Conscious Motherhood:
Gender and the Birth of Family Planning in 1960s Chile

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I give Lauinger Library permission to publish my thesis.
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Introduction

“Experts produce the solutions, but governments must make the decision and take the responsibility to apply them with the consent of their own nation.”

-Chilean President Eduardo Frei, Opening remarks at the 1967 International Planned Parenthood Federation Conference in Santiago, Chile.

In 1967, Chile hosted the eighth annual International Planned Parenthood Federation Conference, Conscious Parenthood: A Right and an Obligation. Chilean President Eduardo Frei delivered the opening remarks. In his short speech, he welcomed experts and politicians alike, but made no mention of the people to whom these solutions would be applied. In the 1960s, the Chilean government launched an aggressive family planning program, aimed at reducing both the country’s high rates of induced abortion and also curbing its rapidly rising population as part of larger modernization efforts under Frei’s administration. Popular economics wisdom of the time argued that countries with higher population growth than economic growth were doomed.²

The Chilean government was one of many national governments pursuing a policy of population control. It was with funding and support from International Planned Parenthood Federation (IPPF), the United States’ government, and non-governmental organizations, that the Chilean government developed a program that targeted women recovering from birth or an abortion to provide them access to long lasting and highly effective birth control in obstetric wards at state funded hospitals. During this era, poor

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¹ Eduardo Frei, “Discurso” (April 9, 1967) in Actas de la Octava Conferencia Internacional de la Federación
women’s bodies became a battleground in the contest for geo-political control and the quest for population control. The Chilean state successfully utilized their bodies within a larger pattern of government behavior that sought to define proper gendered conduct for its citizens and in doing so, reinforced traditional gender expectations for Chilean women.

I will start my first chapter with a brief overview of the global population control movement in order to trace how and why Chilean women’s bodies became topics of political concern during the Cold War. I will start at the origins of the modern population movement in the late 18th century with Robert Malthus and then move into more detail about the movement at the end of World War II and the United States’ growing interest in population control in light of the perceived growing communist threat. Fear of communism motivated the United States to pursue overt and covert multi-national partnerships that aimed to bring Chile, and the Third World, more securely under the United States’ influence in an effort combat the spread of communism around the globe. The United States’ support for population control in Chile was just one part of this larger complex strategy that spanned the globe.

In the second chapter, I will examine the development of the relationship between the family and the state in Chile in the beginning in the 19th century and continuing through the 20th century. The Chilean government reinforced traditional gender roles through its process of state building, constructing a conservative modernity. I will examine the nature of gendered social expectations and the codification of gender roles under the Chilean state using the theories of Judith Lorber and Patricia Yancy Martin regarding the function of
gender on an institutional and individual level. This discussion will be contextualized in Latin America using Evelyn P. Stevens' analysis on machismo and marianismo and the influence of these cultural ideas on gender dynamics. Specifically, in the early 20th century, the state began to focus its efforts on regulating poor working class families who were migrating to Santiago by the tens of thousands. These regulations and programs reinforced traditional gender expectations. Furthermore, they perpetuated the notion of men as head of the house and provider and women as demure and deferent to their husbands and only responsible for birthing and raising children. I will apply this discussion of the codification of gender roles under the Chilean state and how this disproportionally impacted poor women, who were found to most often deviate from expected gender roles.

My third chapter will examine demands for access to birth control within the patriarchal structure of the Chilean government, specifically examining how early debates regarding access to family planning utilized gender norms for arguments in favor of access. In light of the epidemic levels of maternal mortality rates among Chilean mothers, offering family planning services would, in fact, contribute to the stability of the Chilean family. In the 1930s, a women's advocacy group and doctors both began advocating for improved access. Unfortunately, their efforts proved unsuccessful in their time. Their arguments in favor of access were rooted in traditional gender roles and did not seek to end the expected

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mother-child relationship, but redefine it so that mothers could live to see their children grow up. Their efforts, however, were unsuccessful and the problem continued.

My fourth chapter will examine both the data and conditions that laid the foundation for the family planning program in the 1960s. By experts’ estimates, over eight percent of all admissions to public hospitals throughout Chile in 1952 were women suffering from the effects of a botched abortions. Maternal mortality sat around 35 percent and experts estimated that between one and three and one and two pregnancies in Santiago ended in self-induced abortion. By the 1960s, the Chilean government was dealing with a full-blown public health crisis that the new National Health System (Servicio Nacional de Salud, SNS) could not solve and the work of Dr. Jaime Zipper and his new IUD could not address. Something had to change, and in 1962, the director of the Chilean National Health Service convened an advisory board to examine the problem and began developing a plan to respond to these issues. From its name to its goals, the advisory committee envisioned solutions to Chile’s problems that reinforced gender roles and maintained the connection between mother and child. Their work set the stage for the advancement of family planning as a national policy.

The fifth chapter will begin in 1964 with the presidential election of Eduardo Frei, a member of the Christian Democratic Party (Partido Demócrata Cristiana, PDC), and his “Revolution in Liberty,” a series of social reforms designed to promote economic progress and a more equitable Chilean society. Family planning constituted a critical part of this

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6 The PDC was officially founded in Chile in 1957 as a coalition to support Frei’s first run for presidency. The PDC’s doctrine was primarily based on Catholic social teachings. Since its inception, the party promoted itself as a third way between capitalism and socialism and social reform within the confines of the exiting governmental structures. For more on the development of the Democratic-Christian party in Chile see Juan
plan for economic development. This chapter will examine the conversations surrounding population control from leftist media to feminist newspapers. It will also look at the language used by population control and family planning advocates in the monthly newsletter of the government’s official partner to discuss and justify the programs, the Association for the Protection of the Family (Asociación Chilena de Protección de la Familia, APROFA) and the speeches given at the IPPF conference in Chile. In doing so, I will show the fear of the rising global population in the Third World and the threat of communism emboldened leaders to leverage the bodies of poor women to achieve political goals, while at the same time offering many Chilean women an opportunity they desperately wanted. However, the state’s primary goal was not to empower Chilean women. The expansion of family planning services fit with the state’s established practice of controlling poor families through the reinforcement of gender roles. Despite offering women unprecedented control over their bodies through new forms of birth control, the programs did not facilitate a breakdown in traditional gender stereotypes. The programs further confirmed women’s connection to their reproductive choices by linking these choices with notions of patriotism. The organization and implementation of family planning in Chile reinforced traditional gender norms by emphasizing the relationship between woman and mother and excluding men from topics of the domestic sphere.

My hope in this undertaking is to bridge the gap between discussion of population control, political history in Chile, and women’s rights in Chile. The few works examining population control in Chile focus on the coercive nature of the programs and tend to

characterize it as an imperialist project led by the United States to control the global population, with help from the Chilean government in an effort to promote economic development.\(^7\) I seek to recognize the ways in which the programs did not account for women’s personal autonomy, while highlighting in my work that these programs also offered a solution to an articulated desire among Chilean women. Beginning in the 1930’s Chilean women advocated for access to family planning services. When birth control became more accessible in the 1960’s, thousands of women chose to take advantage of the new programs that offered them access to a power many women had long sought. Under the watchful eye of the modernizing, but still patriarchal Chilean state, women seized an unparalleled opportunity to control their bodies in a society that did not see them as legally equal to their fathers, husbands, and sons.

This analysis must be contextualized within Chilean history, where the population control movement is often overlooked in history books. Where population control is discussed, it is only addressed in conjunction with the United States’ support of Frei’s government and not as a response to appalling rates of maternal mortality. Family planning is lumped in Frei’s “Revolution in Liberty,” his land reform programs and the chileanización of copper. These texts fail to discuss the complex relationship of social issues that drove the development of family planning, mainly the abortion rate and subsequent maternal mortality.

In contemporary examinations of population control, Chile is often excluded. In his 2008 book *Fatal Misconception: The Struggle to Control World Population*, Matthew

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Connelly wrote "Latin America...was resistant to [population control] efforts, in large part because of the transnational cooperation among clerical and lay Catholic elites." This simply is not true when one examines the Chilean population control program or other mid-century programs in Brazil and Colombia. Average Chileans as well as Chilean Church leadership, demonstrated ambivalence towards the Church’s teachings on birth control, suggesting that, ultimately, reproductive choices were between a couple and God. Chile was not resistant to population control. Instead, Chilean officials embraced it wholeheartedly under a Democratic-Christian president, who believed it to be a crucial component of his overall program of modernization and development.

In this context, Frei’s 1967 comment in the epigraph was not a radical statement, but a well-known and accepted fact throughout the country. Demographic researchers, scientists, and governments had been partnering together since the early 20th century, examining population trends on a global, national, and even local level. Population control advocates warned of a world overburden with people and unable to meet their basic needs. During the 1950s and 1960s, the fear of overpopulation developed a more political aspect. Western fears during the Cold War drew renewed attention to Malthusian concerns and lead to growing anxieties about the impacts of overpopulation in the Third World. The United States, through government programs, like the Alliance for Progress and US Agency for International Development (USAID), and partnerships with organizations like IPPF, poured millions of dollars into development and population control in the Third World. Western leaders hoped these measures would not only keep the Third World stable, but

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also bring these countries further under the influence and control of the United States. The confluence of geo-political pressures manifested in Chilean government policies under Frei. By the late 1960s, Chile was a global leader in government-supported family planning programs, utilizing multi-national partnerships to respond to societal demands for better reproductive healthcare for Chilean women and driving innovations in population control technology.

During the late 19th and throughout the 20th century, Chile was not the only state in South America organizing and consolidating power. Yet Chile’s own historical narrative tends to characterize Chile as exceptional in Latin America. Chilean historians argue that the state’s consolidation of power was different from many other Latin American states during the same period.10 The early Chilean state did not inherit the same established governmental structures like those of Peru and Mexico. Instead, Chilean historians contend that the formal consolidation of the state depended on the discovery of valuable exportable minerals in the north of country and the subsequent creation of distinct social classes springing from the development of a capitalist economy during the late 19th and early 20th century.11 Combined with Chilean elites conscious self-visualization as a racially homogeneous country at the turn of the 20th century, racial politics were not a salient factor in Chile domestic politics. Unlike nearby countries like Peru, with a large indigenous population, and Brazil, with a heterogeneous society comprised of former African slaves, indigenous Americans, and European settlers, Chile did not have to contend with highly

11 Gazmuri, Historia de Chile, 31.
ethnically and racially diverse population. Instead, significant social divisions in Chile developed along class lines.

This class-focused construction of Chilean society becomes salient in the expression and maintenance of gendered norms, which enforced upper-class norms and censured working-class men and women who broke from those norms. During the 20th century, many of the government’s policies sought not only to ameliorate the issues plaguing working families, but also expected men and women to stay within the confines of traditional gendered behavior. Further, the population control policies reflected the class-oriented nature of Chilean society as the programs administered under Frei’s government by the SNS and APROFA, were primarily offered to poorer women in state run hospitals.

Chilean doctors and politicians developed the population control programs amid a polarized world that Western leaders had divided up into competing spheres of influence. Key to the United States perspective during the Cold War was the notion of the First/Second/Third world. Per the United States’ perspective, the First World was

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12 The construction of this racial homogeneity combined “superior” European ancestors with the indigenous Arucanian (now called Mapuche) people to create a “pure” mestizo Chilean identity that Chileans viewed (and continue to view) as unique and superior from all of Latin American mestizo identities. For more on creation of the Chilean racial identity see Sarah Walsh, “‘One of the Most Uniform Races of the Entire World’: Creole Eugenics and the Myth of the Chilean Radical Homogeneity,” *Journal of the History of Biology* 48, no. 4 (2015): 613-39. Indigenous people constituted less than 5 percent of the total population during the 20th century and have systematically disenfranchised until the late 20th century.

13 My research has not yielded any information that suggests that the population control policies in Chile had a racial component. While some authors argue that class cannot be understood without understanding race as well in Chile, others researchers on class and race in Chile like Walsh (2015) and Núñez and Gutiérrez (2004) concluded that most Chileans accept the notion of a particular mestizo racial homogeneity. For more on the discussion of class and race in Chile see Fredrick B. Pike, “Aspects of Class Relations in Chile, 1850-1960,” *The Hispanic American Historical Review* 43, no. 1 (1963): 14-33 and Javiera Barandiarán, “Researching Race in Chile,” *Latin American Research Review* 47, no. 1 (2012): 161-176.


comprised of the “free world,” as named by President Harry S. Truman in 1952. These countries were democratic, capitalist, and NATO affiliated. The Second War bowed to “communist tyranny.” The Second world was authoritarian, communist and Warsaw Pact affiliated. The rest of world, not aligned with the First or Second World, constituted the Third World, from the Philippines to the Congo to Chile. To American leaders, any nation that was not part of the First World was a target for the growth and expansion of communist ideology and a possible communist state. During the Cold War, Third World was used as a catchall term, even if the countries in question had fundamentally different economic and political structures.

Third World did not just communicate a country’s political affiliation (or lack thereof), but also communicated its perceived economic status. In Cold War discussions of economic status, Western politicians slid between “Third World” and the terms like “under-developed” or “developing countries” to not only communicate their non-aligned status, but their membership to “a world of poor countries.” Notions of development pre-date the Cold War. As early as the 1920s, Chilean elites pushed development, or industrialization, as a way to improve their country.

In the post-World War II world, development became a more defined goal. In 1948, The United Nations established the Economic Commission for Latin America to “initiate and participate in measures for facilitating concerted action for dealing with urgent economic problems.” Along with the

17 Truman, “Special Message to the Congress.”
20 Adolfo Ibáñez Santa María, Historia de Chile (1860-1973) (Santiago, Chile: Centro de Estudios Bicentenario Chile, 2013), 157.
United States, the United Nations declared the 1960s the “Decade of Development”, which, in the words of President Kennedy would help the “half [of] the globe struggling to break the bonds of mass misery.” Leaders across the world viewed economic development as a key to solving the world's problems and population control would constitute a fundamental part in reaching this goal.

This development would require concentrated population control efforts or in the case of Chile, family planning efforts. In modern use, these two terms have distinct meanings. Population control refers to the movement to limit the global population. Family planning is the deliberate choice by parents to space out the birth of their children and control the number of children they have. But in 1960s Chile, the terms were used interchangeably. Population control required family planning. Family planning included the goals of population control. Therefore, I will use both of these terms in this thesis to refer to the same idea in the context of these programs in Cold War Chile. These terms rose to prominence in the late 19th and 20th century, but conversations of population control began in the 18th century.

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Chapter 1: Development of Population Control

“We stand ready to help developing countries deal with the population problem.”24

- American President Lyndon B. Johnson, Special Message to Congress on Foreign Aid, February 1, 1966.

The Cold War fear of overpopulation, particularly in the Third World, was not a 20th century hysteria, but was instead rooted in the centuries old work of Robert Malthus. Robert Malthus, an English cleric living at the end of the 18th century witnessed the social pressures of a rapidly growing population due to industrialization and predicted a doomed world.25 Some 150 years later, his theories received renewed attention, and were lauded by governments that viewed controlled population growth as vital to economic success and the future stability of the world. Governments from India to Chile executed these beliefs through population control programs during the mid-20th century. In 1964, Chile began offering family planning services to its citizens as part of its broader modernization efforts under President Eduardo Frei’s government with support from the United States and other global partners.

Origins of Population Control

In 1789, Malthus anonymously published his most famous work, *An Essay on the Principle of Population*. In it, he described a desperate future for humanity because of one simple rule: population would always grow faster than food supplies. While population would grow at an exponential rate, food could only grow at a linear rate. This relationship,

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he argued, was inescapable and its consequences would breed “misery and vice.” Though bleak, Malthus, offered a solution to a potentially doomed humanity. Population growth could be checked, meaning humans had the capacity to limit how many people were on the planet. While parts of Malthus’ ideas fell out of favor and faced scathing critiques from other social commentators and economists like Karl Marx, mankind’s ability and need to control its growth proved an enduring idea and appeared in the writings of 20th century Chilean doctors and politicians.

Near the end of the 19th century and into the 20th century, upper class families around the world began to change their structure, from Europe to Chile. Upper class families had fewer children while resources remained relatively stable. This allowed a greater percentage of resources to be allocated to each child. Yet, to the alarm of government officials, working class families did not follow a similar pattern. While the numbers of society’s most educated started to decline, the population of the uneducated poor continued to grow. American and European leaders were not only alarmed by the growth of the poor in their own countries, but in current and former colonies as well. Leaders feared growing numbers in current and former colonies would threaten European power. In response to these fears, conversations turned into ideas and practices of population control.

29 Connelly, Fatal Misconceptions,” 55.
During the interwar years, population control efforts faced both religious criticisms and governmental support. In 1930, Pope Pius published *Casti Connubii* (On Christian Marriage) and reaffirmed traditional notions of Catholic marital obligations, writing, “let women be subject to their husbands as to the Lord, because the husband is the head of the wife, and Christ is the head of the Church” and affirmed the importance of child rearing as part of at Catholic marriage.\(^\text{30}\) He sought to refute the necessity of birth control or population control as “no difficulty can arise that justifies the putting aside of the law of God which forbids all acts intrinsically evil.”\(^\text{31}\) There was no situation that could justify a couple attempting to avoid their obligation to fulfill God’s most basic call to be fruitful and multiply. The Pope denounced “wicked parents who seek to remain childless” and called on governments to promote the Catholic vision of family, which would not allow for birth control, abortion, or eugenics.\(^\text{32}\) At the same time many European governments began promoting aggressive, eugenics-based pro-natalist policies, promoting reproduction among the “best” members of the society and linking a large and healthy population to a source of national strength and pride.\(^\text{33}\)


\(^{31}\) Pius XI, *Casti Connubii*, sec. 61.

\(^{32}\) Pius XI, *Casti Connubii*, sec. 65.

\(^{33}\) Connelly, *Fatal Misconceptions*, 48. Defined in 1883, eugenics comes from the Greek word “eugenes” meaning “good at birth.” Eugenics is the attempted scientifically controlled selective breeding of specific populations to improve the human race. While specific practices around the world have varied, proponents shared the belief that “scientific standards for reproduction and biological selection could better, even perfect, society.” For a summary of the history of eugenics, see Chloe S. Burke and Christopher J. Castaneda, “The Public and Private History of Eugenics: An Introduction,” *The Public Historian* 29, no. 3 (2007): 5-17.
Population Control and the Cold War

*The Rise of Fear*

Following World War II, global leaders embraced population control with new vigor, casting it as the solution to many of humanity’s problems. For much of human history, birth rates had matched death rates, leading to slow gains in population growth. The global population only reached a billion people around 1800. The advent of modern medicine, however, and its mass availability changed this relationship in a dramatic fashion. Despite the carnage of World War II, the global population grew from 2 billion in 1930 to 2.6 billion in 1950. Improvements in health led to marked declines in mortality rates. For example, between 1940 and 1955, the infant mortality rate in Chile dropped from 200 of every 1,000 live birth to 115 of every 1,000 live birth, a 42.5 percent reduction in 15 years due to improvements in medicine. In 1959, The UN estimated the world’s population had grown 1.7 percent a year between 1953 and 1958. Most of that growth was occurring in South America and East Asia, which averaged a 2.3 and 2.1 percent growth rate respectively. In contrast, the United States was growing at rate of 1.7 and Western Europe at a rate of .6 percent. This dramatic growth provoked responses around the world, across governments and from various non-governmental organizations (NGOs).

In response to population growth, the United States began researching and developing economic programs designed to stimulate economic growth, and eventually

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36 Boletín APROFA 24, no. 7-12 (July-December 1988), 7.
threw its full support behind population control efforts. Across the United States, NGOs like the Rockefeller Foundation and Ford Foundation pivoted towards population control research and its impacts. Other NGOs were founded for the explicit purpose of demographic research, like the Hugh Moore Fund and the Population Council. In 1948, the newly formed United Nations established the Office of Demography and Social Statistics and began publishing its annual demographic yearbook. And in 1952, the International Planned Parenthood Federation (IPPF) established itself and entered the global conversation. American universities like John Hopkins, Harvard, and Princeton all participated in demographic and medical research. The United States government, various NGOs, and universities sought collaboration with local and federal governments throughout the world in the global bid to not only understand what drove population changes, but to control the changes themselves.

In a 1952 address to Congress, President Harry Truman stated that overpopulation was “one of the gravest problems arising from the present world crisis.” President Truman stressed the importance of this issue, remarking that it “affects the peace and security of the free world.” In this speech President Truman utilized the common political framework for understanding international politics during the Cold War. He declared Western Europe and the United States the free world, in opposition to the “communist

40 The Hugh Moore, an American businessman, founded the Hugh Moore Fund in 1944 to support the goal of world peace. He insisted that issues of population be considered a fundamental part of developing and maintaining world peace. For more on his life and efforts, see “Hugh Moore Fund Collection” page available through the Philadelphia Area Archives Research Portal. John D. Rockefeller founded the Population Council in 1952 to “search for better understanding of population issues.” For more information on the history of the Population Council, see “Our History” at www.popcouncil.org.
42 Truman, “Special Message to the Congress.”
43 Truman, “Special Message to the Congress.”
tyranny” behind the Iron Curtain. The surging global population posed a threat to the stability of the free world, and it was necessary to take action to curb this growth.

In 1955, the Hugh Moore Fund published an alarmist pamphlet, utilizing the fears of both overpopulation and communism to make this point. “The Population Bomb” depicted three worlds next to each other under the title “March of Communism.” The first was the world in 1937. About a tenth of the world is blacked out, representing the people under communism. By 1957, the blacked out space on the globe had risen to over third. The pamphlet theorized that by 1977, the USSR could influence up to 66 percent of the world population, including “impoverished, overpopulated areas.”

During the Cold War, the issue of overpopulation was not just a question of available resources, as Malthus feared, but also, a question of geopolitical security. These overlapping issues influenced the United States’ international policy as it worked to the keep the Third World under its influence.

Concerns surrounding geo-political security were evident in a 1958 report published by the Population Council, entitled Population: An International Dilemma. In the section, “Some Economic Effects of Too Rapid Growth,” the Population Council warned of the paradox between increasing development and population growth writing:

[one of the dangers facing nations that embark on new programs of economic development is that, although production may be gradually increased, the mounting needs of a rapidly increasing population may eat up these gains as fast as they are made—leading only to the sustenance of a larger population on the old level of poverty.”

The Population Council’s assessment noted that economic development and population would not always occur in tandem, leaving one, development, unable to meet the needs of

44 Javier Castro Arcos, Guerra en el vientre: control de natalidad, malthusianismo y guerra fría en Chile (1960-1970) (Santiago, Chile: Centro de estudios bicentenario, 2017), 136.
the other, the population. The report went on to say that the lopsided growth of population and development would result in “an almost intolerable burden on families and communities...[t]hus high fertility, through its effects on the rates of increase and age structure of populations, tends to impede national movements promoting educations and the acquisition of new skills.”\textsuperscript{46} The Population Council and Malthus agreed: unchecked population growth impeded development and facilitated poverty. The United States believed that this reality was a potential breeding ground for communist action. In response, the United States developed plans to attempt to keep the developing and, supposedly, vulnerable Third World under their influence.

\textit{Looking Towards Latin America}

The 1959 Cuban Revolution, followed by Fidel Castro’s alliance with the Soviet Union and his declaration of Cuba as a socialist state in 1961, exacerbated American fears. Communism was no longer a distant threat sequestered to the USSR, but an immediate threat less than 100 miles off the coast of the United States. This encroaching danger prompted shifts in American foreign policy. New policies sought to battle communism through economic and social tactics in the Western Hemisphere. In 1961, the United States and all members of the Organization of American States expect Cuba signed the Alliance for Progress at Punta del Este, Uruguay.\textsuperscript{47} The Alliance for Progress signaled the United States’ interest in promoting Latin America’s development in the coming decade. But it was more than just economic assistance program. The signatory countries, including Chile, agreed to promote democracy, economic growth and social justice in their countries.

\textsuperscript{47} The Organization of American States was founded in 1948 with the goal of promoting regional solidarity and cooperation among counties in the Western Hemisphere. It originally had 21 members in Central and South America, with Canada and Caribbean states added throughout the end of the 20\textsuperscript{th} century.
The Alliance for Progress fashioned itself as a Marshall Plan for Latin America.\textsuperscript{48} Through a combination of public and private capital and international lending authorities, signing nations would receive part of $20 billion over the next 10 years through grants, loans, and direct private investment. This capital was intended to drive economic growth at a projected rate of 2.5 percent a year. And it would bring more than just economic growth, but social improvement as well. Investment would lead to improvements in five main areas: homes, work and land, health and schools. President Kennedy remarked that these improvements would, “satisfy the basic needs of Latin American people.”\textsuperscript{49} They would also serve to keep Latin America under the influence of and in partnership with the United States.\textsuperscript{50}

Despite significant financial investment in Latin American advancement, the United States was reluctant to commit to population control itself. American leaders hoped that economic incentives and investment would be enough to create stability and slow down population growth in the Third World. Despite his commentary on overpopulation, Truman did not act to fund population control. President Eisenhower declared that “as long as I am [in the White House],” government funds would not be used to promote birth control.\textsuperscript{51} But President Kennedy signaled a shift in the country’s politics when he stated that if


\textsuperscript{49} Rabe, “Alliance for Progress.”

\textsuperscript{50} In contrast to the Marshall Plan, the Alliance for Progress was considered a failure. The expected 2.5 percent economic growth was only reached once, in 1968 and the implementation of other expected reforms were ineffective or unsuccessful. For more see Pravin Varaiya and Richard Walker, “Another Alliance for Progress?,” Economic and Political Weekly 19, no. 6 (1984):242-243, https://www.jstor.org/stable/4372936.

legislation came before him or he received a recommendation from his administration, “he would decide it in accordance with his oath to do whatever was best in the interest of the United States.”52 Congressional reports delivered that it would be in the United States’ best interests, and in 1962, Kennedy authorized United States’ support for the United Nations to provide birth-control access to any countries that requested it.

Although Kennedy was unable to witness the long-term results of his policy decision, his successor, President Johnson continued Kennedy’s vision and began working with Congress to earmark millions of dollars in foreign aid for population control programs throughout the world. Signaling a shift in American attitudes, in 1964, both Truman and Eisenhower agreed to serve as honorary co-chairmen of the Council for World Population for IPPF. Promoting family planning on a global scale became a central goal of President Johnson. In his 1965 State of the Union Address, President Johnson declared: “I will seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources.”53 Later that year he famously told the United Nations “less than $5 invested in population control is worth $100 invested in economic growth.”54 During the 1960s and 1970s, IPPF would serve as one of the United States’ primary partners in the fight for population control and stability in the Third World, distributing million of dollars to agencies all over the world, including APROFA in Chile.

The United States pursued not only aggressive public policies and programs designed to stem the influence of communism, but pursued aggressive covert operations as well. Assessments of the threat of communism in the Western hemisphere highlighted

Chile and the growing popularity of doctor-turned-socialist leader Salvador Allende in the 1964 presidential elections. In his third run for the presidency, Allende called for “emancipation from the...capitalist monarchy” and overthrowing the “enemies of national progress” to transformation Chile into a socialist state.\textsuperscript{55} Eduardo Frei, an attorney and leader of the PDC was the other leading candidate.\textsuperscript{56} He ran on a campaign of a “Revolution in Liberty.” Frei’s revolution would not transform the state as Allende’s would. Instead Frei envisioned a number of significant reforms including land reform and the nationalization of Chilean copper. While his campaign called for a revolution, it was a revolution that United States could support. Frei seemed to be a moderate centrist who could appease demands for reform without allowing his country to succumb to communist revolution. The United States, through the CIA, threw their support behind this campaign, pouring thousands of dollars into his campaign during months leading up to the election.\textsuperscript{57} Frei won the 1964 election, garnering 56 percent of the vote.\textsuperscript{58} However, Frei’s win did not end American intervention in Chile’s politics. The United States continued to publicly donate to Chile’s family planning programs via IPPF and USAID, championed by his “Revolution in Liberty” and vocally supported by President Johnson, while also continuing covert economic support as well.\textsuperscript{59}

Throughout the 20\textsuperscript{th} century, issues of population became overtly political. The United States examined questions of global population control and family planning, not only in order to conduct demographic research, but because American policy makers

\textsuperscript{55} Ibáñez, \textit{Historia de Chile}, 36.
\textsuperscript{56} For more on the PDC see footnote 7 in the introduction.
\textsuperscript{58} Ibáñez, \textit{Historia de Chile}, 43.
\textsuperscript{59} Ibáñez, \textit{Historia de Chile}, 43.
leaders viewed global population control a matter of national and international security. The United States was not alone. Countries around the globe, such as India and Thailand also launched their own population control programs. Despite a powerful Catholic influence, Chile developed and promoted a large-scale family planning program, designed to address its dangerous levels of self-induced abortion and high rates of maternal mortality. Frei’s government, with funding from the United States, promoted family planning as a part of a solution to achieving development and modernization. The success of the program in Chile depended on the continued assumption of gendered norms. The next chapter seeks to analyze gender norms in the Chilean context and examine the cultural and behavioral expectations of men and women.
Chapter 2: Gender and the Expansion of the Chilean State

“He who loves you beats you.” 60

-Chilean saying

The expansion of the Chilean government into family life was a central characteristic of the state’s consolidation of power throughout the 19th and 20th century. What were once matters between spouses and the Church became questions of state interest as liberal politicians attempted to assert the state’s independence from Church control.61 This intrusion did not threaten social stability. Instead it confirmed culturally traditional gendered social expectations of men and women and sought to ensure adherence to these norms and mores on working class families. This chapter will examine gender expectations as a social construction using the theories of Judith Lorber and Patricia Martin Yancy. Further contextualizing their ideas in Latin American and Chile, I will use the works of Evelyn P. Stevens and Bron Ingoldsby on machismo. Using this discussion, the chapter examines how the Chilean state codified gender norms promoted by the Catholic Church into law and established a precedent of the state acting in issues of the family to protect established gendered norms in Chilean society during the late 19th and early 20th century. In doing so, created a conservative modernity under patriarchal control.


61 The process of secularization in Chile was a long and political fraught process. The 1925 Constitution finally declared the separation of Church and State. For more on this process, see La religión en la esfera pública chilena: ¿Laicidad o secularización? edited by Ana María Stuven. (Colección Ciencias Sociales e Historia. Santiago: Ediciones Universidad Diego Portales, 2014.)
Gender as an Analytical Framework

In her influential article, “Gender: A Useful Category of Historical Analysis,” Joan Scott theorized gender as a social construct.62 This view separated sex from gender, and rejected the notion of biological determinism.63 While sex may be biological, gender is a performance of the expressed traits associated with a biological sex. Gender is not innate to a sex or a culture. Because gender is a construct, different cultures have different expected expressions of femininity and masculinity, so what may seem masculine in one society would be perceived as feminine in another.

According to Judith Lorber, in her book Paradoxes of Gender, gender functions on two levels: institutional and individual.64 In her article “Gender as a Social Institution,” Patricia Yancy Martin defines a social institution as something that has procedures, customs, and routines that dictate people’s behavior across time and space, like gender.65 In the case of gender, those expectations are typically boy and girl, woman and man.66 While institutions are prescriptive and organized in “accord with and permeated by power,” they are also “inconsistent, contradictory, and rife with conflict.”67 As such, they are susceptible to change. Martin also highlights the mutual interdependence between the institution and the individual as they maintain each other.68 Lorber’s argument rest upon this mutual interdependence.

63 Biological determinism is the theory that sex and gender are one and the same. Gender roles are not a social construction but rather the manifestation of innate traits and skills deriving from a person’s sex at birth.
64 Lorber, “Night to His Day,” 30.
65 Martin, “Gender as a Social Institution” 1250.
66 Martin, “Gender as a Social Institution” 1256.
67 Martin, “Gender as a Social Institution,” 1257.
68 Martin, “Gender as a Social Institution,” 1257.
Martin’s model of a social institution with rules and customs is helpful in conceptualizing Lorber’s argument of gender as a social institution. The expectations of gender as a social institution are apparent in the construction of gender. A fundamental part of this construction is “gender status,” which is the formally recognized genders in a society and the norms and expectation for their enactment. Lorber emphasizes that gender status is dependent upon the historic development of a particular culture, so gender statuses differ throughout the world. Other examples of gender as a social construction include “gendered kinship” obligations that inform family rights and responsibilities. “Gendered sexual scripts” dictate normative patterns of sexual desire and sexual behavior. “Gender imagery” is how cultures represent gender and the embodiment of gender in symbolic language and artistic productions that “reproduce legitimate gender statuses.”

Culture, according to Lorber, is one of the main supports of a group’s dominant gender ideology.

Lorber then turns to an examination of gender on an individual level. After all, for a social institution to endure, it must be supported on both a micro and macro scale. The most common way that humans construct gender is based on sex category. Someone’s sex assigned at birth typically dictates his or her assigned gender status. Gender also works on an individual level by establishing gendered procreative status and the fulfillment (or non-fulfillment) of allowed or disallowed pregnancy and reproduction. Gender is a process that creates social differences between “man” and “woman.” Genders are not preexisting norms that are passively internalized, but are actively “constructed and reconstructed” through

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71 Lorber, “Nigh to His Day,” 32.
everyday interactions. At the conclusion of her work, Lorber writes, “Gender inequality—the devaluation of ‘women’ and the social domination of ‘men’—has social functions and a social history.” Gender is not the result of sex, procreation, physiology, anatomy, hormones or genetic predisposition, but the result of culturally created norms.

Gender inequity is often culturally reinforced through patriarchal structures present in a society. In its most concise definition, the is patriarchy is the power and relationships by which men dominate women. Patriarchy, however, does not manifest in the same ways in every culture. It is critical that the historical developments of gender and patriarchy are examined on a culture-by-culture basis in order to understand how gender, gendered expectations and patriarchy have interacted in the past and have impacted a country’s political and social history and present.

Research on gender in Latin America preformed by Evelyn P. Stevens and Bron Ingoldsby identified two distinct identities for men and women in the patriarchal, Chilean society: machismo and marianismo. The two key elements of machismo are aggression and hyper-sexuality. A man must show that “he is masculine, strong, and physically powerful.” It is also necessary that he have children to demonstrate his virility as part of his masculine identity. Evelyn P. Stevens suggests that the corollary to the male identity of machismo is the female identity of marianismo. Marianismo is the notion that women are “semi-divine, morally superior and spiritually stronger than men.” Women in Latin America are expected to endure macho behavior and give birth to children as part of the saint-like like

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73 Lorber, “Night to His Day,” 35.
75 Ingoldsby, “The Latin American Family,” 57.
identity.\textsuperscript{77} In Latin America, the expression of masculinity requires explicit domination over women who should be “submissive [and] dependent.”\textsuperscript{78} During the late 19\textsuperscript{th} and 20\textsuperscript{th} century in Chile, “machismo was the rule, in all classes, and women accepted it.” During the process of state building in the 19th century, the Chilean state legally established the superiority of men and husbands over women and wives.

**The Chilean Family Under the Catholic Church**

During the late 19\textsuperscript{th} and early 20\textsuperscript{th} century, the Chilean family experienced a dramatic transformation from a private matter under Church authority to a public matter under the state. As rule of the family was passed from the Church to the state, gender roles established by social and religious practices were more clearly defined and cemented into law. Prior to the state’s consolidation of power, the Church was the only institution that collected demographic and familial data. Parish registrars recorded the births, marriages, and deaths.\textsuperscript{79} The Church also acted as the arbiter of good behavior, providing director for men and women’s roles in the family. In accordance with Church doctrine, the husband was the head of the house and the absolute administrator of the family's goods and property from the first day of marriage, including the dowry.\textsuperscript{80} Although the dowry came from the wife’s family, she had no control over the money and goods. Ideally, the husband would use the dowry to lay the foundation for their life together as husband and wife. Should a husband squander the money on alcohol or manage it poorly, the wife had little recourse. A woman’s place was in the home, raising children, not managing money and certainly not

\textsuperscript{77} Ingoldsby, “The Latin American Family,” 60.
\textsuperscript{78} Ingoldsby, “The Latin American Family,” 59.
\textsuperscript{79} Salinas, “Historia de la familia,” 413.
scolding her husband. The Church’s definition and expectations for marriage offered women few possibilities for a life outside the home and her family.

Married men of all social statues were expected to fulfill two different, but complementary roles. The first was the role of the dominant husband, which expressed his masculine identity in a macho culture. As a married man it was socially acceptable to use physical violence against his wife as a means of correcting her behavior. Violence was an accepted tool with which the husband could guide the morality of the family and protect the honor of his wife. The role second was that of spiritual guide. It was his job to raise children in the Catholic faith and act as a moral guide. These two roles mutually reinforced each other. If the husband, as the spiritual guide, determined that he needed to beat his wife to correct her, she had no religious or legal means to compel him to change his behavior. Women were expected to endure spousal abuse as a both a wife and mother. Indeed, the normalcy of spousal abuse in Chile is no better illustrated than by the seemingly paradoxical saying at the beginning of the chapter: “[He] who loves you beats you.”

Under the Catholic Church, divorce was not a ready option for most wives. Marriages were declared null only in specific cases where the marriage flagrantly violated church law like marriage between family members or parental opposition to the marriage. During the late 19th century, there are numerous documented cases of wives attempting to

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82 Salinas, “Historia de la familia,” 400.
83 Salinas, “Historia de la familia,” 401.
84 Chile criminalized spousal abuse in 1994 and divorce in 2004. For more on this topic, see Ximena Valdés S, “Futuro de las familias y desafíos para las políticas públicas: notas sobre la metamorfosis de la familia en Chile” (presentation, Futuro de las familias y desafíos para las políticas públicas, Santiago, Chile, November 22, 2007).
85 Salinas, “Historia de la familia,” 412.
divorce their husbands on the basis of spousal abuse and or infidelity. During this period in Chile, women lodged over 75 percent of the complaints to the ecclesiastical courts during this time, but neither spousal abuse nor a husband’s infidelity were considered a legitimate or legal basis for divorce. In contrast, husbands lodged the other 25 percent claims seeking divorce, mostly on the basis of infidelity. Their potions were granted.\textsuperscript{86} While a wife’s infidelity was a legitimate basis for divorce, it was unlikely for a wife to receive the same outcome to separate from her philandering husband.

A married couple’s primary obligation under the teachings of the Church was simple: “breed and multiply.”\textsuperscript{87} Under this paradigm, a woman’s role was to have as many children as God willed. Her value as a wife, reinforced by her marianista identity, rested in her ability to fulfill this obligation to God and her husband. Under the careful supervision of her husband, she would then raise their children to as her husband saw fit. The husband would only involve himself in to child rearing in order to correct any perceived deficiencies by his wife or children. In this context, men were encouraged to view women only in their relation to men: as wives and mothers and not independent actors. As the Church preached male superiority, the late 19th century process of secularization and industrialization reinforced these social structures.

**Secularization and Industrialization: Fortifying Gendered Behavior**

**Gender Inequity Under the Law**

The competing tensions between the consolidation of the Chilean state and the role of the Catholic Church defined the government’s policies of the era, leading to an aggressive secularization of topics traditionally under the purview of the church. By 20\textsuperscript{th} century,

\textsuperscript{86} Salinas, “Historia de la familia,” 412.
\textsuperscript{87} Pius XI, *Casti Connubii*, sec. 56.
matters of the family that had once been matters of the Church had been firmly brought under state control. While these laws removed issues of the family from the Church’s direct control, the state could not wrest all influence from the Church. The first major act to centralize governmental power was the 1855 Civil Code. In this code, the state declared marriage “a solemn contract between a man and a woman that joins them forever and indissolubly, for all their lives, with the goal of living together, procreating and mutually aiding each other.” 88 The code explicitly stated, “[the state] takes the Church’s authority to decide the validity of a marriage.” A contemporary legal review by a Chilean author on the code remarked that that the new laws made marriage more than a religious act, but rather a legal contract. 89 Not only did the Civil Code redefine the act of marriage as a legal act rather than spiritual, it also sought to define the expectations for the children borne from this relationship, dictating “legitimate children should respect and obey their father and mother” and “especially submitted to their father.” 90

While the Chilean government had created a civil code, that established a secular definition of marriage, officials did not seek to challenge traditional Catholic conceptions of marriage and each partner’s role within the institution. Promoting reproduction was of particular importance to the Chilean state. Not only did the secular marriage law enumerate reproduction as one of the principal goals of marriage, but criminalized those who sought to end a pregnancy. The 1874 penal code criminalized abortion under the section of “crimes and misdemeanors against the family order and public morals.” 91

88 Gumersindo de Azcárate, “Código civil de la República de Chile: precedido de un juicio crítico por Gumersindo de Azcárate,” (Madrid, Spain: Librería universal de Córdoba y compañía, 1881), 11.
89 Azcárate, “Código civil,” 12.
four articles criminalized the actions of both the provider as well as recipient of the abortion, with jail sentences ranging from 341 days to 10 years, depending on the role and involvement in the act.\(^9^2\) According to a 1917 speech at the Scientific Society of Chile, Chilean law defined criminal or provoked abortion as the “provoked and premeditated expulsion of a product of conception before the natural ending of the pregnancy.” This criminalization and de facto pro-natalist policy would endure for another century, promoting population growth and forcing women who wanted abortions to seek illegal, unsafe, and often-deadly methods for ending their pregnancy.

The state continued its expansion into familial life with the 1884 law of Civil Marriage. This law made the civil registry the only entity authorized to legally grant and recognize marriage.\(^9^3\) Through these laws, “marital and state authority gave absolute power to the husband and father over his wife and children.”\(^9^4\) Further laws enacted during the end of the 19\(^{\text{th}}\) century not only limited women’s legal rights in her marriage, but also barred her from direct political participation. The 1884 electoral reform limited voting rights to only literate men over the age of 25. The law explicitly disenfranchised women and in doing so, “formalized an understanding of politics as the area of men.”\(^9^5\) Despite legal exclusion, women began entering public discourse, first in an apolitical nature, and later explicitly so. Both movements justified their entrance in response to the social conditions of the day and their natural ability as mothers to resolve the issues in Chilean society.

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92 “Abortion” Human Rights Watch.
93 Sanlínas, “Historia de la familia,” 413.
94 Ximena Valdés S, “Futuro de las familias y desafíos para las políticas públicas: notas sobre la metamorfosis de la familia en Chile” (presentation, Futuro de las familias y desafíos para las políticas públicas, Santiago, Chile, November 22, 2007): 4.
The rise of modern, market-based capitalism in Chile followed the process of secularization and the supremacy of the state. The modern industrial age began at the end of the 19th century, as Chile turned away from agriculture towards the extraction and exportation of saltpeter and copper in the north of the country. By 1900, the revenues derived from saltpeter exportation accounted for 56 percent of all government taxes. This change in economic structure provoked considerable change throughout the country, prompting internal migration from the countrysides to cities in order to seek economic opportunities not available to subsistence farmers. Internal migration flowed to two principal areas: mining towns and developing industrial cities, namely Valparaíso and Santiago.

Workers flooded into Santiago, a city that was ill equipped to handle the massive influx of people. There, workers earned 3.8 pesos for a 10-hour workday with no benefits. Renting part of shared family home for a working family would cost between 40 and 50 pesos a month. In response to the steep rent prices and sheer lack of housing available poor women were forced to eschew traditional gender roles and work outside the home in order to make rent. Many poor women entered the workforce as factory workers or as domestic servants. But even the income of two workers, husband and wife, was insufficient. Poor families could not afford their basic needs in the city proper and, as a result, began living in shantytowns outside the city. Between 1900 and 1920, Chile’s population had grown 1.42 percent annually to reach 4,287,462 people. By 1920,

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96 Gazmuri, Historia de Chile, 64.
97 Gazmuri, Historia de Chile, 65.
98 Gazmuri, Historia de Chile, 66.
100 Ibáñez, Historia de Chile, 327.
Santiago’s population had reached 553,498 due to internal migration combined with children born to migrant families. This rapid expansion, in conjunction with Santiago’s ill prepared infrastructure produced conditions in which unhygienic living conditions, and high rates of maternal and infant mortality flourished to the alarm of the Catholic Church and Chilean elites.

**Resolving the Social Question and Beneficent Maternalism**

Resolving the conditions of the urban poor in Chile emerged as a polemic issue in the first part of the 20th century, concisely referred to as the “social question.” Attempts to answer this nebulous question provoked political and non-political solutions. Upper and middle class women initially responded to the squalid conditions of the poor by engaging in “beneficent materialism” and entering into the public sphere. Beneficent maternalism, as defined by historian Karen Mead, is “any organized activism on the part of women who claim they possess gendered qualifications to understand and assist less-fortunate women and, especially children.” These women engaged in unpaid work outside the home by founding schools, hospitals, orphanages, skill workshops and Mother’s Centers for the urban poor. The League of Chilean Women located the cause of the poor’s current problems in the poor’s own failings. Other groups sought to “uplift” poor women. While the work of the beneficent groups required that women work outside the home, male politicians and religious leaders did not rebuke their work outside the home. Instead their

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104 Ibáñez, *Historia de Chile*, 158
efforts were seen as the natural extension of their role and abilities as mothers and in-line with marianismo. Since women were capable of taking care of children, they were also apt to guide the poor and improve their lives. However, these solutions did not seek structural solutions to the causes of the working class’ misery. The League of the Chilean Women did not advocate for better pay for families, but instead sought solutions that continued to blame the poor for their own poverty as an answer to the “social question”.

The social question transformed into a political question as the government began to promote social wellness as one of its central goals, to address the social question and ameliorate some of the most destructive results of poverty. Recognizing the grave problems in Chilean society and the lack of resources for working classes families, the government began offering a number of institutions that sought to cover “basic sanitary, educational, housing and social necessities.” Instituted in 1911, the Drop of Milk program was one of the first efforts to promote wellness among the working class and promote maternal-infant health. This program promoted breastfeeding, especially within the first 15 days of an infant’s life. This program elevated the importance of the mother-child connection in Chilean health and emphasized her duty to breastfeed as a mother, centering the role of the modern woman around her role as mother, even if she entered the workforce.

The 1920 election of President Arturo Alessandri ushered in an era of progressive reforms designed to support working families. In 1924, Alessandri’s government approved

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the creation of the Obligatory Workers Social Security System. It was a guaranteed benefit system that provided retirement, compensation for work accidents or to family members in the case of death, and medical attention, among other benefits.\textsuperscript{109} During the first government of Carlos Ibáñez del Campo from 1927-1931, the new Ministry of Social Wellness was tasked with the promotion of health and hygiene, education, workers’ protection, and the enforcement of social protection laws. Social protection laws ranged from one required day off a week for workers to laws requiring an adequate number of seats for all workers. A 1917 law required factories that employed women to offer a nursing room in which still breastfeeding mothers would be able to nurse.\textsuperscript{110} A 1924 publication examining the new social protection laws stated they existed “with the purpose of improving life and work conditions for the dispossessed classes.”\textsuperscript{111} Architects of Chilean government policy viewed their work as ameliorative for the social conditions of the day, providing a social safety net that benefited hundreds of thousands of Chileans. In doing so, the Chilean government demonstrated its concern for the welfare of its citizens, continued involving itself in citizens’ lives and demonstrated that the concept of “family” reached far beyond the four walls of home, and bled into most all aspects of Chilean life.

During the first part of the 20\textsuperscript{th} century, the Chilean government established important precedents for its future conduct with its citizens. Through its process of secularization, the state confirmed the importance of traditional gender roles and subscribed to Catholic teachings regarding women’s roles in society. Chile’s foundational documents, and subsequent legislation, confirmed the legal inferiority of women and

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\textsuperscript{109} “El Estado de Bienestar Social,” Memoria Chilena.
\textsuperscript{110} Moises Poblete Tronscoso and Oscar Alvarez Andrews, \textit{Legislacion Social Obrera Chilena} (Santiago, Chile: Esmeralda, 1924) 17.
\textsuperscript{111} Poblete and Alvarez, \textit{Legislacion Social Obrera Chilena}, 10.
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placed them firmly within the domestic sphere while simultaneously extending the
domestic sphere the gendered exceptions it carried beyond the physical realm of the house
itself. As the state worked to establish itself as a secular country, it also began to develop a
liberal, capitalist economy, which significantly changed Chileans’ lives. Internal migration
for new jobs brought thousands of people to Santiago where misery flourished amidst the
poor living conditions of working class Chileans. In response, upper and middle class
women began to work outside the home, working to help “fix” the problems of the social
question. Their justification for doing so relied exclusively on the utilization of traditional
gender norms to justify their work.

By the end of the first decade of the new century, the government began its first
attempts to answer the social question by developing robust social legislation for workers
and provide free medical services and social security. These actions attempted to resolve
the dangerous living and working conditions of the poor in the first part of the 20th century.
Through its answers to the social question, the Chilean government demonstrated its
desire to involve itself intimately in Chileans’ lives as a perceived necessity for not only the
good of the poor, the good of the country as a whole. Despite the government’s efforts to
promote social welfare, its efforts were insufficient and unable to in address and resolve
the social conditions that drove women to seek dangerous, and often deadly, induced
abortions during the first half of the 20th century.
Chapter 3: The Problem of Abortion

“Children are the inheritance of the poor.”

- Dr. Moises Amaral in his 1917 speech, “Contraceptives and Criminal Abortion.”

During the 20th century, one of the greatest threats to the Chilean working class family was the problem of unsafe abortions and the subsequent high maternal mortality rate. During the 1930s, doctors estimated that about one in three pregnancies ended in induced abortion in Chile. In response to the shocking rate of maternal mortality, women’s political organizations and doctors alike demanded abortion and maternal mortality enter the public discourse. Interestingly, during the 1930s, a multi-class women’s political organization, the Pro-Emancipation Movement of Chilean Women (Movimiento Pro-Emancipación de las Mujeres de Chile, MEMCH) and members of the Chilean Medical Association (Asociación Medical Chilena, AMECH) reached nearly the same conclusions regarding the future of induced abortion in Chile: without significant changes in social conditions and easier legal access, the conditions for working families would continue to deteriorate and rates of induced abortion and maternal mortality would continue to climb. Abortion became a contentious topic of debate as MEMCH and doctors called for change. Both groups leveraged their first hand experience with the consequences of an unsafe induced abortion. Their efforts illuminated the truth that women wanted to control the size of their family and were willing to risk their own lives in order to achieve control over their own fertility. This served to confirm: lack of access to safe abortions and

112 Moisés Amaral Martínez, Los anticonceptivos y el aborto: Conferencia dada el la Sociedad Científica de Chile, en sesión de 28 de agosto de 1917, (Santiago, Chile: Franco-Chilena, G. Grégorie, 1917). 9. “Los hijos son la herencia del pobre.”
contraception did not reduce the rate of abortion; it instead increased maternal mortality as women were forced to take matters into their own hands.

**Induced Abortion as a Social Issue**

*Consequences of Banned Abortion*

As discussed in the last chapter, the 1874 penal code criminalized induced abortion. However, as the epidemiological data throughout the 20th century revealed, making abortion illegal in Chile did not ban the practice. Instead, abortion was driven underground where women risked their lives in their bid to limit their family’s size. It is necessary to distinguish here between provoked abortions and spontaneous abortions. Provoked abortions, as discussed, are the result of premeditated action to end a pregnancy. Provoked abortions were punishable under the 1874 penal code. Texts discussing “abortion” as a social problem, referred to provoked abortion and its consequences on a personal, familial, and national basis. In contrast, a spontaneous abortion, often called a miscarriage, could occur for a wide variety of reasons, ranging from syphilis present in the mother or father to a fetal abnormality.¹¹³ Miscarriages were unprovoked and unplanned, and thusly not punishable under the law. However, in some cases, it was difficult for doctors to distinguish between provoked and spontaneous abortions. Because of this, some doctors theorized that women lied and provided stories of spontaneous abortions even when they were actually provoked as to avoid persecution.¹¹⁴ This created difficulty for doctors as they attempted to collect accurate data on the number of induced abortion rates in Santiago.

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The experience of women seeking abortions varied significantly by class. By the early 20th century, various methods of birth control like fertility tracking, diaphragms, and condoms were well known and utilized by middle and upper class Chileans. Since the mid-19th century, the average size of the middle and upper class family shrank from five to four people. The trends exhibited by these families matched the trends of industrial European and American families, which focused on having fewer children and allocating more resources into raising each child. Because of the relatively widespread access and knowledge of birth control practices among the upper and middle classes, abortions were less frequent—or at least less frequently reported and documented unlike the staggering numbers of poor women entering public hospitals seeking medical care after “back alley” abortions. Upper and middle class women sought abortion when it was socially necessary or when honor dictated they the terminate their pregnancy. While the penal code punished both the recipient and the performer of the abortion, many upper-class families were able to employ a doctor to preform a safe, secret abortion. Therefore, the data regarding the number of women entering and dying from abortions in Chile is more demonstrative of the situation among poor and working-class women in the city seeking help at government hospitals. It is likely abortion rates were even higher than discussed above.

In contrast to the shrinking size of upper class families in Chile, urban poor families remained large during the 20th century, even as many women sought to terminate at least one unwanted pregnancy through “provoked” or “socio-economic” abortions. In a 1937 speech addressing clandestine abortion in Chile, members of the AMECH argued for

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115 Amaral, Los anticonceptivos, 8.
118 Paula, “La mujer chilena y el aborto,” 1 no. 3 (October, 1967): 53.
expanded access to safe abortions, citing the frequency of socio-economic abortions. They defined socio-economic abortions as a perceived solution to a situation in which “a new child creates, in reality, a new economic problem.”\textsuperscript{119} The working class women who sought abortions did not do so for the same reasons as upper and middle class women. Rather, working class women were driven by situational desperation. Between 1920 and 1950 Santiago’s population grew from 553,498 to 951,909, a 71 percent increase in 30 years.\textsuperscript{120} As discussed, most of this population growth came from urban poor flocking to the cities seeking better economic opportunities and births among those new migrants. Migrant and established working class families were dramatically larger than upper and middle class families. The average working class family had as many as 10 children.\textsuperscript{121} Combined with the low wages of the era, each additional child in a poor Santiago family became exponentially more burdensome. The lack of access to and use of birth control led to Dr. Amaral’s assessment at the beginning of this chapter: “children are the inheritance of the poor.”\textsuperscript{122} While the upper classes had knowledge of and access to reliable birth control methods, the urban poor did not. Instead, the urban poor utilized abortion as their primary defense against the crushing pressure of a growing family, poor wages and desperate living conditions.\textsuperscript{123}

In desperation, women turned to a variety of methods, ranging from primitive to safe and sanitary, to provoke an abortion. But options were often crude, unsanitary and frequently fatal. Some women would beat their stomach or intentionally fall in hopes that

\textsuperscript{119} Amaral, Los anticonceptivos, 13.
\textsuperscript{120} Ibáñez, Historia de Chile, 330.
\textsuperscript{121} MEMCH, “Mejor salario y menos hijos son los requisites indispensables para emancipar a la mujer,” La mujer nueva, March 1936, \url{http://www.memoriachilena.gob.cl/602/w3-article-75636.html}.
\textsuperscript{122} Amaral, Los anticonceptivos, 13.
\textsuperscript{123} Amaral, Los anticonceptivos, 8-9.
doing so would cause a miscarriage that would seem like an accident or a natural abortion, not punishable by law. Another cheap option involved a woman placing parsley in her cervix to provoke an undetectable miscarriage.\textsuperscript{124} The two more common methods were the \textit{respaldo}, which involved scraping the uterine walls uterus with a metal object, and the \textit{sonda}, which involved inserting a catheter or tube.\textsuperscript{125} A woman could attempt these methods on herself or she could seek illicit services of a provider. However, because the industry illegal and therefore “underground,” there was no oversight into the efficacy or sanitation practices of the provider. A poorly performed abortion could result in, among other consequences, a punctured uterus, hemorrhaging, anemia, deformed genitals, sterilization, skin or tissue inflections or death. In the first half of the 20\textsuperscript{th} century, any number of these posed a serious risk to the mother’s life.

\textit{Induced Abortion as Quantified Problem}

Poor women in Santiago frequently risked their health and life while receiving and abortion with the hope that terminating the pregnancy would benefit their family. Many women who sought abortions were not single women in an unfortunate situation, but rather married women who already had children. In a 1914 survey of women who entered the San Blas doctor’s office for services related to abortions, 58 percent were either married or widowed.\textsuperscript{126} While confirmed induced abortions only constituted eight of the 192 pregnancies, the author speculated that up to 50 percent of the abortions treated at the office were provoked abortions.\textsuperscript{127} The criminalization of abortion required that women, once pregnant, stayed pregnant until the natural birth of her child. The criminalization,

\textsuperscript{124} Pieper Mooney, \textit{Politics of Motherhood}, 55.
\textsuperscript{125} Pieper Mooney, \textit{Politics of Motherhood}, 55.
\textsuperscript{126} Amaral, \textit{Los anticonceptivos}, 12.
\textsuperscript{127} Amaral, \textit{Los anticonceptivos}, 13
combined with the lack of knowledge and access to birth control as a preventive measure, all but ensured that poor women who did not want to be responsible for another child had only one recourse when they again became pregnant: self-induced abortion.

Data on induced abortion and maternal mortality in Santiago during the first half of the 20th century was inconsistent in sample size, sample location and standards for qualifying an act an abortion. Despite these problems, the data proved compelling enough to provoke debate in the political and medical communities. Though imperfect in its collection, early data suggested that induced abortion accounted for between 4 and 17 percent of all pregnancies. It is important to emphasize that while abortion emerged as a public concern in the 20th century, abortion has been practiced as long as humans been able to conceive. As a member of AMECH noted in the speech “About Criminal Abortion,” “the voluntary interruption of pregnancy has existed forever.”

Provoked abortion was not a new social phenomenon, but rather one that had emerged with greater urgency during the first 30 years of the 20th century, in conjunction with the subsequent maternal mortality rates. In 1917, Dr. Moises Amaral, a doctor at a public hospital in Santiago, gave his speech “Contraceptives and Criminal Abortion” to the Scientific Society of Chile at the National Library. In this speech, he complied data from a wide variety of sources to produce his analysis of the issue of provoked abortion in Santiago, concluding, “the use of contraceptives and provoked abortion becomes more widespread everyday in Santiago.”

In Amaral’s assessment, this growth posed threat to Chilean society.

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128 Asociación Médica de Chile, El problema del aborto en Chile, (Santiago, Chile: El Ideal, 1936), 6.
130 Amaral, Los anticonceptivos, 6.
Table 1

Confirmed and Suspected Induced Abortions as Total Number of Births 1898-1916

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Preganacies at Hospital*</th>
<th>Number of confirmed or suspected provoked abortions</th>
<th>Provoked abortion as a percentage of all births at hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1898</td>
<td>545</td>
<td>43</td>
<td>7.8</td>
</tr>
<tr>
<td>1904</td>
<td>729</td>
<td>130</td>
<td>17.8</td>
</tr>
<tr>
<td>1914</td>
<td>192 (just abortions)</td>
<td>8 confirmed</td>
<td>4</td>
</tr>
<tr>
<td>1916</td>
<td>1695</td>
<td>196</td>
<td>11.7</td>
</tr>
<tr>
<td>1916</td>
<td>1801</td>
<td>147</td>
<td>8.1</td>
</tr>
</tbody>
</table>

*Includes full-term deliveries, premature births, and abortions.

Amaral’s data yielded two interesting results, one statistical and one political. His data averaged a provoked abortion rate of 9.9 percent of all pregnancies at the hospitals. Yet he did not believe the conclusion of his own research. He suggested that the rate of induced abortion in Santiago was actually three times as high, sitting at 30 percent. To justify the discrepancy between his data and his conclusions, Amaral cited his belief that many woman failed to disclose the actual cause of her abortion, claiming a miscarriage instead of an induced abortion.

To Amaral, a provoked abortion rate of one in three pregnancies not only had dangerous implications for the mothers, but for society as a whole. He remarked “criminal abortion is not only against the law of 'breed and multiply' but also the natural law that states 'you shall not kill.'” Attempting to control conception was further against the laws

131 Amaral, Los anticonceptivos, 11.
132 Amaral, Los anticonceptivos, 13.
133 Amaral, Los anticonceptivos, 3.
of nature. He argued that those who feared overpopulation and its negative consequences had given into the fear sewn by “Malthusian doctrine.”\(^\text{134}\) To him, the high rates of provoked abortion were not a national crisis. Rather, the use of abortion and birth control to curb family size was a crisis as both were “contrary to morality, society and the natural laws.”\(^\text{135}\) His proposed solution to high rates of abortion and maternal mortality was to more strictly enforce the penal code, not to expand access to birth control to preemptively prevent pregnancy.

Despite the evidence of the frequency of induced abortion, Amaral never attempted to answer why women regularly sought abortions. Instead, he critiqued the character of the woman who sought an abortion and in doing so freely rejected her “natural” role in society. His conclusions confirmed marianista notions of women’s role in Chile as willing mothers, dedicated to every child. More likely, Amaral’s conclusions were pre-confirmed by marianista expectations of women and his research begged the question. In accordance with the machista and patriarchal societal structures already in place, women had to accept all the children she conceived, or violate both civil and religious law. Of course Amaral’s scathing dismissal of women who sought provoked abortions was ironic. Many women who sought abortions were doing so for their families in an attempt to fulfill their obligations as mother to her children and husband. Although his analysis provides important data that paints a bleak picture of maternal health at the turn of the century, his qualitative analysis falls far short.

Despite the hard line he promoted, Amaral allowed for one nuance to the issue to provoked abortion. He differentiated between a typical provoked abortion and a

\(^\text{134}\) Amaral, Los anticonceptivos, 6.
\(^\text{135}\) Amaral, Los anticonceptivos, 16.
therapeutic abortion. In comparison to a provoked abortion, a therapeutic abortion was a situation in which “the doctor is authorized to provoke an abortion with the goal of saving the mother’s life.”\textsuperscript{136} Situations in which a therapeutic abortion would have been permissible included chronic morning sickness or continual vomiting with an abnormally fast heart rate and a temperature of at least 38 degrees C (100.2 degrees F).\textsuperscript{137} In situations in which carrying the child to term would put the mother’s life at risk, Dr. Amaral supported access to abortion.

The government of Carlos Ibáñez del Campo codified this nuance into law in 1931. Article 226 of the Sanitary Code started that women could only receive an abortion or become sterilized for therapeutic purposes.\textsuperscript{138} In order to receive either of these operations, three doctors needed to provide documented proof of the necessity of the operation.\textsuperscript{139} Under this law, neither the woman who received a therapeutic abortion nor the doctor who provided it would have committed any crime under the penal code’s previous limitations. While this revision offered select women the opportunity for a safer, legal abortion, not all women who wanted an abortion qualified. The limited legalization did not create safe or legal avenues for women seeking socio-economic abortions and the material mortality rate continued to rise.

Abortion and family planning were difficult issues to discuss. Abortion and contraception were not only illegal, but also a sin in Catholicism.\textsuperscript{140} The dual nature of the

\textsuperscript{136} Amaral, \textit{Los anticonceptivos}, 10.
\textsuperscript{137} Amaral, \textit{Los anticonceptivos}, 10.
\textsuperscript{138} Sterilization is a surgical procedure that intentionally leaves the recipient forever unable to have children. Throughout the 20th century, governments all over the world, from the United States, to India to Norway all ran compulsory sterilization programs designed to stop reducing unfit members of their society from reproducing. There is no evidence that the Chilean population control programs used forced sterilization.
\textsuperscript{139} Codigo Sanitario, Art. 226, 1931.
\textsuperscript{140} See Chapter 1 and discussion of \textit{Casti Conubii}. 
civil and religious shame compounded the difficulty in discussing the issue. Women did not want to discuss abortion for fear of consequences and some doctors were not interested in understanding the motivations behind a woman’s choice. This created a culture of shame and silence in which issues could continued to fester and to which the government could continue to turn a blind eye, ignoring women’s suffering, despite promoting other programs aimed at improving citizens’ lives through the newly created Ministry for Social Wellbeing. But this did not mean that all groups were willing to endure the government’s ignorance and sought to bring these issues of family planning and birth control to light in their attempt to find concrete solutions.

Advocating Policy Change

Pro-Emancipation Movement of Chilean Women (Moviemeinto Pro-Emancipación de las Mujeres de Chile, MEMCH)

Founded in 1935, MEMCH advocated a broad plan for women’s political and social enfranchisement. At their first conference in 1937, members published, “What is MEMCH?” Members envisioned an inclusive membership and expansive scope of work. Any woman, of any ideological tendency or religious creed, who was committed to the “fight for social, economic, and legal liberation of women” could join.141 MEMCH was different from any previous women’s organizing effort in Chile. As discussed in the last chapter, upper class women engaged in social organizing through “beneficent materialism” and their attempts to “uplift” poor families. However, these efforts did not address the root causes of the inequality and poverty plaguing Chilean society. Instead, beneficent materialism and government programs of the era depicted poor families, specifically poor mothers, as

unequipped and incompetent parents. Early women’s social work and charity played on class divisions and traditional Catholic expectations to further enforced gender roles in order to legitimize its agenda.

MEMCH established itself in tacit opposition to the strict Catholicism and economic exclusivity of previous women’s organizations by arguing that social change and at the lowest levels improved the lives of women at all stations of society. The founding members of MEMCH were almost entirely working class women, many of who were members of the Chilean Communist Party. It invited all women who sought women’s liberation as they understood it. They envisioned MEMCH as a multi-class and multi-party organization and tied membership to the idea of women’s liberation, not a particular social or political ideology. In doing so, MEMCH’s leadership could point to women’s apolitical nature as they campaigned for female enfranchisement. Leaders argued that issues that concerned women, issues of the home and children, were free from the political divisions and complexities of men. MEMCH unlike beneficent materialism groups, assumed an explicitly political role, yet did so without assuming a partisan affiliation. They did not align with any political group, but maintained their independence and focused on women’s issues.

The fundamental link between MEMCH’s organizational work and the concept of motherhood was evident in their advertisements and materials for their first conference. In one of these posters, a woman looks ahead as her hair flows out behind her. She has her

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142 For more on the development of the Chilean Communist Party, see Olga Ulianvoa and Manuel Loyola, *1912-2012 El siglo de los comunistas chilenos* (Santiago, Chile: Instituto de Estudios Avanzados de la Universidad de Santiago de Chile, 2012).


144 Franceschet, *Women in Politics in Chile*, 35.
right hand raised, holding a banner that reads “Movimiento Pro” (Pro-[Emancipation] Movement”). Behind her stands a crowd. In her left hand, she holds a child resting on her chest. She is both a leader and a mother. Implicit in MEMCH’s advertising was the fundamental connection between active political engagement, womanhood, and motherhood. MEMCH further confirmed this link at their first national conference, in which members determined the governing goals and beliefs of the organization. In “What is MEMCH?,” the document outlined five principal goals of the organization:

1. The protection of mothers and the defense of the child
2. The improvement of the standard of life for working women
3. Full political and civil capabilities
4. The cultural elevation of women and the education of children
5. Defense of democracy and peace.146

All of MEMCH’s advocacy in the following years, from advocating for women’s right to vote (which they gained 1949) to better housing conditions for working families, would fit within one of these goals. Through these principles, MEMCH further entrenched the relationship between woman, mother, and child and delineated the political connection between woman and family. The advancement of women would not come without the advancement of mothers and children. These identities were seemingly inseparable, but not static. MEMCH’s newspaper was rife with possible new interpretations of women’s role in modern Chile, but all were still rooted in her identity as a mother and worked within the preexisting machismo and patriarchal structures.

*The New Woman*, MEMCH’s official newspaper, published articles exploring the necessity and opportunities for change in society. The newspaper brought women’s issues into mainstream society and tackled controversial topics like induced abortion and

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145 See Appendix, figure 2.
146 MEMCH, “¿Qué es el MEMCH?”

The drama of the working woman that passes through her hallways in misery with one child holding on to her hand, another in her arms, one or two more following her footsteps, and generally another in her stomach, and who arrives home to give them plain tea or chamomile water for their only food, sometimes in 24 hours... 147

MEMCH painted a bleak picture of the lives of working mothers in order to illustrate the circumstances that would drive a woman to seek an abortion and risk her life. Members of MEMCH rejected the idyllic familial conditions imagined by Amaral in his speech in which parents could love and somehow provide for a limitless number of children. Instead they centered their argument on the real and oppressive the implications of “breed and multiply” as a social and religious imperative. The reality of “breed and multiply” was plagued by deprivation and death and incompatible with a woman’s directive to care for her children and home. The article continued, “maternity constitutes a curse for women and society, a parade of small creatures from the mother’s womb to the cemetery.” 148

MEMCH further justified their claim to the necessity of birth control writing, “we believe that society cannot require a woman to be the tribute of her children.” 149 In light of the dire circumstances that endangered the lives of mothers seeking abortions, MEMCH demanded legalized abortion for any woman who sought to end her pregnancy, better sexual

147 MEMCH, “Necesidad del control de los nacimientos: El problema del aborto y la mujer obrera,” La Mujer Nueva (Santiago, Chile), February 1936, http://www.memoriachilena.gob.cl/602/w3-article-75640.html. “El drama de la mujer trabajadora que pasea su miseria por las hallas con un niño tomando de la mano, otro en los abrazos, uno o dos más siguiéndole los pasoso y generalmente otro en el vientre, y que llega a su casa y dales té puro o agua de manzanilla como único alimento, a veces durante 24 horas.
148 MEMCH, “Necesidad del control.” “...la maternidad constituía una maldición para la mujer y para sociedad, un desfile de pequeña criaturas desde el vientre materno al cementerio.
149 MEMCH, “Necesidad del control.” Nosotras creemos que la sociedad no le puede imponer a la mujer el tributo de los hijos.
education for women, and widespread access to birth control. These steps would help to improve the miserable lives of the working class. Motherhood did not need to be a perpetual condition, but rather could be the result of deliberate action and decisions by the mother for the benefit of the family. MEMCH did not advocate for the separation of motherhood and womanhood, but rather a reconfiguration of the two that would allow women to make motherhood a conscious choice.

*The New Woman* castigated the government’s indifference to the reality of its citizens’ lives. In the article, “Order, Country, Family”, MEMCH challenged the state to understand how these concepts fit into women’s lives. If the state wanted “women to believe in, and love and fight for order, and for the family and the country,” it needed to start demonstrating the benefits of these institutions to women. Women could also not stand for a society that required her to become a mother whether or not she wanted to.

In another article, “Better Salary and Fewer Children are Indispensable Requirements for the Emancipation of the Woman,” MEMCH declared their utter lack of faith in the government’s action writing that the state and society will “never take a stand against this problem that risks and harvests to many lives.” As the article title makes clear, motherhood itself was a problem. Rather, it was unchecked motherhood that posed a grave danger to society. A mother plagued by constant pregnancy, surrounded

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150 MEMCH, “Necesidad del control.”
151 MEMCH, “Orden, Patria, Familia,” *La mujer nueva*, (Santiago, Chile), August 1936, [http://www.memoriachilena.gob.cl/602/w3-article-75626.html](http://www.memoriachilena.gob.cl/602/w3-article-75626.html). “Las mujeres que le crean y amen y luchen por el orden.”
152 MEMCH, “Orden, Patria, Familia.”
153 MEMCH, “Mejor salario y menos hijos.” “Pero jamás piensa que el Estado y la sociedad deberían tomar cartas en este problema que arriesga y siega tantas vidas.”
154 MEMCH was not the only group advocating for improved access to family planning and birth control services during the 1930s. In the United States, Margaret Sanger established the American Birth Control League (later IPPF). For more on the development of birth control in the United States see Linda Gordon, *The*
dying children, driven to abortion, and possibly dying herself was a greater threat to society than any perceived affront to natural, state or spiritual laws. *The New Woman* argued that women wanted to be women within the definition put forth by the state but needed the ability to control the size of her family without retribution.

MEMCH did not advocate for the end of traditional motherhood; motherhood was central to the organization’s identity and its claims for political recognition. Rather MEMCH’s work demonstrated women’s desire to change the conditions of motherhood. Motherhood was to be a deliberate celebrated choice undertaken by mothers when they were ready. But without a change in access, women would continue to seek dangerous methods of family planning. During the mid-1930’s, it was not just women speaking from their personal experience demanding control, but doctors demanding better options for women based off the epidemiological data which showed a growing crisis in the city of Santiago.

*Chilean Medical Association (Asociación Medical Chilena, AMECH)*

In 1936, at the second Chilean Medical Convention in Valparaíso, Chile, members of the AMECH offered a bold and controversial claim about the future of abortion in Chile. The speech located the cause of high maternal mortality within the country’s restrictive penal and sanitary codes writing, “a constant effect produced by [punitive] legislation has been the clandestine practice of abortion by unprepared people and consequently a second problem of high rate of mortality among women who get abortions.”[155] Women were not at

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*Moral Property of Women: A History of Birth Control Politics in America* (University of Illinois Press: 2002). In England, Marie Stopes founded the first birth control clinic in 1921 and continued expand its services during the following decade.

[155] Asociación Médica de Chile, *El problema del aborto en Chile*, 13. “Un efecto constante producido por esta legislaci’on ha sido la práctica clandestina del aborto por personas no preparadas y de este modo se ha generado un segundo problema: la enorme mortalidad de las mujeres que se hacen aborta.”
fault for seeking abortions. Instead, the blame lay with the social and economic conditions that drove desperate women to seek out a dangerous procedure.

The authors acknowledged the complexity behind the desire for a provoked abortion among working class mothers. The authors described women's reality writing, "the anguished economic conditions stemming from the low salary for the head of the family causes the mother to feel like she must also go and make money in a low paying job, despite her pregnancies and many children. Doctors were interested not only in the rates of the abortion themselves, but in rates of rising maternal mortality. Dr. Víctor M. Gatúca, obstetrics professor at the University of Chile, highlighted the deadly consequences of provoked abortion in his hospital in 1934. Of the 1,068 abortions documented in his hospital, Gatúca estimated that 42 percent of abortions were provoked abortions. Of this 42 percent, 64 percent of these women died. Overall, 316 women died from the effects of either a confirmed or suspected abortion, meaning that 30 percent of the woman who came to hospital from an abortion died.157

Analysis of data from other public hospitals at the conference revealed a troubling and depressing trend across the country. In response, members of AMECH called for a new understanding of public health and motherhood, rooted in giving the mother choice and ensuring that "a child is conceived by sane parents, arrives in good conditions, receives a childhood and adequate food, and finally receives the necessary education to be useful."158

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156 Asociación Medica de Chile, El problema del aborto en Chile, 13. "Las condiciones económicas angustiosas, hasta lo inverosímil que crea el bajo salario del jefe de familia hace que la madre, a pesar de sus múltiples embarazos abandone el cuidado de su prole y vaya también a ganar el sustento del hogar, en un trabajo mal remunerado, porque su baja capacidad técnica no le permite aspirar a más."

157 Asociación Médica de Chile, El problema del aborto en Chile, 10.

158 Asociación Médica de Chile, El problema del aborto en Chile, 15. "...al objetivo esencial de permitir que un hijo concebido por padres sanos, llegue en buenas condiciones al fin de la gestación y que luego reciba la crianza y alimentación adecuada y finalmente la educación necesaria para hacer de él un ser útil."
Their analysis called for safer access to abortion in light of the high levels of maternal mortality. They concluded that it was necessary to provide women with sexual education and access to birth control to make sure that motherhood was a conscious choice. While the first suggestion would never come to fruition, the latter recommendations would become cornerstone ideas in the family planning programs later promoted by the Chilean government.

These recommendations, while controversial, were also unremarkable in other ways. The conclusions relied perpetuated of traditional gender norms and located the responsibility of childrearing with women. In response to criticisms leveled by other members of the medical community, members argued, “clandestine abortion is giving us a mortality of more or less 14.84 percent of Chilean women, of Chilean mothers.”

Continued inaction posed a threat to Chilean society as women’s ability to carry out their duty to the family and state was threatened by a lack of access to family planning. This explanation tied womanhood to motherhood. The doctors did not distinguish between women and mothers, using the term interchangeably to refer to the same concept. While their suggestions were in some ways radical, they did not seek to define motherhood as something separate from womanhood. Instead, their conclusions offered another a solution that still fundamentally linked all women with motherhood and in-line with traditional conceptions of a woman’s role in the family as previously define by the Church and the state.

Responses to MEMCH and AMECH

159 Asociación Médica de Chile, El problema del aborto en Chile, 25. “El aborto clandestino nos esta dando una mortalidad mas o menos del 14.84% de las mujeres chilenas, de las madres chilenas.”
Both MEMCH and AMECH faced significant public backlash for their demands and conclusions. Shortly after its founding, MEMCH faced criticisms from other women's groups, who felt MEMCH's objectives were contrary to women's roles in society. In a 1935 editorial authored by another Chilean women's group declared that MEMCH sought “a program that contained unacceptable points that threaten the constitution of the family and will bring about biological emancipation which will go against not only the most elemental concepts of morality, but also against the laws of nature.”

MEMCH’s advocacy did not speak for every woman in Chile, but their work still attempted to bring light to the often-ignored issues facing working-class women. Even if not all women did want access to family planning and birth control, MEMCH’s advocacy demonstrated not only the need for access, but articulated the desire among many women for access to services that the Church condemned, the state criminalized, and other women criticized.

The recommendations offered in Valparaíso faced swift rebuke from other doctors. In El Mercurio, the leading newspaper of Santiago, over a dozen doctors signed a statement “energetically protesting the conclusions” of the Valparaíso conference. In another article, opposing doctors declared, “this step brings us one step closer to racial, rapid, total, and absolute ruin.” The criticisms leveled against MEMCH and AMECH struck a similar tone. Critics feared that the social, political, and medical changes desired by MEMCH and AMECH would lead to the destruction of the family and thusly the breakdown of Chilean society. Yet the criticisms failed to recognize that neither set of recommendations sought to end the

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160 "No dejarse sorprender," El Mercurio, September 7, 1935, Archivo Nacional de Chile. "Consulta esa conferencia un programa que contiene puntos inaceptables que atentan abiertamente a la constitución de la familia y que propicia métodos llamados de emancipación biológica que van no sólo contra los más elementales conceptos de moral, sino contra las leyes mismas de la naturaleza."

161 Asociación Médica de Chile, El problema del aborto en Chile, 18.

162 Asociación Médica de Chile, El problema del aborto en Chile, 21. "Este paso vamos a la ruina racial, rápida, total y absoluta."
relationship between women, mother, and child. Both MEMCH and AMECH’s argued that expanded access to abortion and birth control would bring about an improvement in conditions for poor mothers and children and strengthen the relationship between living mothers and wanted children.

The similarities between MEMCH's and AMECH’s recommendations are striking, given the radically different backgrounds of the groups. One was an explicitly political group advocating women’s advancement and the other was a medical group. Yet both groups recognized the desperate desire among working-class mothers. Despite the clear anecdotal and statistical evidence confirming the issue of provoked abortion and its deadly consequences for women, the Chilean government did not follow the advice of MEMCH and AMECH. Instead, as discussed in the last chapter, the government pursued other forms of social welfare that continued governmental expansion into familial life. But the expanded social welfare net of the early 20th century proved to be insufficient and continued the trend of governmental expansion into familial life. So then between the 1930s and 1960s, it was not prominent government officials, but rather he continued advocacy of women’s groups and concerned doctors that brought the still growing epidemic into public discourse and transformed the issue into a topic of government concern.
Chapter 4: Transformative Opportunities

“Hundreds of working mothers lose their lives, compelled by their anguished economic reality.”\(^{163}\)


Following the Valparaíso conference, the state of the Chilean mother and child continued as a central topic in Chilean health discussions and research. Despite this focus, doctors’ and researchers’ efforts did not result in immediate policy changes. In the 1950s, President Jorge Alessandri did not address the issues as a factor in national development, but instead looked to new economic and social initiatives to drive development in Chile. In 1961, he signed the Alliance for Progress, but failed to initiate the social reform the Alliance expected. During this same period in Chile, Dr. Jaime Zipper made significant advancements in family planning technology and began placing a newly improved IUD in his patients in 1959. Within four years, Zipper had placed over 6,000 IUDs in women, reflecting the desire among Chilean women for access to family planning. But one man’s efforts were not enough; the rates of induced abortion continued to rise. In 1962, the Chilean government finally took a first step to address issue. The acceptance of family planning during this era was the combined result of women’s desire for family planning services as well as the government’s decision to involve these services in its plan for modernity.

\(^{163}\) *Salvador Allende, La Realidad Socio-Medical Chilena* (Santiago, Chile: Ministry of Health, Prevention y Social Assistance, 1939), 86. “Cientos de madres obreras pierden su vida, impulsadas por un angustiosa realidad económica.”
Women in the Chilean Health System

An Enduring Problem

In 1939, the young doctor (and future president) Salvador Allende published his work, *Chile’s Socio-Medical Reality*. He examined the state of working-class families in Chile. His conclusions painted a grim picture of familial life. He critiqued the failures of Chilean society to meet the basic needs of Chilean families, despite the existing programs and protections. The failures of these programs, in Allende’s view, were especially salient in the examination of the “mother-child biome.” Allende’s analysis aligned with the conclusions of MEMCH and AMECH. In the section “Abortion” he wrote, “there are hundreds of working mothers, anguished from their low salaries who provoke abortions with the goal of avoiding another child and lessening the burden on their already insignificant resources.”

The discussion of the mother-child biome was the only time in this book that Allende specifically focused on women. In his depiction of the problems facing the Chilean families, he focused on the issues facing *el trabajador* (the male worker) and *los obreros* (the male laborers). It is possible that Allende used the masculine form to refer to both men and women (as Spanish grammar allows). But in his discussion of abortion, he focused on working mothers. He specifically discussed *las obreras* (the female laborers). Allende conceptualized the socio-medical problems facing Chile through a gendered lens that assumed male as the default. Had he wanted to stress the mutual exploitation of all Chilean workers he could have written “*los obreros y las obreras*” to construct a criticism that recognized both genders participation in an inequitable system.

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164 Salvador Allende, *La Realidad*, 86. “Son cientos de madres obreras, las que angustiadas por la escasez de sus salaries se provocan abortos, a fin de evitar que un nuevo hijo merme sus ya insignificantes recursos.”
Instead, by focusing on women solely in context of abortion, Allende demonstrated his unwillingness to separate the identity of female workers from their potential identity as mothers. In his concluding notes on abortion, he wrote, “thousands of working mothers become sterile as a consequence of infections from their abortions.” A woman becoming sterile meant she lost her ability to complete the task fundamental to the construction of her identity as a woman in Chile. Allende highlighted the failures of Chilean society and predicted that the failures and inadequacies in society would grow as a result. Despite the clear problem of induced abortion, as defined by MEMCH, AMECH, and now Allende, the Chilean government did not attempt to address the problem and looked to other solutions to address the needs of Chilean society.

In response to the growing demands on the public health system, Carlos Ibáñez del Campo, in his second tenure in government, reorganized the social welfare system in 1952. The new system combined and reorganized the previously diversified services that had been provided by five different government agencies. The SNS was established and charged with the protection and promotion of health for workers, their wives, and children. Unfortunately, the reorganization failed to sufficiently address the ever-growing problem of induced abortion in Chile. In the 1950s, researchers again began investigating the problem of abortion. Three different investigations published in 1952 found that little had changed; self-induced abortion remained a health crisis. The first investigation interviewed 3,038 women admitted to hospitals for either delivery or abortion. Results from this investigation revealed that 26.5 percent of pregnancies ended in abortion, and two-thirds

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165 Allende, *La Realidad*, 86. “Miles de madres obreras queden estériles como consecuencias de las infecciones adquiridas a causa de los abortos,
166 “Hitos de la Salud Chilena,” Ministerio de Salud del Gobienro de Chile, [https://www.minsal.cl/hitos-de-la-salud-chilena/](https://www.minsal.cl/hitos-de-la-salud-chilena/).
of those abortions were provoked.\textsuperscript{167} In other terms, 15.9 percent, of 483 of the women surveyed had induced their abortions.

The second report compiled data of 1,000 hospitalized women and concluded that one abortion would occur for every two deliveries, and that two-thirds of these abortions were provoked. According to the research of the second report, 30 percent of all pregnancies ended in induced abortion.\textsuperscript{168} The third report concluded that 52 percent of 1,000 pregnancies in four obstetric departments in Santiago ended in induced abortion.\textsuperscript{169} Based on this data, an average of 33 percent of pregnancies ended in induced abortion.

Throughout the 1950s, the connection between high rates of induced abortion and maternal mortality persisted, constituting the cause of between 35 and 40 percent of all maternal deaths.\textsuperscript{170} A 1965 report further evaluating trends of induced abortion in Chile concluded that the data from the 1952 reports “[were] enough to demonstrate that in Chile, abortion represent[ed] a major health problem...”\textsuperscript{171}

\textit{Foundations for Population Control Efforts}

In 1958, Jorge Alessandri, a member of the conservative party, was elected president. Alessandri immediately launched a “revolution of managers” in which he attempted to restructure the Chilean economy to depend more on private industry.\textsuperscript{172} This focus fit with his conservative plan to promote development to improve the Chilean economy.\textsuperscript{173} However, this economic policy proved ineffective and by 1961, Alessandri’s government...
faced serious political and economic problems. Further, his plans did not specifically address the causes or consequences of induced abortion. That year, Alessandri traveled to Punta del Este, Uruguay to sign the Alliance for Progress. Signatory states committed to promoting GDP growth, more equitable distribution of wealth, and agrarian reform, among other goals in return for substantial economic investment from the United States. These acts would lead to economic and social development in Chile. Reaching the expectations of the Alliance for Progress, however, would require significant social change in Chile.

The following year, Alessandri initiated a “timid” reform. His programs focused solely on agrarian reform and it was limited reform at best. Instead of redistributing million of acres of land to smaller farmers, his reforms distributed little more 5,000 hectares. His reforms did nothing to address other social inequities and work towards the goals of the Alliance for Progress. Critics labeled his policies the “Reform of Flowerpots.” While Alessandri had promoted land reform, his reforms did not actually change the social and political landscape in Chile. Instead, his reforms were like flowerpots, decorative and unsubstantial, added to create the appearance of change without intent to carry out real reform. The political landscape remained fundamentally the same. By signing the Alliance for Progress, Chile had committed to promoting development through a wide range of social programs. Though Alessandri failed to promote the progress envisioned by the Alliance, he laid a foundation upon which the next president would have to build. It would fall to the next president, Eduardo Frei, to make meaningful progress towards this goal.

175 For a review of the goals of the Alliance for Progress, see page 22.
177 Alianza para el Progreso,” Memoria Chilena.
Amid Alessandri’s failing economic policies and stagnant social policies, Dr. Jaime Zipper, a doctor at Barros Luco Hospital in Santiago, began offering Chilean women a revolutionary birth control option. Zipper’s invention reflected Chilean doctors’ enduring interests in resolving the issue of induced abortion in response to government inactivity. In 1959, Zipper found the research Ernst Gräenberg, a German physician who has developed a modified metal intrauterine rings in the 1920s. These IUDS were “tailless” and therefore difficult to remove. Zipper conducted a series of experiments in which he tied nylon thread around the ring and was later able to successfully and easily remove them. In an interview in *The Politics of Motherhood* by Jadwiga Pieper Mooney, Zipper recounted his discovery, remarking “I got so excited with the idea! I started with as many women as I could, took them with me into the little room, and fitted them with the ring.” Zipper began inserting his invention into patients at Barrio Luco Hospital, a hospital serving a low-income population and women with high fertility rates. About 35 percent of patients in the obstetrics ward at the hospital had given birth to more than five children. In his interview, Zipper was candid about what he told his patients. He said he “told them what he was about to do to them” but “of course, within her lack of culture, I don’t think she could have understood much of it.” The dynamics present at the beginning of Zipper’s research were congruent with traditional gender dynamics in Chile. The man of science assumed control of the women under his “house” and implemented the family planning he believed was correct with thought for his patients option or real consent. Zipper, nonetheless,

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181 Pieper Mooney, *Politics of Motherhood*, 57. The concept of informed consent is the idea that doctors must explain all possible side effects of a medication or a procedure to patients. It is not up to the doctor to decide if the patient should, would, or could understand the information or not. In this case, Zipper did not receive informed consent to place IUDs in his patients.
offered a significant development in addressing the problem of induced abortion. While Zipper was content with this type of physician-patient relationship, many of his colleagues believed his patients should be better informed.

As news of Zipper's work spread, he explained that the reported side effects of the IUD seemed minimal compared to the deadly consequences doctors had witnessed from induced abortions in their hospitals. While reluctant at first, his colleagues eventually proffered their support and Zipper was able to conduct official research into his IUD, not just his own experiments as he had previously done.182 He placed the sign “Contraceptive Clinic” on his door and between 1959 and June 1963, more than 6,500 women walked through that door to receive an IUD.183 MEMCH’s assertion that women desired access to family planning, some 30 years earlier, was confirmed. When given the opportunity, thousands of women took control of their bodies in a way that before, few could only have dream of. The IUD gave women the ability to avoid pregnancy, rather than endure a risky, induced abortion. Despite the success of Zipper’s program, it did not resolve the issue of induced abortion in Chile. As his innovation grew in popularity, doctors continued to research and highlight the consequences of induced abortion on Chilean society.

A New Vision for Protecting the Family

1962 proved to be a watershed year for Chilean medicine, rife with possibilities for improving maternal health. In 1962, the Chilean Medical Journal released a report on abortion as a medical problem in Chile and for the first time the Chilean government took action to learn more about the problem. The report relied on data from four general

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182 Pieper Mooney, Politics of Motherhood, 58.
183 Pieper Mooney, Politics of Motherhood, 58.
hospitals in Santiago, four emergency departments, and four general hospitals in the provinces. The report issued a number of shocking conclusions, primary among them:

1. Abortions and its subsequent effects accounted for 8.1 percent of admissions to Hospitals run by the SNS.
2. Women recovering from abortions accounted for 24.3 and 34.3 percent of all obstetrical beds in Santiago and in provincial hospitals, respectively.
3. Abortions alone accounted for 35 percent of all surgical operations performed in some Emergency Departments. At one hospital, 78 percent of all surgical operations consisted of uterine curettage.
4. Abortions accounted for 17.7 percent of all blood transfusions and 26.7 percent of the total blood volume dispensed in Emergency Departments in Santiago.

The report’s authors concluded that treating one single survivor cost the SNS approximately $3,000 (around $24,000 in 2019).\(^{184}\) In 1960, the SNS treated 57,368 abortion cases, occupying 184,000 bed-days, and spent over a million dollars that year alone in doing so (more than $8,000,000 in 2019).\(^{185}\) Also in 1962, two researchers presented the preliminary results of their research at the Seventh Pan-American Social-Medical Conference in Chile. Their research relied on random sampling of the general population, unlike previous research that surveyed women already in the hospital, to develop estimates regarding the frequency of induced abortion in Santiago. Early results based off the answers of 1,890 women from all different social levels indicated that 875 women had experienced an abortion. Of these 875 women, 496 women, or 26.2 percent of women interviewed had experienced an induced abortion. These 496 women had experienced in total 1,394 abortions, or an average of 3 abortions per woman.\(^{187}\)

\(^{184}\) Armijo and Monrel, “Epidemiology of Provoked Abortion,” 144.
\(^{187}\) Armijo and Monrel, “Epidemiology of Provoked Abortion,” 144.
Finally, in light of the overwhelming demographic evidence demonstrating the problem of included abortion in Chile and doctors’ continued emphasis on the topic, the General Director of the SNS, Dr. Gustavo Fricke, convened an advisory committee on the topic in 1962. The advisory committee’s task was to “develop strategies to reduce the high rate of induced abortion and their complications and reduce the high cost associated with their treatment.” The members of the advisory council were then invited to join the Chilean Committee for the Protection of the Family. The committee provided the first official advice to the SNS, and in 1965, renamed itself to the Chilean Association for the Protection of the Family (Asociación Chilena de Protección de la Familia, APROFA). APROFA has since then guided Chile’s family planning programs.

By the 1960s, the Chilean government long established policies intervening in family life and had established programs aimed at helping societies most vulnerable through social security. But APROFA’s task was just one goal: protect the family. To attain this objective, APROFA needed to identify solutions to the causes of induced abortion. Its name and its goal were telling of how the government and the organization saw itself. APROFA’s vision of protecting the family meant keeping the mother alive. It was about making sure that there was a mother there to raise children and support her husband. Protecting the family was fundamentally about protecting the heart of the domestic sphere. The APROFA’s mother-focused efforts became obvious during the implementation of its programs. By focusing its efforts on reaching women who had already had children, APROFA reinforced the notion of motherhood being worthy of protection, but not necessarily women in general.

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The events of Alesandri’s presidency laid the foundation for the defining elements of Eduardo Frei’s government in two ways. First, by signing the Alliance for Progress, Chile committed to promoting the articulated goals of the Alliance. Alessandri, however, was unwilling to institute the necessary reforms to realize the goals. This left his successor the task of developing a compelling and effective policy to reform Chilean society into the vision of the Alliance progress while also promoting Chile’s goals of development. Second, the foundation of APROFA marked the Chilean government’s recognition of its role in addressing the issue of induced abortion. While these issues emerged separately under Alesandri’s presidency, the issues of realizing development and promoting family planning coalesced under Frei. Together, these issues contributed to the creation of governmental policy that advocated family planning as a citizen’s ability to contribute to the national development project. The policies implemented by the SNS targeted women who were already mothers and effectively excluded men. Through this, the family planning programs implemented under Frei’s administration strengthen traditional gender expectations by confining issues of reproduction to just women, and mothers at that.
Chapter 5: New Obligations for Motherhood

“How many of these women had experienced the same thing I had experienced? So many women who work, who have bad situations and many children they cannot educate well. How many went to the hospital and left their children alone? How many will there be who do not even know there is a solution?”

-Voiceover in the 1965 film, Abortion.

The scene begins as man stands on the street curb, looking expectantly up the street. In background, an ambulance horn wails and as the noise grows closer, he grows more frantic, waving his hands in the air. The ambulance turns the corner and he rushes over to talk to the medics as they unload a gurney from the back of the ambulance. He leads them, running ahead, into a building and moments later the medics emerge with a woman laying on her back and place her in the back of ambulance. He climbs in with her. The shot follows the car as it drives down the street and turns the corner, the siren wailing once again. It continues to wail as the surroundings fly by on the way to the hospital. During this time, the credits roll onto the screen and the subject of the movie becomes clear in the simple title: Abortion.

Released in 1965, the experimental film division at the University of Chile created a movie that sought to examine and discuss abortion in a realistic way. The woman who sought the abortion matched the data of a typical abortion seeker in Chile. She was married. She already had three children. She discussed the choice with her husband. And she was poor. Abortion offered realism and publicity to a topic that was long considered too taboo for general conversation, despite efforts to introduce into the national

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190 Armijo and Monrel, “Epidemiology of Provoked Abortion,” 144.
conversation. It received the award for “Best Picture” from the Santiago Art Critics Circle in 1965 and the “Best Picture” at the Viña del Mar film festival in 1966.\(^\text{191}\)

The 1960s in Chile were a time of contradictions, when seemingly conflicting ideas successfully co-existed in governmental policies. Chilean family planning programs cannot be characterized as an isolated, localized response to the “social question” when considered in the context of the international movement for population control. Conversely, they cannot be defined as just a response to international pressures on the Chilean state to adhere to “democratic” ideals and population control. The government-sponsored family planning program offered through the SNS, under the guidance of APROFA, was a Chilean-led response to the shockingly high rates of induced abortion and maternal mortality plaguing Chilean society. This chapter aims to analyze how implementation of family planning polices reinforced traditional Chilean gender dynamics. It will do so by analyzing relevant literature and other media to examine how these leaders conceived of the program’s goals and how the target policies only provided family planning services to women, and focused on women recovering from an abortion or after birth. In doing so, the programs confirmed questions of reproduction as exclusively women’s issues.

In a broader sense during the 1960s, “Christian Democratic reformist projects fashioned a modernity that buttressed patriarchal structures and depended on the execution of male professional authority to guide or control women’s reproductive behavior.”\(^\text{192}\) While these programs offered women unprecedented control over the growth of their family, this was control was offered of women who had fulfilled their gendered role. The government did not promote family planning as women’s emancipation from


\(^{192}\) Mooney, *Politics of Motherhood*, 73.
their biological capabilities or cultural expectations, but rather reinforced women’s identities as mothers and wives before any other identity. The programs targeted poor women who had already had children and offered them family planning opportunities to bring them in line with the efforts necessary for modernization under Frei’s government.

**1964 and Beginning of a New Chile**

*Advent of a “Revolution”*

The 1964 Chilean presidential election was an international affair. Eduardo Frei and Salvador Allende (the author of *Chile’s Socio-Medical Reality*) led the race; both promoted reform in a country whose economy had slowed and social discontent was growing. Frei, a founding member of the PDC, promoted his party and his election a road to both development and social change. It was an alternative solution to the failed conservative economic policies of Alessandri and an alternative to socialism promoted by Allende.¹⁹³

The “Revolution in Liberty” would increase political participation and increase the quality of life for the poorest sectors as well as assume state control of the copper mines, build 60 thousand new dwellings a year, promote educational reform, enfranchise illiterate Chileans, and promote other ambitious public work plans.¹⁹⁴ “It was thought that this plan would become a model for development for all of Latin America.”¹⁹⁵ Allende, the leader of the socialist party, proposed a similar plan, but his involved total state control over all industries. These two figures inspired neither excitement nor confidence from Chile’s right

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¹⁹⁵ Gazmuri, *Historia de Chile*, 244.
and conservative parties, but they supported Frei as the better outcome, despite disagreeing with his policies.196

To the United States, this was more than just a presidential election. It was a test of the viability of socialism in the Western Hemisphere after the Cuban Revolution. In 1962, the United States secretly began funneling funds to bolster Frei’s candidacy as well as systemically discredit Allende. 1963 American State Department intelligence records reflect the United States’ continuing unease regarding the 1964 election.197 Between 1962 and 1964, the CIA spent nearly 4 four million dollars on “some 15 covert action projects.”198 Principal among these projects were funding Frei’s candidacy; the CIA underwrote almost half of the campaign’s total cost. The United States could support Frei’s campaign goals as they aligned with the development goals in the Alliance for Progress and he seemed like the best candidate to beat Allende in the election. Frei’s campaigned on a moderate reform that would restructure part of Chilean society, while still respecting Chilean’s democratic nature, in contrast to the socialist transformation championed by Allende.199 Frei won 56.09 percent of the total vote. Salvador Allende garnered 38.93 percent of the total.200 Frei’s victory was also a victory for the United States, who has secured Chile firmly within the First World’s sphere of influence for the foreseeable future. Although Frei won, Allende’s agenda continued to influence opposition groups. Socialist mobilization and agitation continued. Throughout Frei’s presidency, the right, who felt his reforms were too

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196 Gazmari, Historia de Chile, 244.
197 Memorandum of conversation, August 19, 1963, between President Kennedy and Senator Duran from Chile. Political situation and upcoming election in Chile. Confidential. 3 pp. Kennedy Library, National Security Files, Countries Series, Chile, July–November 1963.
199 Gazmuri, Historia de Chile, 254.
200 Gazmuri, Historia de Chile, 253.
socialist, and the left, who said he was still too conservative and indebted to imperialist support, would both continue to criticize the president’s polices and perceived shortcomings.

Frei rode to victory on a wave of female support. In the 1964 election, Frei earned 70 percent of the female vote. Although striking, the female preference for the PDC is not surprising. Starting in 1962, the PDC pushed for a revitalization of Mother’s Centers (originally founded to address the social question through beneficent maternalism) where mothers could socialize with their neighbors and also learn more politics. Just as suffragists had campaigned for the right to vote based on their inherent traits as women during the 1930s, these centers allowed for women political participation but within gendered bounds. The centers advocated for “the personal advancement of their members, and the solving of problems inherent to their condition and gender.”²⁰¹ Their guiding motto promised that “the advancement of woman also leads to the well-being of her child.”²⁰² To the PDC, resolving problems inherent to her condition meant providing women with sewing machines or leadership classes, designed to “mobiliz[e] support for Christian Democrats.”²⁰³

Although the Mother’s Centers offered women a new opportunity to engage with her community, these centers were developed and promoted under the watchful eye of the government. In 1967, the Law of Neighborhood Organizations would regulate the center’s activities and keep their activities within gendered norms.²⁰⁴ They were not designed to promote women’s advancement or the bifurcation of the long-cherished mother-child

²⁰¹ Pieper-Mooney, Politics of Motherhood, 76.
²⁰² Pieper-Mooney, Politics of Motherhood, 77.
²⁰³ Pieper-Mooney, Politics of Motherhood, 77.
²⁰⁴ Pieper-Mooney, Politics of Motherhood, 77.
relationship. Instead, these centers reaffirmed the fundamental connection between women, wife, and mother. Throughout Frei’s presidency, these centers would not only serve to develop vital support for his presidency, but would become one the critical locations in his campaign to promote family planning throughout Chile.

Women’s participation in the “Revolution in Liberty” was a key element of success. Frie’s party argued that Chile’s rapidly growing poor population was one of the greatest threats realizing development. Women possessed the unique ability control the country’s growth. Throughout the 1950s and 1960s, economists stressed the consequences of rapid population increase on a country’s ability to develop. Santiago was a model case, as research through the 1960s showed that the country’s growth could not match the demands of an ever-growing population. In order to reach the goals outlined by the Alliance for Progress and the Revolution in Liberty, it was necessary that the government took action to curb the population. This meant that Chilean women needed to have fewer children.

At the same time that the state recognized the necessity of curbing population, it also began to take action to confront the glaring issue of induced abortion in Santiago. The proposed solutions to this problem included better sexual education and better access to more effective birth control options. This information would be distributed to women at SNS hospitals for maternal or childcare needs and in Mother’s Centers. Couples could continue to have intercourse, without the risk of another pregnancy and another unsafe abortion.

*The Contraceptive Program in the Western Area of Santiago*

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While the official adoption of family planning polices began after Frei’s election, the SNS and APROFA were already exploring the impacts of improved access to family planning to build the argument in favor of widespread programs. In 1964, APROFA launched a contraceptive program in the western area of Santiago, a largely working class area, to provide women access to information about birth control and examine the effectiveness of IUDs over a sustained period of time. Increasing education and access was a two-part solution, requiring the program’s involvement in both maternity wards and on the community level. In maternity wards, “contraceptive education [was] given after childbirth or induced abortion.”206 Women who had just given birth were invited to the nearest clinic to have an IUD placed 10 to 40 days after giving birth. Women recovering from an abortion would have the “IUD inserted immediately after curettage while still under anesthesia, unless medically contra-indicated.”207 On a community level, contraceptive education was “provided to community health committees [and] mothers’ clubs.208 After the lectures, social workers passed out invitations to the nearest outpatient clinic. After receiving an IUD, providers counseled women to attend follow up visits on a scheduled basis to confirm the IUD was still effective and in place.209

The urban population of the western area of Santiago was estimated at 538,000, with 88,000 women of reproductive age. In the first six months of the program, doctors

207 Viel, “Family Planning in Chile,” 290-291. The exact nature of how and if doctors received consent to place IUDs after women were recovering from abortions is unclear in this report. The language stated that women received information about family planning “after an induced abortion,” suggesting that women automatically received an IUD, unless they stated otherwise. This procedure would seem contrary to the stated goals of APROFA’s work, which emphasized the voluntary decision to adopt family planning, but the report does not elucidate more on the topic. This statement brings up the question of informed consent during the government’s family planning program. Some critics of the state’s programs stated that women were given IUD’s without their consent. How often this did or did not occur is not documented.
208 Viel, “Family Planning in Chile, 291.
209 Viel, “Family Planning in Chile, 291.”
placed over 4,500 IUDS. Over the course of the 32-month study, about 14 percent, or 12,300 women, had an IUD inserted. Doctors carefully monitored the success of the IUDs, noting when women returned to their offices because the IUD fell out or because they wanted it removed. In a randomized study of 309 women, from 20 to 29 years old with at least two children, over 75 percent of the women still had their IUD in place after 18 months. In the analysis, the authored noted that the highest rate of IUD removal fell between 15 and 18 months after original placement, “probably reflecting the desire of the woman to become pregnant after one year of rest.”

Overall, the IUDs were very successful birth control, with only 8 pregnancies occurring among the 309 women, or 97.5 percent effective. At the conclusion of the report, the author wrote, “we believe that the program now being conducted in the western area of Santiago is working effectively and eventually could become a model for a national program.” The success of the program in the western area relied on communicating with women in the gender segregated spaces of obstetric wards and Mother’s Centers. Men and husbands were not included in this program’s model. But the program’s success underscored that men were not necessarily relevant to the program’s success. As long as women attended the follow up, doctors could chart the changing demographic trends.

Family Planning as a National Policy

Rise of Family Planning Services

The mid-1960s experienced an explosion of conversations surrounding abortion and family planning as the SNS assumed an official policy based on the recommendations of the committee assumed under Fricke. In the following years, money began pouring in from

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210 Viel, “Family Planning in Chile,” 289.
international organizations like the Rockefeller Foundation, looking to fund family planning efforts. 1965 was a particularly significant year for APROFA. It assumed its current name and constituted itself into a private not-for-profit organization to provide official advice to the SNS.\textsuperscript{211} As part of its development into an advisory group, APROFA became an official affiliate of IPPF and received $86,000 ($690,000 in 2019) towards the newly established Chilean family planning programs.\textsuperscript{212} In the same year, APROFA also began partnering with USAID to fund its programs. APROFA began publishing their monthly newsletter, providing interested doctors, philanthropists, and government officials’ updates on organizations developments. In the third ever newsletter, APROFA broke the exciting news: Chile would host the next International Planned Parenthood Conference in 1967.\textsuperscript{213} APROFA’s newsletters provide a critical perspective in to the contemporary issues of family planning in 1960s Chile and how the leaders of this movement viewed the organization’s, the state’s and their own role in solving the issues plaguing Chilean society.

The motivations behind family planning efforts in Chile were not always clear. In the August 1965 newsletter, APROFA announced the continued partnership between the SNS and APROFA. In an article recounting the meeting between APROFA members and the new director of the SNS, Dr. Francisco Mardones, both defined their motivations for supporting family planning in Chile. APROFA highlighted the need to prevent criminal abortion and


\textsuperscript{213} APROFA, “Delegado Chileno ante Cuerpo irectivo de la IPPF, Londres,” \textit{Boletín APROFA} 1, no. 3 (August, 1965): 1.
continue to research new methods of contraception. Mardones agreed with APROFA’s first priority and also remarked that it was critical that the SNS also addressed the explosive population growth.\(^{214}\) While the APROFA’s and Mardones’ articulated goals did not align perfectly, the difference did not prove to be an impediment to their continued collaboration. Mardones still wanted the SNS to adopt policies similar to APROFA.

He got his wish later that year. In the December newsletter, an article announced: “SNS Technical Council Agrees with Fertility Regulation Policies.” These policies, developed by an advisory council and led by the director of APROFA, sought to “reduce risks of abortion, maternal, and infant maternal mortality and to promote the wellness of the family group.”\(^{215}\) The advisory council outlined the basis of the current problems in Chile, locating the source of the issues with the rapid population growth throughout Chile and the subsequent rates of induced abortion. The advisory group declared that treating abortion was “an imperative” and would do so through a three-pronged policy, similar to the solutions already in action in Santiago. The advisory council recommended that the SNS support family planning by providing access to contraceptive and family planning services, funding and conducting research, and providing training to interested doctors and nurses.\(^{216}\) The recommendations concluded that by supporting these policies, the SNS would allow for “responsible procreation, with respect to the liberty of conscience of the individual and the dignity of the family.”\(^{217}\) Even among government officials and health care providers, the reasons for promoting family planning were not consistent. Luckily, the

\(^{214}\) *APROFA*, “Comité Chileno se entrevista con Director General de Salud,” *Boletín APROFA* 1, no. 3 (August, 1965): 1.

\(^{215}\) *APROFA*, “Consejo Técnico del S.N.S toma acuerdo,” 3. “Reducir los riesgos de aborto, mortalidad maternal y infantil y para promover el bienestar del grupo familiar.”

\(^{216}\) *APROFA*, “Consejo Técnico del S.N.S toma acuerdo,” 3-4.

\(^{217}\) *APROFA*, “Consejo Técnico del S.N.S toma acuerdo,” 4. “Para una procreación responsable, con el debido respeto a la libertad de conciencia del individuo y la dignidad de la familia.”
programs to provide access to reproductive health services served both the needs of population control as well as family planning.

The adoption and implementation of family planning policies in 1965 overall faced little social pushback. Since Chile was a staunchly Catholic country, one may expect that the government faced pronounced challenges from the clergy to the program’s implementation. However, “adamant opposition to family planning was something the Church hierarchy advocated rather than the parish or village priest.” When asked in a 1967 interview if taking the Pill was a sin, Father Juan Bagá, a member of the communications department of the Chilean archbishopric, stated no. He remarked that all of the Churches declarations were “recommendations and opinions, but none of them made the Pill a sin.” Family planning programs began before Pope Paul VI’s published his defining encyclical on the topic and in that time, Chilean bishops and priests had the opportunity to advocate for family planning in a way that they believed fit within Catholic bounds. One priest recounted his time among the poor citizens of Santiago, remarking “it is...difficult to be too strict...when you see how they live.” The PDC continued the development of family planning policies with the support of Catholic officials in Chile.

**Competing Perspectives**

The enthusiasm present in ARPOFA’s newsletters, however, was not necessarily reflective of all opinions throughout the country. The left-wing news magazine, *Punto Final* published a lengthy report on the “The Great Tabu,” and the problem of induced abortion.

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218 Sanhueza “Family Planning in Chile,” 113.
219 Paula, “Debo tomar la piladora?,” 75.
and population growth in Chile. The language used by Punto Final sounds more like the language used by AMECH 30 years earlier, than it did of it of its contemporaries. Punto Final lamented the experience of the “proletariat women who exhausts herself by giving birth every year or dies at an early age due to provoking an abortion with brutal methods to prevent the growth of family that is impossible to support.”\textsuperscript{221} The magazine’s assessment of the situation was class-specific and highlighted the fact that women experienced the issue of induced abortion differently. Poor women were more likely to receive a risker abortion or attempt to induce it herself, with higher chances of deadly consequences. A 1967 investigation into induced abortion, declared, “like all clandestine things, abortion is expensive.” Options ranged from a “luxury” abortion, which would cost as much 950 escudos, complete with medical attention and board for a day, to a 50 escudo-abortion preformed by an untrained provider who probably did not even sterilize her equipment.\textsuperscript{222} The women seeking and receiving riskier abortions were likely women seeking socio-economic abortions.

In order to truly confront the reasons why women risked their lives, the authors of Punto Final argued that the state would need to do more than just declare overpopulation an issue and provide family planning services. Instead, the state would need to recognize the “inadequate social and economic system” that was causing these problems. Overpopulation by itself was not the issue. But when combined with an unequal economic system, the result created a dangerous situation. The only effective solution for the present problems was voluntary family planning, combined with effective social and economic

\textsuperscript{221} Punto Final, “Creced y Multiplicaos,” 1, no. 7 (December, 1965): 8. “La mujer proletaria se agota en partos anuales sucesivos o muere a temprana edad a métodos brutales para provocar el aborto e impedir el crecimiento de la una familia imposible de mantener.”

\textsuperscript{222} Paula, “La mujer chilena y el aborto,” 53.
structural changes.\textsuperscript{223} \textit{Punto Final} called for a socialist over-haul of Chilean society as a means to resolve the growing modern social problems. While Frei would not propose any changes radical enough to appease the authors of \textit{Punto Final}, throughout his presidency, the authors looked towards Allende for hope and the promise of the radical change they desired. Despite criticisms, by the end of 1965, APROFA had established itself as a globally recognized leader in family planning. That year alone, APROFA offered 48,882 consultations with women about contraception. 56.5 percent of these women chose to get an IUD, 24.8 percent chose the Pill and the remaining 20 percent chose another method like condoms or rhythm method.\textsuperscript{224} In initial success of the program convinced leaders of opportunity, and in fact the necessity, of expanding family planning services in Chile to address both induced abortion and population control.

\textit{Expanding the Program}

The paternalistic views expressed by the leaders in Chilean health were clearly reflected in the 1967 SNS service program. It was the first program “with concrete aims” designed with target objectives for the number of “women to be protected and live births to be prevented.”\textsuperscript{225} The SNS would have ample access to Chilean women to reach this goals at the SNS owned and operated 80 percent of the hospitals and medical services in Chile.\textsuperscript{226} In the city of Santiago alone, 446,140 fertile women were under the SNS’ care. The 1967 plan offered contraceptives to “all women who s[ought] hospital aid for abortion.”\textsuperscript{227} In doing so, the government could provide women who did not want to be pregnant in the near future a

\textsuperscript{223} \textit{Punto Final}, “Creced y Multiplicaos,” 10.
\textsuperscript{224} Mariano Requena B and Tegualda Monreal, “Evaluation of Induced Abortion Control and Family Planning Programs in Chile,” \textit{The Milbank Memorial Fund Quarterly} 46, no. 3 (1968): 195.
\textsuperscript{225} Requena and Monreal, “Evaluation of Induced Abortion,” 207-208.
\textsuperscript{226} Viel, “Family Planning in Chile,” 287.
\textsuperscript{227} Requena and Moreal, “Evaluation of Induced Abortion,” 207.
safe and sanitary way to assure this. The program would also offer contraception of 40 percent of women after giving birth and to 10 percent “of the women of fertile age from the general population.” By the end on 1967, the report’s authors predicted that 152,000 women of fertile age would be protected, or 13.9 percent, preventing 31,584 live births in that year alone.

The 1967 plan continued the precedent established by earlier family planning programs that focused their services on women who had already had children. While the new program expanded slightly to include non-pregnant women, it was still mainly focused on reaching women who had fulfilled her reproductive obligation. The program, while conceived under the auspices of supporting a couple’s choice, only offered the resources and education to women. In excluding men and husbands from this education, the program reinforced the notion that child rearing and family planning was exclusively women’s issue. The responsibility of family planning was a new domestic responsibility for the woman to manage. The Chilean family planning program offered women more freedom than ever before to safely control their bodies, but under the control of the government with the goal of supporting economic development.

Centering Women’s Experiences

As the SNS’ activities continued through 1966 and into 1967, the “great taboo” surrounding sex began to break down. A 1966 survey of APROFA’s activities in the south of Santiago yielded 18.8 percent of fertile aged women using effective contraceptives, most commonly an IUD. The publication of Paula, a women’s magazine in started 1967,

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228 Requena and Moreal, “Evaluation of Induced Abortion,” 207.
229 Requena and Moreal, “Evaluation of Induced Abortion,” 208.
pushed conversations around sex and family planning further into the common consciousness. Abortion, family planning, the decision to use birth control and maternal control began to appear in regular conversation between the everyday modern Chilean woman, no longer confined to the halls of hospitals or state houses. In an article published in the first edition of the magazine, Paula asked: “Should I take the Pill?” and to answer this polemic question, provided answers to some of the most common pressing questions. “Is it a sin?” “How does it function?” “Will I be able to have more children?” “Does it cause cancer?” The article concluded the women who use the Pill, or those who want use it, could use it or continue to use it with peace of mind. “The Pill is not dangerous and, probably, the most effective form of contraception.” Paula brought attention to women’s issues in plain and understandable discourse for all women to understand. It laid out major concerns and responded to them with the latest science, speaking to and about women as intellectually capable wives and mothers, rather than dim-witted experimental subjects.

Later that year, Paula published another exposé into women’s sexual experiences, this time focused on abortion and women’s experiences. It recounted two women’s reasons for and experience seeking and receiving an abortion, with dramatically different conclusions. The first woman was pregnant out of wedlock and sought help from a friend, who referred her to a specialist, where she received an abortion. Her story concluded,

231 In 1967, the Pill was brand new science and researchers had not yet identified all of the risks associated with its use. The high doses of hormones present in the early Pill triggered heart attacks, strokes, and blood clots in some users. Others reported nausea, breast tenderness, water retention, and weight gain. Paula’s claim that the Pill was “not dangerous” was simplification of the dangerous, albeit uncommon effects of the early Pill. For more on the development of the Pill see Jonathan Eig, The Birth of the Pill: How Crusaders Reinvented Sex and Launched a Revolution (New York: W.W. Norton & Company, 2014).
232 Paula, “Debo tomar la píldora?,” 75. “La píldora no es peligrosa, y es, probablemente, el método más seguro de contracepción.”
“three years have passed, I am married and I have a child...I still have not forgotten my crime.” The second woman was married, had three children and wanted “a simply annoying procedure to avoid an unwanted child.” She received an abortion as her husband sat next to her and when they returned home, she felt a sense of relief; “the pest had been terminated.” Although the women had vastly different experiences and reactions to their abortion experience, they had gone through the same process of finding an illicit abortion provider and risked their lives for a necessary procedure. The article did not shame them and valued their personal experiences and motivations for seeking an abortion.

Although its publication began in the late 60s, Paula’s early content was not explicitly feminist and its content generally focused on traditionally feminine spaces and topics. The same magazine that published the expose on abortion and women’s experiences also advertised on its cover “Interior Plants: How to Buy and Care for Them” and “The Wonders of Jewelry in Bronze and Iron.” This recognition, however, does not mean to denigrate the radical ways in which Paula centered women’s experiences during the development of the family planning programs. The strength of Paula’s narrative developed from the personal stories combined with recent demographic research. While the article presented no explicit argument, it confirmed women’s continued desire to access to family planning opportunities through the 1960s. What made it radical then was that it centered on women’s experiences. Paula did not discuss the total number of IUDs accepted versus the number of women seen. It focused on their personal reproductive health experience. Paula’s discourse differed from language widely used the same year at the eighth

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233 Paula, “La mujer chilena y el aborto,” 53. “Han pasado tres años, estoy cansada y tengo un hijo...Me recuerda mi delito.”

International Planned Parenthood Federation conference, Conscious Parenthood: A Right and an Obligation.

**Domestic Policies Amid a Global Meeting**

*Constructing the Discourse of Responsible Parenthood*

The 1967 International Planned Parenthood Federation conference, Conscious Parenthood: A Right and an Obligation was also an international affair. From April 9-15, 1967 in Santiago, Chile and over 1,000 politicians, demographers, and doctors from 87 countries convened to discuss the latest advancement in family planning. If Paula’s journalism had focused on the deeply personal choices and motivations of women and their experiences seeking an abortion, the conference proceedings did just the opposite. From the opening remarks, given by Ramón Valdivieso, an official in the Chilean Ministry of Health, to the concluding remarks by Mardones, the director of the SNS, the commentary and conclusions of the conference marginalized the personal experiences driving the epidemic abortion rates, and instead directed their energy into addressing the economic detriments of overpopulation and the possibilities of curbing its growth. These proposed solutions to overpopulation would rest with the couple and their ability to make responsible decisions for their children and the wellness of their family. But discussion of the solutions demonstrated a lack of self-awareness by politicians and scientists that information about the *coupled* decision was only available to women in exclusively gendered spaces for women who had already (or almost) fulfilled their gendered reproductive role, either in obstetric wards or at Mother’s Center. And in some cases, the choice to use birth control was not even a decision that women consented to.

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Valdivieso’s opening speech reflected a strong neo-Malthusian influence that promoted the necessity of family planning for economic development of the state. He began his speech focusing on the necessity of population control from the sake of development, not the well-defined social problems of the era and the steady increase of fatal abortions. Valdivieso stated, “it is believed that accelerated population growth poses the greatest obstacle to the economic development of delayed countries. In order to slow [population growth], it seems necessary to reduce the birth rate. We convene to analyze this prescription.”

Family planning and addressing clandestine abortions was then the positive product of attempting to reach this economic imperative. Valdivieso reviewed the already established structure of the programs in Chile, emphasizing that doctors offered family planning options as part of regular maternal-infant care without pressure. He repeatedly stressed that these programs would “respect the liberty and dignity of the couple...to make the free and responsible decision to limit or space out their children” and would “provide spouses information about all existing and legal methods...” All of this would be for “the protection of marriage and the family.”

Valdivieso’s review of the programs reflected two salient pieces of his understanding into how women fit into the state’s plan to drive development. The first was that he stressed the coupled nature of the decision to adopt birth control and family planning, when the most of the work being done to educate and disseminate birth control was only offered in female-centric spaces for women who had typically already fulfilled

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236 Valdivieso, “Discurso de Apertura,” 1. “Se sostiene que el crecimiento acelerado de la población opone el mayor obstáculo al desarrollo económico de los países atrasados. Para frenarlo parece necesario reducir la natalidad.”

237 Valdivieso, “Discurso de Apertura,” 2. “Respetar la libertad y dignidad de la pareja...que tome la decisión libre y responsable de limitar o espaciar sus hijos.”

their gendered reproductive obligations. In the Chilean model of family planning, men were not the intended recipients of the information. Women were. So then, it was women, not couples, who had the new obligation to be not only mothers, per the Chilean societal expectation, but also become its version of a responsible mother, per the state's new expectation.

The second thing was that Valdivieso viewed family planning as a tool for families in the service of the state. Offering family planning offered women new liberties to control their bodies, but also came with new expectations and the state expanded its control deeper in familial life. By promoting practicing family planning, women would not only offer the state greater control of and access to their families, but also ensure the stability of the deeply unequal partnership that was Chilean marriage. Although family planning offered women a new liberty to control their bodies, this control was within a system that further confirmed their secondary status and gendered roles in society and contributed to the state’s expansion into the family life.

Subsequent speeches given by Chilean officials did not clarify Valdivieso’s neo-Malthusian tone, but rather further confirmed the economic necessity of family planning and relegated women to figures in service of the state and its noble goals. Frei offered his own opening remarks and in doing so, gave the conference and its proceedings an “official seal of approval.”239 Mardones, director of the SNS, provided the closing remarks for the conference and offered little new commentary on the understanding of how the Chilean government would interact with the issue of development, families, and family planning. He remarked:

239 Sanhueza “Family Planning in Chile,” 110.
This country and especially the women of this country feels that your decision is a homage to her because if Chile does something in family planning and counts all that is done in family planning is because the woman of our country, generous in fulfilling her tasks as a wife, heroine in some cases to assume not only the responsibility of mothers, but also of fathers, has the efficiency to show her pain, her problems, her worries, in order to project in the future healthy and good children, intellectually prepared to bring glory to the fatherland. 240

In Mardones’ assessment, a woman’s value to the state was fundamentally tied to her reproductive choices. She completed her obligation as a wife by having children and building a better life. And this, of course, could only be done thorough family planning because the Chilean government “ha[d] not assumed [a] comfortable position of cowardice, but rather have firmly and bravely incorporated norms to guarantee for women and family all the privileges of science....”241 By incorporating these norms into government programs, the state could expand its power into familial life and confirm traditional gender roles.

**Masculinity and Family Planning**

By the late 1960s, Chilean men began noticing their exclusion from the family planning process. A 1968 study by the Population Council attempted to understand the Chilean male viewpoint, remarking that “[m]en, generally, have not been the subject of educational and service activities related to family planning, contraception, and abortion, or of research in these fields.”242 Despite their exclusion from the programs, a majority of

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240 F. Mardones Restat, “Discurso de Clausura,” (April 15, 1967) in *Actas de la Octava Conferencia Internacional de la Federación Internacional de Planificación de la Familia*, 553. Ese pueblo y muy en especial, la mujer del pueblo, siente que vuestra decisión, es un homenaje a ella porque si Chile hace algo en planificación familiar y cuenta todo lo que hace en planificación familia es porque la mujer de nuestro pueblo, generosa en cumplir sus tareas de esposa, heroína a veces en asumir no sólo la responsabilidad de madre sino también de padre, tuvo la eficiencia de mostrar sus dolores, sus problemas, sus inquietudes, para proyectarse en el futuro en hijos sanos, buenos, en hijos intelectualmente preparados para hacer la grandeza de la patria.

241 Mardones, “Discurso de Clausura,” 554. “[E]l gobierno ha asumido esta cómoda posición de cobardía, sino que, decidida y valientemente ha incorporado y ordenado normas de trabajo que garanticen para la mujer y la familia todos estos privilegios que el progreso de la ciencia.”

men from all social levels, stated that they were an active participant in the choice to use contraception. Men were generally in support of induced abortion; 58 percent of the respondents agreed that “inability to support another child in a numerous family” was an acceptable reason for an abortion. The report’s authors concluded that “while men’s actual influence in birth control decisions may be less than would appear there seems to be no good basis for excluding them all together from family planning activities.” The report’s conclusions highlighted the deficiencies of the Chilean family planning programs and underscored the failure of the program to actually promote conscious parenthood, only motherhood.

The report’s conclusions make the 1968 Disney movie produced for the Population Council and distributed by APROFA all that more interesting. The movie, Family Planning, was an immediate success and within the year, more than 36,000 Chileans had seen the movie. In the movie, Donald Duck guided the Common Man, a racially ambiguous man of color, through the necessity of family planning. The narrator explained the rise the modern population problem for the common man and Donald Duck dutifully paints a corresponding scene in blue, depicting the children of a large family as “sickly with little hope for the future.” But, the narrator points out that it does not have to be this way. Modern science has given parents a key with family planning so that parents could have “only the child [they] want when [they] want them.” But the Common Man’s wife has her doubts and she demurely whispers into her husband’s ear to ask her questions. In Family

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244 Pieper-Mooney, Politics of Motherhood, 71.
Planning, the husband is not only the direct recipient of family planning information, but also the arbiter of the wife’s desires. The success of family planning in the movie depended on the husband’s involvement, which could not be more contrary to the programs developed and implemented by the SNS and APROFA, which relied entirely on communicating information about birth control and family planning to the woman and wife.

The Early Program in Review

Within 10 years of its inception, the family planning programs made considerable impact on both birth rates and rates of induced abortion in Chile. Between 1960 and 1973, the fertility dropped from 5.1 to 3.5 children a woman.\textsuperscript{246} By 1973, an average of 20.2 percent of women were using birth control and the hospitalization rate of women suffering from an induced abortion had dropped to 15.9 percent of all pregnancies.\textsuperscript{247} This meant the induced abortion rate had dropped by nearly half within the same decade that family planning began. By the end of the 1960’s, family planning was a normalized part of Chilean life and Chilean government policy. The program fit within the Chilean tradition of government expansion into family life. Throughout the late 19\textsuperscript{th} and 20\textsuperscript{th} century, the government consolidated its power through the regularization of social norms into law. The Chilean government made marriage into an insoluble contract between a man and woman with the purpose of having children. In the first part of the 20\textsuperscript{th} century, the government established a robust welfare state that looked to promote the wellness of

\textsuperscript{246} “Fertility rate, total (births per woman),” The World Bank, \url{https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=CL&page=6}.
\textsuperscript{247} Nora Ruedi, \textit{La transicion de la fecundidad en Chile: un analisis por grupos socioeconomicos y areas geograficas, 1950-1985}, (Santiago, Chile: CELADE, 1989): 78.
working class families struggling to survive in Santiago. Despite the government’s articulated interest in promoting familial health, it turned a blind eye towards the growing problem of induced abortion among poor families in Santiago. In response to the government’s inaction, female organizers and male doctors began advocating for recognition of the problems and concrete solutions to help women avoid pregnancy.

Some 30 years later, in 1962, the government finally took notice of not only the growing problem of induced abortion but of global fear of overpopulation as well. In response to these two distinct and dangerous issues, the Chilean government developed one solution: family planning. The Chilean government’s program was accepted and successful because it fit within their established model of intervening in familial matters for the benefit of the state and women had a clear desire for access to the services that the program provided. But through this program, the Chilean government confirmed traditional notions of gendered obligations, offering information and contraceptives to women in specifically gendered spaces that they accessed because of their identity as mothers. The organization of the Chilean program reinforced the connection between mother, wife, and women and in doing so, continued to define Chilean women by their reproductive choices. Motherhood would no longer be by chance, but a conscious choice.
Epilogue: A Return to the Original Problem

“The woman remained marginalized.”  


During the 1970s, the Chilean state’s official stance on family planning underwent two diametrically opposed shifts. Salvador Allende’s socialist government rejected Frei’s calls for population control as part of national development. Allende envisioned a society in which families could practice family planning as they saw fit; no pressure and no nonconsenting participants. The 1973 coup and the establishment of Pinochet’s dictatorship brought yet another change in policy. His 1978 “Politics of Population” promoted population growth and restricted access to family planning materials. Despite the dramatic social changes between 1964 and 1973, the view of women’s role in society remained the same—women’s place remained in the domestic sphere. Women in Chile are again fighting for access to safe and legal abortions, continuing a century old discussion of the tension between motherhood and modernity in Chile.

Motherhood in a Socialist Society

Frei’s promise for a Revolution in Liberty went unfulfilled. There were no substantial social or economic changes during his presidency. The Chilean economy remained sluggish. During his six years as president, Chilean politics grew more polarized as the right adopted more conservative politics and the left aligned itself with the Unidad Popular, led by Salvador Allende in his fourth bid for president.  

As the 1969 election approached, no candidate emerged as the clear leader. The results of the election provided

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249 Gazmuri, Historia de Chile, 316.
no greater clarity; no single candidate earned the necessary percentage of votes to win the election. The Senate made the final decision and in 1969, declared Salvador Allende the new president of Chile. He was the first democratically elected socialist president in the world. Following his election, Allende began an ambitious plan to restructure and revolutionize Chilean society in line with his socialist vision.

The effects of Allende’s presidency were immediately evident in the APROFA newsletters. While Frei’s administration used “population control” and “family planning” to communicate the same idea, Allende’s government made a clear distinction between the two. “Population control” was a Malthusian invention used under capitalist systems. “Family planning” was a couple’s choice, without pressure or expectation from the government, to plan, limit, space out or stop having children. In the first APROFA newsletter published after Allende assumed the presidency, APROFA outlined its new direction in the article, “New Expectations for the Protection of the Family.” The article directly rebuked the language and policies of Frei’s administration. “In no way will the Unidad Popular government provide contraceptives with the direct aim of reducing the birth rate or think that contraception is a decisive tool for the economic and social development of the country.”

These ideas,” the article continued, “are the principle objectives of neo-Malthusians located today in the political right and financed by the United States.” Instead, Allende’s APROFA would promote “family planning reaching those who

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freely and consciously choose the services.”252 In the July 1971, APROFA published “Basis of Maternal-Infant Health Policies of the Chilean Government,” in which it unequally rejected the ideology described at the IPPF conference in 1967. In defining its goals, it wrote, “we clarify is that we do not share the idea that a reduction in the number of children is a fundamental factor and necessary for the wellness of the family and for social and economic development.”253

APROFA’s new vision included an expanded vision conscious parenthood that stressed the mutual responsibility of both parents. In the article, “Reflection on Responsible Parenthood,” APROFA articulated the difference between biological and social responsibilities for parents, recognizing that some parental obligations stemmed from social expectations not biological traits.254 This analysis comes close to contemporary gender theory, but concluded, ultimately, that caring for children was one of women’s primary biological traits.255 Even Allende’s vision of a radically more equal society still rested upon traditional gender expectations for women. It perpetuated the ideas of marianismo amidst another changing social climate.

Allende’s plan for comprehensive healthcare, not just family planning, offered unprecedented opportunities for Chilean women, specifically with respect to abortion access. Under Allende, the requirements to receive a therapeutic abortion liberalized; women seeking a socio-economic abortion would be considered to be receiving a

252 APROFA, “Nuevas expectativas,” 2-3.”Posibilidad de una planificación de la familia, poniendo al alcance de los que libre y conscientemente soliciten los medios necesarios.
253 APROFA, “Bases de la política de salud materno-infantil del gobierno de Chile,” Boletín APROFA 7, no. 7 (July, 1971): 2. “Dejamos claramente establecido que no compartimos el concepto de que la reducción en el número de hijos es factor fundamental y necesario para el bienestar familiar y el desarrollo económico y social.”
therapeutic abortion. In 1972, the Barros Luco Hospital began providing "counseling, abortions, and post abortion care."\footnote{Pieper Mooney, \textit{Politics of Motherhood}, 123.} One Chilean demographic researcher remarked, "maternal mortality declined in an extraordinary dimension."\footnote{Pieper Mooney, \textit{Politics of Motherhood}, 123.} The program at Barros Luco "saved more women's lives than ever in the history of abortion and maternal mortality in Chile."\footnote{Pieper Mooney, \textit{Politics of Motherhood}, 123.} The program's success reflected women's enduring desire to control their families. Despite the expanded access to family planning services in the past decade, many women in Chile remained at risk in still seeking to control their family's size. Based off its initial success, the program would likely have been expanded had the events of 1973 not fundamentally transformed Chilean political and economic life.

In the early 1970s, APROFA challenged the population control rhetoric that characterized its early years, but continued to support the vision of all women as mothers and biologically-inclined caregivers. While APROFA removed the language that sought to control families, it described a society that exalted the family, and the mother, as the cornerstone of a successfully society. Even with the sustained expansion of family planning services over the last decade, women were still utilizing self-induced abortions as birth control. By expanding the definition of therapeutic abortions, doctors implemented the most effective solution to addressing the dangers of abortions and their deadly consequences: safe and legal abortions provided by doctors. The popularity of the expanded access demonstrated women's enduring desire to control their families.

Amid the expansion of Allende's social welfare programs as president, the United States was also working on a program of its own to discredit Allende's government.
Immediately following his election, the United States engaged systemic effort to destabilize Allende and brew social discontent. The United States restricted trade and pressured other countries to do the same. United States’ government officials sought out anti-Allende forces in the Chilean government and the armed forces. Amid this growing pressure and further social polarization, on September 11, 1973, General Augusto Pinochet led a military coup d’etat. The military junta suspended Congress, outlawed leftist political parties and declared all political activity “in recess.” Pinochet declared the coup sought to “restore...justice and broken institutions.” Although he claimed he would step down in 1975 or 1976, Pinochet’s brutal and repressive dictatorship endured until 1989.

*Motherhood under a Dictatorship*

The place of family planning in Chilean society evolved yet again under Pinochet. Pinochet took a pro-natalist position described in the 1978 Doctrine of National Security, issued by the Office of Government Planning. The section “Politics of Population,” declared, “a significant increase of our population is desirable.” The “Politics of Population” limited access to reproductive health by restricting access to information about contraception. In doing so, Pinochet’s government linked notions of patriotism and support of state not with reducing the population as Frei’s government had done, but rather with increasing the population. Both governments articulated policies that

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261 Gazmuri, Historia de Chile, 362.
264 Sanhueza, “Family Planning in Chile,” 111.
expressed an objective of controlling women’s bodies and viewed them as objects in service of aiding the Chilean state reach its goals.

The same year, the United Nations published the results of its study entitled *Chile: Women and Society*. The research examined, among many topics, social attitudes towards women’s roles in society. The report concluded that the three primary socially assigned functions of women were: 1. Reproducing; 2. Taking care of children; and 3. Taking care of the home.\(^{265}\) The integration of family planning into Chilean society did not provoke changes to traditional social expectations for women because the goals of family planning did not challenge these traditional expectations. Despite the social, cultural, and governmental turmoil in the late 1960s and 1970s, women’s traditional roles endured. The expectations of *marianismo* for Chilean women remained. Under every administration, women were supposed to embrace the new vision of motherhood that exalted her identity in relationship to her children. Despite Pinochet’s calls for measureable population growth, the growth never occurred and fertility rates continued to fall under his government. At the end of his dictatorship in 1989, fertility rates were 2.5 births per woman.\(^{266}\)

*Abortion as a Social Issue Today*

One of Pinochet’s last acts in office proved to be one of his most enduring. In 1989, he amended the 1931 Sanitary Code that provided for therapeutic abortions to read: “No action may be taken which provokes an abortion as a result.”\(^{267}\) This law is effectively still in place today. A 2015 report by the Chilean Ministry of Health estimated that there are between 60,000 and 160,000 clandestine abortions year in Chile. There are consequently

\(^{265}\) Covarrubias and Franco, *Chile: Mujer Y Sociedad*, 9, 13.

\(^{266}\) “Fertility rate, total (births per woman),” The World Bank.

\(^{267}\) “Abortion” Human Rights Watch.
more than 33,000 abortion related hospital admissions a year and an average of 90 abortions carried out every day.\textsuperscript{268} On August 22, 2017 Chilean courts legalized abortion in three cases: when the woman’s life is at risk, in case of rape, and when the fetus is not viable.\textsuperscript{269} The day the ruling was issued, a pro-choice campaigner remarked, “it's difficult to view this as a complete victory, given that apart from the three cases permitted, all other forms of abortion continue to be criminalized.”\textsuperscript{270} As of 2019, the three cases are currently under further review by the current President, Sebastián Piñera, who vocally supports conscientious objectors right to refuse to preform the procedure.

Throughout the social changes over the last 50 years, APROFA has endured and updated its mission since its inception in 1965 to reflect its current mission while still maintaining its original goals:

[to be a recognized intuition that specializes in sexual and reproductive rights, that promotes the generation of respect and the promotion of sexual and reproductive rights, based in people’s capacity to chose in an informed and free manner.\textsuperscript{271}]

APROFA is a vocal supporter of pro-choice groups. But despite APROFA’s advocacy, Chilean women still do not have full access to controlling their own bodies. In Chile there are numerous groups advocating for safe and legal abortions, as MEMCH did in the 1930s. These groups today, however, do not base their arguments in favor of access in their identities as mothers, but rather based off the understanding that access to safe and legal

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\textsuperscript{269} “Chile’s Failure,” Amnesty International.
\textsuperscript{271} Nosotros,” APROFA, https://www.aprofa.cl/nosotros/.
abortion is a human right. The 20th century in Chile proved to be a dynamic era of both women’s rights and counter-veiling reinforcement of traditional gender norms as women and the state negotiated the identity of woman and mother into Chilean modernity.

272 “Chile’s Failure,” Amnesty International.
Appendix

Figure 1: March of Communism from the Hugh Moore Fund’s *The Population Bomb*

![March of Communism](image)

From Castro Arcos, *Guerra en el vientre*, 136.

Figure 2: MEMCH Poster

![MEMCH Poster](image)

Figure 3: Donald Duck and the Common Man in *Family Planning*

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