

# **Family Planning vs. Women's Rights: The Case of Quinacrine Sterilization in Chile**

Jazmin Martinez  
Faculty Mentor: Dr. Liesl Haas  
Political Science

## **Abstract**

Since its development during the 1970s in Chile, 100,000 women have been chemically sterilized with Quinacrine worldwide, which is still not FDA approved and has been banned by the WHO. While clinical research exists about this method, conditions that led to the emergence of this particular sterilization method have gone unexplored. The study explored how it was that this method came about under the rule of an authoritarian regime which implemented pronatalist policies. This phenomenon was then used to explore the broader concern regarding the difficulties of implementing comprehensive reproductive rights in developing countries with complex cultures and politics. Chile also demonstrates the dangers associated with trying to implement solely reproductive rights without considering the larger aspects of women's rights. Furthermore, the article examined the reasons behind a push for sterilization as a method of birth control in developing countries in place of less hazardous methods. And lastly, the study examined the degree to which women are left with no other choice but to opt for experimental forms of contraception such as Quinacrine. The case of Chile is more than forced eugenics on poor women, although that is part of the phenomenon, the study focused on the obstacles third world women have in gaining full women's rights.

## **Introduction**

One of the most notorious dictators of the 20<sup>th</sup> century Augusto Pinochet is often brought up when discussing human rights abuses; what is less talked about are the pronatalist policies driven by the dictator and the consequences they had on Chilean women. Increased numbers of back-

street abortions, overdue pregnancies, and increased mortality of women, were the end result of pronatalist legislation enforced by the military regime. Pronatalist programs were further enforced by the highly patriarchal culture practiced by the people; the mixture of the two was detrimental for women, particularly for low-income Chilean women. Misogynistic ideology embedded in the culture was institutionalized by the dictatorship through pronatalist policies that affected any woman struggling to feed her family. Under these conditions, women had limited options and would resort to unsafe contraceptive practices such as back-street abortions. It was during this time that a new form of sterilization emerged- Quinacrine sterilization. An unsafe and sometimes deadly procedure, one is led to question why some women opted for this method. The answer stems from the combination of a nondemocratic form of governance, low socioeconomic conditions at the national and individual levels, and a patriarchal culture.

Full encompassing women's rights are needed in order to ensure safe, effective family planning policy. The implementation of reproductive policy does not necessarily mean that women will have safe family planning methods available to them nor will they guarantee the safety of women who partake in them. Many factors must be considered to understand the reproductive practices of a region. This paper identifies three main factors that should also be taken into account in understanding why certain population policies are put in place: 1) the influence of a population's culture is too large to ignore, 2) the forms of government should also be taken into account in understanding why certain population policies are put in place, and the 3) socioeconomic level of a country and individual subpopulations within it. Under certain contexts these factors can work together to prevent full women's rights and promote or justify dangerous reproductive policies which further prevent women from attaining full rights. In her study in the area of reproductive practices in Korea, Hyung (1997) notes, "In every corner of society one can observe visible and invisible workings of patriarchal...powers limiting women's reproductive rights. In consequence, women's reproductive decisions are not made voluntarily or, at best, women are forced to make 'rational' choices within the boundaries of patriarchal society" (p.11). Family planning decisions for

women are not made without difficulty under a restrictive context produced by ideology and policy. It is essential to have full-encompassing women's rights before any contraceptive programs are put into place. Without the foundation of women's rights, any policies in the area of family planning can lead to abusive practices for women.

Using the example of Quinacrine sterilization in Chile during the 1970s, I will support the argument that in the absence of full women's rights reproductive policy can be abused in countries with undemocratic, patriarchal cultures and politics. During this time, the combination of a dictatorship, a conservative culture formed around patriarchal thinking, and high levels of poverty ultimately led to abusive family planning practices. In her study on abortion policy in Latin America, Lucia Rayas (1998) describes, "During the Pinochet regime, medical personnel were encouraged to denounce women who sought treatment after botched abortions...the fear of accusation often discourages women from seeking medical care even when they suffer complications...this mostly affects the poorest Chilean women" (p.25). These words serve to illustrate the situation women found themselves in at this historical moment. In particular, the case of Chile under Augusto Pinochet will demonstrate the outcome of pronatalist policies on women struggling to feed their families; the abuse of back-street abortion was a horrible experience for women who had no other option due to prohibition of contraceptives. Not only did the environment, created by a lack of democracy and a patriarchal culture, lead to unsafe abortions being performed on desperate women. This atmosphere can also be said to have contributed to the creation of and prevalence of Quinacrine sterilization. This particular phenomenon can be repeated under a similar environment created by a lack of people's power, a culture rooted in unequal gender relations, and socioeconomic conditions that make safe contraceptive practices unavailable to women who need it most.

The ability of a woman to be able to control the number of mouths she is going to feed is essential for the process of development. If a woman wishes to advance socioeconomically, she must be able to determine the number of children she will care for. By hindering the reproductive choice of half of a region's population, it essentially deters the region from progressing as a whole. Hyoung (1997) also argues,

“Without changes in social norms and institutional gender discrimination, women will not be empowered adequately, so as to have complete control over their own bodies, fertility, and reproduction” (p.14). The reproductive health of women greatly depends on the social constructions within a region as well as political and economic dynamics. The following sections will expand on three components which contribute to the formation of family planning in a region: culture, forms of government, and the socioeconomic.

### **Culture and Family Planning**

The cultural context within a region determines greatly the reproductive practices of women. Culture can encompass a large range of factors, from music to folklore; it is large part of a country’s way of life. Culture transcends generations, thus entrusting the perpetuation of customs and ideologies to the people. When referencing culture, I will be referring to the gender relations in and outside the household, as well as to the religion of the household or region. A country’s ideologies, traditions, and customs strongly influence that country’s family planning policies.

In particular, under a society that perpetuates unequal gender roles- for women- women cannot be expected to partake in contraceptive methods without any repercussions. In a study done in Delhi on Muslim and Hindu women, Hussain (2001) declares that, “Women of neither community really have no choice in reproductive matters, due to prevailing gender inequalities and the ways in which these are embedded in the kinship structure and cultural context” (p.9). These unequal gender roles that favor men are rooted in highly patriarchal ideologies. In a context where the culture of a region is deeply embedded in notions of male superiority, justification is found for a lack of women’s rights. Among these rights would be the liberty of a woman to do what she sees as right for her reproductive health. When writing about reproductive practices in highly patriarchal cultures Hussain (2001) explains, “These practices depend upon culturally defined roles, ideas/ideologies regarding women and motherhood, and notions about the value of children...And, women hardly have a voice in this whole process” (p.3). The notions placed on women and child-bearing are then used to justify the unequal gender roles and thus the superiority of men; this then leaves

women with no authority of their own to make decisions about their lives and much less about their own bodies. This dynamic which is created by social norms of patriarchy and old traditions creates a context which doesn't allow for women's rights. In this context, reproductive practices such as contraception and abortion cannot be separated from the culture. Because the traditions and culture within a region greatly influences its family planning norms, one cannot expect for state policies to dismiss the power of culture in the area of reproduction. In a study done in Burkina Faso regarding attitudes towards contraception, Rossier (2007) notes that, "altogether, local fertility regulation goals (not births outside marriage, spaced pregnancies, and as many births as possible) are achieved by a social control over women's sexuality and marriage" (p.28). This demonstrates the power of sociocultural factors in shaping reproductive practices; specifically, this is an example of the types of family planning rites and rituals molded by patriarchal ideas. These conventions constructed by patriarchal principles ultimately shape policy in the area of family planning that only perpetuates the abusive practices.

A strong sense of patriarchal notions is strengthened even more by the influence of conservative religion. The roles imposed on women in conservative cultures can most often be attributed to the teachings of religion. It is from religious doctrine that expectations are placed on women not only about sexuality but motherhood as well. When talking about the principles of the Catholic Church and its relation to the issue of abortion in Latin America, Rayas (1998) maintains, "centuries later these basic tenets prevail...they are reflected in most of our legislation and are protected by a patriarchal state...women...are the wombs of the nation" (p.22). From this we can see the connection between religion, culture, and policy in general. But in regions where religion is the backbone of society, we can understand why religious creed is inseparable from policy; in this situation, every aspect of life including public policy should abide by religious teachings. This creates a relationship between religion and bureaucracy that works to justify the suppression of women in patriarchal states. The influence of religious teachings is more prevalent in some countries than others. In these states, the principles and beliefs of religion are carried out in customs and rituals that form a culture. The combination of both religion and culture are therefore able

to penetrate the structure of government. In her study on reproduction in Hindu and Muslim communities, Hussain (2001) explains, "In matters related to reproduction and sexuality, in particular, it has been found that it is the ritualistic aspects of the institutions and customs that govern society and are found acceptable. This ritualistic religion reflects and reinforces the system of male dominance" (p.5). Institutions therefore are means by which religious tenets can be enforced and justified. Hence any deviation from cultural norms can be punishable by law, even in the area of family planning. Although the religions in focus here are Hinduism and Islam, this can be said of Catholicism, other forms of Christianity, and other religions, as well.

When referencing the link between Catholicism and reproductive policy Rayas (1998) argues, "Whenever the topic of abortion is discussed openly, the catholic church hierarchy . . . jumps into the fray with arguments that exclude women and their rights" (p.23). Although Rayas is writing about Catholicism and abortion, this serves to illustrate the broader connection between religion and reproductive policy. In most states, family planning discussions are not without input by religious factions. Whether it's the Catholic Church in Latin American or Christian conservatives in the U.S., the issue of reproduction is inseparable from religious doctrine. In their study of population policy based on four groups of countries, Bangladesh/Pakistan, Zimbabwe/Zambia, Thailand/ the Philippines and Tunisia/Algeria, Lush, Cleland, Lee, and Gill (2000) write, "in Zambia, the combination of a socialist outlook with Roman Catholic and traditionalist popular movements in support, created a strong anti-family planning sentiment amongst political actors" (p.19). Policy is therefore not able to ignore the culture of a region; in some cases not only does law take culture into account but it is guided by it. This relationship is exacerbated by a culture rooted in patriarchal ideas, ideas that not only call for male superiority but that justifies the exclusion of women from most decision-making processes. We thus see the connection between religion, male superiority, and governmental institutions.

Family planning conventions rooted in patriarchal ideas can therefore be traced back to religious ideas regarding women and child bearing. The teachings of faith are highly influential in themselves, but

when combined with governmental policy, they can become impenetrable. Those practices that would be said to be misogynistic are not only given meaning and power by religion, but they are justified through law. In patriarchal cultures women are not allowed individual liberties and many fewer rights concerning their reproductive health, but government institutions are not able to overcome this phenomenon in this context because of the influence of religion and culture. This creates a condition in which women's rights are socially and culturally non-existent and where state policy is used to punish women who go against cultural traditions. Those who try to fight for women's rights in this context have to overcome cultural norms, followed for hundreds of years, based on sacred beliefs of religious teachings. Thus in this framework women must find it impossible to control their own family planning practices.

### **Political Structures and Population Policy**

The manner in which reproductive practices will manifest depends greatly on the form of government that exists in a region. The underlying bureaucratic mechanics of a state will determine whether or not family planning initiatives will be ratified, and if they are they will determine how the initiatives will be carried out. Consequently we can understand how important it is to identify the form of government in place in a region in order to understand its birth control practices. Under certain forms of government, family planning can disregard the reproductive health of women. One particular result of the relationship between forms of government and population policy is depicted by Lushet al. (2000) in their study on population policy using four different pairs of countries: "In Zambia the combination of a socialist outlook with Roman Catholic and traditionalist popular movements in support, created a strong anti-family planning sentiment amongst political actors" (p.19). Specifically, a non-democratic form of government will more likely lead to the abuse of reproductive practices and policies. Similarly, governments that are said to be democratic on the surface are not able to guarantee the safe implementation of family planning policies if the underlying culture is itself undemocratic. A space that lacks true democracy cannot produce rights for the general people, much less rights for the female population.

The combination of misogynistic traditions and a prohibition on public participation in government affairs ultimately create a hostile context for family planning policy. In this framework, the general public has no say in matters and legislation that affect them directly. Even more so, legislation drafted by government serves to uphold customs that reflect notions of male superiority. When exploring birth control practices it's important to note that the patriarchal traditions of a region are strengthened by prohibiting women's participation in bureaucratic affairs. Although it is women who ultimately bare the larger part of controlling their family size, under undemocratic forms of rule, they will surely be denied any rights to control their own family planning practices. The harmful situation for women created by the fusion of anti-democratic rule and a patriarchal culture is described by Hord, David, Donnay, and Wolf (1991) in their study on Romania: "Restrictive health policies enforced under the 25 year Ceausescu dictatorship in Romania resulted in the highest record maternal mortality of any country in Europe-159 deaths per 100,000 live births" (p.231). This part of Romanian history serves to illustrate the effect that undemocratic forms of rule can have on family planning practices in a state. The dictatorship in Romania demonstrates the link between patriarchal notions and a lack of democracy in the area of population policy. Beliefs of male-superiority lead to legislation which can be said to be pronatalist, which excludes the input of women. Pronatalist policies are those which promote human reproduction and can also forbid forms of contraception. Hussain (2001) attests, "Childbearing remains a complex phenomenon and women's bodies often become pawns in the struggle between the individual, family, and the state" (p.3). It is in this way that women are placed in a dangerous situation. Women must decide between risking their overall health and adding one more mouth to feed to their already struggling family. Once an undemocratic regime decides to promote a culture of male-superiority through legislation the people have no say in the matter. This environment consequently leads to harmful family planning practices.

Through pronatalist policies under undemocratic governments, women are forced to resort to dangerous methods to control their family size. On the topic of legislation leading to the criminalization of abortion



Rayas (1998) argues, “Criminalizing abortion...forces women to undergo unregulated and risky procedures that put their lives and their future reproductive health at risk” (p.23). By restricting safe forms of family planning practices such as IUDs and birth control pills, women are forced to use extreme measures. This phenomenon depicts the possible result of the interaction between governmental forms of rule, culture, and reproductive practices. It is because the people have no say in bureaucratic matters under dictatorships that policy thus takes on a more ideological form. Legislation in this structure is produced by those in power and the traditions embedded in culture. The form of government, culture, and reproductive practices that exist in a country will ultimately determine its family planning policies. In some cases they take the form of pronatalist policies, these specific forms of legislation can then lead to harmful family planning decisions by women. In the most extreme cases, pronatalist policies erected under antidemocratic forms of rule have resulted in death for women. Rayas (1998) acknowledges the effect that some pronatalist policies can have on women in Latin America, “Criminalizing abortion...forces women to undergo unregulated and risky procedures that put their lives and their future reproductive health at risk” (p.23). Although anti-abortion laws are not usually classified as pronatalist legislation they can actually result in more, unsafe forms of terminating a pregnancy. Anti-abortion laws are only used here as an example of sets of patriarchal family planning laws that arise under undemocratic forms of government.

Among the family planning policies that hurt the female population under antidemocratic states are those which restrict access to contraceptives. The prohibition of contraceptives such as birth control pills, condoms, and even IUDs, along with a culture which upholds male superiority, leave women with few safe methods to control their family size. In contrast to legal abortions, which can be monitored and ensure higher levels of safety, pronatalist policies disregard the reproductive health of women. Under an undemocratic framework that institutionalizes the unequal relations between men and women, already engrained in the culture, women cannot expect to attain full encompassing rights. These rights would include the right to control reproductive practices. However, Hordet al. (1991) points out the effect

of a democratic form of governance on family planning in her study on the aftermath of the Ceausescu era when they write about the changes undertaken once democracy was restored, “the legalization of abortion was followed by notable improvements in women’s health...the MOH began working to change the primary method of averting unwanted pregnancies from abortion to the use of modern contraceptives by making family planning services available widespread” (p.234). The Romanian case should serve to illustrate the positive relationship between the reproductive health of women and government that can manifest under a democratic form of rule.

What results as the product of a lack of democracy though policy and culture is a hostile environment for women who wish to practice responsible family planning. These women are prohibited from any birth control methods through legislation put in place by antidemocratic rulers. When pronatalist practices are enforced and justified through legislation women may risk their own health to limit their family size. It is this dynamic that can drive women to undergo a back-street abortion or other dangerous procedures.

### **Socioeconomic Determinants of Family Planning Policy**

The economic standing of an individual is a large determinant of a person’s way of life, and it is the main determinant of the options available to them. For women, their socioeconomic status will also ultimately determine which family planning practices are available to them. The combination of the economic situation of a woman along with the accepted culture she lives in ultimately work together to produce available forms of birth control which are narrowed down by the accepted forms of birth control of the surrounding community. In their study on abortion in India Bose and Trent (2006) write, “The extent of power within a household, as well as in the productive economy, for those who carry both the burden of reproductive and productive tasks, can translate into the extent of women’s control over reproductive decision-making...behavior. Thus the social and demographic context of abortion in India is very much formed by women’s overall status-their socioeconomic circumstance and the nature of gender relations” (p.262-

63). It is because of this combination that women of a lower economic status are more likely to partake in risky forms of family planning.

Low-income women have fewer options available to them to prevent unwanted pregnancies and they are more likely to have lower levels of education. Because of this women in this group are less likely to be aware of the various forms of contraception that their country might provide. In contrast to women belonging to a higher-income group, poor women don't have the means to use safer, effective forms of contraception. It is understandable then to see why women of lower income would be most affected by pronatalist policies. In her discussion on low-income women in Latin America Rayas (1998) notes "in cases of unwanted pregnancies, such women can rarely afford to pay the private physicians who could ensure a safe procedure, and so expose themselves to potentially unhygienic, risky abortions" (p.23). The family planning behavior of women can therefore be attributed largely to the economic condition they find themselves in which cannot be disconnected from the gender relations of the culture. Bose (2006) describes the manifestation of this phenomenon when she states, "women's status, and their individual and cultural context, exert significant effects on women's reproductive behavior...indicators of greater women's status are associated with an increased control over reproductive behavior" (p.275). Consequently we can understand why family planning practices in democratic settings would be different.

A democratic government guarantees that women will have influence on family planning legislation. However, a more democratic context distanced from practices rooted in male superiority will not guarantee a plentiful availability of contraceptive aid. The economic standing of a state is also a great determinant of which family planning methods women choose, given those provided. Hussain (2001) illustrates the difficulties India faces in providing family planning, "Although the government spends a huge amount in the name of family welfare programs, the services it provides are very inadequate" (p.14). This state of affairs is not particular to India; it is a problem that can affect any country. As a result, the study of family planning practices in a region should also look at economic conditions at the macro level. The socioeconomic circumstance a state finds itself in sets the tone for the

socioeconomic condition of the general population. It determines what services it can provide for its people and how much of those services will be provided. But it is more likely for resources to be disbursed more evenly among the general public under forms of democratic rule than under authoritarian government.

A more democratic culture which calls for equality among women and men would allow the female population greater economic power. In these cases women are more able to access contraceptive methods to control fertility. Accordingly, a more democratic form of culture and government would keep women from partaking in dangerous contraceptive means. Without a culture that shuns contraceptive methods and without policies that prohibit the use of contraceptives, women are much less likely resort to unsafe procedures, such as abortions and sterilization, as their primary forms of birth control. But this is not the case under anti-democratic forms of rule (such as dictatorships) which are not created under the name of the people and thus feel no obligation to answer to the people. In this situation, the economic standing of the population would most likely decrease and this could lead more women to use unsafe procedures as their primary form of contraception. This was precisely the case under Augusto Pinochet and the development of Quinacrine sterilization.

### **Quinacrine Sterilization in Chile**

Chile, under the rule of an authoritarian regime, makes an exemplar case with which to look at the interlacing of the different factors previously discussed. In 1973 a military regime took power in Chile. With this change came drastic changes to the population's way of life. The coup ended the long-standing participatory democracy Chileans had experienced. Along with the suspension of democracy under Pinochet came a set of population policies whose goal was the refoundation of the nation. Under Augusto Pinochet, Chilean population policy took the form of pronatalist legislation that made it illegal for women to take control of their own reproductive practices and had fatal outcomes for women. The regime enacted a series of conservative, pronatalist policies that reversed the family programs begun under Allende.

The public participatory atmosphere once provided under previous administrations, came to be nonexistent under the Pinochet regime. Waylen (1992), in her research on the political participation of Chilean women, describes the environment created after 1973 as, “characterized as the attempted abolition of the public sphere by a repressive military government which banned or severely restricted the activities of political parties, trade unions and other groups active in public and institutional life” (p.302). Any and all possible channels through which the people could influence policy making were cut off during the regime. What resulted from the military takeover was a situation that didn’t allow for a say from the general population, and much less the female population. It was a situation under harsh military rule influenced by its close tie to the church and long-established cultural tenets.

Prior to Pinochet taking power, Chileans had greater opportunities to influence government decisions. More importantly, women had a strong influence in government. When talking about the 1970s election Waylen (1992) argues, “women’s support was therefore crucially important and the left certainly argued...that it was essential to increase their support among women...to gain the majority they lacked in congress” (p.303). In this climate, women had some power to shape family planning policies that affected them directly; they had some power to decide how to control the size of their family. However that power, provided via public participation, was taken away once Augusto Pinochet took control of Chile.

It is important to look at family planning before the military regime to understand how the different factors previously described work together to create a hostile environment for women’s reproductive health. Before the Pinochet era in Chile, the reproductive health of women was central to a statewide health program. When writing on family planning in Chile prior to the dictatorship Rayas (1998) describes, “in the 1960’s the Chilean governments had introduced...healthcare policies resulting in the decrease infant and maternal mortality and a lower birth rate...” this was mostly due to the intolerable “number of women dying due to back-street abortions; half of all pregnancies were terminated at the time, secretly and in unsafe conditions” (as cited in Acuna and Webb, 2005, p.154). In this setting, women are not forced to undergo drastic measures

as their primary method of contraception. This dynamic is distinct because women have options to control their family size by programs provided by the state,

After the military coup of 1973, the administration under Pinochet implemented a set of policies known as the “refoundation of the nation”. It was under this program that the authoritarian regime enforced pronatalist policies that worked by disintegrating the family planning programs already in place; this was done by restricting access to birth control and threatening women with imprisonment who had had abortions (Acuna et al., 2005). The programs that many women had relied on to provide them with low-cost contraceptive means had come to an end. Women were once again put in testing circumstances which put their desire to control their family size at odds with state legislation. And it is in this context that a more dangerous form of contraception emerged, Quinacrine Sterilization.

The non-surgical sterilization method involving Quinacrine requires two procedures spaced one month apart; it involves inserting 7, 36mg pellets of Quinacrine, with the use of an IUD, into the uterus of a woman near the fallopian tubes; once the pellets dissolve, the acid scars the tissue which causes tubal occlusion thus making the woman sterile (Rao, 1998; Young, 1999). This type of sterilization was first developed by Dr. Jaime Zipper in Chile during the 1970’s (Dyer, 1995; Shallat, 1995; Rao, 1998). The chemical had been used before to cure malaria, but that method was discontinued once safer treatments were discovered, such as chloroquine (Rao, 1998). The main reason this form of sterilization is unique is because it is non-surgical. If a non-surgical method of sterilization were available, no doubt many women who longed for an effective contraceptive method and who need to hide any traces of contraception being used would want to opt for a procedure such as this one. Unfortunately for many women, controversy surrounds Quinacrine sterilization over safety concerns. Some of the dangerous side effects of Quinacrine sterilization include, damage to the liver, damage to the cardiovascular system, ectopic pregnancy (in women who are not successfully sterilized), mutagenicity<sup>1</sup>, and teratogenic<sup>2</sup> effects (Dyer,

---

<sup>1</sup>The property of being able to induce genetic mutation.

<sup>2</sup> Of, relating to, or causing developmental malformations.

1995). Furthermore, a study of 80 women done in Chile between 1977 and 1989 demonstrated that women aged 40 and older had an increased frequency of cancer. Moreover, the study also found an amplified rate of cervical cancer among the women (Young, 1999).

### **Analysis**

It was precisely because of the concern over carcinogenicity and ectopic pregnancy that the World Health Organization (WHO) urged for all clinical trials to come to an end until results were derived from toxicological tests (Mudur, 1998). Since then, there have been no more toxicological tests done on Quinacrine, yet it continues to be used in third world countries. Although neither the WHO nor the FDA or any other governing body has declared Quinacrine sterilization a safe method of contraception, it has been used on thousands of women in Bangladesh, Croatia, Costa Rica, Chile, Egypt, India, Iran, Indonesia, Pakistan, Vietnam and Venezuela (Ordober, 2003). This should lead us to question why Quinacrine pellets, as a form of sterilization, is still being used despite the dangers associated with it. The answer involves the dynamic produced by three main elements: culture, socioeconomic levels, and political.

After analyzing the way in which culture penetrates everyday life for women it should not be difficult to see the connection between a highly patriarchal form of culture and the use of Quinacrine sterilization. Cultures of this nature often result in restrictions for women regarding family planning methods. Often strongly influenced by religion, culture can work to place women in difficult situations in the area of family planning, “whether it is preferable to avoid pregnancy at the risk of getting cancer can only be decided by the women to whom Quinacrine might be offered” (Kottow, 2002, p.24). Unable to practice safe contraceptive methods because of cultural limitations, women are forced to resort to enigmatic methods. Needless to say, in this situation, those contraceptive methods being offered to women in secret are not the safest and can be fatal. And it is in this category that Quinacrine falls. This procedure offers women a lifelong method for controlling their family size in one procedure. More importantly it can evade the limitations created by a patriarchal culture. Quinacrine sterilization is

enticing to women in this circumstance because it is a one-time procedure, therefore a woman does not have to take time off work, it leave no visible scars, and is relatively inexpensive. It is for these reasons that the demand for Quinacrine sterilization continues. It is a last resort option for women who are not allowed to use contraceptives -either by cultural norms or legislation- but who cannot afford to have any more children.

At the same time however, undemocratic forms of government that don't guarantee women's rights are unwilling to protect women from this dangerous procedure. And it is the combination of a misogynistic culture and an authoritarian form of government that create pronatalist policies. In this environment, long-held ideals placed on womanhood and child bearing of a culture are more influential in legislative decisions than the voice of women. As was the case with Chile, the form of government in place merged with teachings of Catholicism embedded in the culture to limit the options available to women who wished to control their number of children. The Pinochet administration abided closely by the teachings of the Church, "the idea of women's bodies as the providers and protectors of life was exacerbated by the conservative sectors involved in the 'refoundation' of the nation," (Acuna et al., 2005, p.158). This demonstrates the tremendous influence culture has not only on society but in political matters as well. And the specific pronatalist policies enacted under Pinochet should serve to illustrate the effects a culture based on unequal gender roles have in the area of family planning. Policies within Chile's borders made sure women had no available contraceptive methods and guaranteed the punishment of women who didn't abide by the pronatalist policies. Unfortunately what this did was to increase the number of women undergoing abortions and ultimately the number of women opting for the newly invented sterilization using Quinacrine pellets. The number of women dying due to back -street abortions in Pinochet's Chile after enforcement of anti-birth control laws was the ultimate consequence of the combination of three main factors: anti-democracy, patriarchal culture, and socioeconomic levels. This phenomenon can and was repeated in various least developed countries with similar characteristics such as Vietnam, Cambodia, etc.



These should serve to exemplify the dangerous situation generated for women by population policies without women's rights.

What we stand to learn from the Chilean case is the detrimental consequences of implementing family planning policies without full encompassing women's rights. And women's emancipation cannot be accomplished without democracy, "to be denied control over reproduction or sexuality is to be denied full personhood," (Rayas, 1998, p.26). In regions that don't allow rights for women, family planning policies will ultimately lead women to choose between having more mouths to feed and their health. This should be of concern not only to women but to all who wish to help others lift themselves out of poverty. How can women be expected to take control of their economic means if they're unable to choose if and when to have children? The ability to manage family size is vital for women who long to escape poverty.

### **Acknowledgements**

This research project would not have been possible without the support of many people. I wish to express my sincere gratitude to my mentor, Dr. Liesl Haas, for her tremendous support and guidance. This article would not have materialized without her unfailing encouragement. I would also like to express my love and gratitude to my family for their unconditional support. I would not be where I am in my academic career without my father's guidance. Finally, I am grateful for all those who make the McNair Program possible for giving me this opportunity. I am truly grateful to all who have contributed to my academic development.

## Works Cited

- Acuna, M. E., Webb, M. (2005). Embodying memory: women and the legacy of the military government in Chile. *Feminist Review*, 79, 150-161.
- Bose, S. & Trent, K. (2006). Socio-demographic determinants of abortion in India: a north-south comparison. *Journal of Biosocial Sciences*, 38, 261-282.
- Dyer, O. (1995). Chile stops controversial sterilisation. *BMJ: British Medical Journal (International Edition)*, 310(6978), 488.
- Hord, C., David, H. P., Donnay, F., & Wolf, M. (1991). Reproductive health in Romania: reversing the Ceausescu legacy. *Studies in Family Planning*, 22(4), 231-240.
- Hussain, S. (2001). Do women really have a voice? reproductive behavior and practices of two religious communities. *Asian Journal of Women's Studies*, 7(4), 29.
- Hyoung, C. (1997). Fertility control, reproductive rights, and women's empowerment in Korea. *Asian Journal of Women's Studies*, 3(1), 103.
- Kottow, M.H. (2002). Who is my brother's keeper? *Journal of Medical Ethics*, 28, 24-27.
- Lush, L., Cleland, J., Lee, K., & Gill, W. (2000). Politics and fertility: a new approach to population policy analysis. *Population Research and Policy Review*, 19, 1-28.
- Mudur, G. (1998). India to ban female sterilisation with malaria drug. *BMJ: British Medical Journal (International Edition)*, 316(7136), 958.
- Ordovery, N. (2003). *American eugenics: race, queer anatomy, and the*

*science of nationalism*. Minneapolis, MN: University of Minnesota Press.

Rao, M. (1998). Quinacrine sterilization trials: A scientific scandal?. *Economic and Political Weekly*, 33(13), 692-695.

Rayas, L. (1998). Criminalizing abortion: a crime against women. *NACLA Report on the Americas*, 31(4), 22-26.

Rossier, C. (2007). Attitudes towards abortion and the contraception in rural and urban Burkina faso. *Demographic Research*, 17, 23-58.

Shallat, L. (1995). Business as Usual for quinacrine sterilization in Chile. *Reproductive Health Matters*, 3(6), 144-146.

Waylen, G. (1992). Rethinking women's political participation and protest: chile 1970-1990. *Political Studies*, 40(2), 299-314.

Young, T. (1999). Quinacrine: Sterilizing the poor. *Off Our Backs*, 29(9), 5.