

Sara Poggio y María Amelia Viteri  
Compiladoras

**Cuerpo, educación y liderazgo político:  
una mirada desde el género y los  
estudios feministas**

**Bodies, education and political leadership:  
a gender and feminist perspective**



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FLACSO, Sede Ecuador  
La Pradera E7-174 y Diego de Almagro  
Quito-Ecuador  
Telf.: (593-2) 323 8888  
Fax: (593-2) 323 7960  
[www.flacso.org.ec](http://www.flacso.org.ec)

University of Maryland, Baltimore County  
1000 Hilltop Circle  
Baltimore, MD 21250  
Estados Unidos  
Telf. : (011-1-410) 455 1000  
[www.umbc.edu/](http://www.umbc.edu/)

Latin American Studies Association  
416 Bellefield Hall  
University of Pittsburgh  
Pittsburgh, PA 15260  
Telf.: (011-1-412) 648 7929  
[lasa.international.pitt.edu](http://lasa.international.pitt.edu)

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# More than reproductive uteruses: women and the politics of abortion in Argentina

Barbara Sutton\*

## Resumen

Este artículo aborda las experiencias de mujeres y las políticas acerca del aborto en Argentina, como resultado de un estudio cualitativo realizado durante el 2002-2003. En este proyecto de investigación, analizo la relación entre las experiencias corporales de las mujeres y los contextos políticos, económicos y sociales. Enfatizo el rol que tiene la clase social, el Estado y la Iglesia católica en las experiencias y posturas de las mujeres ante el aborto. Se pone de manifiesto la influencia de las ideologías sobre la maternidad en la sociedad argentina y las múltiples formas en que el aborto está penalizado no solo jurídica y estatalmente, sino también social y religiosamente.

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\* Barbara Sutton, Associate Professor of Women's, Gender, and Sexuality Studies at the University at Albany, also affiliated with the departments of Sociology and of Latin American, Caribbean, and U.S. Latino Studies, bsutton@albany.edu.

On January 12, 2003, the Sunday magazine of the Argentine newspaper *La Nación* published a powerful statement about women's bodies and their relationship to reproductive politics. It was an advertisement showing a full-page photo of a woman's naked belly. It could have been one of many other ads that depict fragments of a woman's body, but this ad had a distinctive feature: the contours of a small fetus were inscribed like a tattoo on the woman's belly. On one side of the page, in small white print, read the following: "The defense of abortion covers up its criminal nature through confusing or evasive terminology, hiding murder with phrases like 'voluntary interruption of pregnancy' or with concepts like 'the right to decide' or 'the right to reproductive health'. None of these language artifices can hide the fact that abortion is a crime. The Perfect Crime"<sup>1</sup>. The woman's belly occupies the entire space, but since the body is fragmented, the woman disappears as a whole person, as a subject. Her belly is just the backstage of the perceived principal actor: the fetus. Thus the woman's body becomes merely a container of her seemingly unavoidable social duty: to be a mother.

As September 2003 came to the end, thousands of women from diverse grassroots and political organizations marched in Buenos Aires and other cities in the country as part of actions calling for the decriminalization/legalization of abortion in Latin America and the Caribbean. In Buenos Aires, women protesters gathered in front of the national parliament and many marched to the Plaza de Mayo, where the executive government palace and the Cathedral are located. Young women in informal clothing, older women who did not shy away from the frontlines, women wearing the colorful vests of unemployed workers movements, professionals, students, feminists, lesbians, women with indigenous clothing and babies on their backs, women from neighborhood assemblies, labor unions, human rights organizations, and leftist political parties demanded contraception and legal abortion through eloquent speeches, signs, and chants. Even some men joined women in their demands.

During this march, *Mujeres Públicas* (Public Women) –a group that specialized in artistic interventions– pasted cartoon bubbles with phrases

<sup>1</sup> This and all subsequent quotes, extracted from interviews and published materials in the Spanish language, are my own translations.

on top of street advertisements. These messages promoted women's bodily self-determination and broader sexual possibilities. In that way, Hollywood star Nicole Kidman announced from a poster advertising the film *Dogville* that "women enjoy a sexuality external to the vagina, without pregnancy risks". And Chayanne, a famous Latin American pop singer, looked at passersby from his ad, saying, "The right to decide over our bodies". A few days after the march, the lesbian feminist music and activist group *Caramelitas en Calzas* performed in a crowded recreation area in the city of Buenos Aires, advocating for legal abortion through their music and poetry<sup>2</sup>. Their purple, glittery outfits satirizing nuns' clothing, their funny and flippant demeanor, and their songs raised awareness with a creative approach, about serious issues such as women's right to make decisions about their bodies.

These episodes highlight the ever more contested nature of procreation, contraception, and abortion in Argentina. The first episode, the publishing of the antiabortion ad, demonizes women's ability to control their reproductive capacities. The second, women's protest, reflects women's agency and efforts to promote women's bodily self-determination. As in other societies across the world, women's bodies in Argentina have historically been the playing fields of cultural wars and state decisions concerning population size and women's position in society (CLADEM, 2002; Hadley, 1996). Feminist scholars and activists have long pointed out that the social control of women's bodies, particularly attempts to control women's sexuality and reproduction, are crucial ways in which sexist oppression is expressed and perpetuated. From a feminist perspective, women's access to safe contraception, abortion, and other reproductive options on their own terms are key to ensuring women's rights (e.g., Gordon, 2002; Morgen, 2002; Petchesky, 1990). Although this argument is well known by now, it remains relevant in twenty-first century Argentina where women from all walks of life, but particularly those socially and economically marginalized, continue to struggle to make meaningful decisions about their sexual and reproductive lives.

<sup>2</sup> *Caramelitas en Calzas* literally means "Little Candies in Spandex", a play on the name of the pious order of nuns *Carmelitas Descalzas* (Barefoot Carmelites).

Feminists have developed fruitful frameworks to understand and assert women's bodily rights, and many of their elements have been usefully applied in concrete political struggles in Argentina. As Rosalind Petchesky summarizes:

[The] feminist ethics of bodily integrity and personhood [...] requires not only that women must be free from abuse and violation of their bodies but also that they must be treated as principal actors and decision-makers over their fertility and sexuality; as the ends and not the means of health, population and development programmes. And it applies this imperative not only to states and their agents but to every level where power operates, including the home, the clinic, the workplace, the religious centre and the community [...] [T]his feminist perspective links the rights of the body and the person directly with social, economic and political rights –the enabling conditions– necessary to achieve gender, class, and racial-ethnic justice. (1998: 4)

In Argentina, reproductive politics, especially struggles around contraception and abortion, reveal how social inequality plays on and via women's bodies. Diverse activist women, from middle-class feminists to women in poor people's and working class-movements, and women in leftist political parties, have framed demands for legal abortion and reproductive health as a matter of social justice and as integral to women's right to decide over their bodies.

This article examines women's experiences and the politics of abortion in Argentina based on a broader 14-month qualitative study in which I explored diverse women's *bodily worlds*. "By this I mean women's varied, overlapping and context-related bodily experiences –including both everyday and extraordinary events– marked by the gamut of human emotions, and absorbing, expressing, and challenging multiple forms of social inequality" (Sutton, 2010: 2). The primary data emerges from interviews with women in the capital city, Buenos Aires, and its metropolitan area. I conducted the study during 2002–2003, a time of heightened social turmoil and activism in the midst of an economic and political crisis after years of neoliberal policies. In the study, I combined analysis of print media; ethnographic observations of everyday life and culture, political protest, and women's movement organizing; fifty in-depth interviews with

women aged between 20 and their early 60s and from diverse socio-economic backgrounds, about half of them activists<sup>3</sup>; and four targeted focus groups comprised, respectively, of lesbians in a reflection group, Catholic charity volunteers, domestic workers, and women living in poverty and participating in a social assistance program. During interviews, I asked general questions about women's bodily awareness, feelings, and practices, as well as questions about their bodies in relation to the economic crisis, work, sexuality, reproduction, and the meanings of womanhood<sup>4</sup>. Focus groups covered similar themes and showed how gendered discourses are collectively and interactively constructed.

In the following sections, I first offer an overview outlining the role of key players in the field of reproductive politics, including the state, the Catholic Church, and the women's movement. With this frame of reference, I then focus on interviewees' attitudes about abortion, their embodied experiences of pregnancy termination in a context of illegality, and the consequences of such criminalization.

### The role of the state

While a number of developing countries have experienced international pressures to reduce their population by controlling women's fertility (Hartmann, 1995), this was not the case in Argentina given its relatively low population (Margulis, 2003: 200). In fact, since the dawn of the nation, different governments in Argentina implemented policies to increase population size. The nineteenth-century maxim "to govern is to populate" helped promote the idea that Argentina needed a larger population to progress politically, culturally, and economically<sup>5</sup>. In the second half of the

3 Including feminists, lesbians, labor activists, *piqueteras* (members of a movement of poor/unemployed workers), and members of popular assemblies, communal kitchens, leftist political organizations, human rights groups, and organizations of Afro-descendants, indigenous peoples, migrants, women in prostitution, and people with disabilities.

4 I also experimented with a technique based on the use of "concept cards" to help elicit embodied experiences (see Sutton, 2011).

5 This maxim is associated with one of Argentina's most influential nineteenth-century ideologues,

twentieth century, the 1974 constitutional Peronist administration and the succeeding military dictatorship (1976-1983) promoted pro-natalist policies, including restrictions on the commercialization of contraceptives and bans on activities aimed at birth control (Lubertino, 1996; Ramos *et al.*, 2001). Despite efforts to make access to contraception more difficult, this move did not completely prevent people from regulating their fertility, and the fertility rate in Argentina remained relatively low<sup>6</sup>.

Difficulties in reconciling issues of sexuality and reproduction through public policy have been reflected in years of debates, advances, and retreats in the national parliament around projects addressing these matters. A national law on reproductive and sexual health (Law No. 25673) finally passed during the period of social turmoil following the economic collapse of December 2001<sup>7</sup>. Although women's organizations pointed out serious limitations with this legislation, it was still recognized as a step toward the promotion of women's rights. This law stated a commitment to universal access to sex education and allocated funds from the national budget for the massive purchase and distribution of contraceptives that are temporary, reversible, and nonabortive, and that these contraceptives are to be provided for free at public health care facilities and covered by medical insurance. According to the Consorcio Nacional de Derechos Reproductivos y Sexuales (CONDERS, 2003a), a network of nongovernmental organizations monitoring the implementation of the law, this was the first time in Argentine history that this kind of budget allocation took place.

In addition to that law, a number of legislative changes signaled a budding shift in sexual and reproductive politics in Argentina, including the creation of similar programs in several provinces and the passage of Law

Juan Bautista Alberdi (1915), who believed in the necessity of populating the country but with the supposed right people (from Europe) to assure social and economic progress. These views were reflected in racist policies encouraging European immigration while indigenous populations were being decimated.

6 During the 1970s and 1980s, the overall fertility rate in Argentina was around 3.2 and 3.4 (Valdés *et al.*, 1993: 27). In contemporary Argentina the overall fertility rate is 2.3 (Ministerio de Salud and Organización Panamericana de la Salud, 2010).

7 National Law No. 25673 passed in 2002, to create the National Program of Sexual Health and Responsible Procreation.

No. 1044/03 in the city of Buenos Aires, which allows for induced "early delivery" (which in effect terminates the pregnancy) when the fetus presents anencephaly or other severe pathologies or malformations that would make extra uterine life impossible after birth<sup>8</sup>. In 2006, Law No. 26150 ordered the creation of the National Program of Integral Sexual Education. In 2010, Argentina also passed a national law (Law No. 26618) allowing the marriage of same-sex couples, and many saw this expansion of rights for people of diverse sexualities as anticipating the debate on the legalization of abortion. Although contraception and sex education remain contested political terrains, especially because of the opposition of the Catholic Church and its allies, the single most controversial issue concerning women's reproductive self-determination in the country is abortion.

In Argentina, induced abortion continues to be largely illegal. The Penal Code establishes a prison penalty (1-4 years) for "the woman who causes her own abortion or consents to someone else causing it" (Art. 88, Código Penal de la Nación Argentina)<sup>9</sup>. While enforcement of the prison punishment has not been a priority of the law enforcement system, and in actuality women who undergo abortions are generally not going to jail, the prohibition still has significant negative effects for women. The criminalization of abortion sends the practice underground, and as we shall see later, women do pay a high price for the clandestine and illegal conditions in which abortions are performed.

Not all induced abortions are punishable<sup>10</sup>. The Penal Code establishes some exceptions to the penalization of the practice, stating that abortion

8 In order to do the medical procedure, the law requires that the fetus must have "reached twenty-four (24) weeks of gestational age, or the minimum gestational age at which fetal viability is recorded in fetuses intrinsically or potentially healthy" (Law No. 1044/03, Legislatura de la Ciudad Autónoma de Buenos Aires, 2003).

9 The Penal Code also states that individuals who cause an abortion are to be punished: "1° with reclusion or prison from three to ten years, if acting without the woman's consent. This penalty may be raised up to fifteen years, if the act is followed by the woman's death. 2° With reclusion or prison from one to four years, if acting with the woman's consent. The maximum penalty will be raised to six years, if the act is followed by the death of the woman" (Art. 85, Código Penal de la Nación Argentina).

10 In addition to pursuing the decriminalization/legalization of abortion more generally, abortion rights activists have also worked hard to make sure that women can access the abortions already permitted by law, which is often ridden by various obstacles for the women involved.

is not punishable when done by a diplomaed doctor with the consent of the pregnant woman in the following situations: “1° If done in order to avoid danger to the life or health of the mother and if this danger cannot be avoided by other means. 2° If the pregnancy comes from a rape or an *atentado al pudor* committed on an idiot or demented woman. In this case, the consent of her legal representative shall be required for the abortion”<sup>11</sup> (Art. 86, Código Penal de la Nación Argentina).

The women who in theory are allowed to have a legal abortion (i.e., because their situations fit within the exceptions to punishability indicated in the Penal Code) have faced many obstacles, including the judicialization of the intervention due to some doctors’ refusal to perform permitted abortions without the authorization of a judge (judicialization that takes time and imposes a burden on the affected women as the biological process of pregnancy continues)<sup>12</sup>. A key aspect of the problem has been the disagreement over the interpretation of the letter of the law, which has contributed to making access to permitted abortions very restrictive in practice. In the case of the first clause, with regards to women’s health, the dispute has centered on the interpretation of the meaning of “health”. While narrow interpretations of health limit it to the physical dimension, feminists and others in the legal and health fields have argued that a correct interpretation should adopt the more expansive definition advanced by the World Health Organization, which includes mental and social wellbeing, besides physical health (FDR, 1997; Ramos *et al.*, 2009). The second clause, concerning rape, has been subject of long-term controversy in the courts and among criminal law academics, partly because of the grammatical structure of the article and the translation of sources that inspired the language on the exception. One side has argued that the exception applies to all cases of rape and a more restrictive interpretation has maintained that it only applies to the rape of women with mental

11 The phrase *atentado al pudor* roughly translates as “assault on chastity/modesty”. The article also retains the obsolete language of *mujer idiota o demente* (“idiot or demented”) to refer to women with mental disabilities.

12 See Ramos *et al.* (2009) for an account of the legal, economic, information, and geographical barriers that women (particularly those in vulnerable social conditions) face to access permitted abortions.

disabilities (see explanations on these disputes in Htun, 2003; Ramos *et al.*, 2009; Bergallo and Michel 2009).

In 2010, the Asociación Argentina de Profesores de Derecho Penal (Argentine Association of Penal Law Professors) issued a statement asserting a broad interpretation of the law in relation to the permitted abortions in the Penal Code (both with regards to health and rape) and arguing that non-punishable abortions do not require authorization of medical committees or judges (De Luca, 2010). In March 2012, the Nation’s Supreme Court of Justice issued a landmark decision (“F. A. L. s/ medida autosatisfactiva”) in the case of a teenage girl who got pregnant as a result of sexual abuse (Centro de Información Judicial, 2012). The Court rejected the restrictive thesis with respect to rape, asserting that abortion is not punishable when it results from rape, regardless of the mental capacity of the victim. This has been a significant victory for the abortion rights movement in Argentina and most especially for the women who have had to navigate countless obstacles in the judicial and medical systems due to conflicting interpretations. Still, despite the Court’s decision, a number of practical barriers persist for women who meet the criteria for permitted abortions (Defensora General de la Nación, n. d.).

Furthermore, the figure of non-punishable abortions leaves out the situations of many other women who want to end their pregnancies. There have been various projects in the national parliament proposing different levels of decriminalization/legalization of abortion but none have passed yet. While the general prohibition of abortion remains, the practice still continues in large numbers. In a country with over 745,000 annual live births in recent years (Ministerio de Salud and Organización Panamericana de la Salud, 2010; Ministerio de Salud, 2010), the estimated number of yearly abortions is somewhere between 371,965 to 522,000<sup>13</sup>. Seen from a global perspective, “Argentina has one of the highest abortion ratios in

13 Given the conditions of clandestinity imposed on the practice of abortion, it is difficult to calculate exact figures. A study by Mario and Pantelides (2009) used two different methods to estimate the number of abortions in Argentina. One of the methods, based on hospital statistics related to abortion complications, yields the following estimated number of abortions in one year: between 371,965 and 446,998. Another technique, the “residual method”, resulted in the following estimated number of abortions in one year: between 486,000 and 522,000 abortions.

the world, with one abortion estimated to occur for every two live births” (Department of Economic and Social Affairs, 2001: 31).

### Influence of the Catholic Church

In Argentina the Catholic Church hierarchy has historically and contemporaneously opposed abortion, most contraceptive methods, non-heterosexual sexualities, and sexual activity outside of marriage. Given the political clout of the Catholic Church in Argentina, this institution’s perspectives are not inconsequential for women’s rights (Borland, 2002; Gutiérrez, 2002; Novick, n. d.). Most of the population is nominally Catholic, and the church has traditionally had strong ties to the state, receiving subsidies from it and striving to influence its policy. During the neoliberal 1990s, the Catholic Church found a partner in then president Carlos S. Menem, who supported the conservative international agenda of the Vatican with respect to women’s sexuality and procreation. One visible sign of such backing was Menem’s Decree 1406/98 instituting March 25 (the day the Annunciation of the Virgin Mary is celebrated) as the “Day of the Child to Be Born” –a clear message against the legalization of abortion. According to Blofield (2006), in a climate of economic restructuring and growing inequality, this strategic state-church alliance helped to prevent criticism from the Catholic Church concerning the neoliberal economic plan implemented by Menem.

The Catholic Church has also attempted to mold the population’s attitudes and behaviors on sexual and reproductive matters through several avenues. Besides the church’s involvement in state politics, its views are disseminated through religious, educational, charity, and media organizations. Moreover, the Catholic Church has tried to influence other important spaces of political exchange such as the annual Encuentro Nacional de Mujeres (National Women’s Meeting), a vital women’s movement venue that has attracted tens of thousands of women from all over the country. Since 1997 the church has adopted several intervention or sabotage strategies, ranging from attempts to impede the event, to the promotion of

parallel meetings with women subscribing to the church’s perspective, as well as the training of Catholic activists to attend the Encuentros. At the beginning of my research, I was rapidly introduced to these ideological battles through my participation in the 2002 Encuentro, which took place in the province of Salta. Banners and flyers distributed around the city, encouraged people to adopt the stance of the Catholic Church and demonize those who did not agree with it. A flyer I picked up in the area surrounding the Encuentro’s main location said, “Lord of the Miracle, Redemptory Christ of the people of Salta, do not withdraw your love. People of Salta: You, who have a fidelity pact with the Lord of the Miracle cannot allow by any means neither abortion, nor the destruction of the family” (underline in original). A large street banner read: “Abortion and infanticide are abominable crimes. God’s Commandment is: DO NOT KILL.” Street messages linking abortion to murder or sin, or conflating womanhood with motherhood (e.g., addressing women as “woman-mother”) were disseminated around the city during the period of the meeting.

In addition to arguments based on religious or moral issues, Catholic Church representatives have also resorted to or co-opted anti-imperialist and nationalist discourses to support their views (Vasallo, 2003). In the 2002 Encuentro, Catholic activists argued that feminist demands around sexual and reproductive rights respond to the designs of international organizations that are trying to depopulate Argentina in order to dominate the country. When the law on sexual and reproductive health was sanctioned, a so called pro-life group argued that it “corroborates the mandates imposed by the new world order over our Argentina, and therefore, the complacency of many public officials who legislate against life and family, and above all, against our national sovereignty” (AICA, 2002). This line of argument is not new and resembles the confusion between population control initiatives imposed from international centers of power (like abusive sterilization campaigns that have nothing to do with promoting women’s rights) with projects that attempt to empower women to make free decisions about their sexuality and reproduction (Hartmann, 1995).

From a feminist standpoint, access to contraception and abortion are rights that should be guaranteed in a democracy (Durand and Gutiérrez,

1999). According to this view, when the Catholic Church and other conservative groups pose obstacles to those rights, they fail to recognize women as citizens entitled to make meaningful decisions about their lives and bodies. An interesting question, given the church's efforts to shape gender norms and arrangements, is: to what extent women internalize and/or resist these teachings that are directly related to their bodies? As it is shown later in this article, a number of the women in this study grappled with these kinds of contradictions and dilemmas.

### The women's movement

The generalized wave of social protest against the neoliberal economic model, governmental corruption, and the many problems confronting Argentina in the post-2001 crisis, were opportunities for renewed demands and struggles concerning women's sexual and reproductive rights. Paradoxically, while U.S.-dominated conservative trends in global politics (e.g., President George W. Bush's reinstatement of the abortion "global gag rule"<sup>14</sup>) had created adverse conditions for the promotion of women's rights in international arenas (Corrêa, 2003), in Argentina the opposite pattern seemed to be unfolding. The economic crisis shook key institutions and dimensions of social life, and the context of social movement activism nourished women's movements demands. Argentines loudly demanded deep social transformations, and women were actively engaged in those struggles. The gains made by women's movements in sexual and reproductive rights must be situated against this backdrop of broad social mobilization. As long-term women's movement members argued in activist forums, the public debates about women's sexual and reproductive rights flourishing at the time of this study were hard to imagine only a few years earlier. Yet recent legislative accomplishments in that field, and the societal support many of these issues were gaining (CEDES, CELS, and FEIM, 2003), cannot be understood as separate

14 The administration of Barack Obama overturned the abortion "global gag rule" in 2009.

from the steady political organizing of women activists at least since the 1970s (though negatively affected by the last military dictatorship) (Bellotti, 2002; Cano, 1982).

Women's grassroots organizing during the Encuentro Nacional de Mujeres, starting in 1986, and the proliferation of feminist and women's organizations since the restoration of democracy have constituted important resources for women across the country and have exerted pressure on the government to enact political changes favorable to women. During the term of my research, women's meetings, workshops, conferences, and protests occurred across the city of Buenos Aires and the surrounding metropolitan area. Not only feminists but also many women in popular assemblies, *piqueteras*, women in recovered factories, and human rights organizations were reflecting upon and making demands about their sexual and reproductive rights. Long-term feminist demands such as access to contraception and legal abortion are now being adopted by wider sectors of the women's movement and political organizations. For example, during my fieldwork, groups of *piqueteras* in Buenos Aires marched to health centers to demand contraceptive devices, putting the recently passed law to the test. In the 2003 Encuentro, the sight of thousands of women in the streets of the city of Rosario joined in the demand of *anticonceptivos para no abortar, aborto legal para no morir* (contraceptives to prevent abortion, legal abortion to prevent death) was an eloquent testimony that more and more women were willing to take a political stand on these issues (CONDERS, 2003b).

In 2005, the National Campaign for the Right to Legal, Safe and Free of Charge Abortion was launched by a wide array of organizations from different political sectors. The campaign includes members of feminist and other women's movement groups as well as human rights, labor, health, peasant, student, religious, and unemployed workers organizations and networks. As of 2011, more than 300 organizations had adhered to the campaign. The law project spearheaded by the campaign promotes the right to abortion in inclusive terms, that is, beyond its decriminalization. It aims to guarantee access to abortion to all women by creating an obligation for the state to make abortion available for free in

the public health system and that it be covered by the private and social insurance systems<sup>15</sup>.

Women's movement organizations have disseminated information on reproductive rights through several venues, including public protests, flyers, graffiti, participation in multiple political groups, and contributions to more formal settings such as governmental institutions, professional societies, workplaces, and nongovernmental organizations. During different women's protests, slogans like "Take your rosaries out of our ovaries", "If the Pope were a woman, abortion would be the law", "Neither god, nor master, nor the state decide about our bodies", and "Down with Capitalism and Patriarchy", identified and publicly exposed sources of women's bodily oppression. Some activists have stressed the need to obtain legal and free abortion on demand as a public health issue and in order to avert poor women's health risks or death. Others emphasized women's rights to decide over their bodies or rejected the imposition of religious morality on what should be a secular democratic state. Some groups emphasized pregnancy prevention, demanding better access to contraceptives, and still others made connections to broader issues of sexuality, questioning the role of compulsory heterosexuality in unwanted pregnancies<sup>16</sup>.

For many of the women involved, the importance of these protests, performances, and interventions around sexual and reproductive issues, and particularly abortion, was that they have helped to more firmly establish an overdue debate in Argentine society and to provide alternative frameworks to understanding sexuality, procreation, and women's bodies. Instead of naturalized motherhood and sexual guilt, many in the women's movement

15 See additional information about the campaign and law project on its website: <http://www.abortolegal.com.ar>.

16 See Borland (1997) for an analysis on how abortion rights activists and advocates in Buenos Aires have historically framed the issue of abortion. Sutton and Borland (2013) conducted a content analysis of abortion rights framing in the context of the Encuentros Nacionales de Mujeres (specifically focused on workshops on reproductive rights issues). The study shows that overtime participants who support abortion rights have deployed multiple framings, including arguments based on the notion of abortion as a public health concern, a social justice issue, a right to make choices about one's life, a right to the body, a matter of pragmatism, a defense of women's lives, and a human rights issue (very rarely abortion is presented as a eugenics strategy, such as poverty reduction). The Catholic Church appears as a key political opponent that has attempted to block the right to abortion.

assert women's rights to sexual pleasure, to a sexuality not necessarily linked to reproduction, and to decide about the number of children they want to have. Instead of women's bodies as public property, many women have been claiming their rights to make free decisions about their bodies as a basic citizenship entitlement and a human rights issue. They also recognize that these decisions are not a just matter of personal choice, but that basic economic and social conditions need to be in place in order to be able to make real choices. In the words of the national campaign for abortion rights, the debate and enactment of a law to legalize abortion constitute *una deuda de la democracia* (a debt of democracy) toward women in Argentina (Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito, 2011).

#### Unwanted and unplanned pregnancies: abortion as an option

While motherhood is socially glorified and encouraged in Argentina—and while many interviewees reported positive experiences and joyful feelings in relation to pregnancy—pregnancy is not always a voluntary or happy event for women. Forty-two percent of the women I interviewed individually reported that they became pregnant at some point in their lives unintentionally and/or when they were without the means or desire to have a child. The reasons behind these pregnancies were varied, including the failure of contraceptive methods, inconsistent use of contraceptives, sexual violence, inadequate information about sexual matters, silence and shame around sexuality, and unequal power relations between the women and their sexual partners which prevented the former from asserting their bodily needs and desires.

As Chaneton and Vacarezza argue, the field of sexuality is a complex one and not always predictable:

We venture into a terrain where bodies blend and mix, they push their limits and get lost in each other momentarily. Meetings that are enigmatic to the human conscience and whose results are not entirely predictable. Occasional and involuntary events, accidents, technical failures, shortage of economic and/or cultural resources, forgetfulness, neglect, disinterest,

things that happen, the *fragosidad* [unevenness, roughness] of love, lapses, weaknesses, spills. (2011: 45)

Even when sexual partners plan ahead and use contraception, the World Health Organization (WHO, 2003: 12) indicates that “no contraceptive method is 100 per cent effective [...] Even if all contraceptive users were to use methods perfectly all the time, there would still be nearly six million accidental pregnancies annually.” In this study, some of the women who became unwillingly pregnant had taken precautions to avoid pregnancy but “the condom broke”, “the diaphragm failed”, or other contraceptive strategies did not work out as expected. Sometimes contraception was used inconsistently, and the reasons reported ranged from psychological factors (e.g., an “unconscious desire” for motherhood), socioeconomic reasons (e.g., unsteady access to contraceptive methods or services), unequal power relations (e.g., difficulty negotiating the use of condoms), and lack of sufficient planning (e.g., sexual intercourse happened in a moment of “negligence” or “just the minute when I did not have the diaphragm with me”).

The women who had unwanted, unplanned, or unexpected pregnancies took one of two different paths: continuation or interruption of the pregnancy. However, the boundary between these two options was not always clear-cut. Ambivalences, fears, moral dilemmas, economic constraints, family pressures or support, health practitioners’ attitudes, and the length of pregnancy shaped women’s actions. Seventy-one percent of the women who reported unwanted pregnancies underwent abortions.

The controversial and emotionally charged positions heard in public debates about abortion also emerged during conversations and interviews with the women I met in the context of my study and women’s rights activism. The in-depth interviews and focus groups revealed the complex feelings, needs, and constraints embedded in women’s decisions on sexuality and procreation, and on abortion in particular. Through small workshops, conferences, women’s meetings, and political protests in which abortion was the central topic, I also gained a deeper understanding of the quandaries, ideologies, and intricacies involved in abortion discussions.

### Attitudes toward abortion

The majority (72%) of the women I interviewed individually were decisively for or at least sympathetic with the legalization/decriminalization of abortion; some (20%) were opposed; and a few women (6%) made ambiguous or ambivalent statements about this issue<sup>17</sup>. Although the three groups included women from different social classes, middle-class women were more concentrated in the first group (pro-legalization or decriminalization), while working-class and poor women were more heavily represented in the other two groups (opposed and ambivalent). A survey conducted by Römer & Asociados in Buenos Aires and the surrounding metropolitan area, reported in *La Nación* (2004), found that 30% of respondents accepted abortion without any conditions, 47% of respondents would accept abortion in special circumstances (risk to the mother’s life, pregnancy as a product of rape, or fetal malformation), and 23% were completely opposed to the practice of abortion.

The women in this study who supported legal abortion offered two main lines of argumentation echoing the frameworks used by women’s movements activists. One argument was that abortion is a personal decision that women have the right to make because it concerns their own lives and bodies. The words of Tania, an Afro-descendant activist, exemplify this position:

I support those who say that women own their bodies and have [the right] to decide. I believe that, many times, abortion is necessary, and I’m in favor of that. I’m not in favor of abortion per se, but of the woman who has decided to [have an abortion]. I respect her reasons, and I think that if she decides to do it, then it is all right. This [decision] belongs to the private sphere, to the realm of personal decisions, and I believe that we need to have absolute freedom –in that sense, I’m in favor. (personal communication, June 12, 2003)

<sup>17</sup> This information is absent for one interviewee with whom I had to finish the interview earlier than expected. I tried to contact her again in her workplace, but she had switched jobs.

Tania's distinction between being in favor of women's decision to undergo abortion yet not of abortion per se is important, for it clarifies a common misunderstanding in polarized political debates. Many of the people who advocate legal abortion *are not promoting* abortion but supporting women's right to decide and to try to avert risks to their lives and health. In fact, many of the women who were in favor of decriminalization of abortion emphasized the need to provide good access to contraception and sex education in order to avoid abortion in the first place.

The other main argument for the decriminalization/legalization of abortion was that the law's prohibition fosters dangerous procedures that put women's bodily integrity and life at risk. Eugenia, a flight attendant and union member, illustrates this position:

If you legalize abortion you are preventing that they be done illegally. You are protecting the lives of many women who die because of illegal abortion practices. Because [abortion] exists; it exists. [...] So if it is illegal you have to go to those hovels where a midwife does it with a knitting needle, and people get a hemorrhage and die. So then you are giving priority to the embryo and you are killing the mother. I think it is a bit contradictory. [Abortion] should be legislated, well legislated. (Personal communication, May 23, 2003)

Like Eugenia, other women in the study brought up dramatic examples to support their perspectives, such as cases of raped women, pregnancies that endangered women's lives, pregnant girls, and fetuses with serious malformations. The reasons offered were not mutually exclusive but often additive, that is, women offered multiple reasons to justify their views. A few women also pointed out the difficulties faced by low-income women supporting too many children, resorting to a discourse somewhat reminiscent of population control arguments (e.g., reducing poverty by reducing poor people's fertility). The need to end corrupt abortion business practices was also mentioned. Given the complexity, the emotional and bodily costs, and the moral dilemmas involved in this issue, it is not surprising that even those who supported the decriminalization of abortion stressed that abortion is something to be avoided if possible, emphasizing the need to prevent unwanted pregnancies.

One-fifth of the women in the sample of individual interviewees strongly condemned abortion, equating it with murder. Estela, a low-income woman in a poor people's movement, illustrates this position. She had several children, and when her teenage daughters got pregnant she convinced them not to undergo abortions. She explained why: "I'm an enemy [of abortion]. I think that at the same moment that you engendered a child, at the same moment that you make love, you could say, and you get pregnant –*that* already has life. It is as if you got a one-year old kid and you cut his throat with a knife. That's how I see it" (personal communication, January 14, 2003). Some of the women who took this position were fairly committed to the Catholic Church or to other Christian denominations (e.g., taught catechism or were involved in the religious community) or had subscribed to religious teachings. Despite their condemnation of abortion, some of these women felt that rape should be an exception to penalization.

Three women (6%) in the sample were ambiguous about whether abortion should be penalized, seemingly leaning to one direction or another but without making a definite statement. These women negotiated perspectives that condemn abortion with feelings of guilt, fear, and/or empathy for the women who go through abortions. Luciana, a middle-class woman of Asian descent, suggested that abortion is a personal decision, and she brought up the case of rape to support her point. When I asked about nonrape cases, she was less sure and said that "she should be in the woman's place" in order to know. She focused her attention on contraceptive prevention and said she was not sure who the law should penalize (personal communication, June 4, 2003). Yolanda, a working-class Peruvian immigrant, also encouraged contraception, but she said that she was very much an "enemy of abortion". Still, during one of her pregnancies she had considered undergoing abortion herself but did not do it because of family pressures. When I asked her whether abortion should be penalized, she responded:

Well... but... well... I say... there are sometimes pregnancies... that you get pregnant because of rape. And well, you do not want to have that child,

so there are people who decide to take it out. So well... sometimes I say... no? If you do not know who the father is, if you got pregnant because of rape ... But the Catholic religion never allows abortion, no matter what. (Yolanda, personal communication, May 9, 2003)

Yolanda's statement shows that she was struggling to articulate her position on a matter that she did not perceive as clear-cut. She seemed to be sympathetic to abortion decisions in some instances, but she tried to negotiate that position with the perspective of the Catholic Church, which repudiates abortion. She did not clarify what the stance of the state in these matters should be.

Candela, a young woman who lived in a shantytown, also provided a mixed view of abortion. Above all, she was fearful of the risks of undergoing abortion, given the dangerous conditions in which it is usually carried out in her neighborhood. Candela knew that abortion was prohibited, but she did not know that it was defined as a crime that could carry a prison penalty. She was surprised about that because she knew many women who underwent abortions, and because it was "so common" in the shantytown where she lived. She spoke about friends of hers who performed the abortion themselves, either with pills or with the *sonda* (catheter), and about the case of a friend who died in the process. With respect to her attitudes, on the one hand, she experienced feelings of guilt regarding the procedure. These emotions were partly grounded in religious beliefs: when her mother encouraged one of her sisters to have an abortion, she thought, "Oh God, forgive her because she is not saying that with a bad intention." On the other hand, she was empathetic toward other women who undergo abortions:

I try to put myself in the place of that person, and the reason she did it. Because she thought that if she brings that creature, what could that creature expect? What could she offer? Many people say that love and affection. But I had a friend who said: "I can't feed [the baby] just with love, and I can't clothe [the baby] just with affection" [*laughs*]. She always said, "the budget, the budget." Everyone was upset when she said that, but she was somewhat right. (Candela, personal communication, February 11, 2003)

Candela's position highlights the difficulty of making abstract moral statements about abortion and how multiple forces may shape women's views, including religious influences, women's economic situations, the experiences of friends or family members, and the conditions in which abortions are done. Candela's willingness to imagine herself in other women's shoes (bodies), shows the contrast between moral abstract views and concrete embodied positions, which also inform moral standpoints.

The discussions within the focus groups also reflected the contested nature of abortion in Argentina. The focus group with poor women enrolled in a social assistance program exhibited differences of opinion, with some supporting abortion in certain cases and others completely opposing it. The content of this exchange raises questions about the reasons for some poor women's opposition to this practice. In some instances, disagreement seemed to be grounded in the high value these women placed on motherhood (an important source of status and perhaps influenced by cultural and religious beliefs too), but it might have also been a way to resist discourses that suggest it is morally wrong to have children if one does not have sufficient economic resources (economic arguments that sometimes inform population control policies). For women living in conditions of chronic poverty, endorsing acceptance of such arguments would foreclose their possibility of having children, making fertility control not so much a choice but a mandate (Solinger, 2001). Ana, one of the women in the focus group, articulated her opposition to abortion by suggesting that women can support their children even if they have few economic resources:

I have five [children], and they are with me. To me, abortion is the worst thing that exists. [Why?] Because you are throwing the child to the garbage can. A [bad] conscience remains knowing that you... you could have perfectly had it, like I do. I have five. I have a *plan* [workfare subsidy]. I do not have a luxury job. I only have 150 pesos [approximately fifty dollars per month at the time], and the 150 are for my children. And my children do not lack anything. (Focus group 2, June 10, 2003)

Ana's effort to raise her children in the midst of poverty was certainly a great challenge, and she was proud of her efforts. Although she faced severe

economic hardships (it was next to impossible for a large family to survive on only 150 pesos), she tried to demonstrate that she could still be a good mother who satisfied her children's needs. While Ana's having five children might have been the result of lack of real contraceptive choices and/or the moral repudiation of abortion, she might have also been asserting her desire and right to have children like any other woman with greater economic power. Yet, Ana used her own experiences and efforts to raise her children as a platform to reject the decision of other women to undergo an abortion, implying that they are bad women or that they are unwilling to sacrifice themselves enough (reverberation of maternal sacrifice discourses).

Abortion was a particularly touchy issue in the focus group of domestic workers. One of the women in the group had strong feelings against abortion, equating it with murder, while another—her good friend—shared her own abortion experience during the meeting. At some point the discussion could not go any further because the woman who opposed abortion insinuated that she did not want to offend her friend. In a sense, her personal relationship took precedence over her moral convictions, casting doubt on whether she could really take her abstract position to the logical conclusion: that is, her friend would be a murderer under her definition of abortion. While the difficult interaction revealed the emotional responses and ethical dilemmas that abortion elicits, the group still recognized that abortion was a widespread practice. I mentioned that one perspective on abortion was that women who undergo such a procedure should be punished with a prison sentence. One of the women in the group responded in the midst of generalized laughter: then “all women would be *en cana*” (slang for “in jail”). This group also highlighted the social inequalities that mark the conditions in which abortion takes place and how lack of economic resources sometimes means having to wait more time to be able to pay for an abortion. Some in this group conveyed that the longer the wait the more troublesome the decision, as the abortion goes from being the expulsion of “just blood” to the extraction of something that more closely resembles the human form.

The focus group of lesbians showed the most uniform support for women's abortion decisions. None of the women in the group opposed it.

This group expressed a clear sense that women should be the ones to decide over abortion matters, citing women's ownership of their bodies, and suggesting that women should not be forced to lend their bodily resources to carry an unwanted pregnancy to term. Myrna, one of the women in this group, expanded her reasoning to other realms, arguing that women have a right to decide over their bodies both in relation to abortion (often framed as a reproductive right) and in relation to their sexual identity (usually defined as a sexual right). This connection echoes efforts by some activists and scholars to bridge the work of people more strongly aligned with either one or the other side of the sexual/reproductive rights split. According to Brown, with a “focus on the axis of (sexual) freedom and not just on (social) equality, the demand for the legalization of abortion functions as a hinge between reproductive and sexual rights” (2008: 280). Myrna, a focus group participant, identified the Catholic Church as a crucial player that has also made the connection between issues of sexual identity and reproduction, but with opposing goals—that is, restricting women's capacity to make decisions about their bodies in both areas:

[According to the church,] God is the one who gives you life and who takes it away. Then, of course, [the church] is opposed to the notion that women are the owners of their lives. If they are the owners of their lives, then they can also decide about their *sexual identities*, they can decide on everything else they want. On the other hand, like all theories, it is difficult for me to put into practice, that is, to break with the mandate that the only objective that women have, the only reason they are in the world for is to *procreate* [emphasis added]. (Focus group 3, June 11, 2003)

The focus group with volunteers in a Catholic charity organization clearly demonstrated the contradictions between Catholic teachings and the reality of women's lives. It showed how difficult it is, even for committed Catholic women, to sustain the discourse of the church. The discussion on contraception and abortion was initially somewhat dominated by Francisca, a sixty-nine-year-old woman who seemed to enjoy respect and authority in the group. She clearly endorsed the ideas of the Catholic Church advocating natural contraceptive methods and talking about the promis-

cuity of teenagers today. Her words started to lose some of their power in the face of uncomfortable silences or other women's remarks about how contraception is really a "personal decision" or how the Church does not allow condoms but "AIDS is the other side." Another woman added: "I have sons and I see condoms in their drawers. They are taking care of themselves. What am I to do? They are twenty-five and twenty-seven years old, and I'm happy to see the condoms, to see that they are taking care of themselves." Perhaps the most surprising part of the conversation, given the focus group setting (church-related premises) and the fact that these women said they were devoted Catholics, came when we reached the topic of abortion. I had expected these women would reject abortion outright, or at least be very cautious in their words. Yet I was wrong. They were very agitated about this issue, and some of them offered passionate arguments about why abortion should be allowed in certain cases:

Pupee: It is something very personal, it shouldn't be prohibited, and each person should be able to choose according to her own criteria, her way of being, her environment, her social and economic situation, her principles and moral beliefs [*another woman repeats*, "according to her morals, to her principles"]. There should not be a prohibition. Each person should be free to choose. I wouldn't say "do it," but it is each person's criteria, right?

Delta: I'm in favor of therapeutic abortion, or if there was rape.

Chiqui: Yes, that, of course.

Delta: That little girl of fourteen years old who got pregnant –I think she was not from here, in another country– and she got authorization...

Francisca: To legalize abortion brings promiscuity along. Free love is promiscuous.

Delta: And what do you think, that there's not free love today?

Francisca: I'm not saying there isn't.

Chiqui: To legalize [abortion] is to avert a lot of problems, like women...

Francisca: Well, that's one way of thinking.

Chiqui: ...like women who undergo abortions with a knitting needle and get to the hospital with a hemorrhage.

Delta: It is terrible.

Chiqui: That could be averted.

[*Silence.*]

Pupee: It is very personal.

Chiqui: Anyway, I believe that abortion is a very personal issue, and I agree with what she says about therapeutic abortion. And it is essential because of rape. Suddenly, they get a ten-year-old girl...

Delta: Like it happened in a Central American country...<sup>18</sup>

Chiqui: Or a drunk in the streets...

Francisca: That's a very particular case.

Chiqui: Why not authorize abortion in those cases?

Francisca: Well, it is probably authorized.

Chiqui: No, it is not authorized.

Delta: Not here, you have to go to the judge, you have to...

Chiqui: Meanwhile the nine months [of pregnancy] went by.

(Focus group 4, June 18, 2003)

The conversation continued with more examples in which different participants felt the law or the justice system should have supported women (e.g., rape, unviable fetuses). Yet as shown above, the idea that women have a right to make abortion decisions, even if not in these extreme cases, was also mentioned. While as practicing Catholics these women subscribed to many of the church's teachings, they also had their own ideas, many of which contradicted the church's ideologies on contraception and abortion. They came to these ideas by reflecting on their own observations and trying to make sense of information they gathered from sources like the media and from their everyday life. These processes evidenced fissures in the rigid frame provided by the Catholic Church. Some of these women's statements resonated with feminist arguments, though they would probably not identify them as such.

The attitudes of the women in this study toward abortion reflected the ethical, religious, and practical quandaries that abortion poses in a society influenced by the Catholic Church, plagued by social and economic inequalities, and in a period of crisis when gender relations were

18 This is a reference to a real case of a Nicaraguan girl who was raped and got pregnant, but Nicaraguan government authorities and the church opposed her undergoing an abortion. This case received considerable media attention in Argentina.

in flux. The public debates on reproductive health that surrounded the sanctioning of the new national law, the renewed activism and visibility of the women's movement, and the media exposure of dramatic cases (e.g., the ordeal of raped girls or of women pregnant with seriously malformed fetuses that precluded viability) prompted the public to interrogate their beliefs and positions on abortion and reproductive rights. For example, studies suggested widespread support for increased access to contraception and sex education (CEDES, CELS, and FEIM, 2003). While the Catholic Church perspective filtered or shaped the views of different women in this study, feminist perspectives were also implicitly and explicitly enlisted. Having reviewed the attitudes of women I interviewed about abortion, I will next examine the actual embodied experiences of women who terminated their pregnancies.

### Experiencing abortion

Fifteen out of fifty individual interviewees reported that they had undergone abortions. Some other women experienced the process secondhand via close female friends or relatives. Since I did not ask women directly whether they had undergone abortions—this information was volunteered by the interviewees—it is possible that some women experienced abortions but chose not to report them. The majority of the women who reported abortions were middle class (ten women); the rest were poor or working class (five women). Besides these fifteen women, a working-class interviewee whose period was delayed said that she used an injection “to get her period” but was not sure whether this procedure was abortive or not. Only one woman in the four focus groups reported having had an abortion, but the less intimate context of focus groups may have made it more difficult to share this kind of information.

In the following sections I explore several questions: what are the effects of the clandestine and illegal status of abortion for the women in this research? How did women decide to have an abortion? How did they frame their decisions? What were the conditions in which abortions were

performed? These women's voices challenged cultural assumptions that deny the reality of abortion and marginalize or vilify women who make this decision. They also relate the inherently gendered (and classed) bodily dimensions of these experiences.

### *Motivations*

Ideologies that reflect the criminalization of abortion either disregard or downplay many women's reasons for having abortions, concentrating mainly or exclusively on fetal rights. Since women's bodies and existence are so deeply enmeshed in processes of pregnancy and abortion, it seems appropriate to hear what they have to say. In general, the women who had abortions explained that the timing of the pregnancy was not right either because they were too young, had other projects that were not compatible with a child, already had other children, and/or faced economic problems. One woman said that at the time of her unwanted pregnancies, she was just not interested in having children or forming a family. Some women terminated their pregnancies because their partners did not want the child or because they themselves did not want to have a child with a particular partner. Often, it was a combination of several conditions that shaped women's decisions to undergo an abortion. About two-thirds of the women who reported abortions had children at some point before or after.

Frida, a forty-year-old middle-class woman, stated that the factors that intersected in her decision to have an abortion included domestic violence, marital dissatisfaction, already having a child, and her career plans. She was married and had a child with a man with whom she did not enjoy sex and who was becoming increasingly violent. They had sexual relations very sporadically, and she got pregnant. Frida had already decided to separate from her husband and pursue other projects and knew that he could use a future child to trap her:

I was clear that I wanted to finish my studies. I was clear that I already had a child, that I wanted to work on something related to my studies, that I wanted to separate [from my husband], and that this kid would have made all that more difficult... I was clear that [the kid] should not come because [he/she] would be burdened with a shitty history. (Personal communication, December 5 2002)

From Frida's perspective, continuing the pregnancy had high costs: resigning an emergent independence derived from career opportunities and being stuck in a violent and unhappy relationship.

Although from a very different economic and social background, Alexandra (twenty-four years old) also had to weigh multiple and complex life conditions in her decision to undergo an abortion. At the time of her pregnancy, Alexandra was living in a shantytown and was already raising a small child on her own given that the father had left them. Her new pregnancy was the product of a casual relationship with another young man. Her decision to have an abortion was not easy, for she experienced tension between her Catholic upbringing and her inclination to terminate the pregnancy. She finally rejected the hegemonic Catholic perspective. When I asked about her abortion experience, she lowered her voice and explained:

I didn't want, I do not want [to have another child], because of the situation I was in, and my relationship with that guy was nothing serious. We were together, but no... each of us was leading one's own life, so no, there was not a relationship like saying "let's have a... [child]". So I said "no". I thought about it, I thought about it, and we decided. Even though I was raised in a nuns' school—which means that [abortion] is wrong—I was not going to bring [a child] to make him suffer. (Alexandra, personal communication, February 24, 2003)

Alexandra's economic difficulties, her previous experience of male abandonment, and the casual relationship with her last sexual partner influenced her decision. If she were to birth another baby, she wanted to offer her child the possibility of at least basic well-being. Her fear of hardship was based on the economic difficulties facing a poor single mother in a

depressed economy. She already knew what it was like to raise a child alone, without the father's contribution and childcare support, and she knew much about the challenges a second baby would pose. She also did not envision the man she was dating as a person she would want to have a child with, given that their relationship was "nothing serious"—and she felt that having a child was serious business.

Although women are socially condemned for having abortions, few ask what role men play in these decisions, almost as if women got pregnant by themselves. Sometimes the identity or the wishes and situations of the women's sexual partner are key in their decision about abortion. While many women raise children by themselves, supported by extended families, or with partners (male or female) who are not their child's biological parents, for others it is very important to be able to count on the support of the men who impregnated them. When the future father withdraws his support, or when he is not someone a woman wants to have a child with, this may tilt her decision toward abortion. Ursula, a middle-class woman who got pregnant when she was a teenager, stressed how much her boyfriend's lack of support weighed in on her decision to terminate the pregnancy. At the time she felt that abortion was "the only thing I could do, because I couldn't do it alone, and if I chose this [to continue the pregnancy] everything was going to be harder, because he did not want it, and if I didn't have his support, I was not going to do it" (personal communication, November 28, 2002). In the case of Franca, an indigenous woman from a northern province, the decision was partly based on her desire to spare her lover any trouble since he was married to another woman. These women took into account their relationships with men, their ideas of what constitutes a suitable family and home for the child, and their partners' desires.

Yamila, a working-class woman who identified herself as a sex worker, got pregnant when the condom a client was using broke. Her description of how she tried to convince her gynecologist of her reasons for wanting an abortion show the various threads entangled in her decision-making process:

I realized [that I was pregnant] one month later, when I missed my period. It looks like the condom broke when I was ovulating, and I became

pregnant. I went to talk to Berta [the gynecologist], and I told her, “I can’t have it.” And Berta said, “Why not?” Of course, doctors want to brainwash you to have it. [I said], “No, you don’t understand, he is a customer, a person whom I don’t love.” She said, “But it is a life.” [I replied], “Yeah right, but I can’t have a child now, not at this moment. Perhaps if it would had happened at another time I would have had it, no matter who the father was.” But it was not a good time to have a child. I was coming out of a separation, out of many problems, you know, and I did not want to... So I did it myself. I inserted a pill in my uterus. (Personal communication, March 12, 2003)

Abortion decision-making is a context-related process. Yamila did not want to have a child with someone “she did not love” and right when she was splitting up with her partner, but she might have had a baby at another time, under different circumstances. Ursula, who at the time of the interview was in a committed lesbian relationship raising her children with another woman, mentioned that when she was eighteen years old, having a child without her former boyfriend’s support was not a viable option but the situation would be different now.

I presented different cases of abortion motivations to underscore that, though abortion decisions are personal, they do not happen in a social vacuum. They are influenced by broader social conditions, power relations, and inequalities. Simple assumptions about women who undergo abortions hide the multifaceted and often painful nature of these decisions, particularly in a context where women who take this path are socially demonized or marginalized. This adverse social milieu also shaped the conditions in which abortions occurred.

### *Abortion conditions*

The unsafe conditions in which millions of abortions are performed worldwide present this practice as a serious public health issue. According to a World Health Organization report on the incidence of abortion in 2003, the estimated annual number of abortions around the world was 42 mil-

lion, and about 20 million of those abortions could be considered unsafe (WHO, 2007)<sup>19</sup>. Legal restrictions on abortion did not seem to avert the practice: the great majority of unsafe abortions (around 98%) happened in developing countries with such restrictions (WHO, 2007). As of 2007, legislation in most countries (98%) permitted abortion to save a woman’s life, but only 28% allowed abortion on request (WHO, 2011). Although legalization is not enough to ensure access for all women (for example, because of economic or geographic constraints), in places where abortion is illegal women face additional challenges (Mundigo and Indriso, 1999).

The main effect of the criminalization of abortion in Argentina is not incarceration of women or the eradication of abortion, but clandestine abortion practices. Consistent with global trends, restrictive laws have an impact on how abortions are conducted, under what conditions, and with what economic, emotional, and bodily costs. In this section, I offer a glimpse of the disparate circumstances in which abortions are performed in Argentina and how women in this study experienced this procedure, given the context of illegality. All of the abortions of the women I interviewed were clandestine, with different degrees of safety and quality of treatment. Most of the abortions reported were performed by health care practitioners (doctors, midwives), but this did not always guarantee minimum hygiene conditions, good medical attention, or humane treatment. Against the backdrop of criminalized abortion, safety and good quality health care cost significant amounts of money. Women with fewer economic resources had fewer choices of methods to use or places to go, which could mean taking greater risks. Yet even for middle-class women, abortion in better facilities was very costly. Women’s economic resources and support networks, as well as their relationships with and reactions of their doctors, shaped how they navigated the different clandestine circuits of abortion. In what follows, I explore these circuits and how women enlisted support for or tried to overcome the obstacles to their decisions to terminate their pregnancies.

<sup>19</sup> In 2008, the estimated number of unsafe abortions throughout the world rose to 21.6 million, but the overall unsafe abortion rate (“14 unsafe abortions per 1000 women aged 15-44 years”) did not change “mainly due to the growing population of women of reproductive age” (WHO, 2011: 1).

Among the most economically and socially disadvantaged women, two resorted to “homemade” abortions. In one case the procedure was performed with the infamous sonda and in another with a medication containing misoprostol, which taken in certain amounts produces uterine contractions. Alexandra, the young woman living in a shantytown, could not afford to have an abortion in a clinic. Even one that was relatively inexpensive was still beyond her economic reach. Thus, she contacted a friend of her sister who made her a special deal (approximately seven dollars) to practice the abortion with a sonda in Alexandra’s sister’s home:

Author: How was the experience?

Alexandra: Ugly, because she inserted the sonda [in the vagina]. I don’t know if you heard about it or ...

Author: I don’t know the procedures really well.

Alexandra: Well, it is because it is illegal, you know. Well, she inserted that [the sonda] [...] She asked me to lay down on a bed. I mean, I went to my sister’s home to do [the abortion], because I would have to stay two or three days in bed, more or less [...] First I was scared, and then I did it, and I got up the following day and I felt something that fell, and when I went to the bathroom, the placenta fell and then I was losing [blood]. I had a strong hemorrhage, a strong hemorrhage, and my mom told me, “Why don’t you go to the doctor? Go and find out what you have.” But I did not want to tell her. Well, then I was, [the hemorrhage] started to decrease, but I couldn’t get [my body] straight for about a week. I got stuck like that, bent over. Because I still had it there, I hadn’t expelled it yet.

(Personal communication, February 24, 2003)

After a few days, the abortion was completed and luckily she did not suffer further side effects. This very dangerous procedure put Alexandra’s health and life at risk, but it was the only method she could afford. The illegality of abortion, combined with her poverty, influenced the dangerous conditions in which it was done. Alexandra relied on one of the methods that often result in health problems requiring medical attention. Yet like many other women, Alexandra never went to a medical center, adding to the nonregistered numbers of abortions that take place in Argentina every day.

Yamila, who made a living through prostitution, had what she called a homemade abortion and found out about this method from information that circulated among her *compañeras*. She reported using an analgesic and anti-inflammatory medication with misoprostol, inserting some of these pills in her vagina and taking additional pills orally in order to produce contractions that cause an abortion:

I laid down, and I got up the following morning, but it hadn’t come down. I came to the office and when I got home I started to have cramps, like in my belly, and I went to the bathroom and expelled everything. [...] I felt pretty bad, because I also have gastritis, you know, and those pills are for the bones, so they are really strong, you know? They killed my stomach, and for one week my stomach did not get better, but I expelled everything, even the placenta. (Personal communication, March 12, 2003)

Yamila could not afford a fancy clinic or an expensive doctor to do the abortion or to give her sound advice about abortion procedures. When she talked to her gynecologist in a public hospital, she did not help her. Rather, the gynecologist tried to convince her to continue the pregnancy. Thus Yamila relied on the informal network of women in prostitution to find out how to do the abortion herself. While in certain conditions abortions with misoprostol can be done safely, the information that circulates informally is not always reliable and misinformation can lead to health risks that could be averted<sup>20</sup>.

Legislation that makes it difficult for women to access safe abortions, influences the high proportion of abortion-related deaths among maternal deaths in Argentina. Particularly for poor women, the dangers of clandestine abortions and justified fears of going to the hospital to obtain post-abortion attention may place their lives in jeopardy. At the time of this research, the Ministry of Health had estimated that 31% of maternal

20 A group of lesbians and feminists have tried to remedy this situation and have taken the initiative to provide reliable information through a hotline (called “Abortion: More Information, Fewer Risks”) and through a book (*Lesbianas y Feministas por la Despenalización del Aborto*, 2010) about how women can perform abortions with misoprostol safely. The book gives information in an accessible language and specifies in which conditions it is safe to use misoprostol.

deaths in Argentina were caused by botched abortions (Ministerio de Salud, 2002), that is, abortion constituted a chief cause of maternal death in the country (see also Ramos *et al.*, 2004)<sup>21</sup>. These numbers, however, cannot be considered exhaustive, because of the clandestine nature of the procedure. It is also suspected that some of the maternal deaths that are registered as produced by other causes are, in fact, related to abortion (Ramos *et al.*, 2001). Furthermore, women who undergo clandestine and unsafe abortions may also suffer infections that jeopardize their organs, including ovaries, uterus, lungs, liver, and kidneys (Mormandi, 2001). As Mundigo and Indriso state: “Death is not the only tragic cost of unsafe abortion. Many more women survive the experience, only to suffer life-long consequences of serious complications. Sepsis, hemorrhage, uterine perforation, and cervical trauma often lead to problems of infertility, permanent physical impairment, and chronic morbidity” (1999: 24).

While some women seek medical help because of abortion complications, many more do not. For example, in the province of Mendoza, it was estimated that “for every woman who arrives at the hospital during the course of an abortion or abortion complications, there are three or four cases more who never reach hospital attention, and thus are not part of the records” (García, 2003: 4). In the province of Buenos Aires, about 32,000 women per year were reported to seek medical attention in public hospitals because of abortion-related complications (*Clarín*, 2003). As long as abortion remains illegal, and safe abortions expensive, women of low economic means will continue risking their lives and bodily integrity in order to control their fertility. While Argentina joined over 190 countries that pledged to fulfill the United Nations Millennium Development Goals—one of which is to improve maternal health—the 2007 Argentine government report avoided a discussion on the legalization of abortion as one of the necessary steps to reduce maternal deaths. While the report (Presidencia de la Nación, 2007) endorsed humane post-abortion attention, this does not solve the inadequate conditions in which currently illegal abortions are carried out in the first place.

21 In more recent years, the Ministry of Health estimated that “over 20 percent of deaths recorded due to obstetric emergencies were caused by unsafe abortions” (Human Rights Watch, 2010).

In a society where abortion is a crime, where women have been traditionally subordinated, and where women who do not choose motherhood are viewed with suspicion, one of the risks of undergoing abortion is mistreatment by those who perform it. Even the women who could pay more money for an abortion could not count on humane treatment. For example, the first abortion of Diana, a middle-class interviewee, was in a doctor's private office. Yet Diana recounted that this doctor treated her badly:

When I woke up from my first abortion, I saw a bucket with blood and other things next to the bed, which they could have placed in the bathroom. The guy [the doctor] complained the whole time, before and after the abortion: “This [pregnancy] is too advanced. I don't know if this should be done or not! Later, if you have an infection, it will be your own responsibility, do not call me!” [He said] those kinds of things. (Personal communication, December 4, 2002)

In Diana's case, the doctor did the abortion and was paid for it, but washed his hands of any responsibility or accountability in relation to the procedure or her physical health and emotions. The fact that she was doing something illegal meant that she would be unlikely to report medical malpractice to the justice system or, if she did, she would probably find no sympathy.

Lorena, a university student in her twenties accompanied her best friend to have an abortion in a private house with a terrible smell that stayed with her for many days. This place was run by two women who performed the abortions, but Lorena was not sure whether they were doctors. Lorena described the mistreatment of women undergoing abortions:

[The abortion practitioners] would tell the women, “Oh, what are you whining about?”—and [my friend] was hurting—“What are you whining about? You liked it, right?” It means that if you did it [having sex], you should have thought about it before. And when my friend was hurting, they would tell me. “Oh, don't pay attention to her, don't pay attention to her. They play the role of victims, but they are very manipulative.” And I was very scared. I did not say anything because, at that moment, I was not interested in what they told me. They take advantage and make money. (Personal communication, November 7, 2002)

In Lorena's narrative it is possible to infer multiple reasons for why abortion in such conditions jeopardizes women's physical and psychological well-being: the implied lack of hygiene in the building (the terrible smell), a corrupt business set up ("they take advantage and make money"), and abusive or disrespectful practitioners whose discourse is infused with negative cultural scripts about women's sexual bodies (e.g., the idea that women should suffer if they had sex –and abortion is that punishment). This context contributes to heightening women's pain and fears. Abortion practitioners like the ones Lorena described are obviously not concerned about promoting women's rights or well-being. While there are networks of activist women and health practitioners who support women who decide to terminate their pregnancies, many women end up in the hands of corrupt people who are more concerned about profit-making and who lack any accountability.

Some of the women who had abortions were able to access quasi-normal medical facilities or at least relatively safe and hygienic places. Yet this kind of attention required monetary resources that women themselves often lacked, so they had to collect or borrow money from other people in their circle of friends or relatives. When Diana decided to have a second abortion she did not want to risk being mistreated again, and she aimed for a better abortion facility. This time the abortion took place in a clandestine clinic that cost her a "fortune" but afforded adequate treatment and some level of tranquility:

The second time it was more institutional. I went with my partner. It was very expensive. I was able to rest there for a while, and the guy [the doctor] bothered to explain that –what he probably tells himself– that this was not more complex than a dental extraction. He gave me a medication to take with me, he told me I could call him at any moment, I mean, as if he was a normal doctor. And, I was less paranoid about being busted by the cops. I don't know, the first time I was scared about that. (Personal communication, December 4, 2002)

Diana's second abortion was done in a "first class" facility (as another interviewee would call it). The high cost of this type of abortion offered

the bottom line of what "normal doctors" are expected to do: explain the procedure, be available to patients, and be mindful of patients' bodily and emotional needs. Diana's reference that the doctor treated her as if he were a normal doctor resonates with another interviewee's experiences in expensive abortion facilities; this woman mentioned that the procedure almost seemed legal. This sense of normalcy or legality contributed to making the abortion experience less problematic to these women.

Still, even some women who had abortions in relatively good conditions, and who supported the legalization of abortion, referred to abortion as a hard embodied experience. In some cases, the difficulty of abortion has partly to do with the physical pain of that type of bodily intervention, but also with how such pain is merged with the social context, moral dilemmas, and cultural expectations of Argentine society. Ursula, who had an abortion in a good site, without complications, and who believed in women's right to decide over their bodies, offered a poignant explanation about why abortion can be such a difficult decision and experience for women:

In the best case scenario, [abortion] is an unpleasant procedure. In any case, it is not like having a dental extraction, which is another unpleasant procedure. It is not like having a mammogram, which is another unpleasant procedure. This is big. And it is big because it goes against everything that we talked about, things that are taught and learned, things that are culturally transmitted. And you were raised and taught to believe that that thing that they are taking out from you at that moment [the embryo/the fetus] –because you decided to have it taken out– you were supposed to carry it full term, breastfeed it, raise it, educate it, clothe it, and give your life for it. And you are taking it out. How can that not be violent? It is [violent], in the body, the mind, the soul, in everything you can think of. You did not want that; you did not want to be in that situation, but you are and it is horrible, horrible. In fact, it hurts less than giving birth, but when you give birth the whole culture is supporting you. "You shall give birth in pain." [...] but then you have the baby. And even if what you are aborting is not a baby; it is not a person. What I'm trying to say is that you are still aware of all of its potentialities, and they are there, inside. (Personal communication, November 28, 2002)

From Ursula's perspective, abortion is a painful experience that affects the whole embodied self, even if it can be conducted with minimal physical pain and risks. She suggested that the embodied pain experienced during abortion cannot be isolated from cultural expectations promoting motherhood and encouraging a deep embodied attachment to the potential human being developing inside the woman's body. Culturally, this embodied attachment is supposed to transcend pregnancy and may even entail the ultimate sacrifice a person can make (i.e., to give one's life for another being). Thus, interrupting the course of a pregnancy, cutting that connection, going against the cultural expectations, was disturbing to Ursula even if she did not regret her decision.

Rocío, who had two abortions with a medical doctor, and who also thought that abortion should be decriminalized, talked about these experiences as leaving "a kind of wound". She recounted how it is to "wake up after an abortion, and the pain that one feels, the sensation that one was asleep the whole time, but was not completely numb. It is a feeling of pain, there in your belly. It is something very hard. I don't know, because of lack of contraception. [We need] greater awareness, more information" (Rocío, personal communication, February 19, 2003). Rocío would have preferred to avoid abortion and to prevent an unintended pregnancy. She regretted not having used contraception. In telling her experiences of abortion, she talked about the physical environment of the doctor's office and how during the second abortion she perceived the surfaces as older and not too clean (even though he was a "first class" doctor). She reported crying and experiencing emotional and physical distress. She also compared abortion to other bodily experiences, saying that abortion is not like taking out a breast lump: in the case of abortion, "you are hurting something vital, you are wounding, cutting, extracting, bleeding, not letting the natural course of events to continue." She argued that there is an energy, a spiritual connection that is at stake when undergoing an abortion. Even though she is not Catholic, she attributed such perception to the church's influence. The physical pain she experienced was intertwined with the meanings she attributed to abortion and the social context of such procedures. Interestingly, when she was waking up after one of her abortions, she looked at the doctor and said to him

"never again." The doctor immediately connected such expression to the name of the book *Nunca Más* (Never Again), which reports the tortures and other human rights violations during the dictatorship. This episode evokes associations among different kinds of distressing physical experiences taking place in clandestinity (experiences of torture under the dictatorship vis-à-vis abortion in a situation of illegality) and shows the social character of the embodied experiences and meanings attributed to abortion.

Women's relationship with doctors and support networks influenced the conditions under which abortion was carried out. Doctors' attitudes are not irrelevant in abortion cases, as they have the power to obstruct or support women already making a difficult choice (Ramos *et al.*, 2001). Doctors' ideas about women's bodies and rights, their moral convictions, their interpretation of the law, and their relationships to the women involved affect abortion decisions and experiences. In this study, doctors sometimes facilitated the process of abortion by connecting women with fine practitioners or providing good quality attention during abortion interventions. That was the case of Ursula, who recalled: "Given that abortion is illegal, I had a relatively good experience. I was lucky [...] It is illegal, and well, my own obstetrician recommended someone in a relatively good place. There were two women who treated me well. It was easy and I didn't have any complications" (personal communication, November 28, 2002). Ursula's experience of abortion was easy in the sense of taking place in a good facility, without undergoing major health risks (though it was hard in the ways she described before). Her own doctor helped her in the process.

In contrast to Ursula's experience, doctors' fears about legal repercussions and/or their moral convictions may mean that they are unresponsive to women's abortion decisions and needs. Viviana, also a middle-class woman, described a doctor's unresponsiveness when she decided to undergo an abortion. Viviana suspected she was pregnant right away and wanted to interrupt the pregnancy, but the doctor she reached did not assist her:

I remember that when I thought I was pregnant, I looked for a doctor in my health plan in order to do the pregnancy test. And I looked for a

doctor, and I said, “I will make an appointment with this one whose name is Pagan, because he probably is not Catholic” [*laughs*]. And it turned out that Pagan was more Catholic than the pope. And I told him, “Well, I think I’m pregnant.” I believe that the guy realized that I wanted to do [an abortion] and he treated me really badly. [...] I don’t remember exactly what he said, but that he could give me the prescription for the pregnancy test, and if I was pregnant he would continue with the care I needed. And I said, “Well, no, in fact, if I’m pregnant I would not want to continue the pregnancy.” [He said], “Then there’s nothing to do!” (Personal communication, December 3, 2002)

In this case, the doctor abided by a law or personal beliefs that made it hard for Viviana to follow her own moral convictions. The effect of this kind of response was not to deter Viviana from abortion but to risk further complications because of the delay. She ended up having an abortion anyway. Similarly, the case of Frida, who also benefited from middle-class status, shows her frantic efforts to obtain medical help:

First I felt desperation and loneliness because of not knowing with whom to share this. So, I went to a gynecologist, and after the [test] was all right, I forced him to give me an address [of an abortion place]. Of course, he told me that he did not know any. No to this, no to that. I told him that if he didn’t do something, I would do it myself, in a different way, and that I would risk my life, and it would be worse. I asked him to please help me with this. (Personal communication, December 5, 2002)

The doctor finally gave Frida an address of a place to get an abortion, but it was so expensive that she could not afford it despite her middle-class position. It was through her mother’s support that she was finally able to get the abortion elsewhere.

The abortion experiences that turned out to be relatively less troublesome for the women I interviewed combined good health care (often expensive) with a network of people who offered different levels of support: emotional (“she accompanied me”, “she took care of me”), practical (child care, money), or a combination of both. Beatriz, a working class woman who became pregnant during particularly difficult economic times, was able to talk about

her decision to undergo abortion with her family and received extensive support from her relatives. Franca, an indigenous woman who migrated to Buenos Aires, was able to find fine medical attention with the help of a women’s network. Nina, a middle-class woman who had her first abortion when she was young, also relied on networks of friends who pooled money to get the abortion with a “super, super, super doctor” so that everything turned out “perfect” (personal communication, March 18, 2003).

Family support was also key in the case of Frida, the woman who almost had to threaten to do the abortion herself in order to obtain an abortion referral from her doctor:

I asked my mom for money. My mom asked me for what. I asked her to sell her jewels and give me the money. She asked me for what. So then I told her. She said that she knew a person, that we could go to see her. Well, it was my midwife. [...] Then we went to see her, and she examined me, and there was no problem. And my mom accompanied me with this. So, I went to a hygienic place, with good care. [...] I went with my mom and I was all right. I stayed at home when we came back and [my mom] took care of me. She took my child [temporarily out of the house] and she took care of me. So no problem. (Personal communication, December 5, 2002)

Many of my interviewees’ testimonies show the strong impact of support networks: mothers, sisters, friends, and partners were crucial to different women’s abortion experiences and their bodily effects. These networks helped somewhat to cushion the consequences of a social environment adverse to abortion. The actions of third parties suggest that in a context in which abortion is illegal, it is not only individual women who are forced into clandestinity and illegality but also a whole web of “accomplices”, including those motivated by altruism or solidarity, and those who aim for financial gain. A flyer by the Foro por los Derechos Reproductivos (Forum for Reproductive Rights), a women’s movement organization that was calling people to demonstrate in support of legal abortion, shows such interrelationships, emphasizing the social nature of abortion practices. The flyer states:

Women of all ages, social and religious conditions, resort to abortion to avoid involuntary motherhood. But a woman never has an abortion alone.

Behind an abortion there is:

*a male* who helps or abandons,

*women* who take care or censor,

*professionals* who collaborate or deny their help,

*parliament members* who do not legislate, and

*a whole society* involved. (FDR, 2002)

### The effects of clandestinity and illegality

Sonia Corrêa argues that laws that criminalize abortion “remain in place basically to sustain a cultural climate of moral condemnation of women who resort to the interruption of pregnancies” more than to actually incarcerate the millions of women worldwide who have abortions every year (2003: 2). This adverse climate has several damaging effects, such as facilitating corrupt businesses, depriving women of needed support, and impinging on women’s subjectivity and bodily integrity (Checa and Rosenberg, 1996).

The stories of the women interviewed here highlight the profits that clandestinity and illegality nourish. Rocío suggested that the “first class” doctor who did her abortions had probably bribed the neighborhood police officers to look the other way. Lorena commented how the practitioners in the abortion clinic she went to with her friend benefited economically from illegal abortions, implying that clandestinity serves corrupt people’s interests. Jesusa, who did not undergo an abortion herself, but is a medical doctor, pointed out the profits, and sometimes the hypocrisy, of many physicians who take part in the “business of abortion” (personal communication, November 7, 2002). Her views coincide with feminists who criticize the double standards of doctors who are against abortion in their public practice but perform abortions underground for handsome profits.

Clandestinity and illegality also enhanced the sense of secretiveness and silence around abortion, which reduced the support women could obtain

in these situations and heightened their feelings of loneliness or despair. For example, these women had to pick and choose carefully with whom they would share their decision to undergo abortion out of fear of disappointing or angering family members (because asking for help would reveal their sexual activity and/or because their relatives were morally opposed to abortion). Others asked family members for help only as a last resort. Doctors were not always helpful, and getting other institutional support was virtually impossible because of the illegal status of the procedure.

Abortion legalization advocates often mention how clandestinity increases the risks to women’s life and health, especially for poor and working-class women. Illegality widens the inequality gap between well-off women who can pay to have an abortion in fancy or relatively safe places and women living in poverty, many of them with brown bodies already socially devalued and facing multiple forms of discrimination. Intersecting inequalities are likely to magnify the risks of clandestine, unsafe abortions to poor women’s health, bodies, and lives. The kinds of bodily risks poor women may undergo are best exemplified by Alexandra’s experience with the sonda and her post-abortion refusal to seek medical help. Other studies show that this reluctance to reveal abortion to doctors is fairly common because women fear they will be reported to the criminal justice system (Ramos *et al.*, 2001). Of course, the women I interviewed who told me about their abortions were able to talk about these experiences because they survived. Other women were less lucky, and I heard of some of these women’s death secondhand through my interviewees’ stories.

The women I interviewed also revealed a less-mentioned effect of clandestinity: the effects on women’s sense of self and embodied emotions. Although going against the mandate to be mothers may be sufficient to provoke upsetting emotions in many women (Checa and Rosenberg, 1996; Rosenberg, 1994), feelings of fear, guilt, shame, and humiliation cannot be completely understood without looking at the context of clandestinity, lack of practitioner accountability, and the kind of treatment women receive. Some suggested that what makes abortion a particularly bad situation in Argentina, or in the words of Diana, “a shitty experience”, is its clandestine, illegal nature. Different interviewees mentioned how

illegality and clandestinity heightened their sense of danger, fear, loneliness, or guilt in relation to abortion. Diana mentioned her “paranoia” about being caught by the police during her first abortion. Other women described a feeling of eeriness in relation to the underground abortion facilities they attended. Clandestinity also contributed to women’s sense of precariousness, feeling that they might die or damage their bodies in a “bad death” clinic or “butcher’s shop” clinic, that they were at the mercy of unscrupulous abortionists who did not care about their emotional or bodily integrity or of expensive doctors who would take economic advantage at women’s expense, that if something turned out wrong they would have no protection from the state or from medical institutions.

In summary, abortion is a difficult decision *per se* for many women, but abortion illegality, the condemnation of the Catholic Church, and a polarized political debate that does not leave space for nuance, ambivalence, or contradiction, all contribute to making abortion experiences quite problematic for women in Argentina. Yet the silence, secrecy, and shame that clandestinity encourages is being counteracted by more and more women who are organizing, speaking up publicly, and pushing society to look honestly at one of the most controversial social issues affecting women’s lives and bodies.

## Conclusion

Argentine society attaches high cultural value to maternal bodies, and the special place reserved for mothers is not always a blessing but a burden. It is a burden to the extent that motherhood is a hegemonic expectation that often requires heroic sacrifices. The demonization of women who deviate from the motherhood mandate and the obstacles these women face reveal the compulsory nature of the social norm. While women are the ones who become pregnant, give birth, and disproportionately assume the responsibilities of rearing children, some institutions and individuals want to limit women’s abilities to decide about their reproductive bodies. Maternal embodiment in Argentina is enforced through the state, religious ideologies, cultural norms, and economic arrangements such as the sexual division of labor.

While women in this study tended to value motherhood, many of them were unwilling to be just maternal bodies, or in the words of one interviewee, just “reproductive uteruses”. These women aimed to interrupt the link between sexuality and reproduction by resorting to contraception and/or abortion. Yet women’s ability to make decisions about their bodies was not merely a matter of personal choice but was profoundly embedded in a web of social inequalities. Contexts of sexual violence, economic scarcity, inaccessibility to reproductive health services, and punitive laws contributed to restricting women’s reproductive options and bodily self-determination. The context of the economic crisis during the period of my study heightened the social inequities entrenched in women’s reproductive options and posed additional burdens to motherhood requirements (for example, the hardships poor women faced to feed their children in the midst of increasing poverty, declining living conditions, and widespread unemployment).

On the other hand, the crisis also triggered new openings and spaces of contestation, including the questioning of gender norms and arrangements as well as other social injustices created through neoliberal economic policies. The intensification of political protest during this period included women’s renewed demands in the area of sexual and reproductive rights. Discussion of women’s difficulties asserting reproductive decisions took place not only in feminist circles but also within other women’s and gender-mixed social movement organizations. Many of these groups organized to influence public policy on sexual and reproductive health. The undeniable context of the economic crisis meant that these demands were not just for formal laws but were often linked to broader economic and structural changes regarding jobs, health care, and food access. It is interesting that during one of the worst economic crises in the country’s history the passage of a national law allocating economic resources to expand women’s reproductive freedom was finally achieved.

One of the reasons that activist women’s vocal demands for universal access to abortion and contraception faced the repudiation of institutions like the Catholic Church is that such demands counter mandatory maternal embodiment, a central piece in hegemonic conceptions of what constitutes a “normal” family and “natural” relationships between men and

women in Argentina. Increasing sectors of the population, particularly women, are now challenging such views. Yet, while public opinion and policy reflect greater willingness to expand access to sex education and contraception, abortion remains a thornier issue. The criminalization of abortion continues to be a way in which the state regulates women's bodies, forcing women into involuntary motherhood or into illegality, and in the case of women with few economic resources, into the bodily health risks or death associated with unsafe abortion practices. The terrain of reproductive politics is centered on the female body to a large extent because pregnancy happens inside women's bodies, but also because social attempts to regulate women's reproductive capacities continue to be crucial ways to sustain women's social subordination.

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