these in a number of different ways. Women interviewees in La Paz and El Alto who continued unwanted pregnancies during these years either: 1) Considered abortion and decided against it; 2) Sought abortion, but were turned away by doctors or other medical providers; 3) Attempted to abort on their own or at a clinic unsuccessfully, or, 4) Never considered abortion. The ways in which women responded to their pregnancies remained fairly constant over the past several decades, but were influenced by a wide range of factors, such as women's relationships with partners and family members and their religious beliefs, occupations, and life goals.

Women's comments about abortion—whether or not they thought about procuring the procedure themselves—were often marked by ambivalence. Women who considered terminating their pregnancies sometimes recalled feeling fearful of the procedure (or of the ordeal of seeking it), and/or articulated moral, ethical, or religious concerns with abortion. Some women who attempted to provoke miscarriage on their own expressly stated that they had done so, while others implied that they had played sports or lifted heavy items in hopes the vigorous activity might relieve them of an unwanted pregnancy. At the same time, women who never considered terminating their pregnancies often raised moral or ethical objections to abortion while simultaneously expressing frustration with or resignation to their unwanted pregnancies.

Women who considered abortion but decided against it typically did so for one or more of the following reasons: partners or family members reacted unfavorably to their intentions to abort; they were concerned about the health risks the procedure might pose, or they were too

scared to approach an abortion provider. A few women worried that abortion might contradict a higher order of events. Women who considered abortion but decided against it varied widely by age, marital status, ethnicity, educational level, and religion. The year or decade in which a woman became pregnant had little bearing on whether or not she considered having an abortion.

Loved ones played important roles in the decisions of Camila, Simona, and "Natividad" to continue their unwanted pregnancies. Camila was 40 years old when she became pregnant unexpectedly with her second child in 1980. "I wanted to abort it," remarked the now 70-year-old woman of Quechua descent. "When the doctor said to me, 'You're expecting, madam'…I said, 'No, and with all the problems I had with my older daughter!'" Camila's 14-year-old daughter, born of a previous partner, was sickly, and Camila had also suffered health complications from the pregnancy. She never intended to have another child. "But my sister said, 'How could you do that, sister! Your daughter is alone, abandoned—maybe it'll be a boy, he'll be company for her, your two children will be happy together.' She convinced me—and that was it."[547]

Simona, a 32-year-old Aymara woman, decided to have a third child in 2005 after her husband threatened to leave her if she terminated the unwanted pregnancy. "I went to the herbalists who sell tea and asked…'What should I take, madam? My period's late and I don't want to have it—look, my other child is still just a baby.'"[548] When she told her husband of her plan, however, he said, "'Do whatever you want. If you abort this child, though, forget about me…I'm going to take my two kids and I'll leave you all alone.'" Initially, her husband's ultimatum angered Simona, and she plotted to abort the pregnancy and go into hiding with her two children. After having a startling dream, however, Simona changed her mind.

[547] "Camila," El Alto, 11 February 2010.

[548] "Simona," El Alto, 24 February 2010. The term "herbalist" has been translated from the Spanish, "chiflera." Chifleras are (usually female) market-workers in Bolivia who sell medicinal and ritual herbs and other items.

> One day I had a serious argument with my husband and I decided, "I'm going to abort it and I'm going to go with my two kids where my husband will never find me—he can't take my kids away." But one night I fell asleep crying and a lot of babies appeared in my dreams, they were crying and wouldn't let me sleep. I got up in the middle of the night and started to cry, "No, I can't abort it." Maybe inside of me, there was something saying that I should not abort it…So I decided not to.[549]

Moved by her dream and unsure how she would make ends meet without her husband's support, Simona decided to continue her pregnancy.

Unlike the families of Camila and Simona, who opposed their intentions to terminate their pregnancies, Natividad's aunt approached her niece and offered to help her procure an abortion when she became pregnant unexpectedly at age 19. "My aunt spoke with me and said there was the possibility of interrupting the pregnancy," remarked the now 23-year-old alteña. "I thought about it for a month. Part of me thought it would be best to interrupt the pregnancy, but finally, I decided not to…My aunt said, 'Okay, you made your decision and now you have to carry on with your life and keep studying and everything.' So, that's how I had Daniela.'"[550] In part, Natividad decided not to terminate her pregnancy because she was worried she might feel guilt or other psychological trauma as a result of the stigma attached to abortion in Bolivian society. "There must be a feeling of guilt [following abortion] because in society, they put that on you—that you are killing a being that might have a soul," reflected Natividad. "But I think this is something that society and our culture fill you with."[551] After she decided to continue her pregnancy, Natividad's aunt helped support her—although sometimes, the young woman noted, that support took the form of tough love. "It was a stressful time for me because my aunt would pressure me sometimes. Actually, I am thankful that she pressured me, because that's how I continued studying," remarked Natividad. "With the little girl, the late nights, and the university,

[549] Ibid.
[550] "Natividad," El Alto, 16 June 2009. The expression "carry on with your life" has been translated from the Spanish, "sobrellevar las cosas." The name of Natividad's daughter, "Daniela," is pseudonymous.
[551] "Natividad," El Alto, 16 June 2009.

it was difficult. But my aunt has always helped me in that respect, economically—she's always helped both me and my mom."[552]

Several women considered seeking abortion, but decided against it because they feared the procedure might pose serious risks to their health, such as cancer, sterility, or death. "Manuela," a 36-year-old *paceña* of Aymara descent, already had three children when she became pregnant in 2008. Although she preferred not to have another child since she and her husband were already struggling economically, Manuela—who previously underwent two dilation and curettage procedures to treat miscarriages—worried about the effects of having an additional surgery to terminate the pregnancy.

> M: I didn't want to have many dilation and curettages because people say, "You can get cancer." What if I turn up with cancer, who would take care of my children? "I'll just have it," I said.
>
> NK: So, for that reason you decided to continue the pregnancy?
>
> M: Yes, and also—what if I have an abortion and I can never get pregnant again, like what happened to a friend of mine?[553]

Agustina, who considered terminating her fourth pregnancy in 2005, was similarly concerned with the fate of her three children if she were to suffer death as a result of an abortion. "I couldn't bring myself to do it," remarked the now 46-year-old mestiza woman. "Anything could happen—and my three daughters?"[554]

Even when they did not consider abortion themselves, many women in Bolivia feared or opposed the procedure because they believed it could be detrimental to one's health. Most commonly, women claimed that induced abortion, and in some cases incomplete miscarriage,

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[552] Ibid.

[553] "Manuela," La Paz, 7 July 2009. Simona, whose husband threatened to leave her if she terminated her unwanted pregnancy in 2005, later warned a friend against seeking abortion, saying the procedure could endanger her fertility. Interview in El Alto on 24 February 2010.

[554] "Agustina," El Alto, 1 October 2009.

caused gynecological problems later in life; however, the procedure was also blamed for other conditions, such as body aches, urinary incontinence, and general physical malaise.[555] Yessica, who feared undergoing dilation and curettage procedures after her two miscarriages, remarked, "When they do abortions…they always leave some tissue behind [in the uterus], and you don't realize this overnight…it's probably 5 or 10 years later when it finally hurts, and your womb is already spoiled."[556] One 70-year-old Quechua woman claimed that one of her neighbors in the Ciudad Satélite section of El Alto had had so many abortions that she was scarcely able to walk.[557]

Some women decided not to terminate their pregnancies after partners, family members, or doctors warned them of the health risks associated with abortion. Mili was 27 years old and had a seven-year-old daughter when she became pregnant in 2004. Although Mili wanted the child as a companion to her daughter, she considered terminating the pregnancy in part to placate her husband, who was hesitant to have a second child. "When it turned out I got pregnant again unexpectedly, my partner didn't want the child," remarked the alteña of Aymara descent. "I said to him, 'Tell me the truth: if you don't want it, I can abort it.'" After he thought about the situation more carefully, her husband began to worry that an abortion could endanger Mili's health. "He started to think about it, and said that abortion isn't good…I had already decided to

[555] "Mili," interviewed in El Alto on 16 November 2009, claimed that abortion caused body aches; "Marcela," interviewed in La Paz on 22 September 2009, asserted that the procedure caused urinary incontinence, while "Elsa" and "Felicidad," interviewed in La Paz on 19 October 2009 and 26 October 2009, respectively, claimed that abortion caused unspecified physical problems.

[556] "Yessica," El Alto, 9 November 2009. The word "spoiled" has been translated from the Spanish, "malogrado." "Manuela," interviewed in La Paz on 7 July 2009 and "Mili," interviewed in El Alto on 16 November 2009, both asserted that induced abortion can cause cancer, while "Vicenta," interviewed in El Alto on 20 October 2009, reported that the procedure could cause unspecified problems in the uterus.

[557] "Camila," El Alto, 11 February 2010.

abort it, but he said, 'No, don't get an abortion because it's going to do you harm.' So, I had the child."[558]

When Agustina and her husband approached a doctor to request an abortion in El Alto in 2005, the provider warned the couple that the procedure could carry medical complications—and that, if these occurred, the two were on their own. "'I'll perform your abortion, but without any responsibility,' he told us. 'If something happens, it's your problem.'" Since the couple wanted the child if it was born male, they felt hesitant to confront the risks the medical provider claimed were posed by the procedure.

> My husband said, "And if it's a boy?" and he began to doubt the abortion: "If it's a boy, it's fine." So, he said to me, "Okay, whatever happens, happens…If you run into problems [with the abortion], your family would also blame me, so let's just have it." So, I just had to accept it, what are you going to do? But it worked out—my child was born a boy.[559]

Agustina, like Mili, quoted above, implies that the decision to continue her pregnancy was made through negotiations with her partner in which the couple weighed the family's priorities against the perceived risks posed by the procedure. At the same time, the decision of Agustina and her husband was likely swayed by their doctor's somewhat startling declaration about the dangers associated with abortion and his refusal to help the couple confront these.

Medical providers refused to assist Alma, Belinda, and Maura terminate their pregnancies, citing medical concerns with and/or ethical objections to abortion. Alma, who became pregnant at age 15, said that she and her first love had wanted to have a child, but that when she became pregnant, her boyfriend changed his mind and left her. Alma, distraught, went to a doctor's office seeking abortion. At the appointment, Alma said that the doctor refused to

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[558] "Mili," El Alto, 16 November 2009.

[559] "Agustina," El Alto, 1 October 2009. Agustina's comments in Spanish read, "Mi esposo ha dicho, 'Si es varón?' Ya ha empezado a entrar en dudas, 'si es varón está bien nomás.' Entonces me dijo, 'Ya, sea lo que sea…Si vas a caer en riesgo, tu familia también a mí me va a echar la culpa, entonces mejor venga lo que venga.' Entonces yo tuve que aceptar nomás ya, ni modo pero me ha salido, varón es mi hijo."

perform the procedure, saying that, at three months, the pregnancy was too advanced. He also attempted to convince her to keep the pregnancy, which she eventually did.

> He spoke to me of how lovely it is, he said, "You say that now, that you want to abort, but it's so beautiful. Instead, thank God for having given life to a child—you're going to have a baby!"…So, he didn't encourage me to have an abortion at all, rather, he told me how nice it is to have a baby…And I listened to him, and that's how my feelings changed.[560]

When they sought abortion at private doctors' offices, both Belinda and Maura were turned away after being told their hearts would be unable to withstand the surgery. Remarked Belinda, "I became pregnant and my heart was very delicate, and I wanted to have an abortion but the doctor told me that this was not possible because of my heart." (Although Belinda did have a history of heart trouble, Maura did not.[561])

Women's accounts of seeking abortion from western medical providers provide interesting insight into the dynamics of the doctor-patient relationship in Bolivia and perhaps elsewhere in Latin America. On the one hand, women, activists, and medical personnel in Bolivia often assert that doctors and nurses treat patients insensitively, dismissing their concerns, disregarding their explanations of their ailments, or approaching their patients with condescension. In a context marked by sociocultural and class hierarchies, western-educated (and often lighter-skinned) medical personnel are considered not only medical authorities, but the social superiors of mestizo or indigenous patients. While an unequal power dynamic may characterize doctor-patient interactions in other world contexts, this may have a heightened impact in countries such as Bolivia—where the majority of the population is indigenous—and when it concerns access to illegal services, such as abortion. Thus, medical doctors may attempt

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[560] "Alma," La Paz, Bolivia, 7 July 2009. Alma's comments in Spanish read, "Me ha hablado maravillas el doctor, me ha dicho, 'tú ahorita dices eso, que quieres hacer, pero es bien lindo, más bien dale gracias por haber engendrado y que un bebé vas a tener.' Así que no me ha fomentado de abortar nada, o sea me ha dicho que es bonito tener un bebé…Y yo le he hecho caso y por eso ha cambiado mi sentimiento."

[561] "Belinda," El Alto, 22 October 2009. See also "Maura," El Alto, 30 November 2009.

to utilize their perceived biomedical and sociocultural superiority to convince women of the moral, legal, or medical dangers of abortion—and in so doing, disempower women from exercising control over their reproductive lives. Belinda, for instance, whose doctor convinced her that abortion would pose a risk to her heart, ended up continuing her pregnancy—a decision that forever altered the makeup of her family. At other times, women utilized their relationships with their doctors to exercise greater control over their reproductive decisions. Thus, Noel convinced her family doctor, who also delivered her four children, to perform the three abortions she had during the course of her life. Although the impact of the dynamic between doctors and patients doubtless varied in each case, it likely shaped women's access to and experiences with abortion and other reproductive health services.

Some women who experienced unwanted pregnancy during these years decided not to seek abortion because they were fearful of the procedure itself, or of approaching a provider to request the service. Rigoberta, now a 29-year-old mother of three, was 17 years old and lived with her parents in El Alto when she discovered she was pregnant for the first time. "Things went through my head—that maybe I could get rid of it, you know? But I didn't do it. I assumed my responsibility." When I asked why she had not sought an abortion, Rigoberta remarked, "I don't know—probably because I lacked the courage."[562] Maida, who suffered a painful miscarriage with her first pregnancy at age 15, reported feeling fearful of seeking an abortion when she became pregnant again five years later. "The months passed and I kept saying, 'I'm going to go, I'm going to go [to a clinic]' but with the passage of time, I continued

[562] "Rigoberta," El Alto, 10 March 2010. The expression "get rid of it" has been translated from the Spanish, "botarlo." Rigoberta also remarked that once the pregnancy began to advance, her feelings about it changed: "At first, without having the child here, I rejected it because I didn't want it. But afterward when I felt it growing, I grew to care for it;" ibid. "Concepción" also used the expression "assume my responsibility" to describe her decision not to abort her second child: "I thought about abortion, but I realized that one must assume her responsibility because it's not the child's fault, it's ours, as adults." Interview in El Alto on 5 November 2009.

the pregnancy and I didn't go—I was so scared of going. Also, his [her partner's] mother was supposed to have taken me…I was also waiting for that—for her to take me."[563] Since her partner's mother never followed through on her offer to accompany Maida to an abortion clinic, the young woman ended up continuing the pregnancy.

Fearful of seeking abortion at a clinic and distraught at the prospect of having an unwanted child, some women attempted to abort on their own. While some explicitly said they had tried to provoke miscarriage, others, recalling how they felt when they became pregnant, admitted they had probably engaged in certain activities in hopes the vigorous movement would lead them to expel their pregnancies. Alma, like other women, employed a few different tactics to attempt to terminate her unwanted pregnancy before she decided to carry the child to term. Prior to visiting the medical doctor who convinced her to keep her pregnancy in 2004, Alma first threw herself to the ground in an attempt to induce a miscarriage. When her partner left her at three months in the pregnancy, "I felt a sort of hate for my child," explained Alma. "I didn't want it, it seemed like I wanted to lose it. There were times that I would fall down and I wanted it to die. But the moment it was born, I no longer felt that way."[564] Maura also utilized multiple strategies to try to abort her unwanted pregnancy in 2007. "I didn't want to have my child, I tried to lose it—I even fell down the stairs, two times I tumbled down the stairs and nothing happened." When her attempt to induce a miscarriage failed, Maura visited a doctor to procure an abortion—but he refused to perform the procedure, citing her delicate heart and slim figure.

[563] "Maida," La Paz, 22 February 2010. "Paula," quoted at the beginning of the chapter, reported feeling too fearful to approach an herbalist to buy an abortifacient when she became pregnant at age 18. Interview in La Paz on 30 September 2009.

[564] "Alma," La Paz, 7 July 2009. The expression "it seemed like I wanted to lose it" has been translated from the Spanish, "parece que quería perderlo."

Finally, the 32-year-old mestiza woman ingested poison in an attempt to end her own life and that of the child.[565]

Paula and Agustina never explicitly stated that they attempted to abort their unwanted pregnancies; however, they implied that they might have engaged in certain activities in hopes that these might result in miscarriage. Paula, who became pregnant unexpectedly at age 18, remarked that she routinely lifted heavy objects with her first pregnancy, saying, "I knew that this could make me expel it, or abort it, as they say. But maybe since I was still living with my parents I wanted to do that, and that's why I didn't worry about lifting heavy things, or jumping—or even playing basketball," the now 40-year-old woman reflected. "I played basketball, I ran around—everything. I said to myself, 'It doesn't matter if I have a miscarriage, because my parents are going to kill me when they find out.'"[566] Agustina, who later approached her doctor to request an abortion, also implied that she might have attempted to provoke a miscarriage early in the pregnancy.

> NK: Did you attempt to do anything to pass the pregnancy?
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> A: When I became pregnant, yes. I thought it was going to be a girl. But it also wasn't my intention, right? It hurt here [gesturing to her abdomen] so I said, 'My gallbladder hurts, what should I do?' I drank some tea innocently—I practically didn't mean to cause any damage, you know? I just said, 'Oh! My gallbladder!' And I bought myself some tea to get rid of the bile that I had. And then, when I went to the doctor and he told me I was three and a half months pregnant, I had to quit [taking the tea].[567]

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[565] "Maura," El Alto, 30 November 2009. "Lupe," like other women who eventually procured abortions at medical clinics, first attempted to abort on her own: "I wanted to do it all, throw myself from an upper floor and I don't know what else...Then, some girls commented that women take oregano tea to abort, and I took it—but nothing happened." Interview in La Paz on 29 June 2009. The experiences of women who terminated pregnancies are discussed in chapter 5.

[566] "Paula," La Paz, 30 September 2009. "Manuela" also implied that she traveled in trucks over bumpy roads and threw herself to the ground in hopes these activities might lead her to miscarry her unwanted pregnancy. Interview in La Paz, 7 July 2009. "Blanca," whose daughter hid her pregnancy from her until the child was born prematurely, believes that her daughter likely continued to play basketball and soccer throughout her pregnancy in an effort to provoke a miscarriage. Interview in El Alto on 16 April 2010.

[567] "Agustina," El Alto, 1 October 2009. Agustina's comments in Spanish read, "Cuando estaba embarazada, sí. Como pensaba que iba a ser mujer, tampoco era mi intención, no? Solamente me dolía aquí entonces yo decía, 'Tengo la vesícula entonces, qué hago?' Tomé unos mates yo inocente, yo prácticamente no deseaba tampoco hacer

While Agustina responds affirmatively to my inquiry of whether she attempted to induce a miscarriage, she also reports having taken the medicinal tea without any intention of causing harm to the pregnancy. At the same time, however, Agustina says she stopped consuming the tea after learning of the pregnancy, suggesting that she believes it could have caused a miscarriage. In any case, the tea that Agustina drank did not cause her to expel the pregnancy and, to her and her husband's relief, the child was born a boy.

Finally, some women who experienced unwanted pregnancy during these years never considered seeking abortion, and planned from the beginning to bear and raise their children. Most women who planned to carry their unwanted pregnancies to term did so for one of three reasons: 1) They did not agree with abortion for religious or ethical reasons; 2) They felt that abortion was inappropriate considering the circumstances surrounding their pregnancies, or 3) They did not know that it was possible to interrupt a pregnancy. The ages of women who terminated pregnancies or who considered doing so did not vary significantly from those who did not, nor did a woman's marital status or religion, nor the year or decade in which she became pregnant.[568] Four of the eight women who never thought about seeking abortion, however, were indigenous women de pollera with either primary schooling or no formal education. Two of these women were not aware that it was possible to interrupt a pregnancy.[569]

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ese daño, no? Entonces decía, 'Ay! La vesícula!' Entonces me compraba matecitos así para que me haga botar esa bilis que tenía. Cuando ya fui al médico y me dijo que estaba embarazada de tres meses y medio, entonces ya tuve que dejar."

[568] Comparing the marital status of women who terminated pregnancies with those who never considered doing so, for instance, reveals little. Of 11 women who procured abortions, six were married, four single, and one separated, while of eight who never considered terminating their pregnancies, four were single, two married, and two cohabitating with their partners.

[569] Only eight of the 55 women I interviewed about their experiences with pregnancy were indigenous women de pollera. Of the other four women, two never experienced unwanted pregnancy, one provoked an abortion on her own by carrying a heavy bag of cement, and one experienced spontaneous miscarriages with her unwanted pregnancies before she had decided how to confront these.

Interestingly, only two women said they did not consider terminating their unwanted pregnancies, at least in part, because of their religious (particularly Catholic) faith.[570] (This despite the fact that 39 of the 50 women I surveyed said they were Catholic.[571]) Blanca was 23 years old and lived with her parents in El Alto when she became pregnant unexpectedly in 1988. She had been seeing her boyfriend, whom she met at a ceremony for the Catholic Virgin of the city of Oruro, for 10 months. "People get together and pray for a particular saint," explained Blanca, "and I met him there, before the party." Blanca reported feeling deeply ambivalent when she discovered she was pregnant. When I asked if she considered seeking an abortion, however, Blanca responded, "No, I didn't ever think about that. I just said to myself, 'I'm going to confront this'—I was determined to continue the pregnancy." When I asked why, Blanca remarked, "One because…who am I to take someone's life? Then, also my religion prevented me. And also, my mother would have been angry about it."[572] Considering her religious beliefs, ethical concerns, and her mother's potential reaction to the abortion, Blanca decided to continue her pregnancy.

Magdalena's decision to continue her unwanted pregnancy in 1955 was influenced both by her Catholic faith and her adherence to the values her mother had instilled in her. When she became pregnant at age 17, Magdalena's boyfriend, who was completing his first year of university in the city of Potosí, suggested she terminate the pregnancy, but Magdalena refused.

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[570] In her study of Puerto Rican women's experiences with abortion, Jean Peterman also found that "being Catholic did not necessarily contribute to the difficulty of [women's] decision[s]" to seek abortion. Peterman 1990: 3-4.

[571] Although I interviewed 55 women, I neglected to ask five interviewees their religion. (Of the 11 interviewees who are not Catholic, six are Protestant, two believe in God but do not practice a particular religion, and three have no religion.) One 2003 survey reported that 90 percent of Bolivia's population is Catholic. Catholics For a Free Choice 2003: 3. The same survey estimates that 56 percent of Bolivians believe that abortion should be allowed in some or all circumstances. This suggests that about half of Bolivian Catholics do not share the Church's position that abortion should be prohibited in all circumstances.

[572] "Blanca," El Alto, 16 April 2010.

When I asked the now-75-year-old Quechua woman why she preferred not to seek abortion, Magdalena explained,

> Well, before, there were these prejudices that a woman should be a virgin when she got married. So, I had already incurred in that sin, I confessed it to my confessor…Since I had already done that, I said to myself, "No, I prefer not to lose my child—I prefer to get married." Even knowing my mother was going to cry to high heaven, I said, "No, I'll just get married. How could I lose my child?"[573]

In explaining why they did not consider terminating their unwanted pregnancies, Nelly and Leonora cited ethical or moral concerns with abortion, rather than religious objections to the procedure. Nelly, now a 59-year-old Aymara woman who wears the pollera, was 22 years old when she was drugged and raped by a young man at a Carnaval party. Due to the pressure of her parents, "We got married and lived together," explained Nelly. "We had four kids, but he was a womanizer and also went out with another woman…He left me in 2007 after breaking my hand."[574] (After a local women's rights group assisted Nelly in reporting her husband's domestic abuse, he was incarcerated for assault.) When I asked if she ever considered terminating the pregnancy that resulted from the rape, Nelly remarked, "No. 'It's prohibited,' my mother always said. She always advised me of that."[575] It is unclear in what sense Nelly's mother conceived of abortion as prohibited, but Nelly cited this characterization to explain why she never thought of terminating her unwanted pregnancy.

When Leonora faced unwanted pregnancy, she refused to consider abortion because she considered the procedure tantamount to killing a child. Leonora was 34 years old when she became pregnant for a fourth time in 2005. Although she preferred not to continue the pregnancy since she feared having a fourth boy, the Aymara alteña who is de pollera remarked,

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[573] "Magdalena," El Alto, 28 January 2010. Magdalena uses the Spanish term "perderlo," meaning "lose it," to refer to aborting her child.

[574] "Nelly," El Alto, 1 March 2010. The term "womanizer" has been translated from the Spanish, "cholero."

[575] Ibid. Nelly's comments in Spanish read, "No. 'Prohibido es,' siempre sabe decir mi mamá. Sabe encargarme eso."

"Whether or not I wanted it, I had to have it, I couldn't kill it—I couldn't do anything about it, right?" When I then asked her how she feels about abortion, Leonora protested, "No, to avoid having an abortion, you have to use some method to not get pregnant—some sort of contraception. There's no other option."[576] Morally opposed to abortion, Leonora decided to continue her pregnancy.

A few women never considered terminating their unexpected pregnancies, but said that they might have sought abortion had their life circumstances been different. Mariel was 35 years old and working to pay off a debt when she became pregnant unexpectedly in 2003. When I asked if she ever considered terminating the pregnancy, Mariel, whose first child was stillborn, remarked, "No, if I were younger perhaps I would have thought about that…But maybe I wouldn't have been able to get pregnant later. That's why I preferred to have my child."[577] Idalina, a 40-year-old alteña, had difficulty accepting her third pregnancy because it followed the birth of her first and second children too closely. "It was not at all pleasant having three children so close together," Idalina remarked. When I asked the Aymara woman if she ever thought about terminating one of the pregnancies, however, Idalina said, "No. Maybe if my husband hadn't met his responsibility, I would have done that."[578]

Finally, a few women did not consider terminating their unwanted pregnancies because, they said, they were unaware of this option. Jazmín, an Aymara alteña who is de pollera, explained that she recently learned about the possibility of intentionally inducing an abortion. "I've recently heard people talk about this thing, abortion. On television, they also talk about it," remarked the now-45-year-old mother of eight. "But for me, it's bad, because it's like killing a

[576] "Leonora," El Alto, 15 March 2010.
[577] "Mariel," El Alto, 23 November 2009.
[578] "Idalina," El Alto, 10 March 2010. Quoted at the beginning of this chapter, "Paula" also implied that, had she not been formally married, she might have sought abortion in the past. Interview in La Paz on 30 September 2009.

child. It would be better to take care ahead of time to not get pregnant. I didn't know much about that [contraception], though—I wanted to try, but I was scared of going to the hospital." When I asked Jazmín why she feared visiting the hospital, she remarked, "I've heard that it's cold, that they keep you in these cold rooms—and I already get cold so easily. My sister-in-law told me, 'Go get yourself cured so you don't have more children,'"—advising Jazmín to seek surgical sterilization—"But I've always been terrified of going to the hospital. I regret that. If I had armed myself with courage, who knows, maybe I would have had just my four oldest children."[579]

Despite her lack of familiarity with certain kinds of reproductive regulation such as modern contraceptive methods and abortion, Jazmín's comments reveal that she negotiated her reproductive experiences in other ways. Thus, Jazmín explains that she once experienced a miscarriage brought on by her husband's beatings, and, hoping to avoid bringing additional children into a difficult family situation, avoided having sex to regulate her fertility. "One time, he [her husband] gave me a punch in the stomach and I had a miscarriage at three months, and at that point, I decided I didn't want any more children," recalled Jazmín. "Why would I bring more children in the world to suffer? So, I didn't accept my husband after that and he didn't understand. He'd say, 'You're just rejecting me because you're sleeping with someone else.'" Jazmín is now separated from her husband and shares a home with several of her children. "Everything I have been through I explain to my daughters," she remarked. "And I also explain

[579] Jazmín," El Alto, 30 November 2009. The expressions "cure" and "to get cured" are commonly used to indicate both surgical sterilization and abortion in La Paz and El Alto. The cold temperature of hospital rooms was a common complaint of women interviewees, and deterred many women from visiting medical facilities. In the Andes, keeping the body warm is widely considered to be essential to a normal and healthy birthing experience, since heat assists in dilation. Interviews with "Guillermina," La Paz, 8 February 2010; "Esther Dithridge," La Paz, 5 November 2009, and "Carla Meléndez," El Alto, 2 February 2010, among others.

things to my sons—'You have to respect women,' I say to them, 'Think through your decisions.'"[580]

Begonia, now a 30-year-old mother of three, also reported being unaware of abortion when she first got pregnant in 1999. An Aymara woman who is de pollera, Begonia was raised in a rural community on the altiplano and moved to La Paz with her father at age 16. A few years later on a trip to the countryside to visit her family, Begonia met her first partner, with whom she had two children at ages 19 and 21, respectively. "I didn't want to be pregnant," recalled Begonia. "I don't know, though—I didn't know very much about it…Children just seemed so difficult to care for." When I asked if she ever considered interrupting the pregnancy, Begonia remarked, "No, I never thought about that…I didn't know anything about it."[581] Although she states she was unfamiliar with abortion, it is also possible that Begonia—who offered very brief responses to my questions—preferred not to discuss the matter, or was hesitant to do so with me. (Alternatively, Begonia may have been familiar with other types of pregnancy interruption or ways of referring to abortion—such as menstrual regulation—but, feeling my questions did not prompt her to discuss these, did not do so.) Even if she was reticent to discuss abortion or unfamiliar with the procedure, however, Begonia drew a clear distinction between her feelings about her first two pregnancies in 1999 and 2001, and her last child, who was born in 2010. "With that partner, we lived very poorly, that's why I didn't want to have more children…He didn't behave well, we just fought all the time," she recalled. "But with this partner I live very well, we are doing well. So we decided to have a child together."[582]

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[580] Ibid.
[581] "Begonia," El Alto, 12 April 2010.
[582] Ibid.

It may bear noting that the only two women I interviewed who said they were unfamiliar with abortion had a primary school education and are indigenous women who are de pollera. On the one hand, national demographic data demonstrate that only 79 percent of women in Bolivia who self-identify as indigenous are literate, compared to approximately 93.5 percent of non-indigenous women.[583] (While not all indigenous women are de pollera, interview data suggest that indigenous women who wear the pollera have less education than those who do not.[584]) At the same time, national surveys reveal that women with lower educational levels (ie. no formal education or a primary school education) have lower rates of contraceptive use and higher rates of unwanted pregnancy than those with at least a secondary school education.[585] While interviewees of all ethnicities and cultural backgrounds described the sexual education they received in school as cursory at best, most said that what knowledge they do possess of these subjects, they learned in school.[586] For this reason, it is possible that Jazmín and Begonia—and other women in Bolivia who possess little formal schooling—may know less about birth control and abortion than women with higher educational levels.

At the same time, national surveys fail to illuminate other, sociocultural and historical factors that may contribute to lower rates of contraceptive use and higher rates of unwanted

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[583] Instituto Nacional de Estadística (INE) 2007.

[584] Of 55 women interviewed for this project, one had no formal education; 12 attended primary school; 14 attended secondary school; 8 earned high school diplomas, and 20 had some higher education (including technical college or university). Of the eight women I interviewed who wear the traditional pollera, one had no formal schooling and seven had a primary school education.

[585] For instance, a 2003 Bolivian national demographic survey found that the difference between observed and desired fertility rates is 3.7 children for women with no formal education and 2.4 children for those with primary schooling. The difference between these rates drops to 0.9 children, however, for women with some secondary schooling; ENDSA 2003: 131. See also ENDSA 2003: 79-81, which finds lower rates of contraceptive use among women with less formal schooling.

[586] In addition, some interviewees said they learned about sexuality and reproduction from local organizations that lead workshops on and provide services in reproductive health; interviews in El Alto with "Jazmín" on 30 November 2009, "Leticia" on 24 February 2010, "Rigoberta" on 10 March 2010, "Simona" on 24 February 2010, and "Vicenta" on 20 October 2009, among others. The influence of civil society organizations on women's perceptions of their own reproductive experiences is discussed in greater detail below.

pregnancy among indigenous women in Bolivia. As noted in chapter three, the conflictive history surrounding contraception, which is tinged with national and international eugenicist motives; Andean conceptualizations of pregnancy, community, and health; cultural dynamics shaping relationships between men and women; and structural issues of access may lead indigenous and/or rural-dwelling women in Bolivia to use birth control less frequently and to experience unwanted pregnancy more often than their mestiza and Euro-descendent counterparts. At the same time, as testimonies and other evidence suggest, indigenous women in both urban and rural areas practice fertility regulation by abortion and other means, such as periodic abstinence.[587] It is possible that some interviewees said they were unfamiliar with abortion because they misunderstood or preferred not to provide detailed answers to my questions, or because the design and delivery of my questions elicited certain kinds of responses, but not others. It is further possible that these women were in fact unfamiliar with abortion—or certain types of surgically or medically induced abortion—but that this was due to factors other than, or in addition to, their educational background. Most likely, a number of factors—including structural phenomena like education, cultural and linguistic factors, and personal experiences—influenced women's knowledge of abortion.

Overall, there were more commonalities between the reproductive experiences of women interviewees than differences. Regardless of education, ethnicity, or other demographic factors, women who faced unwanted pregnancy in Bolivia during these years often expressed frustration at the trajectories of their reproductive lives and their experiences with sex and pregnancy. Sometimes, this frustration led women to state or to imply that they had not really had the chance to "decide" whether to bear their unwanted children, but that they had instead "ended up" doing

[587] Bury et al. 2012; Schuler, Choque, and Rance 1994, and interviews with a number of individuals support these contentions.

so. While some of these women characterized their attitudes toward their pregnancies as ones of resignation, others referenced God or a higher order of events to explain how they came to accept these. Even when they expressed a sense of frustration or pessimism toward their reproductive histories, however, women's comments reveal the strength, determination, and resilience they often brought toward their experiences confronting pregnancies that occurred in adverse circumstances.

Although they both described their pregnancies as unwanted, Simona and Manuela implied that, if God or other outside forces meant for them to become pregnant, they preferred not to interfere. Simona, who faced an unwanted pregnancy in 2005, gave multiple reasons for carrying the child to term. While on the one hand her husband opposed abortion and a dream convinced her that she should not terminate the pregnancy, Simona also implied that the unborn child might be a blessing from God. "I said to myself, 'Alright, if it's a blessing, it's a blessing—what can I do?' So, I had to have it the same way [as her other pregnancies]—with happiness, and all that." Although Simona does not want any more children, when I asked how she would feel if she became pregnant again, the Aymara alteña responded, "No, I want to be happy with the children I currently have. But, if at some point God blesses me with another, what can I do, right?"[588] Manuela, like Simona, was frustrated when she became pregnant unexpectedly soon after the birth of her previous child. "Oh no! It was a mess. I didn't want to be pregnant, my son was so young, six or seven months old…I didn't know what to do; I considered whether or not to abort it." Although she attempted to induce a miscarriage, eventually, Manuela decided that she would continue the pregnancy. "I would fall down sometimes…And not even *that* made it come out. Finally, after three months had passed, I said

[588] "Simona," El Alto, 24 February 2010. Simona's comments in Spanish read, "Quiero conformarme con los que ya hay, pero si alguna vez Dios también me bendice, ¿qué puedo hacer, no?"

to myself, 'Okay, I'll just have it.' Because, as they say, 'A child comes for a reason.' It doesn't just come by chance."[589]

In looking back on their reproductive experiences, women often described their younger selves as "ignorant," saying they knew little about sexuality and pregnancy, or that they had had their children "thoughtlessly" or "without thinking." (Thus, Jazmín, quoted above, reflected, "Before, we just put up with it [pregnancy], we didn't use birth control. Now I tell my kids, 'I had my children thoughtlessly, one after another, but you don't have to.'…We now know how to take care of ourselves to not get pregnant."[590]) This pattern may emerge from, and may suggest, a few different things. On the one hand, it is a relatively universal part of the human experience to look back upon events that took place earlier in our lives and, with the benefit of hindsight, see our younger selves as ignorant or naïve. At the same time, the specific phenomena that shape individuals' perceptions of themselves vary according to one's specific life circumstances and social and cultural milieu.

With respect to individuals' attitudes toward their reproductive experiences in Bolivia—particularly some women's characterization of their younger selves as ignorant—it may be important to highlight the role that certain civil society organizations played in the lives of the women I interviewed. Since I relied on connections with a few key organizations to establish connections with most interviewees, the majority of the women I interviewed had participated (or were then participating) in workshops on gender, sexuality, reproduction, domestic violence, and other themes led by one of such organizations.[591] These organizations pursued a range of

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[589] "Manuela," La Paz, 7 July 2009.

[590] "Jazmín," El Alto, 30 November 2009.

[591] These institutions were all local organizations (but relied on some international funding), and included the Centro de Información y Desarrollo de la Mujer (Center for Information and Development of Women, or CIDEM), the Centro de Información, Educación, y Servicios en Salud Sexual y Reproductiva (Center for Information,

projects in health care and legal advocacy, and many women spoke positively about the influence of these institutions in their lives. Far from transmitting a set of objective facts about reproduction or other themes, however, civil society organizations (and other development institutions) craft, and are shaped by, specific value-laden narratives. These narratives may convey a range of messages to Bolivian women about "appropriate" ways of approaching health care, parenting, or romantic partnership. Thus, these groups may privilege modern contraceptive methods over other types of fertility regulation; recommend certain kinds of modern birth control methods while discouraging others, or suggest that a certain number of children or specific spacing between pregnancies is ideal. (These narratives, needless to say, also determine the themes of workshops offered to the local population and the specific topics included in these.)

At the same time, civil society institutions may undervalue—and/or lead women to undervalue—other types of knowledge about sexuality and reproduction not represented in developmentalist narratives. Thus, it is entirely possible that, after participating in one of these initiatives, some interviewees looked back upon their experiences with pregnancy differently, wishing they had "known more" (ie., possessed particular *kinds* of knowledge) about sex, relationships, or other phenomena in the past. At the same time, it is doubtful that women who participated in workshops on health or pregnancy accepted, wholesale, the recommendations advanced by development institutions—nor were their perceptions of their own experiences shaped solely by their contact with these groups. Instead, women interviewees probably considered the information they learned at workshops alongside advice offered by friends and family members and lessons they learned during the course of their own lives. Overall, interviewees' testimonies suggest that women employed various forms of knowledge to figure

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Education, and Services in Sexual and Reproductive Health, or CIES), and the Centro de Promoción y Salud Integral (Center for Promotion and Integral Health, or CEPROSI).

out how to best plan their families, even if, reflecting back on these experiences years later, they might have wished they had done so differently.

Fermina, a 34-year-old mother of six, looked back on her reproductive experiences with some regret, saying that she resigned herself to carrying several of her pregnancies to term and wished she and her partner had talked more openly about planning their family. I interviewed Fermina, who identified herself as Catholic and mestiza, just two weeks after the birth of her youngest child in 2009; her oldest child was 15 years old.

> Having kids has been a little difficult—I've had several, and it's required a lot of time and money. Sometimes I say, "Why didn't we prevent it?" We [referring to her partner] didn't prevent it, perhaps because there were things we didn't know how to talk about—we were both too closed-minded…I didn't know about birth control, I was scared of going to the doctor…I've always just resigned myself to having my children.[592]

I met Fermina at a women's group in the La Paz neighborhood of Alto Chijini, where she volunteered to be interviewed for the project. The group, which was organized by the local health organization Centro de Promoción y Salud Integral (Center for Promotion and Integral Health, or CEPROSI), primarily convened for craft classes, where women would learn knitting and macramé and sell the products in local markets or for export. Sometimes, the facilitators of these groups—young women from the public university—would also teach workshops on gender relations, pregnancy, health, or other themes. Fermina did not reference her participation in the CEPROSI classes to explain how her feelings about, and knowledge of, contraception and pregnancy changed over time, but did note that now, she and her husband discuss these issues. Fermina further suggests that the couple began to have these conversations at her own initiative. "Now I take care of myself [to not get pregnant] with pills or injections," Fermina remarked. "I've started to say, 'We can take care like this,' talking with my husband because, look: it's not

[592] "Fermina," La Paz, 19 October 2009.

only me who can get cured, it's also him [referring to sterilization]. So, we've started talking and we've decided that we are both going to take responsibility."[593]

Leticia, a 34-year-old mother of four, also said that she resigned herself to continuing some of her pregnancies, such as the one she experienced in 2001 after she was sexually assaulted. Leticia, who described herself as Catholic and Aymara, was 25 years old and walking on an El Alto street with her six-year-old son when her ex-partner accosted her, pulled her into a doorway, and raped her. "I was so angry," she recalled. "But what was I going to do, abort it? No, I've always resigned myself to my pregnancies. At first I wanted to give it away…But I didn't have any other option, I just had to accept it."[594] Although she sought an injection in an attempt to bring on her period early in the pregnancy, the medicine had little effect, and Leticia's daughter was born nine months later.[595]

Throughout our interview, Leticia consistently asserted that she acted differently then, in 2010, than she had in the past, and was more assertive with respect to her reproductive and sexual health. According to Leticia, these changes began in her late 20s, when she first began to attend workshops offered by the Centro de Investigación, Educación, y Servicios en Salud Sexual y Reproductiva (Center for Research, Education, and Services in Sexual and Reproductive Health, or CIES). "Before, I didn't go out anywhere, I was just an innocent person. Then, around the age of 28, I developed a use of reason; I began to involve myself in these trainings," recalled Leticia. "Before, I was scared to speak, but now I communicate much more easily with people…I ask doctors, 'What's this? What's that?' I have this curiosity to know things." According to Leticia, her involvement in the CIES trainings and the difficulties

[593] Ibid.
[594] "Leticia," El Alto, 24 February 2010.
[595] The injection Leticia received was likely either the hormone progesterone, which could succeed in inducing a late menstrual period (but not cause an abortion), or methotrexate, which can provoke miscarriage early in pregnancy. Methotrexate is also used to treat ectopic pregnancy. Nurmohamed et al. 2011: 533e1.

she experienced with her ex-husband helped Leticia choose a better partner later in life. "My second husband is a very good person, he is understanding, he never tries to prohibit me from going anywhere…'Go where you like, it's up to you,' he says to me."[596]

6.3 CONCLUSION

At first glance, it may be difficult to discern why some women facing unwanted pregnancy during these years opted to continue, rather than terminate, these. When asked why they did not want to be pregnant, women who kept unwanted pregnancies and those who sought abortion cited similar, if not identical, factors—such as the negative reactions of family members or partners to their pregnancies, economic concerns, or the poor quality of their romantic relationships. (For women who terminated pregnancies, these same factors were also often the reasons they did so.) The factors that most influenced women's feelings and reactions toward their pregnancies also remained the same across the last several decades, suggesting that there has been little change over time in women's responses toward unwanted pregnancy.

Considering these similarities, why, then, did some women facing unwanted pregnancy in Bolivia during these years end up keeping their children, while others sought abortion? According to interview data, the difference between women who continued, and those who terminated, their pregnancies primarily came down to who they knew. On the one hand, women who interrupted their unwanted pregnancies typically knew someone—such as a cousin, friend, or sister—who had aborted successfully, and had told them about it. Even when a woman who sought abortion did *not* know someone who had terminated a pregnancy, however, she usually

[596] "Leticia," El Alto, 24 February 2010.

had someone in her life willing to assist her in the abortion process—helping her locate a provider, for instance, or accompanying her to the clinic.[597] Conversely, women who chose to continue their unwanted pregnancies often lacked these social connections, knowing neither individuals who had procured abortion in the past, nor people willing to assist them in the abortion process. (Alternatively, a few women who kept their pregnancies knew someone who had had a difficult experience with abortion, suffering abuse at the hands of a provider or complications following their procedures.[598]) In addition, women who were particularly young when they became pregnant (under about 20 years old) were more likely to keep their children than to seek abortion. This may have been because younger women depended more heavily on their families of origin, who might have opposed women's decisions to terminate their pregnancies.[599]

While women who continued their unwanted pregnancies and those who sought abortion may not have had the same social connections, their feelings about their reproductive experiences were often similar. When explaining why they kept or terminated their pregnancies, women cited a range of factors and life circumstances that shaped or constrained their decisions—or even superseded these. Rather than saying that they "chose" or "decided" to continue or to end their pregnancies, women often said they had been "obligated" or "forced" to do so, or that they had "resigned themselves" to these. In other words, women did not typically conceive of their reproductive experiences as events about which they could articulate and

[597] All 12 interviewees who had abortions were either accompanied by a friend or partner in the abortion experience, knew someone who had terminated a pregnancy, or both.

[598] Unless they considered abortion themselves and specifically mentioned how their friends or partners reacted to these thoughts, it is difficult to know if women who continued pregnancies during these years had someone willing to accompany them through the abortion process. Of 25 women who continued unwanted pregnancies, however, only ten knew someone who had aborted in the past, and five of these women reported that the abortion caused physical or mental trauma to the woman in question.

[599] Only one adolescent woman in this sample voluntarily terminated her pregnancy (one additional woman was forced to abort by her mother when she was 17). On the other hand, ten women between the ages of 15 and 19 opted to continue their unwanted pregnancies.

exercise a personal "choice." This despite the tendency for reproductive-rights activists to characterize the abortion debate as one about women's right to *choose* "whether to bear or beget a child."[600]

For historian Rickie Solinger, whose work examines reproductive politics in the United States, the capacity of women to make choices about their reproductive lives is heavily constrained by popular—and, as it turns out, limited—understandings of what "kind" of woman legitimately bears the right to choose. "'The right to choose,'" writes Solinger, "has come to be intimately connected to the possession of resources. Many Americans have developed faith in the idea that women who exercise choice are supposed to be…women with money."[601] For women in the United States, this restricted definition of who bears the right to reproductive choice has far-reaching implications, underlying experiences as diverse as the forcible sterilization of women in the 1960s and the present-day abortion and child welfare debates.

In Bolivia, women's reproductive experiences reveal a similarly constrained definition of choice. However, while this definition is undoubtedly in part economic, in Bolivia, other social, cultural, and demographic factors seem to be equally important. In a country where more than half of the population lives below the national poverty line, a woman's age or relationship status, the number and ages of her children, or the social circle to which her parents belong may significantly influence society's assessment of her "right to choose." [602] "In today's society…there are certain conditions one must meet to have a baby," explained one interviewee. "The first time I had an abortion, what mattered the most was how my dad might react…I never

[600] Roe v. Wade 410 U.S. 113 (1973).
[601] Solinger 2001: 6.
[602] INE 2009.

felt it was my decision."[603] Thus, if she is too old or too young, if she is single, or if she has too many children—or too many children of a certain age—it may be difficult for women in Bolivia to feel they can freely determine their reproductive lives.

As Solinger's scholarship suggests, the constraints on women's ability to choose abortion or other reproductive outcomes are not specific to women in Bolivia, nor to women of a particular socioeconomic class, educational background, or ethnicity. Instead, the capacity of women worldwide to define our reproductive lives is shaped by a range of circumstances. In her own analysis of reproductive decision-making, political scientist Rosalind Petchesky emphasizes that reproductive behavior consists of two dimensions: personal and social. Thus, while women's reproductive decisions are in part dependent on individual life circumstances, they are also "conditioned by social realit[ies such as] class, race, and the existing division of labor between the sexes."[604] To many readers, the notion that reproductive decisions are shaped by not only personal, but also social, factors, may seem intuitive or even obvious—and yet, very little attention is paid to the social dimension of reproductive decision-making within contemporary debates on abortion. Instead, the debate often portrays the decision as that of an individual woman and, when politicized, characterizes this decision as one between two lives—that of the mother and that of the fetus. The testimonies included here, and literature on women's experiences with abortion in other world contexts, suggest that reproductive decisions in fact comprise a number of lives, including those of partners, family members, friends—and those of a woman's existing children. Thus, the decision whether or not to interrupt a pregnancy represents less of an autonomous choice, or an option between one life and another, but instead, a

[603] "Adela," La Paz, 1 July 2009.
[604] Peterman 1996: 5.

constrained choice "between two very different futures."[605] Recognizing that a woman's decision whether to seek abortion or to continue a pregnancy is highly complex and constrained, involving both personal and social dimensions, may necessarily require us to view this decision—and the woman making it—with greater compassion and respect.

[605] Ibid.

APPENDIX A

INTERVIEWEE DATA*

Adela	Married; 32yo; mestiza; some university education; no religion; two children, born in 1994 and 2007; two abortions, in 1995 and 1998; lives in Villa San Antonio (La Paz); household income of U$S855 per month. Activist at a women's rights organization in La Paz.
Betina Aguilar	Psychologist who works with abortion providers.
Dunia Aguirre	Coordinator of a women's rights organization in El Alto.
Agustina	Married; 46yo; mestiza; high school graduate; Catholic; four children, born in 1988, 1991, 1995, and 2005; lives in Pasanquiri (La Paz); household income of U$S27 per month.
Alma	Cohabitating; 20yo; Aymara; some high school; Catholic; three children (one deceased), born in 2005, 2006, and 2007; lives in Alto Tejar (La Paz); household income of U$S57 per month.
Rafaela Alsina	Employee of an organization supporting children's rights in La Paz.
Lidia Alvarado	Journalist and women's rights activist.
Emma Alvarez	Medical doctor.
Amparo	Police officer working for the Family Protection Brigade.
Mauricio Arcos	Manager of an organization centering on sexual and reproductive health in La Paz.

Aurora	Single; 22yo; Aymara-Castellana; high school graduate; Catholic; no children; lives in Villa Dolores (El Alto); unsure of household income (lives with parents).
Daniel Báez	Public Relations Director for an evangelical Christian church in La Paz.
Manuel Bastos	Chief of Community Police Force, Ben Hur Station, La Paz.
Beatriz	Separated; 49yo; Aymara; some high school; Catholic; four children (two deceased), born in 1982, 1984, 1986, and 1988; one miscarriage; lives in Villa Adela (El Alto); household income of U$S116 per month.
Begonia	Cohabitating; 30yo; Aymara (de pollera); some primary school; Catholic; three children, born in 1999, 2001, and 2010; lives in Romero Pampa (El Alto); household income of U$S43-58 per month.
Belén	Cohabitating; 55yo; mestiza; some high school; Catholic; two children, born in 1977 and 1987; lives in Chijini (La Paz); household income of U$S29 per month.
Belinda	Single; 64yo; mestiza; some high school; Catholic; two children (one deceased), born in 1972 and 1985; lives in Ciudad Satélite (El Alto); household income of U$S61 per month.
Blanca	Separated; 45yo; Aymara-Quechua; some university; Catholic; four children, born in 1988, 1991, 1994, and 2003; lives in Rio Seco (El Alto); household income of U$S362
Adolfo Borrego	Medical doctor and director of the Health Pastoral of a Catholic charity organization in La Paz.
Fanny Barrutia	Women's rights activist and member of the Bolivian chapter of the 28th of September Campaign for the De-Criminalization of Abortion in Latin America and the Caribbean.
Brenda	Married; 63yo; mestiza; some high school; Catholic; three children (one deceased), born in 1974, 1976, and 1980; lives in Villa Exaltación (El Alto); unsure of household income (receives U$S3 per day from her husband).
Daisy Calvo	Psychologist at the Departmental Service of Social Administration (SEDEGES) in La Paz.
Camila	Married; 70yo; Quechua; some primary school; Catholic; two children, born in 1966 and 1980; lives in Ciudad Satélite (El Alto); unsure of household income (receives U$S2 per day from her husband).

Alejandra Cantuta	Social worker for the Child Welfare Department in El Alto.
Paulo Carmona	Police sergeant at the Family Brigade in La Paz.
Ivana Castell	Social worker at the Women's Hospital (HM) in La Paz.
Eduardo Castillo	Director of the Special Forces Against Crime Unit (FELCC) in El Alto.
Celestina	Separated; 49yo; Aymara-Castellana (de pollera); finished primary school; Protestant; seven children, born between 1985 and 2007; one abortion, in 1989; lives in El Alto; household income of U$S7 per month.
Andrea Cima	Director of the Child Welfare Department in El Alto.
Nika Coelho	Director of Sexual and Reproductive Health Division of the Departmental Health Service (SEDES) in La Paz.
Community Police	Four officers and one social worker of the Community Police Force of the Ben Hur Station in La Paz.
Concepción	Married; 26yo; white; high school graduate; Catholic; two children, born in 2007 and 2007; lives in Ciudad Satélite (El Alto); household income of U$S116 per month.
Dania Coronillo	Director of the Gender Division of the Viceministry of Equal Opportunities in La Paz.
Julián Costa	Employee of an abortion provider in La Paz.
Esther Dithridge	Director of a women's rights organization in La Paz.
Edna	Cohabitating; 34yo; Aymara; some university; Catholic; two children, born in 1995 and 2000; lives in Munaypata (La Paz); household income of U$S300 per month.
Elba	Married; 59yo; claims no ethnic identity; university graduate; Catholic; two children, born in 1978 and 1980; one miscarriage; lives in Alto Chijini (La Paz); household income of U$S116 per month.
Eloísa	Single; 34yo; mestiza; university graduate; believes in God; one child, born in 2003; lives in Ciudad Satélite (El Alto); household income of U$S171 per month.

Elsa	Married; 50yo; Aymara-Castellana (de pollera); finished primary school; Catholic; three children, born in 1982, 1983, and 1997; lives in Alto Chijini (La Paz); household income of U$S317 per month.
Adrián Espinoza	Obstetrician and gynecologist at the public Women's Hospital (HM) in La Paz.
Davíd Estrada	Obstetrician and gynecologist at the public Bolivian-Dutch Municipal Hospital (HMBH) in El Alto.
Gladis	Married; 26yo; Castellana; finished primary school; Catholic; two children, born in 1996 and 2009; lives in Romero Pampa (El Alto); household income of U$S157 per month.
Felicidad	Cohabitating; 37yo; Aymara (de pollera); some primary school; Catholic; three children, born in 1999, 2001, and 2003; lives in Alto Chijini (La Paz); unsure of household income.
Fermina	Married; 34yo; mestiza; some high school; Catholic; six children, born in 1994, 1996, 1999, 2000, 2002, and 2009; lives in Alto Chijini (La Paz); household income of U$S571 per month.
Gonzálo	Activist for Families of the Heart, an organization that provides information and support to Bolivian citizens seeking to adopt children.
Graciela	Single; 20yo; mestiza; high school graduate; Catholic; no children; lives on Avenue Kollasuyo (El Alto); unsure of household income (receives U$S7 per month from her parents).
Guillermina	Independently practicing midwife.
Amalia Hurtado	Epidemiologist working in statistics and quality control at the HM.
Idalina	Married; 40yo; Aymara; some high school; Catholic; four children, born in 1990, 1992, 1994, and 1999; lives in Charapaqui Segundo (El Alto); household income of U$S114 per month.
Jacinta	Married; 27yo; mestiza; some high school; Catholic; two children, born in 2000 and 2005, and pregnant at the time of the interview; lives in Ventilla (El Alto); household income of U$S143 per month.
Jazmín	Separated; 45yo; Aymara (de pollera); some primary school; Catholic; eight children (one deceased), born in 1984, 1986, 1987, 1991, 1994, 1996, 1998, and 2001; one miscarriage; lives in Santa Rosa (El Alto); household income of U$S43 per month.

Juana	Activist of a women's rights organization in La Paz.
Jumila	Educator at the Mothers of Sacrament home for pregnant adolescents in La Paz.
Leonora	Married; 39yo; Aymara (de pollera); finished primary school; Catholic; four children, born in 1990, 1993, 2000, and 2005; lives in Romero Pampa (El Alto); household income of U$S1,427 per month.
Leticia	Married; 34yo; Aymara; some high school; Catholic; four children, born in 1994, 2001, 2007, and 2009; one abortion, in 1996; lives in Rio Seco (El Alto); household income of U$S150 per month.
Lía	Married; 29yo; some university; one child, born in 2006; lives in Ciudad Satélite (El Alto); additional information not collected.
Lili	Receptionist at an abortion clinic in La Paz.
Carolina Llano	Coordinator of pro-life organization Apostolate of the New Evangelism (ANE) Pro-Life in La Paz.
Lorena	Married; 38yo; Aymara; some university; Catholic; three children, born in 1991, 1993, and 2005; one abortion, in 1997; lives in Alto Mariscal Santa Cruz (La Paz); household income of U$S357 per month.
Vanessa Lujo	Educator in sexual and reproductive health at the HM.
Lupe	Single; 51yo; Aymara and Quechua; university graduate; no religion; no children; one abortion, in early 1980s; lives in Ciudad Satélite (El Alto); household income of U$S500 per month. Women's rights activist.
Cati Molina	Activist at and former director of a women's rights organization in La Paz.
Magdalena	Married; 75yo; Quechua; some high school; Catholic; four children, born in 1956, 1958, 1960, and 1962; lives in Ciudad Satélite (El Alto); household income of U$S207 per month.
Maida	Separated; 22yo; claims no ethnic identity; some high school; Catholic; one child, born in 2008; one miscarriage; lives in Munaypata (La Paz); household income of U$S43-57 per month.
Maira	Married; 30yo; Aymara-Castellana; finished primary school; Catholic; no children; lives in Romero Pampa (El Alto); household income of U$S140 per month.

Maita	Separated; 32yo; mestiza; some university; Catholic; two children, born in 1997 and 2005; lives in Ciudad Satélite (El Alto); household income of U$S214 per month.
Manuela	Married; 36yo; Aymara; some university; Catholic; four children, born in 1993, 2006, 2008, and 2009; two miscarriages; lives in Alto Mariscal Santa Cruz (La Paz); household income of U$S342 per month.
Marcela	Married; 45yo; mestiza; nursing degree; Catholic; four children, born in 1987, 1989, 1992, and 2003; two abortions, in about 1990 and in 1994; lives in La Portada (La Paz); household income of U$S285 per month.
Margot	Married; 29yo; mestiza; some university; no religion; one child, born in 2001; lives in Ciudad Satélite (El Alto); household income of U$S285 per month.
Marianela	Married; 34yo; Aymara; some university; Catholic; two children, born in 2003 and 2007; lives in Ciudad Satélite (El Alto); household income of U$S399 per month.
Mariel	Single; 41yo; Aymara-Castellana; finished primary school; Catholic; one child, born in 2003; lives in Santa Rosa (El Alto); household income of U$S43 per month.
Raquel Mariño	Chief of Nursing at a sexual and reproductive health organization in El Alto.
Marisol	Separated; 26yo; Aymara; high school graduate; Protestant; one child, born in 2009; one miscarriage; lives in Villa Exaltación (El Alto); household income of U$S200.
Marlene	Separated; 32yo; Aymara; high school graduate; Catholic; one child, born in 1998; one miscarriage and one ectopic pregnancy; lives in Alto Lima (El Alto); household income of U$S78 per month.
Maura	Separated; 36yo; Aymara-Castellana; some high school; Protestant; five children, born in 1996, 1998, 2000, 2006, and 2007; one miscarriage; lives in Viacha (approximately 50km from El Alto); unsure of household income.
Delfina Mayoral	Social worker at the HMBH.
Carla Meléndez	Activist and social worker at a women's rights organization in El Alto.

Miguelina	Separated; 32yo; Aymara; some university; Catholic; two children, born in 1998 and 2003; three miscarriages; lives in Villa Exaltación (El Alto); household income of U$S71-86 per month.
Mili	Separated; 32yo; Aymara; finished primary school; Catholic; two children, born in 1998 and 2004; one miscarriage; lives in El Alto; household income of U$S43 per month.
Mónica	Married; 34yo; Aymara; some university; Protestant; four children, born in 2000, 2003, 2004, and 2008; lives in Villa Dolores (El Alto); household income of U$S428 per month.
Stefania Montoya	Social worker at a sexual and reproductive health organization in El Alto.
Alessandra Muñecas	Obstetrician and gynecologist at a sexual and reproductive health organization in La Paz.
Muriel	Receptionist at a sexual and reproductive health organization in El Alto.
Natividad	Cohabitating; 23yo; two children, born in 2005 and 2007; lives in El Alto; additional information not collected.
Nelly	Separated; 59yo; Aymara-Castellana (de pollera); no education; Catholic; seven children, born in 1972, 1977, 1979, 1988, 1990, 1993, and 1998; lives in Villa Adela (El Alto); unsure of household income.
Nina	Separated; 46yo; mestiza; some university; believes in God; two children, born in 1995 and 1998; one abortion in 2000; lives in Villa Tejada Rectangular (El Alto); household income of U$S71 per month.
Noel	Separated; 51yo; mestiza (Quechua-Castellana); some university; Catholic; three children, born in 1985, 1986, and 2001; three abortions between 1987 and 2000; lives in Villa Tejada Triangular (El Alto); household income of U$S128 per month.
Olga	Nurse at a sexual and reproductive health organization in La Paz. One abortion in 1989.
Gabriela Ovando	Activist at a women's rights organization in La Paz.
Paloma	Former resident and current receptionist and educator at the Carlos de Villegas Home for orphaned children in La Paz.
Idelia Parra	Social worker at the Rainbow Foundation's home for pregnant adolescents in La Paz.

Paula	Married; 40yo; mestiza; high school graduate; Catholic; four children, born in 1987, 1989, 1992, and 1995; lives in Ciudad Satélite (El Alto); household income of U$S428 per month.
Pilar	Separated; 33yo; Castellana; some high school; Protestant; four children, born in 1992, 1994, 2000, and 2002; two abortions, one between 1994 and 2000 and the second in 2004; lives in Villa Tejada Rectangular (El Alto); household income of U$S171 per month.
Dina Preto	Activist at a women's rights organization in La Paz.
Teófilo Quintana	Epidemiologist and administrator at a sexual and reproductive health organization in El Alto.
Dalia Ramacha	Obstetrician and gynecologist at a health organization in La Paz.
Miguel Ramírez	Medical doctor and abortion provider in La Paz.
Rigoberta	Married; 29yo; Aymara; some high school; Catholic; three children, born in 1998, 2000, and 2004; one miscarriage; lives in Romero Pampa (El Alto); household income of U$S214 per month.
Antonia Rocio	Medical doctor in La Paz.
Isaías Rosales	Medical doctor who performed three legal abortions in Bolivia.
Leandro Rubén	Activist at Family and Human Life, a pro-life organization in La Paz.
Sandra	Married; 38yo; Aymara; some university; Catholic; four children, born in 1993, 1994, 2002, and 2006; lives in Alto la Alianza (El Alto); household income of U$S71-86.
Emilia Santana	Obstetrician and gynecologist at a sexual and reproductive health organization in El Alto.
Blimunda Santillán	Medical doctor who performs abortions in La Paz.
Simona	Married; 32yo; Aymara; high school graduate; Catholic; three children, born in 1999, 2004, and 2005; lives in Amor de Dios (El Alto); household income of U$S71.
Mariano Solana	Catholic priest and director of the Family Pastoral of the Catholic Church in La Paz.
Dolores Tapia	Medical doctor who performs abortions in El Alto.

Ida Torralba	Activist at Catholics for a Free Choice in La Paz.
Vania	Single; 25yo; Aymara; some university; Catholic; no children; one abortion, in 2007; lives in La Portada (La Paz); household income of U$S43 per month.
Vicenta	Married; 32yo; Aymara (de pollera); some primary school; no religion; three children, born between 1992 and 2004; four miscarriages; lives in Alto la Alianza (El Alto); household income of U$S243 per month.
Nadia Vidal	Social worker at the Carlos de Villegas Home.
Yanet	Single; 27yo; mestiza; Master's degree; Catholic; no children; lives in Los Pinos (La Paz, Zona Sur); household income of U$S200 per month.
Yessica	Separated; 30yo; Aymara; high school graduate; Protestant; two children, born in 2000 and 2006; two miscarriages; lives in Alto Lima (El Alto); household income of U$S107 per month.
Yuri	Activist at a women's rights organization in her 50s. Two abortions in unknown years.

**All names are pseudonymous.*

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