

An Open Secret: The History of Unwanted Pregnancy and Abortion in Modern Bolivia. Natalie L. Kimball. New Brunswick: Rutgers University Press, 2020. xiv + 351 pp. \$43. Ebook ISBN: 9780813590752.

Natalie Kimball's *Open Secret* is one of the few books that offers a historical perspective on how low-income indigenous and *mestiza* women have experienced unwanted pregnancy in Latin America. It covers the period since the 1950s, setting women's testimonials against the history of state efforts to regulate reproduction in Bolivia. It shows how women have attempted to control their fertility and navigate the complexities of their reproductive lives, often crossing legal boundaries and relying on alternative, informal and illegal services.

Kimball writes knowledgeably about Bolivia, a country she has been researching at different times over the course of her adult life. She presents the findings of fieldwork carried out in La Paz and El Alto, highland cities with poor and indigenous populations, many living in informal settlements. She draws on a wide variety of sources, primary and secondary, including some seventy interviews with a range of informants: medical practitioners, traditional healers, midwives, and herbalists as well as ordinary women. These testimonials provide a rich and often harrowing insight into the practices and beliefs that surround pregnancy and shows how they have changed over half a century. Three thousand personal medical records from three public hospitals were also examined to understand what happened to women who sought clinical follow-up care after an abortion or miscarriage.

The book is organised into six chapters with an introduction that sets out the research context providing a vivid picture of life for low-income women in these two urban cities. Chapters 1-3 cover, respectively, the history of official policy towards fertility control, the social norms that prevail in rural and urban Bolivia concerning women's sexual conduct and expectations of motherhood, and how and why women make their decisions over pregnancy. The two chapters that follow chart changes in medical practice and attitudes in two periods, the 1950s to the 1980s, and from 1982 to the present. The last chapter discusses the current position with regard to Bolivia's laws on abortion, the gap between law and implementation, and how providers and users of abortion work around the law in La Paz and El Alto.

On the basis of her research Kimball makes a number of important points. The first is that in a context where national data shows that up to a third of pregnancies are unwanted, women in Bolivia have sought ways to deal with unwanted pregnancies despite restrictions, prevailing social norms, and their own beliefs. How they do so depends on where they live. In the highlands of Bolivia, indigenous women have long used a range of abortifacient methods, in most cases apparently without strict social sanction. Some of these methods were safe and successful, others not, but indigenous healers did enjoy the trust and confidence of the women they served. This was not true of mainstream medical service providers most of who were concentrated in towns. A history of racist attitudes and patronising treatment of indigenous women, their culture and their healers, has only begun to change in recent decades.

A second point concerns state regulation. More punitive regulation concerning reproduction is a modern phenomenon. For most of the twentieth century states passed or maintained laws making terminations illegal. Yet despite Latin America's reputation for strict anti-abortion laws, in Bolivia, few women were brought to trial under the law, due in part to the complexity of proving cases, and the preference of police for bribes. Gradually through the 1980s and 1990s, thanks to feminist activists and civil society allies, laws were slightly modified, attitudes relaxed, and safer semi-legal terminations became available, at least to urban women. The first legal abortion was carried out in 1998 when terminations were permitted under certain conditions such as rape or incest, or if the life of the woman was endangered. As for improvements in methods, DNCs (dilation and curettage) came to be widely practiced in the 1980s, followed by a safer vacuum method in the 1990s. More recent times have seen the wider availability of chemical abortifacients such as Misoprostol. Even so, many poorer women remained unable to access these measures, either on account of cost or simply not knowing about them, preferring to resort to customary practices such as herbal teas and vaginal suppositories. Race, age, and gender all played their part in determining what options, if any, were open to women. However, an important change occurred since the 1990s with efforts to reconcile indigenous health practices with modern medicine as part of a wider attempt to tackle discrimination against indigenous people.

A third observation made by Kimball is that those who were able to terminate unwanted pregnancies mostly did so for economic reasons or because they lacked the support of a stable partner. Women's attitudes to their unwanted pregnancies were largely of resignation, few were content with their experiences of sex and pregnancy, and most did not feel they had the power to make decisions. Kimball argues that the idea that women had reproductive "choice" is misleading since as one informant expressed it, her abortion resulted from being "obligated" by circumstance. Women's agency over reproductive matters were circumscribed in a whole number of ways: by poverty, by fear of partner's violence or threats of abandonment, or fear of the procedure in a context where reliable information was absent and where safe methods could not be reliable. What seemed to make the difference between women who kept their unwanted pregnancy and those who acted to terminate it, was knowing someone who could offer help – a sister or friend or contact with a medical practitioner. And significantly, most women disagreed with abortions but accepted that they may be necessary sometimes, a pragmatic view that has been described as a "double discourse." Yet, however pragmatic women's attitudes could be in the face of their constraints, those who had aborted spoke of the burden of guilt that they bore for doing so.

Kimball's book offers a rare insight into the most intimate details of women's lives, through their own testimony of their experience. It is carefully and sensitively researched and provides a wealth of detail on the social norms, practices, and laws and around reproduction. The shifts in law and attitudes over half a century, brought by activists, went along with changes in popular attitudes towards terminations and the methods resorted to. While there has been some progress in expanding the options available to women, abortion remains a taboo issue, and the consequences of illegality and poor services fall mainly on the most deprived. Overall, reviewing

the unsatisfactory policies that prevail on maternal health Kimball concludes that it suits governments to maintain the current combination of repressive laws along with limited measures aimed merely at mitigating some of their worst effects.

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