A Historical Perspective on Reproductive Politics in Chile

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In 1989, in one of the last legal acts of his seventeen-year dictatorship, Chilean General Augusto Pinochet amended the health code to outlaw abortion in Chile. The decree was passed almost a year after the historic plebiscite that heralded the end of his regime and just two months before the presidential election in which Pinochet’s candidate was defeated by the Center-Left opposition. The revision to the health code was categorical: “no action may be executed that has as its goal the inducement of abortion.” This included abortions intended to save the life of the
mother, in cases when the pregnancy was the result of rape or incest, or those in which the fetus was not viable.

That law remains in effect today, making Chile one of a handful of countries in the world (including Vatican City, Malta, El Salvador, and as of 2006, Nicaragua) that prohibits abortion with no exceptions. Opinion polls—while often contradictory—appear to suggest that a majority of Chileans favor revisiting the law. More than a dozen bills have been introduced over the last two decades to reform the law, most recently in December 2011. Meanwhile, clandestine abortions are extremely common: while impossible to estimate with precision, Chile’s abortion rate is believed to be one of the highest in Latin America. Finally, opposition to abortion is for many coupled with opposition to birth control. In recent years, congressional and judicial actions have moved to ban certain widely used birth control methods. When the government of President Michelle Bachelet attempted to make the morning-after pill available to women and teenagers in public health clinics (as it is in private ones), the courts outlawed the measure.

How do we explain this state of affairs? It is something of a common refrain in the international press to assert that the reason Chile has such a restrictive abortion law—and the reason why it only passed a divorce law in 2004 or equalized the rights of legitimate and illegitimate children in 1998—is that it is “the most socially conservative” and “straight-laced” country in the hemisphere.¹ A more convincing (and certainly less circular) argument, common in the political science literature, attributes social conservatism in contemporary Chile to the outsized power of the Catholic Church. As an important moral critic of the military regime’s human rights record, the Church emerged from the dictatorship with tremendous political capital. Coupled with the fact that the Christian Democrat Party (PDC) was a member of the ruling Concertación coalition,

which retained power for two decades after the transition (indeed, the first two presidents of the coalition hailed from the PDC), it seems clear why the Church has been able to set the agenda on social issues.

Of course, this argument assumes that the Church is a priori socially conservative, that its position on social and sexual issues is unchanging, and that the left is necessarily the (stymied) champion of reproductive rights. Moreover, popular narratives of Chilean social conservatism tend to pose a unidirectional sequence of change in which a traditional, conservative past is superseded by a more socially liberal and open present. Enter Jadwiga Pieper Mooney’s book, *The Politics of Motherhood: Maternity and Women’s Rights in Twentieth-Century Chile*, which provides valuable historical context for understanding the politics of reproduction in Chile. Among other things, the book provides evidence that contradicts all of these assumptions about religion, politics, and history.

Pieper Mooney begins with two broad empirical and analytic claims: that “the social construction of women’s roles, as mothers and as individuals, lies at the heart of gender systems and patriarchal structures” and second, that “the lens of motherhood offers revealing new insights into specific histories of women’s rights” (3). The claim that motherhood is political—that distinct groups (whether politicians, doctors, or mothers themselves) define and redefine motherhood on a terrain of unequal power relations and that the meanings of motherhood change over time in concert with broad societal changes—is certainly a familiar one. It is the central premise of whole fields of inquiry, including (to name just two particularly rich veins), the scholarship on gender and welfare states and on maternalist politics, in Latin America and other areas of the world. However, Pieper Mooney defines motherhood more specifically in terms of *maternity*—meaning the policies and practices that define women’s reproductive lives—and it is as a history not so much of motherhood writ large as of reproductive politics that the book makes its most important contribution.

Pieper Mooney’s narrative encompasses most of the twentieth century, which in Chile truly constituted a historical *longue durée*. The period witnessed often dizzying political reversals as the country lurched
from Catholic reformism to revolutionary socialism to right-wing authoritarianism to neoliberal re-democratization (and that’s just the second half of the century). Against this backdrop Pieper Mooney narrates the changing politics of maternity. One of the contributions of the book is to show how this lens reveals unexpected continuities among otherwise dissimilar political regimes as well as the at times surprising ideological scaffolding on which reproductive freedoms, and restrictions, have been erected. Conflict over reproductive politics did not necessarily fall along predictable ideological battle lines.

The flexibility of seemingly fixed ideological dogmas is another lesson of the book. One might assume, for example, that the Church’s opposition to the artificial regulation of fertility dates back to Genesis (“be fruitful and multiply”) or to the natural law theories of Aristotle, Augustine, or Aquinas, for whom procreation was the only legitimate purpose of sex. While other historians of gender and the Church have challenged the existence of a primordial dogma on sex and procreation, the history that Pieper Mooney uncovers in Chile illustrates the point with particular clarity. It is a history informed by locally and regionally inflected ideologies and experiences of developmentalism, poverty, high infant and maternal mortality, modernity, nationalism, imperialism, and militarism.

As she shows, Chile in the 1960s was a center for family planning research and development, pioneering some of the first family planning programs in Latin America. Chilean doctors developed cutting-edge birth control technologies, versions of which are still in use today. Local realities (such as Chile’s high maternal mortality rates) and regional and global ones (such as prevailing ideas of development and the social mission of the post-Vatican II Latin American Church) encouraged the idea of fertility regulation. Moreover, the Catholic-affiliated Christian Democrats backed these family planning programs. When philanthropist John D. Rockefeller III, founder of the U.S. Population Council, visited Chile in 1966 and met with President Eduardo Frei, he found him to be “entirely favorable” to the general cause of population control, including the principle that planning one’s family was a basic human right. While Rockefeller’s assessment may have overstated Frei’s enthusiasm, it did capture the prevailing stance of
the Christian Democrats. Their support for family planning was in part based on the widely held belief, propounded by the post-war international population control movement, that limiting population size was a critical condition for achieving economic development and social modernization.

Moreover, in embracing the dogma of development, Christian Democratic politicians were hardly apostates who had betrayed the teachings of the Church. Chilean theologians wrote tracts on fertility regulation that treated “the demographic explosion as a spiritual challenge that should allow Catholics to practice birth control” (83). Chilean bishops publicly spoke out in favor of “personal responsibility” and individual decision-making in the matter. In 1967, Cardinal Raúl Silva Henríquez, who is today remembered as a staunch advocate of human rights during the dictatorship, endorsed “responsible parenthood,” saying the Church should not be “pronatalist at all costs.” Such views not only circulated in Chile, of course, but were also shared by many within the wider, post-Vatican II Latin American Church.

These developments occurred in the shadow of the Vatican, which initially maintained silence about the sexual revolution occurring globally. But in 1968, and despite Rockefeller’s personal efforts to lobby Pope Paul VI, a long awaited papal encyclical *Humanae vitae* issued a categorical condemnation of birth control. The mandate catalyzed a clash between Vatican doctrine issued from on high and local developments and experiences. In the wake of the encyclical, members of the Chilean Church hierarchy would express official adherence to its dictates even as individual bishops attempted to massage its contents, emphasized other aspects of its message, or simply remained silent on its dictates about birth control. A certain chill overtook government-sponsored family planning activities, but private programs continued apace.

But what Paul VI could not rend asunder, local political forces could, at least partially. In 1970, the revolutionary leftist Popular Unity (UP) coalition led by Salvador Allende came to power. Allende, a medical doctor whose experience providing health care to the poor had shaped his political consciousness, appears to have been sympathetic to the cause of reproductive rights, but his government proved a more erratic ally of family
The official Communist Party newspaper and some outspoken UP authorities vigorously denounced foreign-sponsored birth control as a “weapon of imperialism” designed to reduce the population of the world’s poor and marginalized peoples. No doubt the politics of population control at this time often lent itself to this kind of critique. But given this less auspicious political climate, and the threat that foreign funds might be rescinded (it is unclear if they actually ever were), some prominent medical researchers working in family planning left the country to pursue their work elsewhere.

Yet even as ‘imperialist’ family planning was being denounced in some leftist quarters, other changes fomented by the UP, such as the expansion and reorganization of public health services, were amenable to its expansion. Pieper Mooney also detects in this period a cultural shift in which public spaces gradually opened to permit discussions of sex education, sexuality, and even abortion. There were legislative proposals to expand the grounds for therapeutic abortion (defined as those necessary for the health of the mother)—reforms that Allende himself apparently supported although they never came to fruition. It was in the trenches of public health, however, that the period witnessed perhaps its most significant shifts. In a particularly striking passage (123), the author cites an interview with Dr. Tegualda Monreal, who described changing practices in the public hospital where she ministered to poor patients. Monreal recounted that in this climate of tolerance, but in possible contravention of prevailing law that permitted only therapeutic abortion, the medical staff openly performed abortions and post-abortion care. The doctors did so, she said, “without a new law, but with a new interpretation of the old law,” and their actions invited no apparent response from authorities.

This “new interpretation”—and the concrete changes in public health provision that it engendered—was short-lived, however. After the 1973 coup that brought the right-wing military regime to power, reproductive politics underwent a profound shift. The regime opposed family planning and pursued a pronatalist agenda, but, not surprisingly, for very different ideological reasons. According to the right-wing critics of family planning, women’s highest calling was as mothers, and children
were future soldiers whose greater numbers strengthened the patria. The regime presided over such public rituals as a “Mother of the Year” celebration (in 1982, it went to “Doña Doralisa, a fertile woman” who raised seven children while working at night to feed her family). Meanwhile, one imagines that the gutting of public health services under the dictatorship’s neoliberal policies only reinforced the consequences of these ideological positions. By the mid-1980s, the regime had tempered its unabashed pronatalism with a nod to “responsible parenthood,” but on the eve of the return to democracy, it promulgated the eleventh-hour decree outlawing therapeutic abortion.

The lessons of this narrative of reproductive politics in twentieth-century Chile are many. Most obviously the vicissitudes of reproductive politics suggest that fertility regulation often made for strange ideological bedfellows. Leftist revolutionaries might disagree about whether family planning was a good thing, and some leftists shared their opposition to family planning with the right-wing military regime—albeit for starkly different reasons. This conclusion echoes the argument made by other scholars that gender and women’s rights do not always map neatly onto the ideological or partisan boundaries that organize the political terrain. This is one lesson from the rich historiography of gender in Latin America and Chile, which has critiqued the sexism of various populist and leftist movements and parties.2 It also echoes the conclusion of political scientists who find that in the Southern Cone, democracies have not always

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prioritized women’s rights.³ Pieper Mooney persuasively inserts the case of reproductive politics into this interpretive framework.

Meanwhile, she demonstrates that whether political authorities invoked development to support fertility regulation or imperialism to denounce it, they shared one key commonality: a palpable disregard for the impact of family planning programs and technologies on women’s self-determination. She offers a searing account of birth control pioneer Dr. Jaime Zipper, who would later be recognized by international health organizations for his development of the copper-T intrauterine device, a version of which is still in use today. In an interview with the author, Zipper recalled that in the late 1950s he fitted 600 women with an artisanal contraceptive device he crafted with nylon fishing line. Of the poor women he treated, Zipper mused, given “her lack of culture, I don’t think that she could have understood much of it.” The experiment almost got him expelled from the medical profession (57).

Second, Pieper Mooney’s narrative demonstrates especially starkly the breach between political rhetoric and prescriptive discourse, on the one hand, and actual practice—in clinics, hospitals, and homes—on the other. Dr. Tegualda Monreal’s reference to new practices under “old law” speaks to this breach. Even as family planning came under attack as an imperialist plot and some prominent doctors moved abroad, the public hospital pushed the boundaries of abortion provision. Monreal notes that in response to these practices, the hospital’s maternal mortality rates decreased (123).

Overall, The Politics of Motherhood is strongest in teasing out the never monolithic prescriptive discourses of doctors, policy-makers, and politicians. One important contribution of the book is to introduce the Catholic Church squarely into the scholarship on gender in twentieth-century Chile. The Church has tended to play a much less prominent role in this historiography than political parties and the labor movement, to

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which scholars have accorded greater emphasis. Pieper Mooney reminds us not only of the Church’s importance, but also of the fact “the Church” is actually shorthand for a range of sometimes-conflicting positions. Even Catholic authorities shared no easy consensus about the pressing issues of fertility regulation, sexuality, and public health. Finally, beyond prescriptive discourse and debate, her analysis at times provides fascinating glimpses of actual practice in public clinics and hospitals, as in the intriguing observations of Dr. Monreal and Dr. Zipper.

Much more muted are the perspectives of the women whose bodies were the subjects of so much experimentation and preoccupation. The book gives little sense of how women and mothers themselves experienced the vicissitudes of health policy and reproductive politics in Chile. Such a perspective is, of course, by no means easy to access methodologically speaking. One source that might have shed some light on women’s experiences, at least indirectly, is information on Chile’s changing demographic profile. The absence of any sustained attention to demography is especially noticeable because during these very decades, the life and death realities of motherhood in Chile underwent several striking transformations. In the three and a half decades after 1960, for example, Chile witnessed one of the most dramatic reductions of infant mortality in the world. In roughly the same period, maternal mortality plummeted by more than 90 percent. Birth rates also declined steadily, from about 5.5 children per woman in the mid 1950s to 3.8 children in the early 1970s, to

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twenty years later. At least on the surface, such statistics appear to indicate that the goals of family planning policies were largely met. Second, they hint at what were likely dramatic changes in women’s, and men’s, experiences (or the experiences of particular groups of women and men). We can imagine that the “politics of motherhood” were shaped by, and helped shape, the basic material circumstances of motherhood, in terms of how many children women usually had, whether they could reasonably expect those children to survive to adulthood, and whether they could themselves hope to see those children do so.

Whatever the reasons for omitting this perspective, it would have been useful to hear the author’s thoughts on the methodological challenges and choices this research presented. In the absence of a pointed discussion of methodology or sources, the reader cannot fully appreciate the contours of the research. We learn in a passing reference in the preface that the author conducted “formal and informal interviews” with doctors and feminists; we do not know if there was a systematic effort at conducting oral histories or whether, as seems to be the case, a handful of key players provided accounts of their experiences. How might extensive interviews with key players limit, but also enrich, the analysis? Meanwhile, the footnotes reveal sustained research in the archives of the Rockefeller Foundation, and here again, a little assistance from the author would have gone a long way toward helping the reader fully appreciate what is innovative and important about these materials, what advantages and pitfalls they might pose, and how the author has read them.

A final critique is that, particularly in later chapters, the book at times veers from its original focus on reproductive politics to a broader narration of women and gender in Chilean politics. While the author’s impulse to contextualize reproductive struggles within a broad political landscape is certainly well founded, sometimes the context itself becomes the central narrative as the theme of reproductive politics slips away for many pages. During extended and often familiar discussions of revolutionary culture, transnational feminist activism in the 70s and 80s, exile politics, and the challenges of feminist politics in post-transition
Chile, the book’s more innovative and original focus on reproductive politics is sometimes lost.

These critiques notwithstanding, *The Politics of Motherhood* contributes to an understanding of reproductive politics and women’s and gender history more generally. It tells a largely unknown story about Chile’s role in the global history of family planning and gives readers a sense of how the international population control juggernaut was mediated within a specific local context. Indeed, its analysis of local and global interactions anticipates the transnational turn taking place in Chilean historiography today.