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WOMEN'S EXPERIENCES WITH ABORTION
WITHIN THE CONTEXT OF FAMILY IN CHILE:
A QUALITATIVE STUDY

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**WOMEN'S EXPERIENCES WITH ABORTION
WITHIN THE CONTEXT OF FAMILY IN CHILE:
A QUALITATIVE STUDY**

By

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A DISSERTATION

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ABSTRACT

WOMEN'S EXPERIENCES WITH ABORTION WITHIN THE CONTEXT OF FAMILY IN CHILE: A QUALITATIVE STUDY

By

Shannon J. Campbell

This phenomenological study describes Chilean women's abortion experiences using a feminist ecological perspective. As a qualitative study, the focus was on the women's voices. In all, 10 women were interviewed in Chile about their experiences with an abortion situation within the context of family. *Abortion situation* for this study's purpose is defined as a pregnancy whose desired resolution by the pregnant woman or anyone else in the family at some point is by way of an induced abortion. The interactive influences between intrafamilial dynamics and the abortion situation were examined. Additionally, the study investigated the qualitative effect that an abortion situation has on family relations. Included in the analysis was the women's and their families' specific socioeconomic status, due to its potential contribution to their experience of abortion.

A Chilean social worker served as a cultural broker during this study, providing entrée to the informants and feedback on the content and format of the interviews. She also offered her interpretation of the interviews, contextualizing them within Chile and its unique sociopolitical milieu. Additionally, a Chilean midwife was interviewed and provided information about abortion and family planning in Chile, including the Plan B pill. She lent her perspective on Chile's disproportionately high abortion rate.

The study's findings suggest that women's families had an influence on their abortion situations, due in large part to their economic and/or emotional dependency on

them. The women also clearly expressed that the quality of their relationships with their family members influenced their decision regarding their unplanned pregnancy, as well as whether to share the information with their families. Many women chose to abort to hide an unplanned pregnancy from their parents, fearing disapproval, disappointment or rejection. Some offered that they would have carried their pregnancy to term if their parents had been more approachable and accepting of the pregnancy.

The overwhelming advice given by the women for others in a similar situation was to not have an abortion. Some suggested that one ought to put significant thought into the decision, and adoption was offered as a possible alternative. Some supported the legalization of abortion in Chile in the case of rape, fetal malformation, and dire economic or societal risk conditions. There was also support for legal abortion with governmental oversight, while other women categorically opposed legalizing abortion.

This study demonstrates the importance of open and trusting relationships within families that potentially assist women in seeking guidance and support when confronting an unplanned pregnancy, rather than resorting to clandestine abortion. Too, the results show a need for expanded family planning education and services in Chile in an effort to avoid the need to abort. The study argues for eliminating how Chilean women, due to their biology and the gender expectations that accompany it, are uniquely constricted and disabused of personal autonomy and agency when confronting an unplanned pregnancy. Many interviewed noted a need in Chile to reduce the stigma placed on unmarried pregnant women, as well as increase men's responsibility for such pregnancies.

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CHAPTER ONE: INTRODUCTION

The aim of this study was to understand the lived experience of abortion for women in Chile, with particular emphasis on eliciting their personal narratives. More specifically, I hoped to develop an understanding of the interaction of intrafamilial dynamics and abortion situations, as well as the latter's qualitative effect on family relations for Chilean women and their families. *Abortion situation* for this study's purpose is defined as a pregnancy whose desired resolution by the pregnant woman or anyone else in the family at some point is by way of an induced abortion. In addition, I hoped to determine how families and/or individual family members are qualitatively affected by the abortion situation. Lastly, the study's intent was to elicit women's advice to others in a similar situation.

Statement of the Problem

Abortion under any circumstance is illegal in Chile, making it one of only four countries in the world with such restrictions on abortion ("Summary of abortion laws", 2002). Due to its illegal status, reliable statistics on abortion are nearly impossible to obtain. However, there exists a magnitude of information describing characteristics of women who abort (Lagos Lira, 2001; Armijo et al, 1965; "An overview of clandestine", 1996), most of which has tended to focus on such descriptors as age, marital status, parity, and region. Still other research has centered on factors and reasons in women's lives that contribute to their decision to abort ("An overview of abortion", 2006), including economics, which has been shown to be the greatest factor of all in women's decisions (Lagos-Lira, 2001), as poor women are substantially less able to acquire professional and private abortion services (Casas Becerra, 1997).

Research about abortion in Chile lacks a focus on the interaction between an abortion situation and intrafamilial dynamics. Generally, existing research makes little mention of the family's direct involvement in abortion situations (Armijo, Monreal, Puffer, Requena B., & Tietze, 1965; Lagos Lira, 2001), leaving the sense that those in women's lives exert little to no influence, and that abortion is a resolution determined exclusively by the woman. Thus, it is unclear how the family directly or indirectly affects an abortion situation, whether or not the interaction of an abortion situation and intrafamilial dynamics affects family relations, or how the family and/or its members and their relations are qualitatively changed due to the resolution of the abortion situation.

Rationale for the Proposed Research

This study examined a largely unexplored area in academic research: the interactive relationship between abortion resolution and intrafamilial dynamics, and the qualitative effects on family relations based on abortion resolution. The research is necessitated by its goal of illuminating the human rights abuses that occur in Chile due to its restrictive abortion laws. Abortion law in Chile violates constitutional rights, including the rights to health, privacy and equal treatment under the law (Casas Becerra, 1997). It was the aim of this study to accomplish what Feminist Family theory and Family Ecology theory consider a goal of research: to educate and to emancipate (Bubolz & Sontag, 1993). The unique manner in which Chilean women and their families are affected by the country's abortion laws was exposed, using the informants' own voices.

For my dissertation, I had the objective of working collaboratively with Latinas, since the research was planned to be undertaken in a Latin country. Collaboration with Alegría, a Chilean professional serving, in part, as a *cultural broker* allowed for access to

the study's informants. A cultural broker serves to build a bridge between the minority and the majority cultures in their understanding of the other's "cultural nuances and values" (Singh, McKay & Singh, 1999, p. 3). To that end, Alegría assisted me in understanding behavioral and language subtleties that were misunderstood or undetected. The work that occurred between me, Alegría, and the Chilean women was a clear benefit to my research. Furthermore, the representation of women in advanced research is low, so this study served to increase female participation in research. Latinas possess unique perspectives and life experiences that deviate from the "norm" in research that typically originates from a largely white perspective. Their participation in this research enriched the data and provided entrée into the lives of these Chilean women, publicly opening their experiences for review as characterized in the findings.

Theoretical Framework

This study benefits from an analytic framework that utilizes Family Ecology theory, which concerns itself with the study of families and their interactions towards and within the environments in which they reside (Griffore & Phenice, 2001). Relatedly, the exchanges that occur between families and their environments were of interest to me, as they determine the likelihood for a family's successful development, adaptation and subsistence. Family Ecology theory was an obvious choice for my study, as part of its aim was to elicit how the family's particular environment (including resources and exchange networks) influences the abortion situation, as well as the reverse.

In addition to Family Ecology theory, this study incorporated Feminist Family theory and, more specifically, the structural inequality perspective. This approach assumes that women have unique outlooks and experiences within families based on their

particular “race-ethnicity, social class, and place in the life cycle” (Hansen & Garey, 1998, p. xvi). Nonfeminist social research has a history of overlooking these realities (Rosenthal & Fisher, 1993). This study prioritized the illumination of women’s experiences in families when confronted with an abortion situation. Eliciting women’s voices in research is a uniquely feminist epistemology, and it was this study’s aim to extract women’s experiences for an increased awareness and understanding of them.

The combination of Family Ecology theory and Feminist Family theory allowed this study to best examine women and families within their environments, including how structural forces affect these families. Feminist Family theory assists Family Ecology theory in including in its examination of the family its place in the societal structures in which it resides. This synchronizes well with Family Ecology theory, as it also focuses on the systemic levels in which the family operates.

Family Ecology Theory

Family Ecology theory derives from Human Ecology theory, which had its genesis in the latter half of the 19th century, a time of great social reform, urbanization and industrialization. Bubolz and Sontag (1993) note that Family Ecology theory saw a reemergence in the 1960s during a time of concern about the interdependence of humans and their environments. The authors suggest that Family Ecology theory “is unique in its focus on humans as both biological organisms and social beings in interaction with their environment” (p. 419).

Family Ecology theory is similar to General Systems theory in that it suggests that a family, the basic unit of analysis, is comprised of a structural component, which Griffore and Phenice (2001) note is the embodiment of concomitant forces and

mechanisms that interactively affect the processes of family life. The authors further offer that a family's ecosystem structure consists of its pattern of organization, which include its systems, subsystems and their respective roles. Some influences to the aforementioned structural component include the complexity and hierarchy of family systems, the internal structure of the family, the external structural influences on the family, and the developmental stages of the family (Griffore & Phenice, 2001).

Urie Bronfenbrenner (1979) initially proposed a systemic model that evolved into a way of observing the family in its environment. His layered approach consisted of the microsystem, the mesosystem, the exosystem and the macrosystem. The microsystem level contains the unit of analysis, in this case the family. Essentially this level contains the most interpersonal human exchanges that occur throughout the life cycle.

The next level, which moves to a slightly broader perspective of the family, is the mesosystem. The mesosystem is a way of looking at the interactions between two microsystems that directly contain the family or member. For example, an examination of a family's life could include viewing the microsystem of the family, and the microsystem of the adults' workplace, resulting in a mesosystem level of analysis. Through these two microsystems one views the particular relations, roles, and dynamics that the interaction of the two produce, providing a more detailed understanding of the family's life.

From the mesosystem one moves to a still broader level of analysis, the exosystem. This is the first system that no longer directly contains the family. Still, those events which transpire in the exosystem influence the processes in the family's immediate environment. An example of the exosystem in a family's life is the provision of healthcare in the family's community. Although the family does not directly influence

the determination of policies regarding the availability or delivery of healthcare services within its community, it would likely be impacted by such policies. Assuming the family is poor and unable to acquire sufficient healthcare on its own, for example, it would depend on those free or reduced-cost community healthcare resources for which it qualifies. If funds were lacking, this could potentially have a negative effect on the family's well-being and daily functioning.

Finally, the broadest-level system in Bronfenbrenner's model is the macrosystem. The macrosystem combines the micro-, meso-, and exosystems, and contains a culture's ideological values and norms (Bubolz & Sontag, 1993). A macrosystem is constantly changing so that each generation will experience its own differently than the previous generation. Bronfenbrenner looks at patterns of micro-, meso-, and exosystems within a culture when defining a macrosystem. Further, he stresses that embedded in each of these systems are the concepts of culture, subcultures, and social context, all of which have an effect on the developing individual's belief systems, life choices, resources, and challenges (Bronfenbrenner, 1989:228, in Griffore & Phenice, 2001). Essentially, then, the macrosystem is the overarching umbrella of "culture" that influences a family.

Bubolz and Sontag (1993) propose that there are basic assumptions inherent to Family Ecology theory. One is that human environments, both physical and social, are interdependent and can affect behavior, development and quality of life. As well, the environment provides valuable resources which humans ought to utilize to enhance their well-being. Additionally, the theory is value-laden, believing that there must be a balance between the ecosystem's demands for cooperation and the individual's demands for autonomy (Capra, 1982, in Bubolz & Sontag, 1993). This balance is found through the

utilization of one's values. Family Ecology theory is very empowering for families, as demonstrated in its assumption that individuals and families have differing amounts of control and freedom over their interactions with their environments, environments which variably offer and restrict opportunities for families (Bubolz & Sontag, 1993).

Furthermore, the theory values and utilizes the feminist perspective, as both are driven by a critical science perspective that seeks equality through knowledge and change.

Thus, Family Ecology theory's usefulness was apparent for this research study.

The Chilean women and their families exist within the various systems in their environments that affect their particular abortion situation. It was the focus of the study to ascertain exactly what those systemic forces are and how they are influencing the families. Too, it is of import to note that the abortion situation places these families in a position to consider their resources and values in making a decision regarding its ultimate resolution. Family Ecology theory was the ideal framework to use in understanding the processes that occur in the work of that decision-making.

Feminist Family Theory

Although there is no one feminist family theory, there is a collection of works from a feminist perspective that comprises Feminist Family theory. In essence, Feminist Family theory focuses on how women are differently affected by their position and inclusion in a family. Baca Zinn (2000) suggests that feminism in the last few decades has contributed much to the research and understanding of the family. In more recent years, through the use of the structural inequality perspective, Feminist Family theory has included gender, race and class in its observations and analyses of how families are

created and maintained. Examining the history of family transformations helps one understand the current state of Feminist Family theory.

During the decades of the 1880s through the 1920s in the United States, industrialization created families that were much more private in nature, pulling workers from often family-run work into private industry. Families thus began to rely on immediate members, rather than on extended family and kinship networks. The 1940s saw women entering the workforce in greater numbers to replace men going to war. But when the war ended in 1945, men began returning home, creating a push for domesticity for women in order to encourage them to relinquish their jobs to men (Stacey, 1990). The 1950s saw an economic boom that allowed men to solely provide for their families. Here, the husband-as-breadwinner, wife-as-homemaker ideal was born. Although this image remains today as the “norm” in U.S. history, it was actually a cultural aberration that was short-lived and not a reality for most families then, as now (Mintz, 1991). During the 1960s and into the 1970s an economy existed that required women to work; that is to say, white women. Scholars have noted that Black women have a long history of employment outside the home (Coontz, 1999). Suddenly the feminist movement was pushing for more autonomy and rights for women. In the latter part of the 20th century the structural inequality perspective was developed by scholars who began to include race and class with gender in the discussion of women’s experiences, including within the family (Baca Zinn, 1991).

The structural inequality perspective incorporates the concept of *intersectionality*, whereby one examines how gender, race and class conflate to differentially affect families and their members. To begin, it is important to note the

difference between *household* and *family*. As Rapp (1999) offers, households are measurable units where individuals converge to share resources and labor, whereas a family is an entity whereby individuals assume relations characterized in part by reproduction, production, and consumption. Families organize households and contain these activities of production, reproduction, and consumption, albeit differently. Family is, after all, a social construct. Rapp (1999) further explains that individuals “do” family since, as Baca Zinn (2000) points out, there is no universal family in the world, debunking the notion that family is “natural”, and instead offering it as a socially constructed phenomenon. Relatedly, Rapp (1999) writes that a family’s ability to exist is affected by class, a dynamic process rather than a static being, making it impossible for many families to flourish due to their household’s inability to connect with often tenuous resources. As a result, many families find unique ways to conceptualize and organize family, few of which resemble the “modern” family.

Feminist Family theory has seen a call for an examination of multiracial feminism due to the wealth of feminist research historically originating from a white, middle class perspective that has been positioned as the societal norm, placing the world’s women as “others”. Baca Zinn (2000) notes that gender is a construct that is pervasive in families. Indeed, women in families as a whole have been denied many privileges afforded to men, such as owning property, possessing voting rights, being economically independent, and having reproductive and other types of control over their bodies.

However, it must be said that much of the aforementioned male privileges hold true for white, middle class men. Indeed, Brodtkin Sacks (1999) urges a unification of class, race and gender in understanding capitalism and the economy. After all, she notes

that occupational segregation affects individuals differently based on sex and ethnicity, resulting in various levels of class consciousness. As well, when considering class structures, many white women have held considerable power over certain men and women. White women, according to Thornton Dill (1999), have usually had the family as a buffer against patriarchal oppression, a benefit not often afforded to black women due to structural forces such as slavery, as well as a lack of jobs and a disproportionate high level of incarceration for black men.

The structural inequality perspective also speaks to the idea of an increasing *feminization of poverty* for women, a term coined by Diane Pearce in 1978 to describe the greater incidence of poverty for women and female-headed households (Pressman, 2003). Women are increasingly affected by poverty due to their roles as mothers and their second-class status as workers. Rapp (1999) argues that women's work is generally erroneously viewed as secondary and as a subsidy to men's work, as well as solely for sustainment of the family. Due to these beliefs and because women are the primary caregivers and the sole bearers of children, as such women are not often hired or compensated at the same rate as men, and can not accommodate the exigencies of family life, including single motherhood.

The use of Feminist Family theory, with a particular emphasis on the structural inequality perspective, lent itself well to the research topic for this study. The women and their families studied in Chile were not a monolithic group, but rather individuals who share a country and not necessarily much else. This required a theory that was expansive and inclusive of various family structures and functioning. Furthermore, the women and their families are all embedded within various systemic levels, including the larger

macrosystem that includes gender, race and class, concepts under continual scrutiny by Feminist Family theory in its analysis of the family and its functioning.

Conceptual Map

The conceptual map (Figure 1.1, p. 12) provides a visual representation of the study's theoretical framework. The concentric circles illustrate the systemic levels that include and/or surround the family, as proposed by Bronfenbrenner (1979) and applied to the family by Family Ecology theory. Within each of the four systemic levels one notes the potentially influential components, from broadest to narrowest: culture and society; community, religion and politics; religious institution, work and school; and family. This study examined whether these components had an effect on women and their families during an abortion situation.

The italicized components within the four system levels denote the specific systemic influences proposed by Feminist Family theory: race, gender, class, region, resources, relations of power and intrafamilial interactions. This study investigated whether these influences affected the women and their families when resolving their abortion situation.

Lastly, the three arrows in the map designate the inputs, outputs and interactions that were under investigation in this study. The arrow on the far left represents the abortion situation entering the family system, while the arrow on the far right reflects the status of family relations upon resolution of the abortion situation. Thus, it examines whether family relations were qualitatively changed due to the woman and her family resolving the abortion situation. The bidirectional arrow designates the interaction that occurs between the abortion situation and the family. It examines how the two influence

each other and potentially alter the other's course. As a whole, the map attempts to sensitize the study to looking at the systemic forces in a woman and her family's life that may be influential in the resolution of an abortion situation.

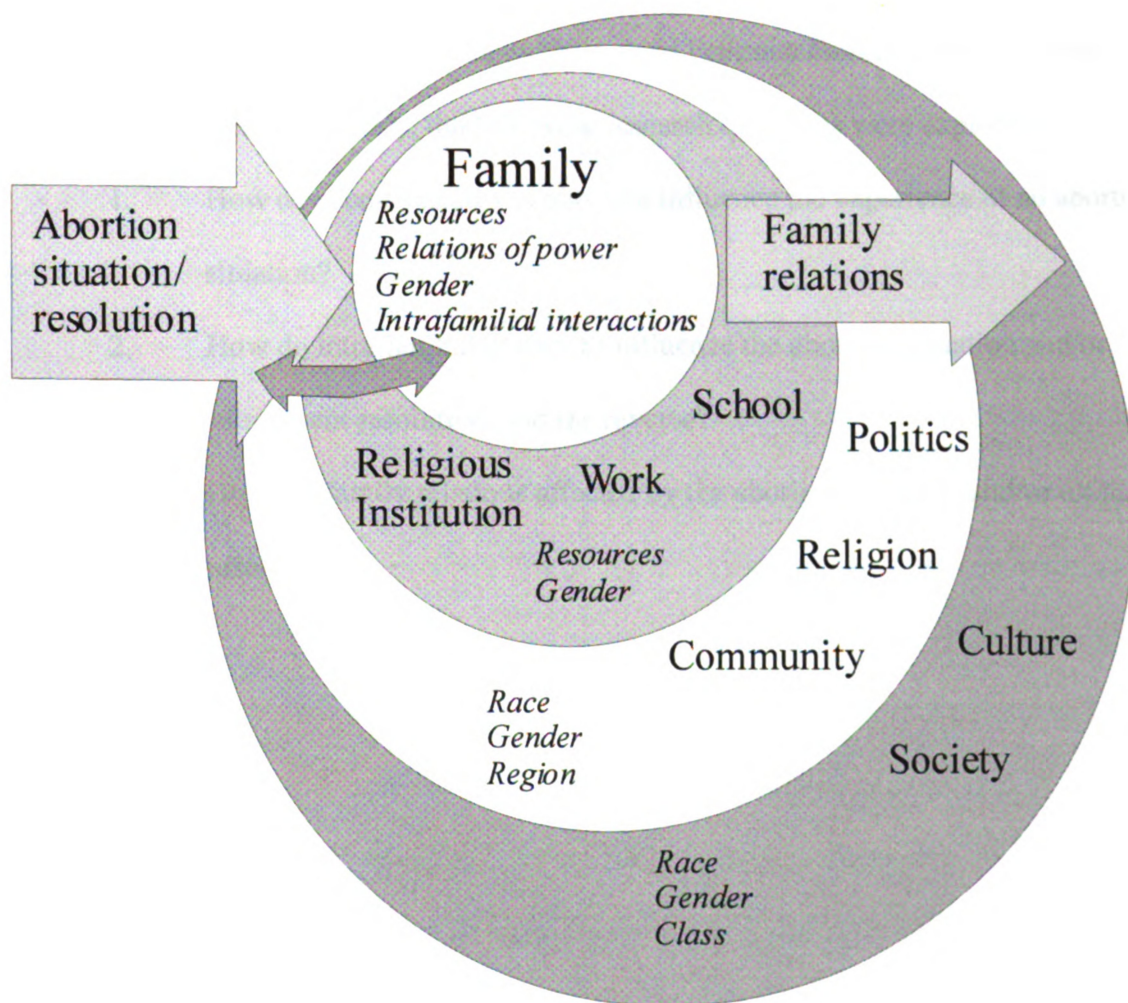


Figure 1.1: Conceptual Map of Theoretical Framework

Research Questions

The systemic levels and their respective components and influences listed above and contained within the conceptual map depict what could have emerged as possible influencers on a woman and her family in resolving an abortion situation. The arrows represent potential processes present in the women and their families' lives and relations as they managed the abortion situation. Again, the conceptual map was generated through the use of tenets of both Family Ecology theory and Feminist Family theory. In order to accomplish the proposed study, the following research questions were explored:

1. How does one's access to abortion influence the experience of an abortion situation?
2. How do intrafamilial dynamics influence the abortion situation and/or subsequent resolution, and the reverse?
3. How are family relations affected by the abortion situation and/or ultimate resolution?

CHAPTER TWO: REVIEW OF LITERATURE

Introduction

In order to conceptualize the study's theoretical framework, it is necessary to review the existing literature that focuses on the areas of this study's research: abortion in Chile; the influence of class on abortion access and rights; and the influence of abortion on intrafamilial dynamics and relations. Furthermore, the review of the literature necessarily demonstrates both a feminist lens and a family ecological approach in conceptualizing women and their families' experiences with abortion. This ties directly to the theoretical models, research questions, and interview questions used in this study, as evidenced below in Table 3.1 (p. 28).

Abortion in Context: Chile

The 1874 Penal Code in Chile summarily outlawed all abortions ("Abortion: Chile", 2006). Article 342 of the Code allowed for incarceration of the individual providing the abortion, whether it was purposeful or not, and whether or not the woman consented, as well as for violence to a pregnant woman. Interestingly, Article 343 builds on the former article and also makes the point that the individual faced prosecution if the pregnancy was noticeable or the individual was aware of the pregnancy ("Abortion: Chile", 2006), seeming to excuse cases where the abortionist was unaware of the pregnancy. Women themselves were also subject to imprisonment under Article 344, whether she performed the abortion herself or had another perform it, though it specifies a lesser sentence for the woman if the abortion was an attempt to avoid dishonor. Lastly, Article 345, apparently directed at those in the medical field, noted that someone who

abuses their profession by performing an abortion is liable to prosecution and incarceration (“Abortion: Chile”, 2006).

In 1931, a national health law legalized abortion as long as it was to preserve the health or life of the woman and had the consent of two physicians (Casas Becerra, 1997). However, women were continuing to illegally procure induced abortions, as in the early 1960s Chile noted that about one out of every four women admitted to having had an abortion (“Abortion policies”, 2002); half of all pregnancies were terminated through abortion (Acuña Moenne & Webb, 2005); and nearly fifty percent of maternal morbidity was due to abortion complications (Viel V., 1967). Concerned physicians initiated the creation of the Chilean Association for Family Protection in 1962 with a goal of reducing induced abortion. The group consisted of professors of gynecology, obstetrics, and preventative medicine, as well as social workers, teachers, economists, sociologists, and administrators from the National Health Service (NHS). Due to their influence, in the mid-1960s the NHS created a family planning campaign that was incorporated into Chile’s child and maternal care programs (Viel V., 1967). Tinsman (2000) notes that the program provided contraception mainly to married women, and only with their husbands’ consent. Still, by 1965 in the capital of Santiago where the campaign was most active, the birth rate dropped to 30 live births per 1,000, versus 34.1 live births for women in other parts of Chile (Viel V., 1967). Furthermore, maternal deaths from illegal abortion fell from 118 to 24 per 100,000 live births from 1964 to 1979 (“Abortion policies”, 2002).

By 1974 former President Pinochet had assumed power in Chile following a military *coup* on September 11, 1973, and formed a commission to begin writing a new constitution. Abortion was a topic of discussion at the meetings, and the Commission

eventually passed a “right to life” clause that still exists in the Chilean Constitution and states, “Every person has a right to life, and the law will protect the life of the unborn” (Casas Becerra, 1997, p. 29). Casas Becerra (1997) notes the clause was meant to leave the technicalities of abortion law to Parliament, but overall maintain the illegal status of abortion on demand and allow abortion in certain cases, such as rape.

Pinochet’s government, in its efforts to create an independent and militarized nation, assumed a pronatalist position that promoted the image of women as the providers of children to maintain the *patria*, or fatherland (Acuña Moenne & Webb, 2005). Chile was witnessing a decrease in its birthrate, from 28 births per 1,000 women of childbearing age in the years 1969 to 1973, to 21.6 per 1,000 women in 1978 (“Chile adopts pronatalist policy”, 1979). As a result, Pinochet’s government cut funding to family planning programs citing its expense, and instead privatized such services while continuing to promote a pronatalist agenda of increasing the population in Chile to protect its borders. As well, the military government required hospital personnel to report any women seeking services for abortion complications (Acuña Moenne & Webb, 2005), with reports reaching their greatest in the mid-1980s (Casas Becerra, 1997).

Throughout nearly all of Pinochet’s dictatorship ending in 1989, therapeutic abortion remained legal in Chile. Acuña Moenne and Webb (2005) suggest this was permitted in order to preserve the lives of women so that they could continue to serve the interests of the country and its Constitution. However, when Pinochet lost in the Presidential election, one of his last acts was to amend a section of the health code to state, “No action may be executed that has as its goal the inducement of abortion” (“Abortion policies”, 2002, p. 93). This drew from proponents’ arguments that medical

advances had discovered ways to save women's lives that did not require abortion. As a result, all abortions in Chile were made illegal.

Shepard and Casas Becerra (2007) note that although Chilean law does not provide for therapeutic abortion, in reality there may be more flexibility in its practice. In spite of there being no exception to the law, there have been practitioners and legal scholars who have argued that intervening to save the life of a woman is not illegal, even if the death of the fetus occurs. Shepard and Casas Becerra (2007) offer that upon 22 weeks gestation, physicians are known to perform Cesareans or induce labor if a woman's life is at risk, referring to it as "interruption of pregnancy", rather than abortion. However, if the physician can not prove its medical necessity, s/he risks legal entanglements, as the government has not issued specific guidelines dealing with this issue.

Currentl y, the Chilean Penal Code, based on the Spanish Criminal Code of 1850 and established in 1874 as mentioned, remains largely unchanged. Casas Becerra (1997) notes the Code established a penalty of three to five years for procuring an abortion and 541 days to three years for providing an abortion. However, she notes that abortion trials have decreased over the years, and very few prosecutions of women or providers actually occur. An example is given of the number of women sentenced to a prison term due to an accusation of abortion: in 1983, 15 out of 230 women were convicted (6 %), whereas in 1993, only 10 of 423 women were convicted (2.4 %).

Poverty seems to be intimately connected with abortion arrests and convictions in Chile. In a review of legal cases involving 132 women and men imprisoned for providing, procuring, or assisting in an abortion, Casas Becerra (1997) noted that none of

the women were provided an abortion by a trained medical professional. This compares to middle- and upper-class women who are seen by private physicians and receive discreet abortions and, if dealing with post-abortion complications, obtain treatment in privacy, as well. Because poor women must rely on public hospitals in the event of complications, they are the most likely to be turned into authorities for having an abortion. Indeed, one investigation of 221 abortion cases in the year 1983-1984 and 1990-1991 noted that eighty percent of the women had been reported by a public hospital, while none of the reports had originated from a private hospital or clinic (Schreck, 1998). Casas Becerra (1997) argues that Chile's abortion law "amounts to a clear breach of [women's] constitutional rights, including the right to life, health, privacy, due process, legal representation and equal treatment under the law" (p. 35).

Attempting to address this at the Fourth World Conference on Women in Beijing in 1995, Chile committed to revising its laws that punish women upon procurement of an abortion. Furthermore, in 1999 the United Nations Commission on Human Rights and the Committee on the Elimination of Discrimination Against Women suggested that Chile make therapeutic abortion legal again for women (Espinosa, 2003). However, no changes in the law have occurred as of this writing.

In 2001 the Institute of Public Health first authorized emergency contraception (the drug levonorgestrel or Plan B) to be sold in Chile. By 2004 the Chilean government agreed to provide Plan B to rape survivors free of charge. Both moves saw immense opposition by the Catholic Church, which argued the pill was a form of murder. Many local municipalities in charge of the clinics vowed to deny the dispersal of Plan B, with the national government responding with threats to reduce funding to the clinics if they

did so (Orellana, 2004). At around 25 dollars per pill, many women in Chile are unable to afford it. In 2006 the Chilean government allowed Plan B to be dispensed free of charge in public hospitals and clinics to any female 14-years-of-age or older, without parental consent (“International news”, 2006), along with traditional birth control (Estrada, 2006). However, in April 2008, Chile’s Constitutional Court again banned the free distribution of Plan B to all females 14 and older. Thus, the pill can now only be purchased in private pharmacies, or distributed in public clinics to rape survivors (Estrada, 2008).

The current president of Chile, Michelle Bachelet, a socialist and physician, is Chile’s first female president. Bachelet has historically shown support for women’s rights, including the admission of more women into the armed forces, and the legalization of Plan B by prescription (Ross, 2005). However, it has been noted that Bachelet has made no indication that abortion will be an imminent issue addressed by her administration (Estrada, 2006), and has stated that the legalization of abortion is not on her agenda (Muse, 2006). It is estimated that sixty-five percent of Chileans support the legalization of therapeutic abortion (Espinosa, 2006).

Notably, because abortion is illegal in Chile, no reliable statistics are maintained in a way easily accessible to the public. Still, the most common estimate of induced abortion in Chile is 160,000 annually (Casas Becerra, 1997; Henshaw, Singh & Haas, 1999), though the number has been estimated by some at 200,000 (Lagos Lira, 2001) and by others at up to 300,000 (Casas Becerra, 1997). The former statistic translates into a rate of about 50 abortions per 1,000 women of childbearing years (ages 15- to 44-years-old), and a ratio of 35.3 abortions per 100 pregnancies (Henshaw et al., 1999). The Center for Reproductive Law and Policy [CRLP] and The Open Forum on Reproductive Health

and Rights [FASDP] estimate that about forty-four percent of pregnancies are planned in Chile (“Women behind bars”, 1998). Chile’s per capita number of abortions is one of the highest in South America, and is the leading cause of maternal mortality. Estimates of maternal mortality from abortion range from ten percent (Estrada, 2006) to thirty percent (Muse, 2006). Singh (2006) notes that in 1990, 31,900 women were seen in hospitals due to abortion complications, which equates to approximately 10 out of every 1,000 women.

It is of interest to note that most women who procure abortions in Chile are in their 20s or older, married, and already mothers (“An overview of clandestine”, 1996). Certainly some women procuring abortion services are survivors of rape, as about twelve percent of adolescent pregnancies are due to rape in Chile (Lagos Lira, 2001). The most common reason noted by women for having an abortion in Chile is economic, as they are unable to support a (or another) child (“An overview of clandestine”, 1996).

Class Influence on Abortion Access and Rights

The influence of class on Chilean women and their families in abortion situations has been discussed above. Yet Chileans are not exclusive in how their class placement in society affects their access and rights to abortion and other reproductive health care services. Gerber Fried (1997) argues that abortion continues to be unattainable for numerous women due to the varied barriers to abortion access, including its cost, lack of services, and heavy legal restrictions. Studies from around the world note the economic need for abortion. In Vietnam one researcher noted the main reasons for abortion are economics and the challenge of concomitant childcare and work demands (Johansson, Nga, Huy, Dat & Holmgren, 1998). Researchers in Africa presents abortion as a need in order to reduce economic difficulties and the subsequent inability of affording a child

(Braam & Hessini, 2004). In India, abortions occur as an attempt to reduce the size of one's family or to more purposefully time pregnancies, while meeting the basic needs of the family takes precedence over planning one's pregnancy (Varkey, Balakrishna, Prasad, Abraham & Joseph, 2000).

In the United States, Medicaid no longer covers abortion services, except in extreme cases and only in certain states. As a result, poor women's struggle with gathering the needed money creates numerous tensions, including diverting their money from essentials such as food and rent, or delaying the abortion to provide time to access the needed funds. Because of the delay, many of these women find themselves required to undergo a second trimester abortion, which is more costly and more dangerous. Studies of Medicaid recipients have found that twenty-five percent would have had an abortion in the first trimester if the public funds had been available to them (Gerber Fried, 1997; Henshaw & Finer 2003). These same studies estimate that eighteen to thirty-five percent of Medicaid eligible women who would have had an abortion if services were financially available report that they carried a pregnancy to term rather than acquired a desired abortion. Importantly, Gohmann and Ohsfeldt (1993) predict that if policies increase the cost of an abortion, many women will be carrying unplanned pregnancies to term, with no benefit of a reduction in such pregnancies.

Location and thus travel requirements to abortion services also disproportionately affect lower-class women seeking abortions. Henshaw and Finer (2003) note that in the U.S. in 2000, only thirteen percent of the counties had an abortion provider, creating a need for most women to travel some distance for services. In rural areas it was estimated that a quarter of women travel at least 50 miles (Gerber Fried, 1997). This travel is

complicated when an overnight stay is required, as some states require a 24-hour waiting period before an abortion. Therefore, in these situations, poor women must find a way to acquire and pay for transportation, arrange and likely pay for an overnight stay if traveling far, and coordinate the care of children at home and missed work if employed.

Gerber Fried (1997) argues that various governmental policies for poor women are coercive and punitive, as well as based in an analysis that considers poverty to be caused by poor women having too many kids. Instead, she urges one to consider the structural forces in society that truly cause it, such as racism, sexism, lack of jobs that pay a living wage, and lack of government support for low-income families. Smith (2005) agrees that there is a profound oversight in many analyses of abortion in their exclusion of structural forces. In fact, she suggests that both the “pro-life” and “pro-choice” sides are complicit in this oversight, and that the paradigm obscures social structures based in racial and economic hierarchies that influence women’s reproductive choices. Braam and Hessini (2004) suggest that abortion is a social justice issue, as there exists unequal availability to legal abortion based on one’s economic resources. Indeed, it has been noted that gains in women’s social status, including their socioeconomic status, generally translates into greater reproductive options (Bose & Trent, 2006).

The concept of abortion *right* versus *choice* is also one that Smith (2005) argues has much to do with a structural understanding of class in society. Drawing on works from others, she notes that the choice paradigm has been critiqued because it falsely portrays abortion as an individual, free choice for women, neglecting to acknowledge the societal conditions in which women reside that stymie their ability to make a truly free choice. Originally abortion was seen as a right, which is understood to be a benefit owed

to all regardless of merit. However, at some point “choice” became the preferred moniker, creating a concept that is linked to one’s economic resources, and placing women in hierarchical relationships. These hierarchies then determine which women are considered competent enough to make a legitimate decision about their reproduction. By extension, in a capitalist society, more choices are granted to those with more resources, creating a system that allows the restriction to, or withdrawal of, reproductive rights choices to poor women. Martinez (1990) further argues that even a “rights” argument is inconsequential to poor women, in her case in Latin America, as one’s right to an abortion does not address the extreme poverty in many countries that prevents women from being able to support their existing children or future pregnancies. She agrees with Smith (2005) that North American groups with an interest in abortion tend to view the issue from a perspective based on their own experiences, rather than considering the lived experiences of the world’s poor women.

Influence of Abortion on Intrafamilial Dynamics and Relations

The existing literature on abortion’s influence on intrafamilial dynamics and relations among women and their families appears virtually nonexistent. Therefore, this review necessarily focuses on intergenerational relations and support, and on partner/spouse involvement and influence on abortion and reproductive health issues.

There is a vast literature on intergenerational relations, which was helpful for this study due to its interest in examining Chilean women’s relationships with their family members, representing various generations within the family. The concept of ambivalence is widely accepted as a phenomenon in parent-adult child relations, and often results from a disconnect between parental expectations and the adult child’s

contradictory feelings or behaviors (Pillemer, Suito, Mock, Sabir, Pardo & Sechrist, 2007). Relevant to this study, Pillemer et. al. (2007) found that children's problems (whether voluntary or not) were often experienced with ambivalence, and the children's mothers perceived their children as having more control over the exchanges between the two parties. However, Pillemer and Suito (2002) noted that if the adult child's problem was voluntary, there was more disruption to the parent-child relationship.

Applied to an unplanned pregnancy, mothers' perception of their children experiencing a significant problem may attribute it to their children's flawed development, and vacillate between wanting to provide emotional and instrumental support, and resenting this due to feelings of inequality in the reciprocity of the relationship (Pillemer et al., 2007). Specific to mother-adult daughter relationships, it is noted that the mothers' development often conflicted with the daughters' desire for assistance, creating tension for the mothers who wanted to assist their daughters, yet felt the call for assistance limited their own independence (Pillemer & Suito, 2002).

It appears that intergenerational support has positive effects on family life. Antonucci, Jackson and Biggs (2007) found that decreased socioeconomic status tends to increase the occurrence of mental and physical illness, as social structure stratification creates an unequal distribution of resources and opportunities. This makes it more likely that those with limited resources will have greater exposure to stress throughout their lives. However, they also noted that these illnesses are offset by intergenerational support. Intergenerational support is particularly enriched when its source is parents, as more supportive parents create a family atmosphere of support, increasing the exchange among all family members (Voorpostel & Blieszner, 2008).

It is important to note that some families are never faced with dealing with the issue of abortion due to women choosing to not disclose such information. Fletcher (1995) undertook a study in Ireland examining why women chose to not disclose an abortion to family members. A dominant theme emerged of women's concern that knowledge of their abortion would be hurtful to their loved ones. Furthermore, some women acknowledged that they were not willing or able to do the work of helping loved ones cope with the knowledge of the abortion.

A partner or spouse's involvement with abortion and other reproductive issues is variable. Some women choose to keep men completely outside of the decision-making process of contraceptive use through its covert use, often due to experiences of domestic violence (McCarragher, Martin & Bailey, 2006). Other men are simply left out of the process of family planning altogether (Varkey et al., 2000). Yet research has shown that the more involved men are in the process of decision-making about family planning services, the more likely their female partners are to utilize those services, though the burden for their use remains on the women (Islam, Padmadas & Smith, 2006).

Often men are intimately involved in the process of reproductive issues, including abortion. Johansson et al. (1998) found in their work in Vietnam that husbands had significant participation in decisions about abortion due to their role as the family's central figure and decisionmaker. Therefore, wives assumed that their husbands would be involved due largely to their responsibility to their families' well-being. Men's involvement in decisions about abortion is largely an expression of patriarchal power, since globally many women rely on men for cultural and subsistence needs, thus forfeiting their right to determine their own reproduction (Braam & Hessini, 2004).

CHAPTER THREE: METHODOLOGY

Introduction

The intent of this research was to understand and to describe the experiences of Chilean women and their families when confronted with an abortion situation. More specifically, the families' dynamics during the abortion situation were of interest, including how they affected the situation and the reverse. The study aimed to determine how families are qualitatively changed due to the experience of an abortion situation.

Research Design

This study was undertaken as qualitative family research. Qualitative family research is the most logical for this particular work, as it demands knowledge about a family's interactions, as well as each family member's individual experiences, including perceptions and understandings (Rosenblatt & Fischer, 1993). The study's goal was to elicit a thorough and substantive look at how the informants were dealing with, or had dealt with, their family's abortion situation. As well, because qualitative research aims to extract new understandings from the data, rather than affirm an established theory or model (Avis, 2003), the study required a qualitative methodology.

Furthermore, the study contains a feminist viewpoint. This, along with the aforementioned qualitative research methodology, explicitly aims to extract the account of women's experiences, addressing a feminist criticism of research for some time (Olesen, 1994). It was anticipated that the women would share their experiences not solely as women, but as women living under Chilean abortion laws, making them a unique group due to Chile's ban on abortion. Extracting these nuances was optimally

accomplished through a feminist qualitative approach that allowed for a richer and more complete understanding of the informants' experiences.

Phenomenology was the interpretive method employed for this study, as one of its goals is to give voice to a group that is generally invisible or dismissed. Furthermore, phenomenology provides the opportunity to elicit how each individual experiences the world based upon how her/his own life fits within it (Gubrium & Holstein, 2000); in this case, the Chilean informants. Furthermore, phenomenology “focuses on the deep, lived meanings that events have for individuals, assuming that these meanings guide actions and interactions” (Marshall & Rossman, 1999, p. 113). In fact, as explained later, this study did encounter women whose personal experiences with an abortion situation led them to make deliberate decisions about their lives afterward.

It was important that this study not make presuppositions about the data, but rather remain open to all the possible directions the women would take in recalling their experiences with abortion. Indeed, Feminist Family theory, a foundational perspective used for this study, argues that research about women has too often been guilty of placing women in predetermined and defined concepts and theories, rather than reconceptualizing women's realities based on their own lived experiences (Thompson, 1992).

To that end, Crotty (1998) explains that a phenomenological method in research entails specific data collection techniques. He notes that because this method is interested in understanding people's “everyday experiences” in their own words, it is important that the researcher resist placing her/his own assumptions and constructs on the data. Thus, a common technique for data gathering is the use of semi-structured interviews, as used in this study, which allows those interviewed to help guide the interview process. This

format allows for the most subjective telling of the interviewee's individual experience, an important task of phenomenology.

Table 3.1 illustrates the relationship between the theoretical mode, primary and secondary research questions, and interview questions. It is worth noting that some of the original interview questions were for women who are currently pregnant. However, none of the participants interviewed were pregnant, so those questions were deleted.

Table 3.1: Relationship of Research and Interview Questions to Theoretical Model

Theoretical Model	Primary Research Question	Secondary Research Questions with Interview Questions (IQ) and Prompts (P)
Family Ecology Feminist Family	Question 1: How does one's access to abortion influence the experience of an abortion situation?	<p>1. What resources and supports were (not) available for the desired abortion? <i>IQ1: Tell me about the time you had, or considered having, an abortion.</i> <i>P1: What was going on during that time in your life?</i> <i>P2: With whom did you live?</i> <i>P3: Were you in school or working?</i> <i>IQ2: How did you know about the abortion service?</i></p> <p>2. How did the (lack of) availability of resources and supports influence the desired abortion? <i>IQ3: Who did you have as supports in your life at that time?</i> <i>P1: In what ways were they a support (e.g. economic, emotional, etc.)?</i></p>

Table 3.1 (cont'd).

<p>Family Ecology</p> <p>Feminist Family</p>	<p>Question 2:</p> <p>How do intra-familial dynamics influence the abortion situation and/or subsequent resolution, and the reverse?</p>	<p>1. In what ways did intrafamilial dynamics affect the abortion situation? <i>IQ4: What was going on in the family that made you (not) want the abortion?</i> <i>P1: Was there a particular person that wanted the abortion more (or less)? If so,</i> <i>P2: Why?</i></p> <p>2. In what ways did intrafamilial dynamics resolve the abortion situation? <i>IQ5: What was going on in the family that helped to solve the abortion situation?</i></p> <p>3. In what ways did the abortion, or the desire for an abortion, affect intrafamilial dynamics? <i>IQ6: Did your family member(s) treat you differently because of the abortion situation?</i></p>
<p>Family Ecology</p> <p>Feminist Family</p>	<p>Question 3:</p> <p>How are family relations affected by the abortion situation and/or subsequent resolution?</p>	<p>1. How have individual family members been affected by (not having) the abortion?</p> <p>2. How were family relations affected by (not having) the abortion? <i>IQ7: How was your relationship with your family member(s) after the abortion situation?</i></p> <p>3. What conflicts have been experienced within the family due to (not having) the abortion? <i>IQ8: What conflicts were there in the family because of the abortion situation?</i></p> <p>4. What changes have occurred in the family and/or with its members due to (not having) the abortion? <i>IQ9: Have there been changes in the family because of the abortion situation?</i> <i>P1: Does anyone feel differently about themselves?</i> <i>P2: Does anyone feel differently about another family member?</i></p> <p>5. What advice can family members give to others in a similar situation? <i>IQ10: What advice do you have for a woman in a similar situation as yours?</i></p>

Sample

This study's original focus was on adult (aged 18 and over) Chilean women and their families who have been or are currently in an abortion situation. As mentioned

previously, none of the women who agreed to be interviewed were pregnant. The plan was to include women who have been denied an abortion indirectly by law or economic circumstances and, conversely, women who have been able to procure an abortion either through illegal means in Chile or legal means outside of Chile. As it turned out, while all of the women fit the study's main focus of having experienced an abortion situation, some of the women did not fit neatly into the latter categories mentioned above, adding diversity and richness to the data.

Another significant alteration that had to be made in the study was the exclusion of the women's family members in the interviews. None of the women were able to identify potential family members to be interviewed. This was for various reasons, including the death of a family member, no family member being aware of the pregnancy or abortion, the extreme geographic distance of a family member, or discomfort in talking about the matter with family members.

Both purposive and snowball sampling were used to recruit informants. Purposive sampling is intentional and aimed at identifying specific traits in a study's subjects (Luborsky & Rubinstein, 1995). Because this dissertation had a defined focus on adult women who had or were experiencing an abortion situation, it was necessary that those characteristics be reflected in the informants. Snowball sampling was utilized by asking each woman contacted whether she knew of any other woman who fit the study's identified profile. Table 3.2 (p. 31) shows the sample of 12 women who participated in the study. In order to protect the identity of the women, pseudonyms have been assigned. The age, marital status, number of children, level of education, and household income are noted for the women who were interviewed about their abortion experience.

Table 3.2 Demographic Summary of Sample

Primary Informant					
Alegría	Chilean social worker				
Secondary Informants					
Lia	Chilean midwife				
Name of interviewee	Age	Marital Status	Number of Children	Education	Monthly Household Income (July, 2008)
Rosa	46	Separated	5	9 th grade	100,000 CLP (200 USD)
Cecilia	33	Single	5	10 th grade	N/A (unemployed)
Sofia	33	Married	2	12 th grade	86,000 CLP (172 USD)
Blanca	67	Married	1	10 th grade	130,000 CLP (260 USD)
Nicolasa	31	Married	1	Bachelors	750,000 CLP (1,500 USD)
Yanella	38	Married	3	8 th grade	140,000 CLP (280 USD)
Soledad	61	Separated	3	12 th grade	240,000 CLP (480 USD)
Marcia	52	Separated	2	Bachelors	400,000 CLP (800 USD)
Violeta	54	Single	1	4 yrs. univ.	200,000 CLP (400 USD)
Nelly	59	Single	0	Bachelors	450,000 CLP (900 USD)

Recruitment

The study was undertaken in a city in southern Chile. It was selected in part due to my previous residence there and thus familiarity with it. In addition, there existed accessibility to informants afforded by my established relationship with Alegría, a social worker who resides and works in the city.

The recruitment was undertaken by the principal informant, Alegría. She began the process by privately informing her clientele and personal contacts about the collaboration she was undertaking with me in pursuit of my dissertation fieldwork. After describing the project, she asked each person individually if she or someone she knew (all persons approached were women) had any knowledge of, or experience with,

abortion in Chile. The women who themselves expressed that they did have some personal knowledge or experience were then asked if they would be willing to be interviewed for the study. (Alegría did not, herself, delve further into the topic). If the women did not have personal knowledge or experience but knew of someone who did, they were asked if they would be willing to contact that person and ask if s/he would consent to an interview, and then call Alegría back to set up an interview.

As well, other women were identified as possible interviewees by a woman at her own interview, or during the arrangement of her interview. Alegría then followed up on this suggestion herself through phone calls, or by having the original woman contact the potential interviewee, passing on Alegría's phone number. Essentially, Alegría took every opportunity to find potential informants for the interviews, probing continuously for anyone who might fit the study's profile.

Any work in actually setting up the interviews with the women was completed wholly by Alegría. This procedure was required by Michigan State University's Institutional Review Board in order to ensure the utmost anonymity for the informants. In this manner, the only information provided to me prior to the interview and thus in my possession was the women's first names. Therefore, indentifying information such as home address, telephone number, and surname remained confidential between Alegría and the women. The two parties decided on the location and time of the interview, and I simply showed up to do the interview. Hence, at the commencement of the interview, the women determined how much personal information they wanted to share with me.

Procedures

Data Collection

The research was undertaken through qualitative, face-to-face interviews. The interviews took place either at Alegría's home, or the women's homes, depending on where the women were most comfortable meeting. Some women opted for Alegría's home due to its guarantee of privacy from family members overhearing the interview.

Eight of the 10 interviews were solely between me and the participant, while two of the interviews included Alegría upon permission of the participant. The first interview that included Alegría was due to safety and comfort concerns, as the woman was fairly unknown to Alegría, and lived in an area of the city with a reputation for unsafe streets after dark. Thus, Alegría drove me to the interview and stayed on to ensure safety, as well as to provide a familiar face to the woman. The second interview that included Alegría was also due to comfort issues, as the woman was more comfortable with her presence because of their established relationship. In all of the interviews I served as the principal interviewer. In the two interviews where Alegría was present, she assisted in asking clarifying questions. The interviews were audio taped with informed consent.

Qualitative Interviews

Face-to-face, semi-structured, qualitative interviews were undertaken with the secondary informants, the women interviewed. Interviews are a logical and common method of qualitative inquiry, as they act as dynamic interactions between participants, ultimately resulting in an understanding of the processes of people's lives (Fontana & Frey, 2000). Although the interview questions provided some structure, the interview remained fluid so that the informants felt comfortable discussing issues outside of the

topical question. As the study's design was phenomenological, which posits that one's reality is based in one's own perceptions, (Gubrium & Holstein, 2000), it was important that the interviews allowed the informants' personal stories and experiences to emerge.

Field Notes

In addition to the qualitative interviews, field notes were kept during the data collection process. These notes followed a set of categories offered by Richardson (2000), and included observations and methodological and personal notes. I took copious notes immediately after the interviews, including ones with Alegría, and a Chilean midwife, Lia.

Compensation

Upon completion of the interview, each participant was paid 10,000 Chilean pesos (approximately 20 U.S. dollars at the time of the interview) as compensation for their time and participation.

Confidentiality

Upon completion of each audio-taped interview, the audio files were immediately transferred to my password-protected laptop computer, and subsequently erased from the audio recorder. The audio computer files were then encrypted with PGP symmetric encryption as suggested by Michigan State University technical support. The unencrypted audio files were deleted and a hard drive eraser program was used to assure that the deleted unencrypted files could not be recovered. This procedure for handling the data was required and approved by Michigan State University's Institutional Review Board after a rigorous and exhaustive review of the study's processes and procedures. Only two of the 10 women chose to sign the consent form. These were placed in a locked desk

drawer. All identifying information was expunged from the interviews (e.g. children's or spouses' names) and all women were assigned pseudonyms.

Data Analysis

After returning to the United States, the files were unencrypted, and a transcription file was made for each of the informants. I then transcribed each interview and translated them into English. The final drafts of the interviews were then stored in my password-protected computer.

Coding Qualitative Data

Each of the 10 interviews were initially coded by theme, using QSR NVivo8 (2008) software. The established themes, called "free codes" in this particular software program, were based on my impression of the concept that each woman was attempting to convey. Thus, the unit of analysis was an informant's single thought or feeling. I was deliberate in my decision to not include an analysis of the patterns and dynamics of the conversations between me and the informants, as this was not an objective of the study. Too, because the study is based in a phenomenological approach, there were no presuppositions about what codes would arise. Rather, all possibilities were allowed, including those themes that deviated from the research questions.

After the initial coding with NVivo, I returned to reading all of the women's comments to ensure that they were situated within the correct code. After thoughtful consideration, some of the comments were found to be inappropriate to their original code and were placed either in a different existing code, or into a newly developed code that more accurately represented the women's comments. Finally, a third reading of the interviews returned no changes in coding placements from the second reading.

Miles and Huberman (1994) note that “selectivity is endemic to data collection”, including from the researcher, the instruments, and the informants themselves (p. 56). Thus, because I was the sole person determining which comments warranted coding and to which code they belonged, it is possible that my decisions and subsequent conclusions would differ from another researcher presented with the same data. Still, my decision to read through the interviews three times during coding was my way of increasing the likelihood that I was consistent throughout the data analysis.

The next step in my data analysis involved a fourth reading of the coded passages in an effort to organize them by each primary research question. Besides the coded passages fitting into themes related to the primary research questions, they were also found to develop into other themes, which will be explained below. It was noted through this process that some codes fell outside of both the primary research questions and the newly emerged themes, and were found to be largely demographic in nature.

Trustworthiness

An important component of qualitative research is its trustworthiness, or validity. To this end, one technique used to ensure trustworthiness for this study was the use of triangulation. This process uses “multiple perceptions to clarify meaning, verifying the repeatability of an observation or interpretation” (Stake, 2000, p. 443). This study employed triangulation in its use of various sources of data, including interviews with Alegría, the 10 secondary informants, and a Chilean midwife. As well, a court official provided documentation on the official Chilean Articles that comprise its abortion laws. Lastly, field notes were employed to serve as another system of assessing pattern development in the data. Fieldnotes are a way of tracking the trajectory of the fieldwork

processes, thus allowing one to essentially audit the study (Sanjek, 1990) and potentially recreate it, increasing its validity. My field notes document a number of phenomena, including the methodological logistics of setting up and undertaking the interviews, my observations about and reflections on the interviews, and my personal reactions to them.

Trustworthiness is also created through the use of a theoretical model that is appropriate to the proposed study. The use of Family Ecology theory and Feminist Family theory for this study's theoretical framework is logical, since the two theories complement each other. Both incorporate a systemic view of families in their environments, and consider families to be active change agents, two salient characteristics for this study.

Alegría and I ensured the undertaking of regular reviews of the interviews together, including discussions of the content and process of each. This was to improve consistency among and throughout the interviews, as well as to begin to identify themes in the data. The use of a second person in reviewing the study's processes and the data served to lessen errors in its execution and analysis.

Reflexivity

I am well aware of the privileged position that I hold in the working relationship with the study's principal and secondary informants. Besides being in complete control of the particulars of the study, I am also white, middle-class, and highly-educated. All three characteristics differed substantially from the women interviewed about their abortion experiences, while my ethnicity differed from Alegría's and Lia's. In an effort not to exploit the women or present them as mere objects, and in the hope of best capturing the women's truths, I discussed and processed the interviews with Alegría on an ongoing

basis. Her ability to interpret cultural dynamics that developed during the research process was of great benefit to me. This seemed to result in the most equitable relationship possible between me and the women I interviewed. However, it is important to note that researchers have suggested that one is unable to eradicate the power differential that exists between the investigator and the subject(s) under investigation (Olesen, 1994).

On a more practical level, my foreigner status required special assistance in the field. As I am not a native Spanish-speaker, Alegría assisted in ensuring an accurate interpretation of local slang and verbiage used during the interviews. Furthermore, she is a professional who served as a cultural broker for me. Her familiarity with the geographic area and the women interviewed was an invaluable asset to the study. Many of the women expressed deep gratitude and respect for her, giving me the sense that because of the relationship she had established with them, I was granted the interview.

CHAPTER FOUR: RESULTS

General Overview

This chapter presents the data analysis results of my qualitative interviews undertaken in Chile, beginning with the study's three overall research question. Next, additional themes are offered that emerged from the interviews that were outside of the research questions' foci. Lastly, I present the results from Alegría's and Lia's interviews.

Research Question 1: Access to Abortion

This research question asked: How does one's access to abortion influence the experience of an abortion situation? As it turned out, all of the women who had abortions or wanted to have abortions did so during a time when their abortion was or would have been illegal. This was due to the fact that either their abortion was (or would have been) elective during the time when only therapeutic abortions were allowed, or their abortion was (or would have been) procured when all abortions were illegal. (Again, that line of demarcation was the year 1989 when the exiting Chilean President Augusto Pinochet made therapeutic abortions illegal).

Knowledge of Abortion Services

The data demonstrated that the women's access to abortion was limited by their lack of knowledge about how to acquire a physician-assisted abortion. By and large, the majority of women received non-physician abortions. (As an aside, when stating "abortion", I include both completed and attempted abortions, and will distinguish between the two when warranted). In fact, only one of the 10 women interviewed was attended to by an actual physician. This lack of trained medical care was tied, in part, to a lack of knowledge of professional abortion services. Some women mentioned that they

and their family members had no idea how to find someone to provide an abortion, and one stated she had no idea who actually performed abortions. Others had to resort to asking around to find anyone who would provide abortion services. When asked how she came upon her source for an abortion, Nicolasa stated,

I don't know how it was, but it was given to me from one of those women who reads tarot cards...in fact, she was not going to do it. She said that she knew someone. It was all like that, like mysterious and that made me more scared.

While one woman could not remember how she was connected with the woman who performed her abortion, other women's sources included coworkers, colleagues at the university, and family members or neighbors. Yanella, who became pregnant from a rape, was offered abortifacients (in this case herbs) by her neighbor upon telling her story. In her desperation, she said, "I took them without even asking what they were."

Cost

The women interviewed noted that the cost of an abortion influenced their access to it. Indeed, cost was mentioned frequently during the interviews. Although Blanca's abortion was some 50 years back, she remembered that it was not very expensive. Hers was not done by a physician, and although she could not remember the amount, she said that she had to find it cheap since she had to pay for it and did not have much money. Nelly said her abortion (also not performed by a physician), "was not that much but I did not have the money. I had to get it."

Yanella, mentioned above who was helped by her neighbor, was not charged anything. Violeta, who was provided an injection by a non-physician practitioner, was helped by her mother who paid for the service. Another woman, Soledad, said she simply did not have the resources for an abortion. The only woman who was seen by a doctor

was Sofia. She stated that her maternal uncle paid for the abortion, since Sofia's single mother was unable to afford it herself, and because he demanded the abortion take place. Sofia further said that she thinks it is much easier for those that have money in Chile to acquire an abortion.

Abortion Methods

The lack of access to physician-assisted abortion required women to find alternate means to terminate their pregnancies. The abortion method that the women used varied. As mentioned, Sofia was the only abortion performed by a physician. Since the rest of the women did not have access to a physician-assisted abortion, they resorted to numerous manners in which to try to abort. Many of the accounts in Table 4.1 below, described in the informants' own words, demonstrate the women's feelings of desperation, fear and uncertainty in facing the abortion situation with no access to physician-assisted abortions.

Table 4.1 Description of Abortion Method

Woman	Comment Regarding Abortion Method
Blanca	From below. From below they place it in you. But I don't know how they place it.
Cecilia	(Shannon: So you took aspirin with beer, you told me?) Yes. My grandma put big stones on my stomach so that I could abort. They made me homemade herbs...that the elderly use in the country to do abortions.
Marcia	And, and she did a job with a probe.
Nelly	So many years but, eh, I remember that she put it in and moved it inside and all that. Yes, I think I had to leave it in awhile. I think that it was for a couple days.
Nicolasa	(Shannon: And how was she going to do the abortion? What did she tell you?) Of that I don't know. I never knew that. And that, too, did not make me feel certain.

Table 4.1 (cont'd).

Rosa	<p>So I began taking a, a mixture of, of medicines.</p> <p>Of those I took just with my desperation. I took remedies, just those that were there. Things that...I gathered a lot.</p> <p>And afterwards I took herbs.</p> <p>Boiled wine. That I took with six aspirin.</p>
Sofia	<p>It was the greatest pain I have felt in my life.</p> <p>Worse than having a baby. I lasted...there were two things that came together there. I did not want to do it, and the other was that never...I felt everything. Everything they did I felt. The only thing I said was that it hurt me, it hurt me. And the doctor said, I don't know, "Be quiet."</p> <p>I imagined, I don't know, that they were going to give me an injection and that I would not be pregnant.</p> <p>When I went in I saw a small table like this, tall, with something that I imagined...that thing one uses to put on a shoe. But of metal. Very large. Very large and with something large like pincers. But everything big, everything big. I couldn't say what they were but this is the way I remember. I have it here in my head how the instruments were that were there.</p>
Yanella	<p>I locked myself in that room and I tried to do the abortion. I took pills.</p> <p>I threw myself down the stairs when I was six months pregnant.</p> <p>I also began smoking. It was bad for my baby and everything but I did not look at that part. I took some herbs, I remember.</p> <p>They gave me a tranquilizer for [my] ulcer. So I took almost all of them.</p> <p>At that time I did not drink or smoke, but there I began to drink. In the room. And besides the drunkenness that came to me, I began to do things. For example, I tried to squeeze my stomach. Even though it hurt I squeezed my belly and I didn't want, I didn't want, I didn't want...I felt, for example, when the baby moved. I don't know, like I remembered something in the moment that I was raped, the moment that [he was] doing it, then I remembered. I said to have that child that is not mine, it is something that I did not want, something that I don't want.</p>

Table 4.1 (cont'd).

Violeta	<p>The most I did was get an injection. I wasn't yet three months. But that all passed. My pregnancy continued.</p> <p>He just injected me. I don't know what it was called. Nothing. Not a thing. It had to have been some sort of hormone that produces the expulsion of the egg. But I can't tell you. I did not see anything like that because I don't know. Because I went with my mother. My mother was the one who spoke. He said, "Yes, I can do it." I don't know, "this, this, it costs this much." And that's it. But nothing more. But what he put in me, how much he put in me, what it was called, no.</p>
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Abortion Complications

Since the women's lack of access to physician-assisted abortions resulted in homemade abortion methods, some women experienced dire complications from these abortions. Of the 10 women interviewed, four underwent abortion procedures that resulted in the termination of their pregnancies. As mentioned, Sofia was the only woman who received her abortion from a physician. Tellingly, the other three all experienced grave and potentially life-threatening medical complications from their homemade abortions. Blanca experienced excessive bleeding that resulted in her being brought to the hospital near death. She had to have a curettage performed to remove the dead fetus. Marcia commented that she was left with a probe in her for a few days to cause the abortion. As she tells it,

And after one assumes that the contractions had to come. To abort spontaneously and it was not like that. Eh, like three days passed and that weekend I did not go home. I remained and I began to feel really bad. Physically I began to feel, eh, a lot of pain in my whole body. Muscular pain. Fever. Eh, eh, very bad. Eh, and a lot of psychological groaning, too. Eh, since they saw me so bad, the woman of the rooming house with the maid brought me to the hospital. And they left me there and they left. So I entered the emergency room and, and I, previously I had taken the probe out before going to the hospital.

As a result of her abortion, Nelly contracted an infection in her ovaries. She was placed on medicine at the hospital until the dead fetus was expelled. Fortunately, Rosa was warned by the woman who was to perform her abortion that it carried a significant risk of hemorrhage due to the advanced stage of her pregnancy (about five months). Although the woman said she would still do it if she wished, Rosa decided against it.

Research Question 2: Abortion Situation and Family Dynamics

This research question asked: How do intrafamilial dynamics influence the abortion situation and/or subsequent resolution, and the reverse? To be sure, there were both negative and positive family dynamics that played a part in the women's decisions regarding their abortion situations.

Blanca and Yanella both lived independently in rooming houses and supported themselves. They felt completely alone in facing their abortion situations due to a lack of available family. Blanca's partner did offer to let her live with his family, but she retorted, "I wasn't one to live with others. Even less with his family. I couldn't."

Dependent on Others

Some women noted a dependency on their families that required them to allow their family members some say in how the abortion situation was resolved. Sofia explained that when faced with her unplanned pregnancy and the subsequent demand by her maternal uncle to abort, she had no choice but to do so. She said, "because in that time I did not have...I depended so much on the family that they decided what I had to do." And later she notes that "at that time I had to what the rest said."

Violeta also talked about her mother's influence in suggesting an abortion, saying, "Although I was 28 years old already. I was an adult and everything. But I was

dependent.” Soledad noted that her mother was a little angry at her for deciding to not have the abortion, as she did not want her to continue the pregnancy. Therefore, she then insisted that Soledad marry her boyfriend, which Soledad had already decided she wanted to do to avoid raising the baby alone.

Family Secret

Most of the women had relationships with their families that prevented them from telling anyone about their pregnancies, thus creating a secret they held from their families. Blanca explained, “I am reluctant in talking about my things.” Sofia hid her pregnancy for three months before finally telling her brother, since she hoped for some kind of advice or support from him. He was the only person she felt close to “to share something so important.” He ended up telling their mother.

Nelly, who had a difficult relationship with her mother growing up, told hospital staff after her non-physician abortion that she did not want her mother to know about the pregnancy or the abortion. In fact, Nelly’s relationship with her mother played a part in her decision to abort. She explained,

I never wanted to have [children] because, let’s say, because I thought that I was not going to be...I did not want to repeat, let’s say, what I was feeling with my mother. I did not want to transmit it.

Marcia also kept her abortion from her parents, saying she did not have the strength to confront them. She noted, “In that time, eh, one did not talk so openly with parents about that. Not like now that it is more, more open. It is more, it is another relationship with parents.”

Fear of Others' Reactions

Nearly all of the women remarked that their anticipation of their parents' (mainly their fathers') and others' negative opinions and reactions weighed heavily on their decision to consider abortion as a resolution to their unplanned pregnancies. Violeta, for example, having already done poorly in her university studies, said she felt like she "failed" and was giving her father another "disappointment" when she became pregnant. She explained her worries by stating, "It's that, 'What are the people going to say? What is your family going to say? What are they going to do?' Because that is a secret you have. Something guarded." Blanca explained that part of her influence in having an abortion was so that she would not carry the stigma of being the first woman in her family to become pregnant outside of marriage.

Sofia said her uncle shared the same aforementioned concern about what others in the family would say about her pregnancy at fourteen. She said she would have been an embarrassment to her mother and, by extension, her maternal uncle and his wife. They bore much responsibility in her upbringing, offering significant economic support to her mother. Although Sofia's mother herself did not want the abortion, Sofia recognized that her mother was influenced to do as the uncle wished:

My mother was the only one who told me it was my decision. But I knew that she was under pressure from the rest and if I did not listen it would separate the family. ... Like they were going to turn their backs on us. And I would be the embarrassment.

When she found out she was pregnant, Soledad felt fear in telling her "strict" father because of the possibility of being thrown out of the house. In fact, she stated at least three different times how her fear of her father influenced her desire to have an abortion so that he would not find out about her pregnancy. Yanella also talked about

being very afraid to tell her alcoholic father about her pregnancy (again, a result of rape) for fear of what he would say.

In Soledad's case, it was her mother who held fear of Soledad's father's reaction to the pregnancy. Therefore, she decided to not tell him about Soledad's pregnancy. She knew that the pregnancy would result in a requisite marriage to a man she did not want Soledad to marry (and whom she did not want to marry, either). So she, in fact, suggested the abortion to her daughter.

Parents' Approval

Some women found abortion the only option in hopes of retaining their parents' approval. Marcia noted that she had been the only person in her family to make it to the university. As a result, her parents held a lot of hope for her future, a future that she imagined would be jeopardized by a child. She stated,

I made the decision to abort it. And I did not want, let's see, I did not want to disappointment my parents...[It was] a matter of fear of my parents. A fear of disappointing them. Nothing more than that. [Also] the rejection and the disillusionment. Causing pain. To cause them pain, nothing more.

Nicolasa's parents also held much expectation for her professional life. As a result, even though she did not feel a child would complicate her educational goals, she still considered an abortion due to her father expressing concern about how her unplanned pregnancy would impact her education.

Yanella never told her father that her pregnancy resulted from a rape, making his rejection of her upon learning about the pregnancy even more painful, and reinforcing her desire for an abortion. She remarked that she cried frequently about her father's reaction, and wanted nothing more than to have him listen to and understand her. Yanella said she found her rape and resultant pregnancy particularly difficult because she had purposely

remained a virgin and “took good care of” herself to prepare herself for a future marriage. Yanella remarked, “I always reserved myself and it was my first relations. That’s what most hurts me.” She noted that much of her drive to wait for marriage was to undo the suffering she experienced in her father’s home and to fulfill the dream she had as a small girl of getting married someday to a man, as she put it, “not like my father.” But she said after the rape, she worried how any man would find her desirable. As she explained,

The part that most hurt me was that I took such good care of myself. I took care of myself for what? ... How did it serve me? Who would want me after...a rapist that is a stranger that, I don’t know, I felt dirty.

Support from Family

Some women were fortunate to have family members who demonstrated support for them during their abortion situation. Both Cecilia and Rosa experienced family support during theirs, though in different ways. Cecilia’s maternal grandmother did not want Cecilia to have an abortion, but still helped her in attempting to (unsuccessfully) abort, as well as in taking care of her son upon his birth. In fact, her grandmother later asked for Cecilia’s forgiveness for helping her in attempting to abort her son. Cecilia explained that her mother greatly desired that she have an abortion, as she was unwilling to help Cecilia raise another child, having previously assisted her with another child. Thus, Cecilia’s grandmother went along with the abortion attempts for fear of her daughter, Cecilia’s mother, described as a woman with “a very strong character” who “acts badly against whomever.” Eventually Cecilia herself decided she wanted the baby, desiring something of her own; in her words, “a doll in my arms.”

Rosa decided to abort her pregnancy when her husband was killed in a work-related accident, feeling it was too much to handle on her own. When she told her sister

about her attempts to abort her daughter, her sister cried with her, but then chastised her. She reminded Rosa that their mother had birthed 12 children with no thought of aborting or adopting them to others. Too, she told Rosa she would take her daughter and raise her, rather than giving the baby to be raised by strangers. Thus, Rosa decided to carry her pregnancy to term.

A particularly unique case of family support was that of Violeta. When she discovered she was pregnant from her boyfriend, she disclosed the pregnancy to her mother. Initially her mother reacted with fright, as well uncertainty about what Violeta was going to do, since she was single and had not finished in the university. But she immediately framed the situation as one for both she and Violeta to address, rather than leaving Violeta to resolve it alone. Upon hearing that the father of the child wanted nothing to do with the baby, Violeta's mother stated, "Well, then we are alone, and let's do [something]." Violeta's mother greatly feared her "chauvinistic" husband's reaction if he were to find out, believing he might hit Violeta or kick her out of the house. She said her mother convinced her to not tell her father about the pregnancy, as she feared the repercussions, knowing Violeta had nowhere else to go. From there her mother set about taking care of Violeta, and her father never knew of the pregnancy until the baby was born. (Violeta explained that she was chubby at that time and wore baggier clothes).

Interestingly, Violeta said it was through a discussion between the two women that they arrived at the conclusion that an abortion "was the most...the most adequate for the situation in which we found ourselves. Or rather, in which I found myself." Although Violeta's mother supported her in seeking an abortion, she did not pressure her into it.

Violeta explained that her mother's motivation for the abortion was due largely to her fear of her husband and his potential reaction.

Not everyone had family support, though. At the time of her pregnancy, Yanella's mother was deceased, she had a very poor relationship with her father, and no other close family members. As a result, she kept her pregnancy a secret from her family due to having no one with whom she felt she could confide in, resulting in extreme loneliness. In turn, this affected her reaction to her daughter immediately upon her birth. When asked how much time passed after her birth that she was willing to see or touch the baby, Yanella replied,

Like a month. I took her in my arms. But I did not breastfeed her. I didn't breastfeed her, I didn't breastfeed her. I gave her the bottle only, but I let her cry. Because I felt alone. I think that a dog, at least, has affection. But in that moment I had no affection from anybody.

Yanella was not the only woman who expressed that the lack of support from family influenced her feelings about her pregnancy or child. Marcia explained, "I rejected it immediately. And I was driven to despair. I felt very alone." And later, "I did not have the confidence or the security to be able to face it." Rosa, whose husband died, said, "I did not accept the baby alone. I...alone." Blanca, who lived on her own with few resources and no family support stated simply, "What would I have done with a child?"

What Might Have Been

Some women speculated about how their lives might have turned out differently if they had had better relationships with their families that would have allowed them to disclose their pregnancies and seek support. Marcia, who feared disappointing her parents when she became pregnant, admitted that she would not have had her abortion if they had told her that they were accepting of the pregnancy. Marcia stated,

The strength that I needed in that moment to confront it, at the least to confront it and tell my parents, that I did not have. If the owner of the rooming house would have said to me, 'We are going to talk. I am helping you. I will tell them', it would have been different.

She said she suspects her parents might have suffered a bit if they had known, but then would have recuperated and wanted the baby. Soledad agreed that she would not have considered an abortion or married her child's father if her own father would have been accepting of her being a single mother. Instead she felt obligated to marry him, and ended up divorcing him years later after suffering years of domestic violence.

In Sofia's case, the family dynamics between her mother and maternal uncle ultimately decided her fate, and could have had a different resolution. She remarked that during the time her uncle demanded she have an abortion, she hoped for action from her mother, feeling the abortion decision was her mother's to make as head of her own family, rather than her uncle's. She stated, "No matter what the rest, no matter if we don't have the family [support]. The family is us three. And I think that at some point I waited for my mother to say 'No'. Until the last moment."

Principal Reason for Abortion

When asked for the main reason why they had, attempted to have, or wanted to have, an abortion, most of the women attributed it to issues associated with their families' relationship dynamics. In Table 4.2 below, these and other reasons are noted.

Table 4.2 Principal Reason for Abortion

Woman	Reason
Blanca	Lack of resources. Avoid being first-ever single mother in family.
Cecilia	1 st time: Rape. 2 nd time: Domestic violence from baby's father.
Marcia	To avoid disappointing parents. Fear of parents. Causing parents pain.
Nelly	Not ready to be a mother. Wanted to continue studying in the university.
Nicolasa	Not ready to be a mother. Wanted to continue studying in the university.
Rosa	Husband died. Did not feel she could parent alone.
Sofia	Obligated to have an abortion by maternal uncle and aunt.
Soledad	Did not want to marry boyfriend. Fear of father.
Violeta	Fear of father's reaction. Fear of being thrown out of home.
Yanella	Baby was result of rape.

Research Question 3: Abortion Situation and Family Relations

This research question asked: How are family relations affected by the abortion situation and/or ultimate resolution? While some women had more difficulty in determining whether and how the family was different subsequent to the abortion situation, others were able to identify changes in their families, even noting differences that remain to this day within their families.

Conflict with Family

Some families were unable to come to terms with the idea that their loved ones became pregnant, and/or attempted to or succeeded in having an abortion. This resulted in family conflict, in some cases reflected in outright rejection of the women. Yanella said, "Everybody turned their backs. At my father's home they closed the door to me. I felt alone." This, she speculated, was due to her father's disappointment in her becoming pregnant without being married. (He never knew the pregnancy was from rape). She said her father never imagined such a thing from her and declared, "You are not my daughter." Nelly said her mother came to visit her in the hospital after her abortion, and demonstrated a very displeased and condemning attitude. She said her mother felt

“defrauded” by Nelly, as she had sacrificed to pay for Nelly’s university education, only to see her drop out. The abortion was yet another disappointment. Although her mother helped care for Nelly after the abortion, her mother never looked her in the face. Nelly said to this day she still fears her mother, even though she is elderly and suffers from Alzheimer’s disease.

For some women, the rejection transferred to the child for whom they were pregnant during the abortion situation. Yanella reported that not only was she rejected by her father, so, too, was her daughter, a fact still so painful that she began to cry when talking about it during her interview. Relations in Violeta’s family turned very bad when her father found out she was pregnant (again, not until the birth of her son). He insisted that she return home after the birth, but completely ignored both of them upon their arrival, angered that Violeta had become pregnant as a single woman, and that she had hidden the pregnancy from him. Violeta raised her son in her parents’ home, but said her father never cared for him, in spite of saying that he did. She said he remained distant from him and showed a clear preference for his other grandchildren. She felt this was due to the fact that he never forgave her for getting pregnant as a single woman. As a result, she and her father often found themselves in fights over the son, with Violeta defending his behaviors against her father.

Sofia stated that her relationship with her aunt and uncle was never the same after her abortion, as she began to feel scared of and uncomfortable with them, and lost any trust she had in their relationship. She was particularly insulted that they minimized the experience of the abortion, telling her “that nothing had happened. That I would forget about it. That everything would pass.” Sofia began crying when remembering this during

the interview. She said she suspects her aunt and uncle have no idea how much damage they did to her by demanding the abortion. Although Sofia denied that her relationship with her mother changed, she said she always wondered why her mother did not step in and tell her that she did not have to have the abortion.

Acceptance from Family

Although some women felt rejection from their family members, there were clear cases of women experiencing acceptance from their family members. In some cases, this acceptance arrived much later after the abortion situation. Marcia said her brother greeted her in the hospital after her abortion with a hug. She said he did not question her, and understood what she had done. Nicolasa said her abortion situation “joined” and “united” her with her husband (at the time her boyfriend). In Cecilia’s case, although her grandmother did not want her to have an abortion, she did not become angry with her when she tried to abort, choosing instead to support her in acquiring the abortion. And Nelly said she did not feel her mother or sister treated her any differently for having had an abortion. In Rosa’s case, although her sister initially treated her badly when Rosa was pregnant and divulged her abortion attempts, she said currently the two get along very well. She said she asked her sister’s forgiveness and was granted it. Her sister understands now that Rosa was experiencing “a moment of, of loneliness that I had and of worry and all that but...I did not know how I was going to fix it after (daughter’s name) was born.”

Intensified Feelings Toward Child

Apparently as a result of their abortion situations, nearly half the women expressed experiencing more intense feelings of love and concern for the children from

those pregnancies, even when they at first had a hard time accepting them at birth. As mentioned previously, Yanella did not initially want to see her child when she was born, remembering her rape when she looked at her. However, she said, “Afterwards, time passed. I learned to want her. ... She was not at fault. ... I learned to want her. But I will never forget that.” She remarked that although she has three daughters, it is her oldest daughter, the one whom she tried to abort, that she loves the most. She remarked, “When I look at my daughter, I am the most happy.”

Similarly, Rosa had no desire to see her daughter when she was born, having already made an adoption plan for her. But when she saw her, she felt instantly connected with her and decided to keep her. She said that perhaps due to her guilt of trying to abort her, she feels she clings to her daughter more, and has vowed to give her all the affection she can. She finds that she tries to be more loving and less chastising with her. Additionally, Rosa blames herself for her daughter’s numerous medical conditions, including a diagnosis of Down Syndrome and a visual impairment, attributing them to her numerous abortion attempts. She said, “I feel guilty. I think it was my fault that she, she was born like that. [...] I think that I did that damage to her.”

Nicolasa, who considered but never attempted an abortion, said looking at her son now makes her sad for him. She said remembering that time in her life brings bad memories and feelings, and she thinks, “How can one at some point want to do that?” Nicolasa feels she was negligent in that time, and thus now greatly worries for health and happiness for her son.

A couple of the women who actually had abortions now experience intensified feelings towards the children they had after the abortions. Marcia said, “I adore my

children because in them I also see this other child.” As well, she said that due to the abortion, she feels she loves the children she has now more. Sofia has found that she is different with her daughter, who shares the same father as the first pregnancy that was aborted. She said because of the abortion she is more protective of her daughter than her son, and talks at greater length with her about life issues. Sofia also shared that when she fights with her children, she feels bad, and remembers the abortion. She said, “I remember how bad I was. Because I should not have. I did not have the right.”

Currently Discuss Abortion

Women had varying degrees of comfort in presently discussing their abortion situation with others. Nicolasa vehemently expressed that she and her husband never talk about how the two considered having an abortion, saying it remains an untouched subject between them. In fact because of this, she was unwilling to ask him if he would agree to an interview with me. She said it hurts them to think about it, as it feels that they were “rejecting a son that, that one so loves and adores.” Sofia, whose mother went along with Sofia’s uncle’s demand for the abortion, said that she and her mother never discuss the abortion. In fact, Sofia said that her interview with me was the first time she had talked about it at length with anyone. She said she does not dare to return to the past to discuss it with her mother, but conceded that “maybe sometime I am going to have to ask her.”

Marcia talked with her sister about her abortion just a few months before our interview, having guarded the secret for decades. Although she believes her brother and parents knew all these years, nobody ever talked about it, so her sister never found out. When describing her sister’s reaction, Marcia said, “She told me not to torture myself. That nobody judged me. That she was going to continue caring the same about me.”

Advice to Others

One of the specific research questions within Research Question Three was, “What advice can family members give to others in a similar situation?” Again, there were no family members interviewed to provide advice, but nearly all of the women provided their own to other women in a similar situation.

Yanella discussed the difficulty in having a child from rape. She made the point that although one never forgets the assault, one is able to acknowledge a positive result: one’s child. She stated, “Of course one can not forget. But one always has to look ahead and remember all of the good and, if they want, say to her, ‘You are my daughter. I see now’. Because I think that is stronger.” Yanella talked a lot about the need for women to have inner strength in dealing with an unplanned pregnancy, particularly one from a rape. She stated, “I believe that the advice I would give is, ‘Learn to be strong.’ More than anything to be strong. To have courage and to look ahead.” And further, “Time passes and you recuperate. And the good thing is you recuperate ... with more happiness.”

Rosa suggested that women think “a lot” about having an abortion. She also advocated for women to avoid an unplanned pregnancy in the first place. But, if they were to become pregnant, she remarked that she feels a woman is “obligated” to have the child; that it is an opportunity provided by God: “the right to be a mother.”

Only Cecilia, Soledad and Violeta suggested adoption as an alternative to abortion. Cecilia felt that there are many women who can not have a baby on their own, making adoption an opportunity for them to be mothers themselves. She further remarked that even if the child were from rape, she would not support an abortion, as the baby is

not at fault in the situation and “does not ask to come into the world.” Soledad similarly agreed that rape is not a justification for abortion.

Marcia, who actually had an abortion, was adamant that a woman should never have one, stating that “it’s a life [and] one does not have the right to take a life.” In fact, she suggested that humans, in having an abortion, are worse than animals, as “there are animals that are more loving with their offspring. And they don’t kill it. They protect it.” Rosa stated that to “nobody would I say, ‘Have an abortion.’”

Nelly found a contradiction in herself when asked about her advice for women in a similar situation. She admitted that because she had an abortion, she understands how at various stages in one’s life an unplanned pregnancy can be an extremely difficult situation to handle. However, she said she would never send a woman to have an abortion, since she now has “an awareness of what it means.”

Nicolasa considered the socioeconomic status of a woman when offering her advice. She opined that for a woman from a high socioeconomic level, abortion is not justified, because “she is always going to have, let’s say, the conditions, at least economic, to raise a child.” She added, “And the affection one can grow, too.”

It was interesting to note that some women’s advice was clearly based on their own personal experiences with their abortion situation, rather than on their opinion of abortion in general. Sofia, obligated to have an abortion by her uncle, advised that a woman, even if alone, should “hold onto her baby and stay with her, regardless of the rest of the family.” She suggested one have the baby in order to avoid guaranteed lifelong suffering experienced from having an abortion. Soledad, a survivor of domestic violence, stated that she prefer the woman keep the child, even if in an abusive situation, as one can

more easily raise a child as a single parent now, as she did upon her own divorce. Violeta argued that for women who must work, having a baby now is much easier than in the past, due in part to the availability of more social supports.

Sociopolitical Issues and Opinions

As mentioned, this study utilized an interview approach that allowed the conversations with the women to wander in any direction the women chose to, with little to no interruption by me. One such thematic area that emerged during the interviews and fell outside of the three primary research questions was sociopolitical issues within Chile. It became apparent throughout the interviews that the women understood that the sociopolitical climate in which they found themselves during their abortion situation had much to do with their particular experiences. As one might imagine, it seemed they felt the sociopolitical situation was largely constraining for them, adding pressure to an already tense situation. Many of the women readily shared their opinions about current sociopolitical issues in Chile, including sex education, abortion, and family planning.

Chile's Sociopolitical Climate

Some of the older women appeared much more aware of how the sociopolitical situation was in Chile during their abortion situation. The women who noted such issues identified their experiences occurring through the years 1974 to 1982. This was the era when ex-President and dictator Augusto Pinochet came to office after the 1973 *coup*, and remained in power through 1989. As mentioned, Pinochet made non-therapeutic abortion illegal, cut spending to family planning programs, and instigated reporting requirements for hospital employees when confronted with provoked abortions.

Because of this, women were obviously unable to freely request a voluntary abortion. As Violeta noted, one could not simply go to the hospital and be assisted with such a service, and could barely find a private physician willing to perform the procedure. In her case, she had to be “clandestine” and find someone willing to secretly provide her with the injection she received since it, too, was not able to be freely acquired. But when the injection failed and Violeta and her mother realized they really needed to see a doctor, the two also faced the difficult fact that such an option was simply not permitted.

Marcia noted a “climate of fear” in Chile during the mid-70s when she was experiencing her abortion situation. She talked about the collapse of the government in 1973 and her entrance into the university in 1974. Marcia explained that when she became pregnant shortly after, “all that influenced. So there were no social systems of support of any kind.” She remarked that currently a pregnant woman sees offers of all kinds of support on the radio and television. But in the 1970s, she said there was nothing of the kind. She further stated, “There were no rights. You understand? Now the kids know their rights. The woman has her rights. Humans in general have our rights.” Relatedly, Soledad noted that due to the stigma of single motherhood in that time, women like herself who became pregnant “always married” to economically provide for herself and her child(ren).

Impact of Socioeconomic Status

For many women, their financial position greatly influenced their experience with abortion. Rosa admitted that economics played a large part in her determination to have an abortion. When her husband was killed in a work accident, she was left to raise her children alone. She said that she became panicked when he died, worrying about how she

was ever going to be able to work with another baby. Nicolasa shared her experiences as a social worker assisting families in vulnerable situations due to poor economic conditions. She said she sees the situation from a social position, supporting abortion for the women from those families due to their lack of economic and educational resources to provide for their families. Nicolasa argued that an abortion is justified because a woman from this social position “does not have the tools” needed to raise a child, especially if she already has one child or more at home. She went as far as to say that she did not feel many of these women had the conditions to give their children a good quality of life, and would benefit from sterilization.

Conversely, Nicolasa suggested that women from the “upper class” both educationally and culturally find it much easier to progress when facing an unplanned pregnancy. This is due in part to the fact that they have more resources available to them. Cecilia disagreed wholeheartedly with Nicolasa’s argument that economics play a part in a woman’s decision to abort. She considered that a “stupid” and an “absurd” reason for an abortion, arguing that poor people find a way to make do and raise their children. Furthermore, she argued that “if it were all that that our economic situation impedes us in having children, then no poor person would have children.” However, Cecilia did concede that in her lower socioeconomic class, where most have their children rather than abort, one sees many kids lost in drug use. (As an aside, when Nicolasa was presented with Cecilia’s “make do” argument, she said it sounded religion-based. And, in fact, Cecilia did reference God throughout her interview and far more than any other woman).

Violeta noted that when her son was born in 1982, Chile’s government was “very conflicted.” She was attended to by the “public system” which, in her opinion, provided

poor service, and she became infected during a Cesarean. Furthermore, she said that because she arrived alone, the hospital staff asked her if she wanted to give her son up for adoption. Perhaps this reflected a belief at that time in Chile that a single woman, especially with a lower socioeconomic status, was not suited to raise a child alone.

Rosa's socioeconomic status may have contributed to the treatment she received at the hospital when she told the staff she was going to give her baby in adoption. She said the social worker arrived in her room and stated, "You are not a girl. You have been a mother three times. So tell me what you are going to do with your baby?" When Rosa stated that she wanted to place her in adoption, the social worker refused to complete the paperwork, stating, "You know what? Do your own paperwork. I don't have a reason to do your paperwork. As she is so cute, so...do your own paperwork and put her up for adoption." Again, it seems possible that Rosa's societal position influenced the attitude and behavior of the hospital social worker.

Opinions: The Legalization of Abortion

The women interviewed about their abortion experience possessed definite opinions on abortion. When asked whether abortion should be legal or permitted in Chile, four of the nine women asked said it should not be legal, regardless of the situation. But the majority of the women took into consideration contextual issues in women's lives, and decided that in certain cases, abortion should be allowed.

As an example, Sofia said she felt abortion should be legal in the case of rape or an incurable fetal malformation. But she drew the line at a pregnancy that was a mistake, such as a woman not taking her birth control pill, or in the case of an ashamed woman who does not know the father of her child. She noted, "I don't think [abortion] should be

convenient.” Nicolasa, a social worker, justified abortion in the case of a child being born into “risk conditions”, such as poverty. She said, “I have seen mothers that, eh, that have one, two, three children and, and they beg. And it’s like a vicious circle.” She also thought abortion should be permitted in the case of a woman with mental or physical health problems. When asked about the case of rape, Nicolasa said she considers that a “personal” choice that a woman should be granted. Marcia agreed with Nicolasa that abortion should be legal in some cases, as some women have all they can do to raise the children they already have that depend on them.

Nicolasa did not support abortion for women with the economic resources to support a child, saying, “I do not justify much a person that has the economic resources and has an abortion. Because still she can develop professionally. Still she can develop personally.” Soledad thought abortion should be illegal in all cases, including rape, though she paused before stating: “Raped. It’s that that is another subject. How do I say it? But raped, like, but still, no.” In her opinion, abortion is inexcusable due to the numerous methods available to avoid an unplanned pregnancy. Although Violeta acknowledged the serious risks of abortion, including infections and sterilization, she still suggested that it should be legal, but controlled and with oversight. She said abortion should be “not so easy that I go to the house on the corner and have an abortion.”

Opinions: Family Planning

Family planning was a topic about which many of the women possessed clear opinions. Nicolasa was the only woman who expressed ever having intentionally planned a pregnancy (not the one that resulted in her abortion situation). She noted learning as a social worker about the stages of the family cycle, including developing oneself as a

person before having children. She argued that one's education more often predicts one's likelihood to plan a pregnancy, since those with more education are more intentional about their future. Furthermore, before her pregnancy, Nicolasa had always felt adoption was the better route to parenthood, as having one's own biological child felt selfish. Once pregnant, she considered an abortion due in part to her desire to continue studying and developing as a professional. She noted, with seemingly embarrassed laughter (perhaps at her exaggerated idealism), that at the time she told herself, "I prefer to abort instead of bring a child into the world. This society is so bad."

As mentioned above, Violeta found abortion to be inexcusable, since women have so many family planning options available to them to avoid pregnancy if so desired. This was a common sentiment shared by other women. Soledad noted that when she was younger, there were no options such as there are currently (besides oral contraceptives), resulting in women having many children. Violeta said the government has programs to help women dealing with an unplanned pregnancy. She also noted the emergence of the "morning-after" (Plan B) pill, though admitted it came with some controversy in Chile. Nelly expressed support of the Plan B pill, particularly in cases of rape, feeling it better to take the pill than wait weeks and then abort.

A few women agreed that part of the problem with unplanned pregnancies, at least with adolescents, resides in relationships between mothers and daughters. Nicolasa suggested there is a lack of "culture of trust" between the two sides. As a result, girls are not learning what they should from their parents, feeling uncomfortable to talk with them about such topics. Cecilia agreed, feeling it is the responsibility of the mother to develop trust with her daughter that will allow her to approach her mother and ask for assistance

with family planning. Violeta expanded the issue to both young men and women, as well as both parents. She talked about seeing preadolescents smoking and holding hands in the street. Violeta blamed it on a lack of care in the family, and too much liberty and indulgence in parents' supervision of adolescent relationships.

Solutions for avoiding unplanned pregnancies, and by extension abortions, were also offered. Cecilia suggested that clinics offer workshops to teach more women about using family planning methods. Nelly offered that students should learn about abortion and other "sexual aspects" in school, since "girls start to have relations very, very young." (She made no mention of the boys to whom these girls are relating).

Marcia: One Woman's Changes

Marcia, who had an abortion, was a unique case in discussing sociopolitical issues regarding her abortion situation. She suggested that Chileans are very quick to judge others when the topic of abortion arises. She stated, "We make judgments immediately and we react immediately. And we say, 'How bad. How perverse. How...' But nobody puts themselves in that woman's heart." When asked if anything positive has come from her abortion, Marcia explained that she has quit judging women and girls who have abortions and to instead understand them. She said, "I don't justify it, but I forgive her. For that it has served me."

As a teacher, Marcia has developed increased compassion for her students from lower socioeconomic backgrounds, many who are "not wanted." She said the abortion has served her to have more affection for them. Interestingly, Marcia talked about her desire to one day work in an organization that assists those faced with unplanned pregnancies. She described it as a "circle that I would like to close." Because she felt she

learned a lot from her abortion experience, Marcia wants to pass on that learning to others.

Religion

Religion was yet another theme that emerged from the data and fell outside of the three primary research questions. Half of the women made references to religion during their interviews, both about themselves and others. Cecilia admitted that after her abortion attempts, “the thing I did most was ask forgiveness of God.” Marcia expressed regret about her abortion, “for reasons of Christian values, more than anything.” When asked whether religion played a part in her decision to not abort, Soledad responded, “Yes. I was Catholic.”

In referencing others, Sofia noted that her aunt and uncle, who obligated her to abort, “were Christian, so it was complicated to go against them.” Nicolasa mentioned religion when asked to respond to a comment made by Cecilia, who had stated that economics should play no part in a woman’s ability to have and support children. Cecilia argued that many poor women have babies and all lead happy lives, in spite of their lack of resources. Nicolasa said she found this to be an argument “from a perspective more religious, more, more spiritual”, whereas she considers a woman’s social position when determining her ability to raise a child.

Partner Reaction

The women spoke freely about their partners in discussing their experience with abortion, another theme that emerged beyond the primary research questions. By and large, the women interviewed did not have support from the men involved in their pregnancies. It may be significant to note that only Rosa was married to the man with

whom she became pregnant, though he died in a work accident during the pregnancy. Three of the women later married the father, with one woman eventually divorcing him many years later.

Only Nicolasa acknowledged complete support from her partner at the time, whom she eventually married. She noted that it was she, not he, that considered the abortion, but he offered her support in any decision that she would eventually make. As she describes it,

I believe [the abortion situation] united us more. Because he supported me. I did not have fear that he would say anything to me, not “How are you going to do that?” But no, the reaction was different. “Well”, he told me, ‘If you want--I want to have it--but if you want, if it is going to complicate things for you...’ But he supported me in everything. At all times.

Blanca said that although her partner did not want to have the baby, he did offer her residence in his family’s home, which she declined.

Conversely, Sofia, Blanca, Marcia, Violeta, and Nelly all had partners who expressed disinterest in their pregnancies. In fact, Violeta’s partner said the “problem” was hers to resolve; that it was her “story” and that she needed to “fix it.” Nelly said she told her partner about her pregnancy, hoping “that he at least said something loving. ... Nothing more. Because he, economically, he had no other way of being able to help.” Instead, he cruelly told her, “Throw it in the water if you want.”

Marcia’s situation was unique in that years later, she was able to meet up with her ex-partner and discuss the abortion situation. She recounted,

I needed to talk with him. Because after that therapy I had to close the circle and tell him what I could not tell him at that age. What I felt. Eh, what had happened in my mind. And he also confessed to me in that conversation that he was also regretful. And he asked my forgiveness for having left me alone and for not having supported me.

Soledad purposely kept the pregnancy from her partner, fearing that she would be obligated to marry him, which she did not want to do. She decided not to tell him and to instead get an abortion, saying, “No, I didn’t tell him. I thought, because I said, ‘If I do [the abortion] I am not marrying.’” Eventually, though, she decided she wanted to continue the pregnancy and thus disclosed it to him. The two had a hurried wedding, which Soledad came around to wanting, as she desired a father for her child. But eventually the two separated after three children and 14 years of marriage filled with significant domestic violence for Soledad.

Women’s Initial Reactions to Pregnancy and/or Child

Yet another theme beyond the primary research questions found in the interview data was women’s reactions to the realities of their pregnancies and/or the birth of their children. Aside from the previous findings of women’s feelings about their pregnancies due to a lack of family support, some of the women talked about their feelings for their pregnancies or children. When describing her pregnancy, Nelly stated, “I was not in the conditions. I did not have the clarity for that. I could not do it.” Cecilia, pregnant as a teenager, remembered feeling that the pregnancy ruined her life and childhood. During one of her pregnancies, she had considered an abortion because the child was from a rape. She noted that, “neither is it good to have, very good psychologically to have a baby from a rape. Because to see the boy, one is always going to remember that they were raped.”

Rosa tried many ways to reject her pregnancy, including not eating. She recounts,

And I did not feed myself from there. I did not want anything with the baby. I did not feed myself. What I did was just drink coffee, coffee, coffee, coffee. Yah? A lot of coffee. All the time. I did not eat bread. I did not eat food. I did not drink milk. I did not want to feed that baby.

Upon the birth, it was discovered that her daughter had numerous medical conditions, and she was at risk of dying. Rosa admitted that she thought, “hopefully if the abortion did not work, that it will work now.” She began planning an adoption, and upon learning about her daughter’s medical conditions, Rosa stated,

‘Give it to whatever family’, I said, ‘that needs it. ... ‘But how am I going to want a baby like this?’, I said. ‘Like this, no. I don’t want it like this.’ Finally, ‘If she had been normal’, I said, ‘but I don’t want her like this.’

As it turned out, when the nurse gave Rosa her baby to hold, she found her to be very beautiful. As a result of so much emotion during the pregnancy, Rosa said she cried “like I had not cried in a year. I cried everything. Everything, everything.” She said she took her baby in her arms and “regretted all that I had done.” Rosa said from that day on, she “never separated from her again.”

Yanella had a similar experience with her child, doing all that she could to abort her. She said that during her pregnancy, “I tried until the very last. I wanted nothing, nothing, nothing for my baby. Nothing.” Yanella said she would think, “I would like to turn this page and see me without the baby in my stomach. Without this that happened to me.” At the birth she said, “I did not want her at the moment she was born. I rejected her.” Yanella said the nursing staff brought the baby to her to be breastfed, but Yanella never did it. As mentioned previously, though, with time Yanella was able to develop a strong bond with her daughter that lasts to this day.

Women’s Feelings about Self and Abortion

Beyond the primary research questions, women reflected on their feelings about themselves and their abortion or abortion attempt. When looking back on their abortion situations, the women shared their thoughtful feelings about themselves during and since

the experience. Marcia admitted that she let herself be influenced by her self-doubts. As stated, she decided to abort to avoid her parents' reaction. When asked to explain her belief at that time that she had no other option but to abort, she explained it was due to,

Nothing more than communication. Eh, and immaturity. A lack of trust. A lack of security in myself. Of taking a path in my life to say, 'It's not important. I am studying with a pregnancy. I am confronting it and continuing forward.' I was not able.

Through therapy, though, Marcia has reached a point where she has been able to forgive herself for the abortion. She explains,

I feel that my life has, is divided into two: the Before, and the After. The After I have learned to live with but with a very heavy weight, in which I never find peace. And when I remember before, I feel that I was happy. But life continues and I have learned to see ... the girl. To see [Marcia] at 20. To look at it now from the outside and to forgive her.

However, Marcia admits that she feels she carries "something dirty that is hidden" inside of her, and sometimes feels timid around mothers, worried that her secret could somehow be seen and commented on by others. She also shared that she does not believe that a woman who aborts "can be happy in life without having a feeling of guilt."

Similar to Marcia, Nelly also talked about something inside of herself as a result of her abortion, but called it simply "a secret." And like Marcia, she worries that someone will find out about it. She went as far as to say that she has worried about times when "I met someone and it turns out that a friend of that person knew. You see? To this day I don't know. Still I continue feeling a little bit like this."

Still, with all the negative emotions, Nelly was the only woman who stated that she did not regret her abortion. As she explains, "But when I look back, eh, I don't regret what I did. No, I don't regret it. I think that it was bad, yes. That it was bad, perhaps, but at the moment I could not do anything different." As she explained, she had just begun in

the university, and did not want a child at that stage in her life, knowing that it could irrevocably change it. But in that time, she concedes, “I did it with no remorse, really, because I did not want to have kids. I did not have awareness, in spite of my age. I did not have much awareness of what I was doing.” When asked by a psychiatrist if she felt regretful about the abortion, Nelly replied, “You know what? I have a lot of fault in my life. I don’t want to put more on top of me. It wasn’t in its moment. I don’t want to feel guilty now.” She was able to laugh at this last comment.

Sofia feels that since her abortion she has become a more resilient person. She said that before she would easily cry at others’ comments, but since has found that she has a much stronger character. However, this may have come at some cost to her, as she admits that she does not let herself cry, feeling it is a sign of weakness. Sofia also shared that she has chosen to be a very quiet person overall, so that “nobody can point their finger. I think because nobody knows (about the abortion).” She then began to cry. Sofia clearly carries a lot of guilt about the abortion, even referring to herself as an “assassin.”

Violeta did not have an abortion, but still also described herself as having a “secret” when discussing her abortion attempt, as her son does not know about it. She also clearly thinks about the fact that if it had worked, her son would not be with her. Violeta said when she does think about it, she experiences a little guilt, and thinks, “I tried but it did not work. And I say, ‘Well, I didn’t want it to work, is all.’” Rosa felt similarly, stating that if her abortion had been successful, her conscience “would not leave me calm for the rest of my life.”

Nicolasa was unique in expressing that her anticipation of her feelings after an abortion helped her make the decision to not abort. When asked why she did not have an abortion, she replied,

Because I was going to feel bad, I think. Because, eh, I was not going to be able to live with that, with that weight on top. Eh, and still when I think of it it hurts me. Or rather, to think that, that I wanted to do that.

Some women simply stated that when faced with their abortion situation, they had no other option but to abort. As Blanca stated, "I had to do it." She continued, "I was living with others and I couldn't. I couldn't." Marcia agreed, noting that "in that moment it was the option. I did not have another alternative. In that moment."

Marcia mentioned that she has only recently come to a place where she can talk about the topic of abortion. She said through therapy, she has learned to live with the abortion, but did it alone. She admitted that she still hurts from it, as well as feels regretful. Marcia recounted her feelings when after her non-physician abortion, she was seen in a hospital.

In the moment that the doctor began to do the scraping, I regretted it. I felt the, the hope that they could save it, and that it wasn't dead. And he told me, well, he treated me very badly, too. They insulted me. The doctor. The nurse. They treated me very badly. And they made me feel guiltier than I was. And, eh, in that moment I regretted it. It was already too late. (Sniffs). Eh, after, (long pause, crying) I kept it to myself, for all my life. I never told anybody.

Although Violeta did not have an abortion, her one attempt made her worry about her baby. She said she carried a "fear that what I had done was going to bring consequences when the baby was born. ... perhaps it was going to be deformed." Nelly said that because of her experience of having an abortion, she is unable to censure it. She explains this further when stating,

Because I think I can not forget how I felt. And it would not be fair to judge others and forget that one, also, at one moment in life could not do it any other way. One could not be different because emotionally you are a way, you feel a way, you have a way of thinking. Eh, and that person, perhaps, is going through a stage in their life. Perhaps she is feeling the same or something similar. They have their reasons. Yah? And it is not to justify it but, perhaps, to be sympathetic with the situation.

CHAPTER FIVE: DISCUSSION

Reviewing the Purpose of the Study

As stated above, the primary purpose of this phenomenological study was to describe Chilean women's experiences with abortion situations, with particular attention to how the situations affected family dynamics and/or qualitatively changed family relations. Through the use of Family Ecology theory, the research aimed to understand what systemic forces affected the women and their families during the resolution of the abortion situation. Similarly, the incorporation of Feminist Family theory, and more specifically the structural inequality perspective, allowed the study to examine the contextual forces in society that may have affected each women's individual situation.

Because the literature on this study's topic appears virtually non-existent, the study was necessarily undertaken using a qualitative, phenomenological research approach. This interpretive method presupposes nothing about the data, nor attempts to generalize their findings to a broader population. Rather, its intent is to allow the informants' experiences to be expressed in their own words and in their own ways. Through this, the women's own interpretations of the abortion situation are offered, based in their individual life experiences and contexts.

Theoretical Implications

As mentioned, this study utilized both Family Ecology theory and Feminist Family theory to contextualize its understanding of Chilean women's experiences with abortion. Both theories were useful in guiding the research and interview questions, as they each consider the systemic forces that alternately impinge upon and expand women's options and experiences. Naturally, an overlap was noted in each theory's

applicability to the study. Noted previously, the conceptual map for this study (Figure 1.1, p. 12) illustrated the various systemic levels, as well as each level's particular components, that were derived from the two theories in suggesting potential influences in women's lives when confronted with an abortion situation. And as it turned out, all of these influences were, in fact, mentioned to some degree by the women.

Family Ecology Theory

In looking first at Family Ecology theory, the women interviewed consistently shared how their experiences were influenced by numerous forces both inside and outside of their families, reflecting the four systemic levels inherent in the theory. Beginning with the microsystem, in this study's case the family, women spoke at length about the influence that their families had on them in resolving their abortion situation. It was apparent from these women that their decisions were not made in isolation, but rather were heavily dependent on their relationships with their families, and in particular their parents. This supports Family Ecology theory's tenet that family members demonstrate interdependence in each other's functioning (Griffore & Phenice, 2001).

At the mesosystem level, many of the women discussed the component parts offered in the study's conceptual model and tied to Family Ecology theory. Women explained how their university status or job were significant in their decisions about the abortion situation. Some spoke of their abortions as a way to avoid the interruption of their educational goals, and others identified their tenuous financial situation as an explanation for the abortion, feeling certain they were unable to provide for a child. Life goal and economic reasons for abortion are a frequent finding in abortion literature when investigating the primary motivations for abortion in the U.S. (Finer, Frohworth,

Dauphinee, Singh & Moore, 2005). While no one specifically talked about her religious institution, religion as an exosystem construct was discussed, as follows below.

Found within the exosystem level of Family Ecology theory, the concept of community was identified as influencing the resolution of women's abortion situations. One's image in the community was discussed by some women, as they suggested that they considered abortion in order to avoid the stigma of single motherhood. Jarrett (1996) has argued that single mothers' childbearing and childrearing is seen as "deviant" in the United States (p. 371). Assuming this opinion exists in Chile, it is understandable that women would want to avoid such an image for themselves.

Some older women noted that community resources were largely unavailable during their pregnancies. Many women identified current community resources that could assist in preventing unplanned pregnancies and abortions. Of interest, most of the younger women did not mention that they availed themselves of such resources. Perhaps their lack of use was attributable to barriers to family planning that women in the United States encounter. Research there suggests that many women of color utilize family planning methods less due to their "unstable life situations", such as frequent moves, lack of funds to afford more effective means, and less education to understand the use of methods (Cohen, 2008, Widespread Disparities section, para. 3).

Religious beliefs were noted as an exosystem influence in women's abortion situation. Some women mentioned that their beliefs contributed to their decision to not abort, while others experienced regret for having aborted or having attempted to abort. Adamczyk and Felson (2008) noted that religion, combined with being a single woman, complicates the issue of resolving an unplanned pregnancy. They explain that women

must choose between the public shame of pregnancy or the private costs of an abortion. Ultimately for many, the emotional, economic, and social consequences of carrying the pregnancy to term override any considerations of religion, resulting in the choice to abort.

Politics, particularly sociopolitical issues within Chile, was also mentioned as contributors to the women's abortion situations. Some women described how the political climate in Chile at the time of their experience with abortion prohibited them from realizing their desire for a legal, physician-assisted abortion, resulting for some in clandestine, potentially lethal abortions. The lack of family planning services in their communities during many of the women's experiences was also noted, increasing the likelihood that they would incur an unplanned pregnancy.

Lastly, in looking at Family Ecology theory's macrosystemic factors influencing women's experience with abortion, the overarching concepts of culture and society were explored. Indeed, both were indicated as influences for women. Again, some women talked about society's negative image of single motherhood and their desire to avoid such stigma through an abortion. This likely was tied to the Chilean culture's emulation of motherhood, rooted in both Catholicism and Pinochet's governmental policies at the time that likely linger (Acuña Moenne & Webb, 2005). In many of the women's interviews, there was mention of an often obvious presence of condemnation and judgment in Chile for women who fit outside the cultural "norm" of marriage before children.

Feminist Family Theory

Feminist Family theory, with specific attention to the structural inequality perspective, also proved to be an appropriate choice for this study, as women undoubtedly supported its tenets throughout their comments. Again referring to the

study's conceptual model and beginning with the microsystem as an example, issues around intrafamilial interactions and relations of power were repeatedly mentioned. There was a significant trend noted in women's fear of disappointing their parents, particularly their fathers, by becoming pregnant and unmarried. This fear prevented some women from sharing their abortion situation with their family members, as some women, again, worried about upsetting their parents and/or being removed from the family home.

The fathers' responses were not surprising considering gendered role expectations for both the women and their fathers in Chile. There exists a cultural expectation in Chile, largely influenced by Catholic doctrine, of marriage before pregnancy. The most recent Chilean census showed 89% of its residents identifying as Roman Catholic ("Chile: Demographics", 2005). Budowski and Rosero Bixby (2003) write that the father's role in a Catholic family is to ensure the honor and sexuality of his daughter. This can be manifested numerous ways, including through forced marriage or abortion, hidden pregnancy followed by forced adoption, or expulsion of the woman from the family. Many of the women in this study faced these very situations, or the actual or perceived threat of them, in their own families. However, some women were fortunate to feel significant support from certain family members.

A woman's particular resources were another microsystem component that played a part in the resolution of her abortion situation. The women in this study with more financial and/or family supports tended to have more options than just abortion in dealing with their unplanned pregnancies. Jagannathan (2005) found that women with more financial hardships were more likely to support and to utilize abortion, whereas those

who had supports from their families and other social networks tended to demonstrate less support for and use of abortion to resolve an unplanned pregnancy.

Turning to the influences in the mesosystem, educational, occupational, and economic resources and opportunities played a part in women's abortion experiences. Many of the women explained that their desire to continue to study at the university, or their previous failures at the university, contributed to their decision to abort. Two-thirds of the women who electively aborted did so in order to continue their education. The literature, indeed, shows that the higher one's education, the more likely one is to abort (Trent & Powell-Griner, 1991).

Many women felt their tenuous economic conditions necessitated an abortion, as they either felt a child would prohibit them from continuing necessary employment, or that they or their families could not support a child at that particular time in their lives. This finding is heavily supported by the overall abortion literature, including in Chile ("An overview of clandestine", 1996; Johansson et al, 1998), where economics is often mentioned as the primary reason for opting for an abortion. Relatedly, a few women noted that there were very few community resources to assist them at the time of their pregnancies, compared with current options.

The exosystemic level, in relation to Feminist Family theory, included gender issues, including gendered beliefs within the larger community in which women resided. Here women noted the community's increased acceptance of single mothers. In the time they were pregnant, many of the informants reported significant embarrassment and stigma in being a single mother, reflecting the community's gendered expectations of women. Comparatively, some women stated that they find a greater acceptance currently

of adolescent and single mothers, as is reflected in the larger array of services available to them, as well. This is supported by the literature, as research has shown an increase in permissive attitudes toward single mothers (Pagnini & Rindfuss, 1993).

Too, most of the women pointed to the lack of responsibility that their sexual partners were able to have, due to their biological role in the pregnancy. In this study, four of the six women who carried their pregnancy to term, and three of the four women who aborted, experienced either apathy or outright rejection from the men who impregnated them when they disclosed their pregnancies. Research shows that children born from unwanted or mistimed pregnancies have more negative outcomes and less father involvement after the birth (Bronte-Tinkew, Ryan, Carrano & Moore, 2007). My findings concurred, as all of the children born to the four women who were rejected by their partners and continued their pregnancies had either conflictual relationships or no relationship at all with their fathers.

As an aside, while race was offered in the study's conceptual model as a component at the exosystem level, no issues were raised around it, perhaps due to the ethnic homogeneity of the group. (Although one woman noted some native Chilean Indian ancestry, in her case Mapuche, she did not suggest that it contributed in any way to her abortion situation). Similarly, region was another component that did not receive mention by the women as an influence in their experience with abortion. However, abortion research in the United States has noted significant differences in abortion rates based on race (Henshaw & Kost, 2008) and region (Bennett, Declerque Skatrud, Guild, Loda & Klerman, 1997), with women of color and women in metropolitan areas procuring abortions at a proportionately higher rate.

Finally, in utilizing Feminist Family theory, the concepts of race, gender and class were examined at the macrosystem level on the study's conceptual map as potential influencers in a woman's abortion situation. However, only gender and class will be discussed as women made no mention of race as an influence in their abortion situation.

When reviewing the interviews, it was apparent that women did not speak much of influences in the macrosystem beyond Chile. That is to say, those women who did identify influences in their lives from the macro-level expanded only as far as the national level of Chile. No one spoke on a global level in the interviews, including about gender or class.

Regarding gender and at the national level, a few women mentioned that they feel Chilean women tolerate mistreatment by and inequality from Chilean men. This was seen in part in this study, as the majority of women who found themselves pregnant had a partner who had no intention of caring for the pregnancy or the woman he impregnated. They also noted that there is often an unequal distribution of reproductive labor in homes, with men avoiding the work due to their perception that earning money is a sufficient contribution. Family scholars have long noted this inequality in households, with Coltrane (1989) arguing that the sexes are socialized into these disparate roles. He suggests that women acquire their gendered identity through undertaking reproductive labor, while men develop theirs by *not* participating in it. Furthermore, the act of men participating equally in household maintenance "deemphasizes notions of gender as personality and locates it in social interaction" (p. 807).

The concept of class was not directly addressed by the women, either, except by Cecilia and Nicolasa. The former mentioned that in her class, which she called "poor",

women are more likely to have their children than to abort, which is supported by the abortion literature (“Get ‘In the Know’”, 2006). Nicolasa, a social worker, presented the argument that women in lower classes, as defined by level of education and income, were less equipped to raise children than women in higher classes. Thus, as mentioned above, she suggested that sterilization be considered for them.

Implications for Policy

The interviews with the women who experienced abortion situations, and with Alegría and Lia, the Chilean social worker and midwife respectively, illustrated the need for significant policy change in Chile surrounding abortion, and family planning in general. Lia discussed the period of the 1960s in Chile (mentioned earlier in the Literature Review) when family planning methods became a priority for the government in order to address the frightening statistics of maternal death from provoked abortion. As a result, she said she and her colleagues almost never see women dying from such a cause. She noted the increase in information that women now receive about family planning methods and services, resulting in significantly lower birth rates compared with women before the 1960s. Lia stated that the dedication of the Chilean government in prioritizing family planning policy has improved the population’s reproductive health.

Lia was asked about her clinic’s policy of distributing emergency contraception (the Plan B pill), as approximately three months before my arrival the Chilean Constitutional Court had banned its free distribution to females 14 and older in public institutions. She stated that her clinic still provides the pill to women, usually free of charge, as long as they are 15 or older, or have the consent of a parent. Lia explained that the policies governing the distribution of the pill are largely determined by the

municipality, which oversees the public health clinics in her city. The mayor is the head of the municipality and, at least in her city, has determined that the pill will continue to be distributed to women. Lia shared that only four women in the last two years have asked her for the pill (two adults and two adolescents).

Lia commented on the conflict between religious and scientific groups in Chile regarding emergency contraception and which holds policy implications. She argued that science has proven that emergency contraception is not abortive, as the Catholic church in Chile, a highly influential group, would suggest. She explained that one of the main ingredients in the Plan B pill is progesterone, similar to progestin, a natural hormone found in women's ovaries that actually supports pregnancy. Thus, because the pill serves to prevent pregnancy, it does not cause the miscarriage or abortion of a fetus. Therefore, Lia argued that emergency contraception should continue to be distributed in Chile, free of impediments argued for by the Catholic church.

With regards to abortion policy, Alegría remarked that she felt my study could benefit both Chile's proponents and opponents of legalized abortion. As she explained, those that favor legalization can utilize it in their own investigations in an effort to defend the need for legal abortion. Conversely, she believes that those who oppose legal abortion might use it as a way to understand the cause of abortion and thus develop interventions to prevent future abortions.

Alegría clearly stated that she does not feel that Chile is ready for policies to legalize abortion due to a lack of existing infrastructure in supporting poorer women who wish to abort. She believes that there are not enough resources in place yet to provide for free or affordable abortions. Thus, access to a legal, physician-assisted abortion would

remain exclusively with wealthier women, excluding poor women. She worries that poor women, unable to pay for a physician-assisted abortion, would instead continue to procure homemade abortions, but at a higher rate than before, since it would be legal and they would have no risk of legal repercussions.

As mentioned previously, many of the women discussed the need policies to promote the education and availability of increased family planning services. They was also a large consensus that expressed the need for laws to require men to be as equally responsible as the women when pregnancies occur. And lastly, although most women condemned the legalization of abortion, some called for policies that would legalize it but with government oversight to ensure it is a safe family planning method that is not abused.

Implications for Research

This study's use of a cultural broker holds implications for future researchers working outside of their own cultural group. I believe my study demonstrates the need for a cultural broker from both an ethical and a logistical standpoint. In my case, I can not express the gratitude I have for the immense amount of work and effort that was put into this study by Alegría while serving as my study's cultural broker and principal informant. She was integral to the study, helping me understanding the subtleties of Chilean culture and its language throughout my fieldwork, and also assisting me in adapting my interview questions to their intended audience to ensure clarity and respect.

Alegría explained that in her role as cultural broker, she very carefully chose her words when introducing the topic to potential participants. She said she tried to "soften" them and, as I witnessed firsthand while in Chile, often began by talking about the topic

of family planning in general, and then moved to mentioning the word abortion. Talking with her coworkers, however, did not require such discretion. Alegría said she was able to directly describe the research topic, as she knew due to their educational and professional backgrounds that they would easily capture the meaning and significance of the research. Her native understanding of the Chilean culture in which she resides enabled her to approach the informants in a manner that was natural and accepted, which is the exact benefit of utilizing a cultural broker in research.

The advantage of using a cultural broker in research is that s/he, too, will likely benefit from the collaboration. For Alegría, she learned something new about the women in her community, while pushing herself as a researcher. She repeatedly stated that she found the recruitment of the women to be her most nerve-wracking and daunting task, as she worried that she would not be able to find enough women for the study. As it turned out, she was surprised by the women's reactions, both in the manner and substance of their responses. Alegría was impressed that there were very few shocked reactions as she had anticipated. Instead, many of the women responded in a very calm and "natural" way, leading her to realize that abortion was a much more common experience than she had imagined. Too, the number of women that volunteered was startling to Alegría, and required us to eventually limit our interviews.

Qualitative research such as this study inherently possesses both potential risks and benefits for its participants. This study demonstrated that if undertaken with thoughtful consideration of the needs of the informants, the risks can be nearly wholly avoided, and the benefits increased. Some of the women in this study remarked that the interview served to unburden them emotionally, allowing the women to speak in a safe

and accepting environment about their abortion experiences. One woman was assisted by Alegría with a referral to counseling services to resolve marital issues she discussed during the course of her interview. Research undertaken from a feminist approach has a responsibility to ensure the safety and well-being of its participants. This study endeavored to do just that, and appears to have been successful in doing so.

Implications for Practice

With respect to Lia, the majority of our interview was largely aimed at clarifying issues surrounding family planning and abortion methods that women talked about with me. But in addition, she was asked to speak on her direct work with women and their families in Chile in her job as a midwife in a public clinic. Lia said she considers her role to be a source of education and information for her patients, but never judgment or condemnation. Still, I found her approach to be slightly paternalistic when she commented that when providing emergency contraception, she and the woman make an “agreement” that it is an isolated incident, as if the woman owes Lia that promise. She mentioned she tries to incorporate family in decision-making regarding birth control use, preferring that adolescents seek her services with their parents present. It is her opinion that because the person seeking services is a member of a family, and thus those decisions have impact on the family, it is important to try to include the other members in the plan.

When Lia was asked about the practice of therapeutic abortion in Chile, she contradicted my study’s literature review that notes the illegal status of such an abortion. She reported that therapeutic abortions are performed within the public health system, but are very rare. She said there is a lead doctor working within a team of health

professionals that makes determinations about whether a woman's medical situation warrants a therapeutic abortion. Lia noted that she has never seen a doctor deny a woman who truly has a medical condition that warrants such treatment.

Finally, Lia was asked about the disproportionately high abortion rate in Chile compared with other South and Central American countries. She theorized that abortions are likely occurring with women of greater economic resources, since public clinics do not provide abortions. (It is likely that she was referring to physician-assisted abortions, while standard statistics, such as those referenced earlier, consider all abortions in Chile). She noted that in the population she serves, which is the particularly poor in the city, one rarely sees a provoked abortion. However, Lia conceded that in private offices, "behind closed doors", it is easier for one to acquire the service one wants, assuming one has the resources, of course.

As for Alegría, she felt her participation in this study was beneficial to her practice as a social worker, as well. She stated that she enjoyed the two interviews for which she was able to be present, believing it increased her professional understanding of abortion. Alegría mentioned that in her future professional work she will be less likely to condemn women who have had abortions. As a result of her participation, Alegría feels she has greater knowledge about the people with whom she has interacted in her work. Her awareness of their lives is greater, stating that "an experience this personal I have not known. I did not know what happened in their lives, only that they lived through that stage." For Alegría, this understanding will carry into future situations if the topic were broached, as she now feels she can offer more insight into a discussion about abortion.

Alegría noted that she believes that respect and objectivity with clients are largely lacking in professional practice settings in Chile. In direct relation to this study's topic, she noted discussions she has had with her coworkers of women they attend to being made to feel like "bad mothers" if they wish to adopt out their children. According to her, there is a significant projection of one's values and opinions on those being served by medical and social service agencies, rather than a necessary objectivity and ability to put oneself in a woman's situation. Alegría said she feels this indicates a lack of professional development in Chile, or at least in the city where she resides.

At one point in the interview, I pointed out that I noticed most of the women's advice to others was to not have an abortion, even though they themselves attempted it. This seemed like a contradiction to me that the women felt it was an acceptable and necessary option for themselves, but not for others. At this, Alegría provided an interesting interpretation of the women's comments that I had overlooked. She suggested that perhaps having gone through their situation, the women now realize how difficult and often traumatic it was, and wish to spare another woman from such an experience. Alegría offered that the women would likely not suggest an abortion because they remember the conditions in which they lived their abortion situation, and are unable to imagine it being more tolerable. For example, she suggested that the practice of a legal abortion would be undertaken safely by a physician. And afterward, the woman could be attended to respectfully by medical staff and perhaps a psychologist, rather than in a covert, shameful and dangerous manner as is the current practice.

A few of the women's experiences with professional staff during their abortion situation reflected Alegría's comments about the frequent mistreatment by said staff.

These women noted a lack of respect for their decisions, as well as insulting and patronizing comments and attitudes directed towards them by doctors, nurses and social workers. In fact, the social worker who served as one of the study's informants herself made disrespectful comments about poorer women, as when she stated they should be sterilized to prevent future children they can not afford. This study has demonstrated a need for in-depth training for Chilean professionals working with those struggling with an abortion situation in order to understand and to assist with its unique difficulties.

Study Limitations

This qualitative study sought to understand the experiences of women and their families when confronted with an abortion situation. More specifically, I was interested in discovering what influence family members have on the abortion situation, as well as whether family relations and dynamics are changed in any way. It is my belief that this was largely accomplished, albeit with certain limitations.

Qualitative research does not require generalizability or representative sampling to ensure its validity or value. However, this study might have been better served if the women had not been recruited solely through Alegria's initial contact and subsequent snowball sampling, but rather through random means. This might have increased the diversity in the women's experiences and opinions. Still, I was very satisfied at how diverse the women were, noting significant variability within all of the demographic variables (Table 3.2, p. 32).

The fact that as a dissertation project nearly all the work was done by me may have imposed limitations for this study. Eight of the 10 interviews were undertaken exclusively by me, as was the transcription work, the translation of the transcripts, and

the data coding and analysis. This likely increased the possibility of bias and decreased the study's validity. But there was value in the data analysis residing solely with me, as it allowed me to become very familiar with the data and thus note subtleties and connections that someone with less knowledge of it may have overlooked. Furthermore, there was ongoing discussion with Alegría during the fieldwork, allowing for feedback regarding its process.

My "outsider" status in Chile was still another potential limitation for this study. Simply by being white and from the United States, I differed from all of the women in terms of my ethnicity and native language. And my socioeconomic status compounded the differences I had with the majority of the women. It is feasible that these differences impeded some women's ability to relate to me and thus feel comfortable sharing the fullness of their experiences. My near fluency in Spanish was an asset, as it allowed me to undertake the interviews on my own. Still, I recognize there were occasions during the interviews when there were misunderstandings from both sides due to issues with language and comprehension. I wondered how much richer the conversations might have been if they had been in English. It should be noted that my relationship with Alegría afforded me immediate entrée to, and trust with, the women known to her. Many of them made very positive and grateful comments about her, leading me to understand that because of her established rapport with these women, I had been granted the interviews.

Time was a limitation for this study, both in terms of the time for each individual interview and the time I had in Chile. As it was, I spent on average about 90 minutes with each woman, and dared not inconvenience them for more time. Because of this, it was imperative that I pick the most pertinent questions for the women in an effort to most

fully elicit their abortion situation experiences. Yet even with employing such intentionality, I still feel that I overlooked some likely worthwhile questions. When I returned from Chile and began transcribing the interviews, I realized I wish I had asked the women if they felt their abortion situation would have been any easier if abortion were legal in Chile. By asking that question, I might have teased out whether the abortion situation was difficult more because of its legal status or because of other aspects. Still, I found that the questions grew richer as the interviews progressed, as I thought of additional ones to ask beyond the original interview questions.

Future Directions

It is my belief that this study has served as a beginning step in research regarding abortion within a family context. Although there exists some literature on partner involvement in abortion decisions, there appears to be virtually no literature regarding this study's topic of family involvement in abortion situations. Thus, it seems worthwhile that more studies like this be undertaken to better understand women and their families' experiences with abortion. More specifically, I would like to see the research go beyond simply stating the cause and the ultimate resolution of the abortion situation, as so much of the literature already offers. Instead, family studies literature could be enriched through an examination of the family's process in resolving the abortion situation, and the latter's effect on the family after its resolution, as this study attempted.

Unfortunately, I was unable to encounter family members available and/or willing to participate in the interviews. Future research should strive to include the participation of family members in order to acquire their experiences directly, rather than speculation about them from the women. Similarly, although Michigan State University's

Institutional Review Board would not permit joint interviews with both the women and their family members' present, I sense that the dynamics elicited during such an interview would be valuable in understanding the families' lived experiences with abortion.

This research topic might also be strengthened through the use of researchers native to the country and the language. Perhaps this connection would enrich the conversations that occur between the two sides due to a better understanding of cultural norms and expectations. As well, sharing the same language might better ensure complete understanding within the dialogue, and the ability to delve deeper into issues, as clarity and brevity within the conversations would likely be heightened.

Personal Reflections

Two strong interests came together for me in conceptualizing this study: abortion and Chile. The fact that Chile is one of the very few countries in the world with no form of legal abortion added great intrigue to me in wanting to understand how women experience abortion there. Since I speak Spanish, I knew that it would be feasible for me to undertake the research. As well, having a contact in Alegría turned out to be an additional aid in deciding to complete my research in Chile.

The overall project was incredibly complicated, beginning immediately from designing its logistics. Due to Alegría's location in Chile, the planning necessarily occurred largely through the Internet. All of the small steps of the research were a challenge, beginning with contextualizing for Alegría what research looks like at a university in the United States, including the Institutional Review Board procedures. We also had to figure out how the participants would be compensated, and the protocol of

arranging and completing the interviews. Fortunately *Alegría* is an organized, thorough, and ethical professional, so the process was quite smooth, albeit time-consuming.

What I wanted to continually keep in my mind while planning the research design, and also keep *Alegría* informed about, was my desire that the research be continually aware of cultural nuances. This included considering such issues as my researcher bias, my value system and its impact on the study, and the women's reactions to the interviews. Although as a qualitative researcher I understand that my research is inherently value-laden (Malacrida, 2007), I still endeavored to limit the intrusion of my personal values as much as possible. Of course, I understand the privilege I held over these women due to my education and socioeconomic status. Thus, I was very concerned about ensuring that I considered how my questions and interview style might be interpreted by the women. For that reason, *Alegría* and I made sure to both go over the questions before they were administered with any women, and to process each interview afterward to acquire her feedback about the dynamics between me and the women.

Actually being in the field doing the research was the most intense part of the entire project. Feelings of vulnerability were frequent for me as I set out to interview women about such an intimate and delicate topic, all the while doing it in Spanish! Again, although I am nearly fluent in Spanish, there are often still certain expressions or words that I do not immediately capture, or can not express myself. Therefore, there were moments throughout each interview when there was miscommunication between me and the woman. Usually I was aware of it in the moment but, interestingly, I realized later when reading the transcripts that I missed some comments by women that I would have elaborated on if I had understood their meaning. Although this frustrates me and makes

me realize that the interviews would have been much richer in English, I know that my ability to interview the women directly, rather than through a translator, was an immense advantage to this study.

Besides my feelings of vulnerability, the women themselves likely felt nervous and vulnerable, as well. This was evident in some women more than others, and a couple even shared how nervous they had been at being interviewed. Throughout the interviews, I was consistently impressed at how forthcoming the women were in sharing their experiences. The women expressed a range of emotions, including sadness, guilt, regret, and anger. But also there was joy, pride, love, and hopefulness. Many of the interviews felt more like conversations, as the women talked about issues outside of the research topic. As a result, I found myself experiencing feelings of warmth, awe, camaraderie and protection toward the women. This tendency for a researcher to experience emotion during interactions with informants is a common phenomenon in qualitative feminist research, and is “desirable, indeed necessary, to the goals of constructing emancipatory knowledge” (Malacrida, 2007, p. 1330).

Those interviewed in Alegría’s home were invited to stay after the interview for coffee, as I felt connected to the women and did not want to abruptly send them off without time to simply be together. Fortunately for me, all of the women took me up on the invitation. Perhaps my invitation was an attempt to show my appreciation for their efforts and to ensure they did not feel objectified as “interview subjects” for the study. Chileans are hospitable and generous people. I wanted to demonstrate that I understand this about their culture, and that I wished to reciprocate the same spirit with the women.

Finally, I feel it is imperative to talk about my own opinions on abortion and how they affected my research, as well as the reverse. Although I feel abortion is a difficult and sad conclusion to a pregnancy, I wholeheartedly support the legalization of abortion and a woman's right to have a safe abortion available to her. Never did I share this with the women, though, as the topic did not come up. If it had, I would have been honest with them, as I feel honesty with one's informants is crucial in feminist, qualitative research to enrich the relationship and increase trust between the researcher and informant (FitzPatrick, Friend, & Costley, 2005).

This dissertation has made me different. I believe that before this study, I was a bit more flippant about the topic of abortion. That is to say, before speaking with the women in Chile, I did not understand the intensity and brevity of emotion, largely negative, that accompanies abortion. As it turns out, I had originally discussed the potential for this finding with my committee when presenting my program proposal. I expressed concern to the members that this very finding would emerge, as I worried that it would lend support to groups that wish to deny women safe and legal abortions, as they could use it as further proof of women's suffering from abortion.

As I was reviewing and transcribing the interviews, the women's emotions reverberated with me, as did the presence of a clear majority of women who advised others to not have an abortion. As much as I wanted to deny these two findings, for the aforementioned reason, it was impossible to do so and remain true to the study's participants and results. However, to support legal abortion does not mean one denies the negative aspects of abortion. Indeed, one recognizes their existence, realizing that

abortion is a necessary option in a society that does not prioritize or sufficiently support the reproductive health choices women should have to avoid abortion in the first place.

So although I am proud of this study and feel it offers a preliminary step in advancing an understanding of abortion within the context of family, I worry that I have done a disservice to the global feminist community struggling to ensure women's access to safe and legal abortion. On the other hand, as stated, my interpretation of these findings illustrates the need for more affordable and accessible family planning methods and services to help reduce the number of unplanned pregnancies and abortions. I feel confident my new comrades in Chile would agree.

APPENDICES

APPENDIX A: CONSENT LETTERS FOR PARTICIPANTS (ENGLISH)

Research Participant Information and Consent Form A (Woman)

You are being asked to participate in a research project. Researchers are required to provide a consent form to inform you about the study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researcher any questions.

Study Title: Doctoral Dissertation Research: The effect of abortion access on the interaction of abortion resolution and intrafamilial dynamics and relations in Chile

Researcher and Title: Shannon J. Campbell, Doctoral Candidate

Department and Institution: Family and Child Ecology, Michigan State University

Address and Contact Information: 10995 52nd Ave., Allendale, MI 49401, USA

PURPOSE OF RESEARCH:

You are being asked to participate in a research study of how your access to abortion services has affected you and/or your family member(s). You have been selected as a possible participant in this study because you have been in a situation of previously or currently wanting to have an abortion. From this study, the researcher hopes to learn how families and their members are affected by abortion situations like yours. Your participation in this study will likely take around one hour. You must be 18 to participate in this study.

WHAT YOU WILL DO:

You will be asked to answer questions by the researcher about the aforementioned topic. You are not required to record your name anywhere, your last name will not be asked of you at all, and you can use a pseudonym during the interview. Your interactions with the researcher will be tape-recorded. You have the right to not answer any question posed to you. Once all the questions have been asked of you, you will be given time with the researcher to ask any questions you may have of her. You will also be asked to identify family members that you are willing to have be interviewed separately from you. It is important to note that these family members might then conclude that you have had or have wanted to have an abortion. These family members identified by you will be contacted by the researcher and asked if they would be willing to answer some questions with the researcher. They can chose to do so or not; their participation is voluntary. Their response will be kept confidential and will not be shared with you. You will be given a copy of the findings of this study if you wish to have it. In that copy, every effort will be made to make the responses of all participants anonymous as to source, although it is possible that a specific incident reported by someone might be recognizable to you or to another if the incident were very unique.

POTENTIAL BENEFITS:

The potential benefits to you for taking part in this study are being able to talk about feelings you have had regarding the abortion situation, being able to provide insight on how people in your situation experience it, and helping others to be able to understand how one feels that is going through such a situation.

POTENTIAL RISKS:

The potential risks of participating in this study are you may experience emotional and psychological feelings that are unpleasant, such as sadness, distress, or discomfort due to talking about this topic. If you desire, you will be provided with referrals to services, such as counseling, that can assist you with any negative reactions you may experience from your participation in this study. Although there will be no reporting by the researcher of your activities regarding the abortion situation, it is possible that someone who becomes aware of your participation in the study could report your, or your family member's, behaviors to legal authorities. Because abortion is illegal in Chile, if you have an abortion it could result in legal action, including imprisonment, if discovered by legal authorities.

PRIVACY AND CONFIDENTIALITY:

Upon completion of each interview, the audio files will immediately be transferred to my password-protected personal laptop computer, and subsequently erased from the audio recorder. These audio computer files will then be encrypted to ensure that nobody besides the researchers have access to their information.

The data for this project will be kept confidential. Conversation about the data will be contained between the researchers and the faculty advisor, and will be done in private.

Information about you will be kept confidential to the maximum extent allowable by law. You may choose to accept a copy of this consent form if you wish, but should be aware that possessing it could be incriminating to you and/or your family member(s).

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous. Your confidentiality will be protected to the maximum extent allowable by law

You are required to be audiotaped for this project in order to ensure accurateness of your responses. The data recordings will remain on the researcher's password-protected personal computer in an encrypted state, and all hardcopies of the transcripts will be kept in a locked box. Access to the data will be limited to the researchers and the faculty advisor. Data will be stored for five years following dissemination of the study results, and then destroyed.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:

Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. If you withdraw from the study, your information will not be included in the study's findings. To withdraw, you need simply to inform the researcher that you are no longer interested in participating. At that time the recording of your interview will be erased in your presence. You may choose not to answer specific questions or to stop participating at any time, but to receive payment you must be willing to have all interview questions posed to you. Choosing not to participate or withdrawing from this study will not make any difference in the benefits to which you are otherwise entitled.

COSTS AND COMPENSATION FOR BEING IN THE STUDY:

There are no anticipated costs to your participation. You will be paid 10,000 CLP at the completion of the interview to compensate for your time spent during the interview. You will be paid even if your family member(s) do(es) not participate in an interview, as will she/he/they even if you do not participate. Again, if you withdraw before all interview questions have been posed to you, you will not receive monetary compensation, although you may choose not to answer some of the individual questions from the interviewer and still receive full compensation.

CONTACT INFORMATION FOR QUESTIONS AND CONCERNS:

If you have any questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researchers and/or the faculty advisor:

Shannon J. Campbell 10995 52nd Ave. Allendale, MI 49401 United States of America campb188@msu.edu (616) 550-7591	Marsha Carolan, Ph.D. 13B Human Ecology East Lansing, MI 48823 United States of America carolan@msu.edu (517) 432-3327	Alegria (Identifying information omitted) Chile
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If you have any questions about your role and rights as a research participant, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Director of MSU’s Human Research Protection Programs, Dr. Peter Vasilenko, at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 202 Olds Hall, MSU, East Lansing, MI 48824.

DOCUMENTATION OF INFORMED CONSENT:

You have the right, but are not required, to sign this document indicating your voluntary willingness to participate in this study. If this is your desire, please sign your name and write the date below.

You will be given a copy of this form to keep if you so desire.

Name _____ **Date** _____

Research Participant Information and Consent Form B (Family Member/s)

You are being asked to participate in a research project. Researchers are required to provide a consent form to inform you about the study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researcher any questions.

Study Title: Doctoral Dissertation Research: The effect of abortion access on the interaction of abortion resolution and intrafamilial dynamics and relations in Chile

Researcher and Title: Shannon J. Campbell, Doctoral Candidate

Department and Institution: Family and Child Ecology, Michigan State University

Address and Contact Information: 10995 52nd Ave., Allendale, MI 49401, USA

PURPOSE OF RESEARCH:

You are being asked to participate in a research study of how your access to abortion services affected you and/or your family member(s). You have been selected as a possible participant in this study because your family member has been or is in a situation of wanting to have an abortion, and she has consented to have you interviewed about the situation. From this study, the researcher hopes to learn how families and their members are affected by abortion situations like your family member's. Your participation in this study will likely take around one hour. You must be 18 to participate in this study.

WHAT YOU WILL DO:

You will be asked to answer questions asked of you by the researcher about the aforementioned topic. You are not required to record your name anywhere, your last name will not be asked of you at all, and you can use a pseudonym during the interview. Your interactions with the researcher will be tape-recorded. You have the right to not answer any question posed to you. Once the questions have all been asked of you, you will be given time with the researcher to ask any questions you may have of her. You will be given a copy of the findings of this study if you wish to have it. In that copy, every effort will be made to make the responses of all participants anonymous as to source, although it is possible that a specific incident reported by someone might be recognizable to you or to another if the incident were very unique.

POTENTIAL BENEFITS:

The potential benefits to you for taking part in this study are being able to talk about feelings you have had regarding the abortion situation, being able to provide insight on how people in your situation experience it, and helping others to be able to understand how one feels that is going through such a situation.

POTENTIAL RISKS:

The potential risks of participating in this study are you may experience emotional and psychological feelings that are unpleasant, such as sadness, distress, or discomfort due to talking about this topic. If you desire, you will be provided with referrals to services, such as counseling, that can assist you with any negative reactions you may experience from your participation in this study. Although there will be no reporting by this researcher of your activities regarding the abortion situation, it is possible that someone who becomes aware of your participation in the study could report your, or your family member's, behaviors to legal authorities. Because

abortion is illegal in Chile, if your family member has an abortion it could result in legal action, including imprisonment, if discovered by legal authorities.

PRIVACY AND CONFIDENTIALITY:

The information you provide in your interview will not be shared with your family member in the abortion situation.

Upon completion of each interview, the audio files will immediately be transferred to my password-protected personal laptop computer, and subsequently erased from the audio recorder. These audio computer files will then be encrypted to ensure that nobody besides the researchers have access to their information.

The data for this project will be kept confidential. Conversation about the data will be contained between the researchers and the faculty advisor, and will be done in private.

Information about you will be kept confidential to the maximum extent allowable by law. You may choose to accept a copy of this consent form if you wish, but should be aware that possessing it could be incriminating to you and/or your family member(s).

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous. Your confidentiality will be protected to the maximum extent allowable by law

You are required to be audiotaped for this project in order to ensure accurateness of your responses. The data recordings will remain on the researcher's password-protected personal computer in an encrypted state, and all hardcopies of the transcripts will be kept in a locked box. Access to the data will be limited to the researchers and the faculty advisor. Data will be stored for five years following dissemination of the study results, and then destroyed.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW:

Participation in this research project is completely voluntary. You have the right to say no. You may change your mind at any time and withdraw. If you withdraw from the study, your information will not be included in the study's findings. If you do not complete the interview, you will not receive monetary compensation. To withdraw, you need simply to inform the researcher that you are no longer interested in participating. At that time you will be provided with any audiotape recordings of your portion of the interview to dispose of as you wish. You may choose not to answer specific questions or to stop participating at any time. Choosing not to participate or withdrawing from this study will not make any difference in the benefits to which you are otherwise entitled.

COSTS AND COMPENSATION FOR BEING IN THE STUDY:

There are no anticipated costs to your participation. You and your family member(s) will collectively be paid 5,000 CLP at the completion of the interview to compensate for your time spent during the interview. You will be paid even if your family member does not participate in an interview, as will she even if you do not participate. Again, if you do not complete the interview, you will not receive monetary compensation, although you may choose not to answer some of the individual questions from the interviewer and still receive full compensation.

CONTACT INFORMATION FOR QUESTIONS AND CONCERNS:

If you have any questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researchers and/or the faculty advisor:

Shannon J. Campbell
10995 52nd Ave.
Allendale, MI 49401
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Marsha Carolan, Ph.D.
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Alegria
(Identifying information omitted)
Chile

If you have any questions about your role and rights as a research participant, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Director of MSU's Human Research Protection Programs, Dr. Peter Vasilenko, at 517-355-2180, FAX 517-432-4503, or e-mail irb@msu.edu, or regular mail at: 202 Olds Hall, MSU, East Lansing, MI 48824.

DOCUMENTATION OF INFORMED CONSENT:

You have the right, but are not required, to sign this document indicating your voluntary willingness to participate in this study. If this is your desire, please sign your name and write the date below.

You will be given a copy of this form to keep if you so desire.

Name

Date

APPENDIX B: CONSENT LETTER FOR PARTICIPANTS (SPANISH)

Información de Investigación y Consentimiento para la Mujer (Forma A)

Usted ha sido seleccionada para participar en un proyecto de investigación. La investigadora esta obligada a proveer un formulario de consentimiento para informarle acerca del estudio, para indicar que su participación es voluntaria, para explicar los riesgos y beneficios de su participación, y para otorgarle el poder de hacer una decisión informada. Siéntase en la libertad de hacer cualquier pregunta a la investigadora.

Título del Estudio: Investigación De Tesis Doctoral: El efecto del acceso al aborto en la interacción de la resolución del aborto, las dinámicas intrafamiliares, y las relaciones en Chile.

Investigadora y Título: Shannon J. Campbell, Candidata Doctoral

Departamento e Institución: Ecología Familiar y de Niños, Michigan State University

Dirección e Información de Contacto: 10995 52nd Ave., Allendale, MI, 49401, USA

PROPÓSITO DE LA INVESTIGACIÓN:

Usted ha sido seleccionada para participar en un estudio investigativo acerca de cómo el acceso a los servicios de aborto le afectaron a usted y/o sus familiares. Usted ha sido seleccionada como posible participante en este estudio porque usted ha tenido o desea tener un aborto. En este estudio, la investigadora pretende aprender como las familias y sus miembros son afectados por las situaciones de aborto. Su participación en este estudio tomará alrededor de una hora. Su participación en este estudio tomará alrededor de una hora. Usted debe ser mayor de 18 años para participar en este estudio.

LO QUE USTED HARÁ:

La investigadora le hará una serie de preguntas acerca del tema mencionado. Usted no tiene que dar su nombre en ninguna parte, no tiene que anotar su apellido, y usted puede usar un seudónimo durante la entrevista. La entrevista será grabada. Usted tiene el derecho de no responder a cualquier pregunta que se le plantee. Una vez que todas las preguntas han sido contestadas, usted tendrá un tiempo con las investigadoras para hacer cualquier pregunta que usted pueda tener. Se le preguntará identificar a miembros de su familia que la investigadora podría contactar para hacer una entrevista. Es importante notar que tales miembros van a poder darse cuenta que usted ha tenido o ha querido tener un aborto. Estos miembros serán contactados por la investigadora para ver si están interesados en estar entrevistados. Ellos pueden elegir no participar; su participación es voluntaria. La entrevista con sus familiares se mantendrá en privado y no será compartida con usted. Se le ofrecerá una copia de los resultados del estudio si usted así lo desea. En esa copia, las investigadoras intentaran mantener los informantes en el anonimato, pero es posible de que un incidente específico reportado por alguien sea reconocido si el incidente es muy poco común.

BENEFICIOS POTENCIALES:

Los beneficios potenciales por participar en este estudio son poder hablar acerca de los sentimientos que usted tiene acerca del aborto, ofrecer conocimiento de cómo los individuos experimentan situaciones como la suya, y ayudar a otros poder entender como uno se siente atravesando por esta situación.

RIESGOS POTENCIALES:

Los riesgos potenciales por participar en este estudio es que usted puede experimentar sentimientos psicológicos y emocionales desagradables, tales como la tristeza, angustia y molestia por hablar del tema. Si usted desea, la investigadora le dará información acerca de servicios en la comunidad que podrían ayudarle si experimenta reacciones adversas durante su participación en este estudio. Aunque no reportaremos a las autoridades sobre el hecho de que usted ha tenido o desea tener un aborto, es posible que algún individuo se percate de su participación en el estudio y reporte a usted y a sus familiares a las autoridades legales. Como el aborto en Chile es ilegal, si usted tiene un aborto y ello es descubierto por las autoridades legales, ello puede resultar en un juicio legal, que puede conducir a su encarcelamiento.

PRIVACIDAD Y CONFIDENCIALIDAD:

La información que usted comparte no estaría compartida con los miembros de su familia. Las entrevistas serán transcritas a una computadora personal y que estará protegida por una contraseña de la investigadora. Las entrevistas serán luego borradas de la maquina de grabación. Estos archivos serán escrito en cifra para que nadie menos las investigadoras tengan acceso a ellos.

La información recolectada en este proyecto se mantendrá bajo estricta confidencialidad. Las conversaciones acerca de los datos serán exclusivamente entre la investigadora y su profesora, y serán conducidas en privado.

La información acerca de usted se mantendrá en confidencia a la extensión máxima permitida por la ley. Usted puede escoger aceptar una copia de este consentimiento si desea, pero usted debe estar consciente que poseer este documento le puede incriminar a usted y/o sus familiares.

Los resultados de este estudio pueden ser publicados o presentados en reuniones profesionales, pero la identidad de cada miembro/a participante se mantendrá anónima.

La entrevista será audiograbada para asegurar la exactitud de sus respuestas. Las grabaciones quedaran en la computadora personal con protección de contraseña de la investigadora en un estado de cifra, y copias de las entrevistas serian protegidas bajo llave. El acceso a los archivos será limitado a las investigadoras y la asesora de facultad. Los datos serán archivados por cinco años luego de la culminación del estudio, y entonces serán destruidos.

SU DERECHO DE PARTICIPAR, DECIR NO Ó RETIRARSE:

La participación en este proyecto es completamente voluntaria. Usted tiene el derecho de decir no. Usted puede cambiar de parecer en cualquier momento y retirarse. Si usted se retira del estudio, su información no será incluida en los resultados del estudio. Para retirarse, usted simplemente necesita informarle a la investigadora que usted no esta interesada en participar. En ese momento la grabación de su entrevista sería borrada en su presencia. Usted puede escoger no responder a preguntas específicas o parar la participación en cualquier momento, pero para recibir el pago necesita estar dispuesta a escuchar todas las preguntas. Escogiendo no participar ó retirarse del estudio no afectará los beneficios a los cuales usted tiene derecho.

COSTOS Y COMPENSACIÓN POR ESTAR EN EL ESTUDIO:

No hay costos anticipados por su participación. Usted recibirá \$10.000 pesos luego de la entrevista para compensar por su tiempo compartido en la entrevista. Recibirá pago aún si su miembro familiar no participa en la entrevista, igual el/ella si usted no participa. Le reiteramos que si usted no escucha todas las preguntas, usted no recibirá la compensación monetaria, aunque puede elegir no contestar ciertas preguntas y aun recibir la compensación monetaria.

INFORMACIÓN DE CONTACTO PARA PREGUNTAS Y PREOCUPACIONES:

Si usted tiene cualquier pregunta acerca de este estudio, como cuestiones científicas, como hacer cualquier parte de este proyecto, o para reportar cualquier daño, por favor contacte a la investigadora y/o su profesora:

Shannon J. Campbell
10995 52nd Ave.
Allendale, MI 49401
United States of America
campb188@msu.edu
(616) 550-7591

Marsha Carolan, Ph.D.
13B Human Ecology
East Lansing, MI 48823
United States of America
carolan@msu.edu
(517) 432-3327

Alegria
(Identifying information omitted)
Chile

Si usted tiene cualquier pregunta acerca de su rol y sus derechos como participante en este estudio, ó desearía registrar una queja acerca del estudio, usted puede contactar anónimamente si así lo desea al Director de los Programas de Protección de las Investigaciones Humanas, el Dr. Peter Vasilenko, al 517-355-2180, FAX 517-432-4503, correo electrónico irb@msu.edu ó correo regular a la siguiente dirección: 202 Olds Hall, MSU, East Lansing, MI 48824.

DOCUMENTACION DEL CONSENTIMIENTO INFORMADO:

Usted tiene el derecho, pero no esta obligada, a firmar este documento indicando su voluntad a participar en este estudio. Si este es su deseo, favor de firmar su nombre y la fecha abajo. Se le ofrecerá una copia de este formulario si así lo desea.

Nombre

Fecha

Información de Investigación y Consentimiento para la Familia (Forma B)

Usted ha sido seleccionada para participar en un proyecto de investigación. La investigadora esta obligada a proveer un formulario de consentimiento para informarle acerca del estudio, para indicar que su participación es voluntaria, para explicar los riesgos y beneficios de su participación, y para otorgarle el poder de hacer una decisión informada. Siéntase en la libertad de hacer cualquier pregunta a la investigadora.

Titulo del Estudio: Investigación De Tesis Doctoral: El efecto del acceso al aborto en la interacción de la resolución del aborto, las dinámicas intrafamiliares, y las relaciones en Chile.

Investigadora y Titulo: Shannon J. Campbell, Candidata Doctoral

Departamento e Institución: Ecología Familiar y de Niños, Michigan State University

Dirección e Información de Contacto: 10995 52nd Ave., Allendale, MI 49401, USA

PROPÓSITO DE LA INVESTIGACIÓN:

Usted ha sido seleccionado/a para participar en un estudio investigativo acerca de cómo el acceso a los servicios de aborto le afectaron a usted y/o sus familiares. Usted ha sido seleccionado/a como un/a participante posible en este estudio porque una miembro de su familia ha estado en una situación previa ó actualmente queriendo tener un aborto. En este estudio, la investigadora pretende aprender como las familias y sus miembros son afectados por las situaciones de aborto. Su participación en este estudio tomará alrededor de una hora. Usted debe ser mayor de 18 años de edad para participar en este estudio.

LO QUE USTED HARÁ:

La investigadora le hará una serie de preguntas acerca del tema mencionado. Usted no es requerida en documentar su nombre en ninguna parte, no tiene que anotar su apellido, y usted puede usar un seudónimo durante la entrevista. La entrevista será grabada. Usted tiene el derecho de no responder cualquier pregunta que se le plantee. Una vez que todas las preguntas han sido contestadas, usted tendrá un tiempo con las investigadoras para hacer cualquier pregunta que usted pueda tener si desea. La entrevista con sus familiares se mantendrá en privado y no será compartida con usted. Se le ofrecerá una copia de los resultados del estudio si usted así lo desea. En esa copia, las investigadoras intentaran mantener los informantes en el anonimato, pero es posible de que un incidente específico reportado por alguien sea reconocido si el incidente es muy poco común.

BENEFICIOS POTENCIALES:

Los beneficios potenciales por ser parte de este estudio son poder hablar acerca de los sentimientos que usted tiene acerca del aborto, ofrecer conocimiento de cómo los individuos experimentan situaciones como la suya, y ayudar a otros poder entender como uno se siente atravesando por esta situación.

RIESGOS POTENCIALES:

Los riesgos potenciales por participar en este estudio es que usted puede experimentar sentimientos psicológicos y emocionales desagradables, tales como la tristeza, angustia y molestia por hablar del tema. Si usted desea, la investigadora le dará información acerca de servicios en la comunidad que podrían ayudarle si experimenta reacciones adversas durante su participación en este estudio. Aunque no reportaremos a las autoridades sobre el hecho de que la

miembra de su familia ha tenido o desea tener un aborto, es posible que algún individuo se percate de su participación en el estudio y reporte a usted y a sus familiares a las autoridades legales. Como el aborto en Chile es ilegal, si la miembra de su familia tiene un aborto y ello es descubierto por las autoridades legales, ello puede resultar en un juicio legal, que puede conducir a su encarcelamiento.

PRIVACIDAD Y CONFIDENCIALIDAD:

La información que usted comparte no estaría compartida con la miembra de su familia en la situación de aborto.

Las entrevistas serán transcritas a una computadora personal y que estará protegida por una contraseña de la investigadora. Las entrevistas serán luego borradas de la maquina de grabación. Estos archivos serán escrito en cifra para que nadie menos las investigadoras tengan acceso a ellos.

La información recolectada en este proyecto se mantendrá bajo estricta confidencialidad. Las conversaciones acerca de los datos serán exclusivamente entre la investigadora y su profesora, y serán conducidas en privado.

La información acerca de usted se mantendrá en confidencia a la extensión máxima permitida por la ley. Usted puede escoger aceptar una copia de este consentimiento si desea, pero usted debe estar consciente que poseer este documento le puede incriminar a usted y/ó sus familiares.

Los resultados de este estudio pueden ser publicados ó presentados en reuniones profesionales, pero la identidad de cada miembro/a participante se mantendrá anónima.

La entrevista será audiograbada para asegurar la exactitud de sus respuestas. Las grabaciones quedaran en la computadora personal con protección de contraseña de la investigadora en un estado de cifra, y copias de las entrevistas serian protegidas bajo llave. El acceso a los archivos será limitado a las investigadoras y la asesora de facultad. Los datos serán archivados por cinco años luego de la culminación del estudio, y entonces serán destruidos.

SU DERECHO DE PARTICIPAR, DECIR NO Ó RETIRARSE:

La participación en este proyecto es completamente voluntaria. Usted tiene el derecho de decir no. Usted puede cambiar de parecer en cualquier momento y retirarse. Si usted se retira del estudio, su información no será incluida en los resultados del estudio. Para retirarse, usted simplemente necesita informarle a la investigadora que usted no esta interesada en participar. En ese momento la grabacion de su entrevista sería borrada en su presencia. Usted puede escoger no responder a preguntas específicas o parar la participación en cualquier momento, pero para recibir el pago necesita estar dispuesta a escuchar todas las preguntas. Escogiendo no participar ó retirarse del estudio no afectará los beneficios a los cuales usted tiene derecho.

COSTOS Y COMPENSACIÓN POR ESTAR EN EL ESTUDIO:

No hay costos anticipados por su participación. Usted (o ustedes si hay mas que una persona de la familia en la entrevista) recibirá \$5,000 pesos (colectivamente) luego de la entrevista para compensar por su tiempo compartido en la entrevista. Recibirá pago aún si su miembra familiar no participa en la entrevista, igual ella si usted no participa. Le reiteramos que si usted no escucha

todas las preguntas, usted no recibirá la compensación monetaria, aunque puede elegir no contestar ciertas preguntas y aun recibir la compensación monetaria.

INFORMACIÓN DE CONTACTO PARA PREGUNTAS Y PREOCUPACIONES:

Si usted tiene cualquier pregunta acerca de este estudio, como cuestiones científicas, como hacer cualquier parte de este proyecto, ó para reportar cualquier daño, por favor contacte a la investigadora y/ó su profesora:

Shannon J. Campbell
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Marsha Carolan, Ph.D.
13B Human Ecology
East Lansing, MI 48823
United States of America
carolan@msu.edu
(517) 432-3327

Alegría
(Identifying information omitted)
Chile

Si usted tiene cualquier pregunta acerca de su rol y sus derechos como participante en este estudio, ó desearía registrar una queja acerca del estudio, usted puede contactar anónimamente si así lo desea al Director de los Programas de Protección de las Investigaciones Humanas, el Dr. Peter Vasilenko, al 517-355-2180, FAX 517-432-4503, correo electrónico irb@msu.edu ó correo regular a la siguiente dirección: 202 Olds Hall, MSU, East Lansing, MI 48824.

DOCUMENTACION DEL CONSENTIMIENTO INFORMADO

Usted tiene el derecho, but no esta obligado/a, firmar este documento indicando su voluntad a participar en este estudio. Si este es su deseo, favor de firmar su nombre y la fecha abajo. Se le ofrecerá una copia de esta forma si así lo desea.

Nombre

Fecha

APPENDIX C: INTERVIEW QUESTIONS FOR PRINCIPAL INFORMANT

1. Tell me how you felt when I first asked you to collaborate with me.
2. Why did you agree to collaborate with me?
3. How did you begin the process of finding women for me to talk with?
4. How did you feel when undertaking the search?
5. How has it felt doing the work you have since I arrived?
6. What do you think about the study?
7. What have we missed or overlooked in this study?
8. What were the most difficult parts of this study?
9. What you have enjoyed the most? The least?
10. What you have learned from this study?
11. In what ways are you different for having undertaken this collaboration?
12. How do you imagine this study could serve Chile and the women who have participated?
13. Women have told me how much help you have been to them and how much they have enjoyed working with you. How does that feel? How might their experiences with you have affected their participation in my study?

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