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Protecting, empowering or penalizing motherhood? The contradictory treatment of women in Chilean social policies

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Abstract

This paper contributes to the growing discussion of gendered social policy in Latin America. Yet while attention has focused on the Chilean case and the gendered impacts of social policies, few studies have provided a comparative analysis of how the articulation of gender through motherhood differs across social sectors. Furthermore, most of the existing discussion of social policy, gender and motherhood has focused on public provision, but given the growing role assigned to the private sector in service provision, applying a gender lens here is also critical. To fill this gap, we include a discussion of the private sector in health in Chile and draw attention to the roles of both public and private social policy actors. We contrast the case of the health sector with the examples of housing, and labor market policies to demonstrate that the framing of motherhood in Chilean social policies is not uniformly articulated. We categorise each of these articulations in a way that best captures what type of attitude to motherhood is most prominent within the policy discourse. We note the diverse and contradictory nature of gendered narratives and practices across the sectors and argue that it still predominantly shapes women's access to social policy.

Introduction

Unequal access and entitlements to social welfare plays a significant role in shaping gender inequalities in a range of social institutions including families, the community, the market and the state (Goetz, 2007). However, as the Chilean case examined here demonstrates, expansion of social protection does not necessarily guarantee increased gender justice. Chile has been widely praised for its progress towards universal access in social protection and its innovative social policies and reductions in poverty levels (CEPAL, 2014 & 2019), but persistent gender inequalities remain. The UN Committee on the Elimination of all forms of Discrimination against Women have expressed concerns about the discriminatory gendered roles in Chilean society that impede further progress in gender justice (2018, point 20), and women are more likely than men to live in poverty due to a possible gender bias in poverty reduction policies. Data shows for example that nearly 20 percent of women lack their own income compared to only around 9 percent of men. Moreover, regional data shows that for every 100 men living in poverty across Latin America, there are 113 women in LA. For Chile this figure rises to 131 women for every 100 menⁱ (CEPALSTAT, 2020).

In line with global trends (UN Women, 2019), changes in the realities and practices of family life have occurred in Chile over the last few decades. There has been a decrease in marriage rates and increase in cohabitation, divorce and out-of-wedlock births, and families are more varied and heterogeneous (Palma & Scott, 2018; Ramm & Salinas, 2019). However, as in other contexts, the impact of these shifts on gender roles remain limited (UN Women, 2019). A normative ideal of a traditional nuclear family has been part of how Chileans see families, where, as Thomas argues, 'women are seen as wives/mothers who nurture the family and take care of the home' (2011:6).

A traditional understanding of motherhood is part of this ideal, and attitudes to women's moving away from traditional gender roles tend to be negative (Franceschet et al., 2016: 14; Ramm, 2020a). Motherhood is praised and linked to a sense of moral superiority and self-sacrifice, but in reality women have a heavier care burden of care and less access to resources and power (Amarante and Rossel, 2017). These assumptions are reproduced by public policies that assume that 'traditional' idealised family and heteronormative structures and relationships between family members prevail (Molyneux, 2006). Women's roles as mothers are assumed in public policy design, that not only conflates women with motherhood, but also that women take on all unpaid care work (Michel, 2012).

There has been previous research on the gendered nature of Chilean social policy which to date has mainly focused on sexual and reproductive rights, maternity leave, childcare, women's political participation and social movements (Gideon, 2014; Hutchison, 2001; Pieper Mooney, 2009; Ramm and Gideon, 2020; Roseblatt, 2000; Staab, 2012; Tinsman, 2014). This paper also looks at the gender impact of social policies, with a focus on the bias that equals women to mothers, by asking how far this reliance on motherhood is reinforced or challenged by current policy arrangements. We have selected three areas reflecting our academic expertise: health, housing and laborⁱⁱ. By employing a comparative perspective we show that while the state promotes an almost singular focus on women in their maternal role across diverse sectors, the specificities of each social sector, including the corresponding role of the public and private sector within each of these social sectors, gives rise to a series of both anticipated and unanticipated consequences. Moreover, given the growing role assigned to the private sector in service provision (Gideon and Unterhalter, 2020; Romero and Gideon, 2020), we argue that extending a gender lens to the private sector alongside the public sector is also critical.

First, we justify our choice of the Chilean case study before reviewing existing literature on gender, motherhood and social policy. We demonstrate that despite a prominent focus on motherhood across the three sectors, it is possible to identify a distinctive articulation of motherhood within each sector. In the area of public housing we conclude that mothers are seen as ‘weak and dependent’, as lone mothersⁱⁱⁱ are eligible for benefits because they lack a male breadwinner. Several government labor market policies also see mothers as weak and needing protection, but policies are aimed at their empowerment through their labor market participation, without redistributing the unpaid care work that is still needed. In both sectors, policies are driven by a concern for children rather than mothers, since improving housing and increasing family income is seen as a means of improving children’s wellbeing. In contrast, within the private health sector, we identify what we term a 'praise it, but pay for it' approach to motherhood. On the one hand, there is a discourse that advocates for the sanctity of motherhood to oppose women's right to abortions and free and easy access to birth control. On the other hand at the practical level, female users of the private health care system have to pay more than male users, due to their reproductive health needs.^{iv} As discussed below, private health insurers introduced during Pinochet’s dictatorship (1973-1990), are based on gender discrimination as they are legally entitled to charge in a differentiated way, according to gender and age (Gideon, 2014). Finally, we draw some conclusions, highlighting the contradictory relationship between social policies and motherhood in Chile.

Why Chile?

Chile’s elite has fully embraced globalisation and a free market economy, but the same elite that travels across the world engaging aggressively in business is, locally, extremely parochial, and will passionately defend views that are frozen

in 19th-century rural society and universally challenged in the modern world^v.

(Jose Miguel Vivanco, Human Rights Watch, The Guardian, 16/8/17).

This quote captures the contradictions in Chilean society. Market liberalism is deeply embedded in combination with social conservatism, in particular among the economic elite (Correa Sutil, 2016: 886). Indeed, it is these conflicting features that most likely fuelled the explosion of social unrest that started on the 18th of October 2019 (Bartlett, 2019). Chileans took to the streets to express their rage over 30 years of post-authoritarian social and political stability, underpinned by deep social inequalities. More recently, the COVID-19 pandemic is deepening and exposing these inequalities as never before, with concerns being raised around the immediate and longer-term gendered impacts particularly in relation to health, work, the unpaid care burden, and housing (Wenham et al., 2020).

Chile's current social protection system was framed by the right-wing and conservative military dictatorship. The dictatorship encouraged discriminatory practices and gender stereotypes as the basis of the regimes' idea of nationhood (Araujo, 2009; Pieper-Mooney, 2009). This is explicit in the regime's foundational documents such as the National Development Plan and the Constitution of 1980^{vi} (ODEPLAN, 1979), that combined a religious and traditional ideology of the family and traditional gender relations with neoliberal thinking and policies, creating a 'conservative synthesis' (Huneus, 2000), that combined neoliberal and traditional authoritarian policies. The 'neoliberal experiment' reduced the role of the state and privatized many social protection services and provided the conservative ideology that inspired the regime's authoritarian social policies (Huneus, 2000); promoting social protection as part of the private realm and the private sector, at the expense of public delivery and prioritized targeted rather than universal provision. As a

consequence, key social policies, such as pensions, education and healthcare were – and continue to be - stratified, reproducing social inequalities. Despite the return to democracy in 1990, the social protection system has not been significantly changed, in fact, recent evidence shows that in Chile income inequality has increased, making it one of the most unequal countries in Latin America (Atria, Flores, Sanhueza, & Mayer, 2018). In regional terms while Chile does perform well - for example the country has the highest Human Development Index (HDI) in Latin America, ranking 42. To compare, Argentina has the next highest HDI in the region of 48 while Guatemala and Nicaragua are ranked at 126 (UNDP, 2020a). Chile also scores well in the Gender Inequality Index, ranked 41, compared to Cuba ranked at 44 and Nicaragua at the upper end of the spectrum ranked at 132 (UNDP, 2020b). Women's participation in the labor market has increased over the past decade but at just under 50 percent it remains below the regional average (World Bank, 2020). Yet despite these indicators it is important to remember that Latin American states are highly unequal and some aspects of modernity have only reached a few countries (Blofield, 2011; Hoffman and Centeno, 2003). Indicators used at national level hide significant inequalities amongst and within countries, amongst social groups and geographic locations.

Moreover, in Chile indicators of sexual and reproductive rights are lagging behind with high levels of teenage pregnancies (7.2% of 15 to 19-year olds) (Observatorio de Igualdad de Género, 2020) and unmet needs in relation to contraceptive access and safe abortion (c.f. Casas 2009, 2014). Violence against women is also widespread, for example, 42 in every 100,000 women in Chile have been victims of violence by their partners; in Argentina this figure reaches 163 for every 100,000 women whereas in Costa Rica the rate is lower at 17 per 100,000 women (CEPALSTAT, 2020)

Theorising women's access to social policies in Latin America

Discussion of the gendered origins of the welfare state first gained ground in the 1980s and 1990s with much of this work drawing on examples from Europe and the US (Bock and Thane, 1991; Gordon, 1990). Across much of Western Europe, welfare systems evolved around the idea of the 'male breadwinner' (Lewis, 1992; 2001). Within this model, the organization between reproductive and productive work was considered 'natural' and based on sex differences, where a male 'breadwinner' is responsible for paid productive work and women are the unpaid carers (Lewis, 1992). Through their labor market participation, male workers gain entitlements to a range of state benefits that are then shared with their family. Women provide care, supported by a set of 'maternalist' social policies to fit in with this arrangement (Jenson 2008). The state reinforces these gender relationships in the workplace, household and in the relations between men and women.

In 1996 Diane Sainsbury published an important riposte to debates around the male breadwinner model. She argued that women's social entitlements as mothers and caregivers was rarely acknowledged in analyses of welfare states and warns that these entitlements should not be compounded with women's entitlements as wives. Separating out women's entitlements in this way allowed for a more nuanced analysis of family benefits within male breadwinner state. She highlighted the UK welfare state where family benefits were framed around the principle of care and therefore benefits were assigned to mothers. In contrast, within the Dutch model, family benefits were based on the principle of maintenance which are assigned to fathers thus meaning women's entitlements are based on their dependent status as wives.

By the late 1990s, the organization of families and the labor market has shifted. The workforce was no longer primarily composed of men, gradually changing the traditional male breadwinner model to the 'dual-earning' or as Lewis (2001) calls it, the 'adult worker' model. In this model, women were expected to participate in the workforce while 'reconciling' work and family responsibilities (Jenson 2015). Yet, women's employment was not necessarily a means of achieving gender equality and no attention was put into questions of unpaid care work (Daly, 2011; Jenson, 2015; Jenson, 2019). Women's access to employment has involved a 'double shift' of paid work and unpaid care work, bringing in family tensions and time poverty for women, as social norms and attitudes have been slower to adapt (Goldscheider et al., 2015).

Similarly, studies have demonstrated how gender has played an integral part in the formation of welfare policies across Latin America (c.f. Dore & Molyneux, 2000; Guy, 2009; Lavrin, 1995; Martinez Franzoni and Voorend, 2011; Nagels, 2018; Sanders, 2011). Historical analysis of women's access to social policy benefits reveals that in Latin America mothers were among the first to be recognised as social policy claimants (Goldsmith Weil, 2020; Molyneux, 2006; Pieper Mooney, 2009; Zárate Campos, 2020). However, mothers had to be legally married (i.e. a 'proper' mother) to qualify for benefits and unmarried mothers were eligible only in exceptional cases. Moreover, mothers were eligible to receive benefits in the interest of their children rather than as recognition of women's human rights.

In addition, from the onset only formal workers were entitled to receive social benefits, as eligibility was -and still remains- mostly based on contribution, reinforcing socioeconomic inequalities (Blofield and Martínez Franzoni, 2014). It should be noted that many women in Latin America are more likely to be located in the informal economy and/or

not to be formally married, thus lacking access to social protection benefits linked to either formal employment or formal marriage envisaged in these models.

To date, motherhood ideals remain embodied in a wide range of social policy initiatives across the region (Jenson, 2019). As Molyneux argues, resources channelled to women are expected to translate into greater gains in well-being for children and the family (2006: 439). While Molyneux recognises the limits of mothers' role as the conduits of social policy, it is also important to acknowledge that despite reproducing gender inequality women's maternal identity can also bring about greater power or autonomy to women. In conservative contexts motherhood is probably the only legitimate identity for women to be acknowledged in the public sphere (Ramm and Gideon, 2020; Ramm, 2020a).

Drawing on the European experience, Pribble (2006) examines gendered welfare regimes in Latin America, specifically focusing on the cases of Chile and Uruguay. Pribble modifies Sainsburys' analysis of the male breadwinner model to examine three distinct policy sectors in the two countries: childcare, family allowance and maternity leave. Her analysis reveals a much stronger male breadwinner bias in the Chilean case compared to the Uruguayan case and contends that this is a consequence of a number of inter-related factors – the level and nature of women's labor force participation, women's mobilization to demand rights, the nature of the party political system, the impact of the military government and the strength of policy legacies. As our analysis below demonstrates, Pribble's analysis remains highly pertinent more than a decade later.

The work of Chant and Sweetman (2012) is also significant. They chart the rise of 'smart economics' where 'investing in women' is believed to produce better outcomes and has been incorporated into the work of development organizations and international financial institutions, most notably the World Bank. Although smart economics promotes the

importance of girls' education and training for the labor market, it is also underpinned by the idea of women's caring role and maternal obligations. Here too women are viewed as self-sacrificing mothers who prioritize the wellbeing of their children and dependents over their own. This discourse actively 're-traditionalises' the altruistic and maternal role of poor women of the Global South (Roberts, 2015), intensifying the 'feminization of responsibility and/or obligation' while leaving socially constructed masculine behaviour intact (Chant, 2006).

How have these processes have played out in the Chilean housing, labor market and private health policies? We demonstrate that, even after the democratic transition of the 1990s, policy and ideological legacies as well as the historical relation between motherhood and the state, have undergone some changes but at the same time, some trends remain untouched.

Housing: Mothers as weak and dependent

The housing sector offers an example where technocratic and feminist discourses in Chile have both played a role in pushing for housing for lone mothers. Women's housing struggles in Chile have followed conventional gender roles, using the argument that women cannot perform their duties as mothers and housewives without a home. They need a place to raise her children and tend to their husbands, while having a home is also linked to being a 'proper' family. Lower- class women have been at the forefront of housing struggles, drawing on their role as mothers to justify their demands, but until the beginning of the twenty first century lone mothers were excluded from state housing programs (Ramm, 2020b).

By the end of the twentieth century, as part of wider neoliberal reforms in the social protection system, the Pinochet dictatorship (1973-1989) introduced a system whereby

housing subsidies were awarded through a needs-based assessment. Given the association between neoliberalism and neo-conservatism at this time, Chilean technocrats avoided developing policies that would benefit families who did not conform to conventional social norms. This meant that lone mothers were awarded fewer points than families headed by married men, reducing their chances of getting housing subsidies (Ramm, 2020b).

After the return to democracy in 1990, the centre-left *Concertación* government adopted a less orthodox neoliberal approach and social spending was increased. Women and other vulnerable groups were given special attention (Schkolnik, 1995). The housing sector started to shift towards a more open approach to unmarried mothers and their children. Between 1990 and 2000, women's access to housing subsidies experienced a significant increase and marriage became slightly less relevant in terms of eligibility. This shift increased after 2000, when a new housing subsidy programme was introduced, the Housing Solidarity Fund (*Fondo Solidario de la Vivienda* - FSV). The FSV radically altered the historical trend of married male heads of households as the recipients of housing subsidies, and women became the largest number of beneficiaries of this housing subsidy. Thereafter, during Michelle Bachelet's first presidency, single women overtook married women as FSV recipients. This trend continued even during the centre-right presidency of Sebastián Piñera (Ramm, 2020b).

Concertación technocrats working in the 1990s and 2000s were less conservative than those under the military regime and they did not believe in an idealized conservative model of 'the family', but recognized different types of families (Montecinos, 2001). Moreover, the main priority of *Concertación* governments was poverty reduction and therefore social policies that supported low income women, even lone mothers, were acceptable. However, support for women in need continued to work within a framework of conventional gender

roles. The *Concertación* took up 'social investment' ideas, seeking to invest in children as a means of ending the intergenerational transmission of disadvantage.

Evidence shows that low-income women, took advantage of this new focus on lone mothers, who 'lacked' a male breadwinner. In fact, many low-income mothers, who were not married but did have a male partner, for example through cohabitation, reported themselves as lone mothers. De facto cohabitation in Chile is not considered a civil status, so many cohabiting women are legally single. Thus low-income mothers took advantage of the state's inability to recognize and detect informal forms of coupling, such as de facto cohabitation. In this way, low-income mothers have showed great agency in navigating the system to end up with housing (Mideplan, 2010; Ramm, 2016).

Ramm (2020b) suggests that while Chilean male technocrats tolerated support to poor mothers, they did not push for changing social provisions to benefit them. However, the social investment approach and its emphasis on children most likely, pushed mainstream technocrats to target vulnerable children of lone mothers. In addition, Chilean feminist bureaucrats ('femocrats'^{viii}) also sought to support underprivileged women (i.e. families of lone mothers). Therefore, post- authoritarian technocrats and femocrats coincided in targeting lone mothers and their children because they are seen as a vulnerable group.

These policies that encouraged women to become homeowners represent a reversal of historical homeownership patterns (Ramm, 2020b), involving significant gains in relation to female economic autonomy. From a gender perspective, access to homeownership involves greater residential autonomy, and more resources to deal with issues such as domestic violence. Homeownership enables women not to be forced to live with a male partner if they no longer wish to do so. However, housing policy never highlighted the issue of increased female autonomy but rather targeted those in need, including lone mothers. This

analysis highlights the inherent tensions associated with motherhood, which can be used to increase women's autonomy while simultaneously failing to challenge conventional gender roles, as women are only allowed greater autonomy within the domestic realm.

Labor policies: 'empowered' but weak and dependent mothers

Our analysis of women's rights within labor market policies suggests some parallels with the housing sector. Here too mothers are depicted as weak and dependent, but there is an assumption that women are empowered through their labor market participation. Moreover, women are expected to combine paid labor and unpaid care work while men remain without care responsibilities (Cornwall et al., 2007; Chant and Sweetman, 2012; Chant, 2016).

Strong gendered norms and beliefs have kept women out of the labor market across Latin America. Women currently make up 49.4 percent of the total Chilean labor force (World Bank, 2020). Gender discrimination has also produced a gender wage gap across all sectors of the labor market (Ramírez and Ruben, 2015) and the Chilean labor market remains highly segmented by gender (INE, 2015). Early 20th century Chilean social reformers considered women's work as

‘the clearest health risk and [...] a threat to the continuity of the race [...] female workers symbolize the worst excesses of industrial capitalism’ (Mauro et al., 2009: 285).

Chile's political elite argued that family disorder and undernourished children were direct consequences of women's workforce participation (Valdés, 2005). Women were condemned for 'abandoning' their homes, and the challenge of balancing paid work with childcare responsibilities was considered a woman's problem (Mauro et al., 2009). Successive rounds of legislation reinforced these views the Labor Code, introduced in 1931 (Hutchison, 2001).

After the 1973 military coup, the regime focused even more on women's primary role as mothers, yet women's participation in the workforce increased. Pinochet's economic ambitions expanded agricultural and fishing exports, creating new opportunities for women's workforce participation (Tinsman, 2014) but this work was and, still is, low paid, unstable and insecure (Valdés, 2014 PNUD, 2010). Nevertheless, female employment started to increase substantially by the end of the dictatorship and Chilean women became massively involved in paid employment in the 1990s. This increase in female employment was driven by economic growth, and the expansion not just of agricultural and fishing exports, but, more importantly, of the service sector (PNUD, 2010).

Post 1990, successive governments, sought to increase women's labor force participation, targeting low income mothers and female head of households. Recent analysis (de la Cruz, 2020) suggests that while these initiatives have made some inroads into addressing socioeconomic inequalities, they fail to challenge the gendered roles and unpaid care responsibilities that constrain women's participation in the labor market. These policies not only reinforce women's maternal role but add to their workload by channelling them into low paid, unsecure forms of paid work. The analysis shows that although the programmes did aim to apply a gender lens, these plans fell short in its implementation. For example, women were the main beneficiaries of the 2014 *Más Capaz* (Better skilled) programme. Although it offered access to nursery for preschool children or vouchers for home-based childcare, many women did not use the benefits because the funds were insufficient to cover the costs. Furthermore, many activities occurred after 5 PM making it difficult for women to attend given their unpaid care responsibilities (de la Cruz, 2020). Similarly, the cash transfer programme *Bono al trabajo de la mujer* (voucher for working women), initiated in 2012, targets working women providing a voucher of up to 20 percent of a mother's salary over a

four-year period on condition that women meet the programme requirements. The requirements include ensuring children have an 85 percent school attendance rate and undergo required health checks. Although the programme is – at least according to the title - one that is targeted at working women, in reality it is aimed at children’s wellbeing and is reliant on women workers’ role as mothers to secure it. Yet in doing so it not only excludes women who are not mothers, but also women who have other caring responsibilities that do not include children, and fathers.

These, and other several labor policies, exemplify labor policies which apply a narrow lens to women’s labor force participation: only looking at how to address and /or rely on women’s unpaid care work towards their children. They do not challenge gender roles and social norms around women’s unpaid care work that hinders women’s initial access to formal employment, nor do they recognize the complexity of care or seek to extend caring roles to other (male) family members. Yet women’s care burden can extend long after children reach school age (Vives et al., 2018) and elder care often exclusively falls on women. Moreover, it is these caring responsibilities for older family members that are central in removing women from the labor market and limiting their subsequent access back into it (Palacios, Ramm and Olivi, forthcoming).

Private healthcare: praise it and pay for it

In contrast to the housing and labor market sectors the private health sector demonstrates how motherhood is used most explicitly to constrain women’s access to certain rights, most notably access to sexual and reproductive health. Following the introduction of private health insurance companies, the ISAPRES, in 1981, Chile has a mixed public-private health care system that includes public insurance through the National Health Fund (FONASA)

operating alongside the ISAPREs. Around 78 percent of the population are covered by FONASA, 18 percent are members of the ISAPREs and the remaining population are covered by specialist insurance schemes (OECD, 2019). Within this mixed health system, practices about motherhood are complex, and demonstrate that the distinct roles of the public and private sectors are often closely intertwined. The significance attributed to motherhood can be traced back to the early twentieth century when women's inception into the public health system was contingent on their role as mothers and they were assigned responsibility for the health and well-being of their children (Gideon, 2014; Pieper-Mooney, 2009). This framing continues to shape women's access to health care as evidenced in current welfare programmes, notably *Chile Crece Contigo* (Chile grows with you), which depend on mothers' inputs to reach a series of children's health and developmental milestones and outcomes.

Nevertheless, within the health sector the lack of consensus about provision for women's reproductive healthcare, notably around pregnancy and childbirth, remains strong. Most private health providers are linked to conservative business elites, and they rely on women's roles as mothers to oppose progressive policies in sexual and reproductive issues, in particular policies to decriminalize abortion and ensure comprehensive sexual and reproductive rights (Alvarez Minte, 2020). Overall, we argue that these diverse processes come together to produce a framing of motherhood as one of 'praise it and pay for it'. Attention has been given elsewhere to how ideas around motherhood are played out in the public health sector (Alvarez Minte, 2020; Pieper Mooney, 2009; Zárata, 2020), therefore we predominantly focus our discussion here on the private sector. Nevertheless, given that the majority of women are registered in the public system it is important to note that here too women's mothering role is also 'praised' while access to sexual and reproductive health care

and rights remains limited (Gideon and Alvarez Minte, 2016). Challenges to these curbs on women's reproductive rights have had some success, for example Bachelet was eventually able to introduce legislation ensuring universal access to emergency contraception (EC) in the public health system and in 2017 the decriminalization of abortion in three cases. However, despite reform to improve universal access to a wider range of health care services, evidence suggests that even where women do not rely solely on their role as mothers to access health services in the public sector they are frequently assigned secondary status, facing longer waiting times to access services compared to men (Mondschein et al., 2020). Moreover, preliminary findings suggest these gender disparities have increased in the context of COVID-19 (Pacheco et al., 2020).

Given the cost of a health insurance plan in the private sector, as well as the gender gap in wages, women are more likely to be registered in the public system – only around 35% of private sector plans are held by women in their own right (Sánchez, 2016). Nevertheless, around 60% of registered dependents in private health plans are women meaning that they are only entitled to services via their male partner's plans (Sánchez, 2016). A particularly problematic policy when viewed through a gender lens was the introduction of health care plans commonly termed 'without uterus', i.e. with no coverage in case of pregnancy within the ISAPREs, as these placed the economic burden of childbirth onto individual mothers (Gideon, 2014). Although 'plans without uterus' are now outlawed, discrimination remains and women of reproductive age are still frequently charged up to three times as much compared to men for their health insurance plans in the ISAPRES^{viii}, despite a Supreme Court in 2010 ruled it out (Martínez-Gutiérrez and Cuadros, 2017). Analysis from the health regulator, the *Superintendencia de Salud* found that in 2017 at age 35 women paid around US\$145 per month for their health plan while 35-year-old men only paid around US\$88 per

month (Sánchez, 2019: 28). In April 2020 new legal modifications (Circular IF No. 343) were introduced that mean that eliminated these differences with the introduction of new risk tables but the rules only apply to women taking out new plans and these do not always offer the same level of coverage as previous plans. However, in 2021 this will be extended to all women.^{ix}

Moreover, many ISAPREs companies now sell plans to women which limit the amount of coverage offered around the cost of birth and abortion. This on-going gender-differentiated pricing structure clearly shows the in-built gender bias of the ISAPRES themselves and their power to resist change and respond to attempts to regulate them (Gideon and Alvarez Minte, 2018). Although a small proportion of women overall are covered by the ISAPREs rather than FONASA this does not mean that the gendered impacts of private health provision should be overlooked. Moreover, it highlights how even having access to financial resources does not allow wealthier women to pay their way out of gender biased social policies.

During healthcare privatization ISAPRES have become a powerful political interest group (Ewig and Kay, 2011). The introduction of business interests into the health sector facilitated the influence of the conservative discourse around motherhood that continues to shape women's access to reproductive healthcare services in the sector. The conservative ideology of the pro-life business groups relies on an essentialist idea of gender roles. This has resulted in the paradoxical practices that put the cost of maternal health and childbirth labor on to the women, at the same time is restricting women's reproductive choices by lobbying against legislation on abortion, sex education and access to contraception (Alvarez Minte, 2016). Conservative groups with links to private service provision have challenged distribution of Emergency Contraception (EC) because it could be abortive therefore against

the constitutional principle that protects the life of the unborn and on the pre-eminence of the role of women as mothers (Alvarez Minte, 2016). With financial backing from conservative business elites, pro-life groups formed a consumer organization to target pharmaceutical manufacturing companies that resulted in withdrawal of one manufacturer from the market and blocked distribution channels, preventing the compound from distribution in the public health sector. Three of the dominant pharmaceutical chains in Chile - Salcobrand, FASA and Cruz Verde - stopped selling EC, although it had previously been available over the counter (Alvarez Minte, 2020). Despite this resistance from pro-life groups, the legislation passed but was not evenly implemented across the country and in some instances local, predominantly conservative mayors constrained efforts to stock the pill (Alvarez Minte, 2016 & 2020; Nuevo-Chiquero and Francisco, 2019).

Given the clandestine nature of abortion in Chile there are no confirmed figures, however, the Chilean Institute of Reproductive Medicine suggest that around 33,000 women annually end up in hospital with complications resulting from abortions. Practices around abortion are shaped by class, where economic resources guarantee access to safer abortion with Misoprostol and in private clinics, often outside of Chile, where women can buy contraception directly from providers (Casas and Vivaldi, 2014; Freeman, 2017). The free distribution of EC was the outcome of an intense legal battle where conservative groups consistently lobbied to prevent or at least limit the reform^x. The new law decriminalized abortion on three grounds: present or future endangerment of a woman's life; lethal foetal anomaly or malformation; and rape (Montero and Villarroel, 2018). The law also opened a strong debate about the scope and eligibility for the right to conscientious objection, not only for an individual, but also at the institutional level (Undurraga and Sadler, 2019: 1)^{xi}. In Chile pressure from conservative groups meant that finally the law allowed both possibilities of

conscientious objection^{xii}. However, since legal abortion in these three restricted circumstances was approved, several private clinics and health centres, in particular those related to Catholic universities, have registered as institutional objectors (Maira et al., 2019; Undurraga and Sadler, 2019). Indeed research reveals that since the law was passed in September 2017, among obstetrician-gynaecologists working in the 69 public hospitals in Chile designated to provide abortion services, 47 percent claimed CO status for cases involving rape, 27 percent for cases involving a fetal anomaly and 20 percent for cases in which the woman's life is at risk (Casas et al., 2020, forthcoming).

Conclusions

Our analysis has demonstrated how motherhood remains central in framing women's entitlement to social policies yet takes distinctive forms across and between social sectors. This creates both tensions and opportunities for women's access to social policy.

In Chilean housing policies conventional motherhood has shaped social policy as single mothers gained access to benefits as a result of their vulnerability or victimhood. Though historically in Chile low-income unmarried mothers have demanded access to housing precisely because of their greater vulnerability, these claims were only recently addressed. It was only when women's claims coincided with local and international technocrats targeting single mothers, as a way of tackling the intergenerational transmission of disadvantage, that they gained traction.

There are some parallels with labor market policies that draw on an assumption of the vulnerability of low-income mothers. Here this vulnerability is sought to be overcome by encouraging female paid employment. Yet normative ideals around motherhood that frame these policies mean that women's paid labor is encouraged in addition to women's traditional

unpaid labor, increasing, as Molyneux (2006) observes, women's obligations and responsibilities. Yet as a wide range of studies has shown this increased burden does not come without a cost. Consequently, women can be more susceptible to mental health issues compared to men given the stresses of combining paid and unpaid care work they endure, and this can continue over the life-course (Vives et al., 2018; González and Vives, 2019).

Another similarity between housing and labor policies is the declining relevance of marital status as a means of accessing benefits, pointing to some signs of progress. However, it seems that marital status has been replaced by a vulnerability and victimhood based approach, where motherhood is a marker for vulnerability, and women's ability to make demands is therefore limited to their role as mothers and carers, reinforcing wider concerns about the gendered nature of citizenship (Orloff, 1993).

The analysis of health policies is more complex as private and public health provision are so distinct. Despite opposition from conservative sectors, the public health system is advancing towards better provision for women in relation to their sexual and reproductive rights. Yet there is still a substantive debt in relation to the quality of health services, including childbirth and contraceptive provision. In contrast, the private health system offers a more contradictory picture. The Chilean economic elite, which remains highly conservative in relation to gender and family issues, controls most of the private health provision and has openly opposed every attempt to improve women's sexual and reproductive rights (thus 'praising' motherhood). However, in practice, private health provision is only accessible for those with enough means (to pay for it) and good health (to be accepted by it). Moreover, women pay higher premiums because of the 'risk' of becoming mothers. Yet if they are dependent on a male partner their health expenses are diminished. Therefore, in the private health system there is a clear double standard, as it is funded by an economic elite that praises

motherhood and opposes any advancement in women's sexual and reproductive rights, but simultaneously heavily discriminates against women due to their 'risk' of becoming mothers. Put simply, the conservative private health system imposes the condition of motherhood on women through its restrictive access to reproductive rights but fails to offer any support for actual mothers. In effect this reinforces the idea that motherhood is only a women's issue.

In sum our analysis shows that normative ideals around motherhood continue to shape social policies. Yet as we show, the implementation of these policies brings about contradictory outcomes – on the one hand encouraging mothers to enter paid work but at the same time to be 'stay at home' mothers, while conservative groups praise and, simultaneously, discriminate against mothers. Moreover, while targeting mothers might improve women's autonomy and empowerment, as in the case of housing policies, they also reproduce and re-embed traditional gender roles and mother's responsibility in unpaid care is relied upon by these policies. As our examples demonstrate, women only become deserving beneficiaries of key social policies if they are mothers. Delinking women from motherhood and unpaid care and domestic work is a long-standing feminist demand and our analysis confirms its ongoing relevance.

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ⁱ Latest available figures are from 2017

ⁱⁱ The paper draws on recent research projects and doctoral work of the four authors: interviews and data collection on Chilean labor markets and reproductive rights was conducted as part of doctoral research for authors X and X; the research on housing and the health sector draws on recent research projects conducted by authors X and X which included interviews and other forms of data collection.

ⁱⁱⁱ Many social policies in Chile are targeted to “lone mothers”, that is to female mothers without a male partner, as lack of a male partner indicates a higher risk of vulnerability. Yet in practice, only formal male partners, whether through civil marriage or civil partnership, can be identified by the state. Hence, many “lone mothers” might have an informal partner, for example, through cohabitation.

^{iv} 'Aborto: Colegio Médico alerta que al menos ocho clínicas serían objetoras de conciencia', <http://www.emol.com/noticias/Nacional/2018/03/27/900239/Aborto-colegio-medico-alerta-que-ya-8-clinicas-serian-objetoras-de-conciencia.html>, last accessed 18/10/18.

^v <https://www.theguardian.com/global-development/2017/aug/16/chile-abortion-ban-constitutional-tribunal-michelle-bachelet> (last accessed 18/6/19).

^{vi} This constitution remains in place today.

^{vii} After the dictatorship a growing number of feminists, mainly linked to leftist political parties, joined the state's bureaucracy and pushed for gender equality from within (Haas and Blofield, 2014)

^{viii} 'Gobierno apuesta a alza de tarifa a hombres para lograr igualdad en Isapres', *La Tercera*, 23 May 2018, <http://www.latercera.com/nacional/noticia/gobierno-apuesta-a-alza-de-tarifa-a-hombres-para-lograr-igualdad-en-isapres/177032/>, last accessed 18/10/18.

^{ix} <https://www.elmostrador.cl/braga/2019/12/12/la-letra-chica-detras-del-fin-de-la-discriminacion-a-la-mujer-en-los-planes-de-isapre/>

^x <https://blogs.lse.ac.uk/gender/2019/03/12/in-defence-of-women-anti-gender-campaigns-and-abortion-in-chile/>; <https://radio.uchile.cl/2017/06/13/comision-rechaza-indicaciones-que-eliminan-violacion-como-causal-de-aborto/>, last accessed 7/8/19.

^{xi} In some country contexts health care professionals are permitted by law to claim conscientious objection to providing a specific health care service leading to exemption from professional duty. A growing concern in Latin America and beyond is the use of conscientious objection as a means of limiting women's access to sexual and reproductive health care and rights (Casas, 2009).

^{xii} <https://blogs.lse.ac.uk/gender/2019/03/12/in-defence-of-women-anti-gender-campaigns-and-abortion-in-chile/>, last accessed 7/8/19.