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Résumé de l'article

Cet article propose un récit de violence obstétricale lors de procédures d'avortement au sein du système de santé mexicain. Au moyen de l'auto-ethnographie, l'auteure raconte et analyse son expérience personnelle afin de déterminer les implications sociales et politiques, ainsi que les intersections de genre et de classe sociale qui existent dans les soins abortifs financés par l'État. L'importance de cette question émane de l'émergence et du raffermissement de la lutte féministe dans la conquête des droits génésiques à la fois au Mexique et dans d'autres pays d'Amérique latine. En raison de sa rédaction auto-ethnographique, cet article discute du stress qui subsiste lorsque la décriminalisation de l'avortement, un objectif primordial du mouvement féministe, ne garantit pas que les femmes subissent cette intervention dans des conditions exemptes de violence, puisque la stigmatisation entourant l'avortement pourrait toujours prévaloir.

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Research

"I wish my mom was here."An Autoethnographic Account of Obstetric Violence in Mexican Healthcare Services

by Estefanía Díaz

Abstract: This article offers an account of obstetric violence in abortion procedures within the Mexican healthcare system. Through autoethnography, the author narrates and analyzes personal experience to identify the social and political implications, as well as the intersections of gender and class present in state-funded abortion care. The importance of the topic stems from the emergence and strengthening of the feminist struggle to conquer reproductive rights both in Mexico and in other countries throughout Latin America. As a result of the autoethnographic writing, the article discusses the tension where decriminalization of abortion—an important goal for the feminist movement—doesn't ensure that women can undergo this procedure in conditions free of violence, since abortion stigma might still prevail.

Keywords: abortion, autoethnography, obstetric violence, reproductive rights

Résumé: Cet article propose un récit de violence obstétricale lors de procédures d'avortement au sein du système de santé mexicain. Au moyen de l'auto-ethnographie, l'auteure raconte et analyse son expérience personnelle afin de déterminer les implications sociales et politiques, ainsi que les intersections de genre et de classe sociale qui existent dans les soins abortifs financés par l'État. L'importance de cette question émane de l'émergence et du raffermissement de la lutte féministe dans la conquête des droits génésiques à la fois au Mexique et dans d'autres pays d'Amérique latine. En raison de sa rédaction auto-ethnographique, cet article discute du stress qui subsiste lorsque la décriminalisation de l'avortement, un objectif primordial du mouvement féministe, ne garantit pas que les femmes subissent cette intervention dans des conditions exemptes de violence, puisque la stigmatisation entourant l'avortement pourrait toujours prévaloir.

Mots-clés: avortement, auto-ethnographie, droits génésiques, violence obstétricale

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"The act of telling a personal story is a way of giving voice to experiences that are shrouded in secrecy." (Ellis and Bochner 1991, 79)

A trip to Mexico City

5:30 a.m.

We arrive at the clinic in an Uber that drove us there from the bus station. It's still dark. The city, one of the biggest cities in the world, is still asleep. There is no traffic, so we get there in about thirty minutes. There are people already lined up at the door. The woman I spoke with on the phone said they only had ten spots available each day in this clinic, so I count the women that are waiting in line; there are six. I sigh in relief that my partner and I arrived in good time.

Introduction

In this paper I aim to analyze obstetric violence within state-funded abortion care in Mexico. I argue that violence remains integral to the provision of abortion care despite its legalization, since the legal status doesn't necessarily impact the stigma within society or the treatment provided by health-care workers (Kumar, Hessini, and Mitchell 2009). The following discussion shows how little attention is given to obstetric violence in abortion processes. As stated by the organization Women Help Women (WHW) (2017), the term obstetric violence is more associated with pregnancy and childbirth and, although violence and mistreatment during these procedures is a serious and very common violation of women's rights, it is also important to shed light on violence that women experience when seeking and undergoing an abortion.

Reproductive rights remain a central issue of the feminist agenda in Latin America. I argue that legalization of abortion care should perhaps not be the end point of the feminist struggle regarding reproductive freedom. More information is needed about abortion experiences even in those places where abortion is legal and provided by the state. As asserted by bell hooks,

> Ongoing discussion about the wide range of issues that come under the heading of reproductive rights is needed if females of all ages and our male allies in struggle are to understand why these rights are important. This understanding is the basis of our commitment to keeping reproductive rights a reality for all females. (2000, 30)

Method

In this article, I use autoethnography as a method to document my experience within an abortion care clinic in Mexico City. Through autoethnography, researchers seek to understand cultural experience by describing and analyzing personal experience (Ellis, Adams and Bochner 2010). Holman, Adams, and Ellis argue that authoethnographic writing does not consist only of writing for ourselves, but it also seeks to offer reflection and insight for readers and audiences:

> In autoethnography we see an explicit and intentional directedness toward others, either through the offering of insight that might help those who relate to a person's experience or in a desire for others to bear witness to particular struggles. (Holman, Adams, and Ellis 2016, 35)

An autoethnographic approach to narrating my experience highlights the intersections of gender and class within reproductive health, with no intention to generalize, but instead to reveal my socially and politically situated experience within the Mexican health system, and to identify and contextualize the violence I lived through. Autoethnography provides a methodological ground for me to analyze my personal experience, and to further understand the social, political, and cultural context where it is embedded. Ellis, Bochner, and Adams state, "When researchers do autoethnography, they retrospectively and selectively write about epiphanies that stem from, or are made possible by, being part of a culture and/or by possessing a particular cultural identity" (2010, 4). As a researcher I also position myself as a feminist and as a lower middle-class Mexican woman. Therefore, I argue that the knowledge that stems from the analysis of my experience is also socially and politically situated.

Abortion's legal status in Mexico

In Mexico, abortion is regulated by each individual state which can decide under which circumstances this procedure is legal, for example, in the case of rape, or risk to the woman's health. Abortion is legal on the grounds of

the woman's free choice within the first twelve weeks of the pregnancy in Mexico City and in other six of the 32 states (Sinaloa, Oaxaca, Hidalgo, Veracruz, Baja California, and Colima). In Mexico City it was legalized on April 26, 2007, as a result of efforts by feminist and human rights organizations. Since the summer of 2018, the feminist movement known as *Marea Verde,* which originated in Argentina, has extended throughout Latin America, and has become the symbol of the struggle to expand women's reproductive rights in Mexico (GIRE 2021). The pressure originated by this movement, and the progressive acceptance that abortion has gained among Mexican society, has made it possible for the legalization of the procedure in the states previously mentioned. In Oaxaca it occurred in 2019, and in the remaining five states in 2021.

In Mexico City, the law went into effect the day after its approval through a program called Legal Termination of Pregnancy. This program provides the service publicly and free of charge to any woman who requests it, whether she lives in Mexico City or not, which means that this right also extends to women who can travel to the city. However, this also means that women's rights are conditioned by their place of birth and whether they are able to travel. The Legal Termination of Pregnancy Program (ILE Program) in Mexico City has been a national and regional example of access to legal, safe, and free abortion services provided to women, not only in Mexico City, but from other states and even other countries (GIRE 2018, 50). According to GIRE, a nonprofit Mexican organization that advocates for reproductive rights, as of October 2018, approximately 30% of the people who used this service lived outside of Mexico City.

Back to the trip…

7:00 a.m.

A guard opens the door to the clinic and indicates that only the women can come inside. Partners or friends must wait at the door. The clinic is small, just a narrow hallway and two doors, one leading to a bathroom and the other to a small office, an operating room, and a waiting room. It is seven o'clock in the morning, on any given Monday, in an abortion clinic in Mexico City and nine or ten other women are sitting with me. The receptionist asks us for our documents and hands us an identification form to fill out with our data: nationality, age, place of residence, etc. The doctor calls us one by one for an ultrasound.

I see the faces of the other women as we wait, anxiously, for our names to be called from the other side of the door. I am nervous so, to calm my anxiety a little, I observe everything. I focus on every little detail of the small waiting room, the bright green walls (such an odd colour for a clinic), the woman sitting behind the desk, the white floors... I watch the other women waiting with me: some are younger, and others look older, hair in ponytails and buns, casual and sporty clothes, their eyes fixed on the documents that we all have in front of us and that we must be filling out. I want to make eye contact with any one of them, so we can tell each other that we know why we are here and that we understand each other. I want to talk to the girl sitting next to me. I want one of them to tell me that everything will be all right.

"Hey, do you know what we should put here?" she suddenly asks me, while pointing to a section of the application.

"Yes," I reply in the nicest voice I can muster and show her the response on my application. I hope this will lead to a conversation, but that doesn't happen, and we are in silence again.

I hear my name from behind the door, get up from the chair and walk slowly to the ultrasound room. The doctor instructs me to lie down and uncover my belly. I feel a chill as he passes the ultrasound machine over my pelvis.

"Seven weeks," he says to a nurse.

"Do you live here in Mexico City?" he asks me.

"No, I live in another state."

"Oh, in that case we can't give you the abortion pills so you can take them at home because you won't be able to come back for the check-up. We will have to use the other procedure. Go get your things and come back here."

"She doesn't live here, so today we will do two Manual Vacuum Aspirations," he says to the nurse, and the conversation ends.

So, without any further information, without asking me, the procedure I was to undergo was decided.

8:00 a.m.

I do as he says and arrive at a small room, the name on the door indicates "Recovery Room," there are only two chairs and a small bench between them. In the background, I can hear a national news program on TV. One of the chairs is already occupied by one of the girls I saw in the waiting room at the beginning. There is an older woman standing next to her. I am guessing it's her mother. The girl seems very young, much younger than me. She is tall and very thin. She has short reddish-orange hair with dark roots. She is wearing a black t-shirt and jeans. Her eyes are wide, and they stand out in her small, thin face.

I say hello and sit in the empty chair. The girl's mom is talking to her. She tells her that the receptionist asked for her to bring her daughter a sandwich and she's going to see where she can buy one. "I wish my mom was here too," I think to myself. My partner is outside, but he is not allowed to be in here with me. The girl's mom can be here because she is a minor.

After a while, the nurse comes in to give us IVs. I have always been afraid of needles. "Why is the IV necessary?" I think to myself, starting to get even more anxious.

"Excuse me, do you know if the procedure hurts?" I ask in a low, shy voice, almost a whisper. He turns to look at me, laughs, and leaves the room without answering.

I don't doubt my decision. I know that I don't want to be a mother. My body is mine, I think to myself, (is it really?), but I am afraid. "What are you thinking about?" my partner asks me while we are sitting in my garden, minutes after the two stripes appeared on the pregnancy test.

"I just don't want to die," I answer.

10:00 a.m.

The same doctor who did the ultrasounds comes in the room. He is young, perhaps about ten years older than me. He is short and speaks with a strong accent from the centre of the country.

"I'm going to ask you some questions for your file," he says and approaches the girl and her mother first. The space in the room is very small, so doctor-patient confidentiality doesn't seem to exist here. Don't we deserve privacy? It seems we don't. I listen. I listen because I want to get to know the girl sitting next to me, even a little. The girl who, by mere coincidence, is living this with me. I listen because I'm scared, and I don't want to think about anything else.

"How old are you?" The doctor's voice has something in it that I can't identify clearly at first; it seems perhaps a mixture of tiredness and boredom.

"Fifteen," she answers.

"At what age did you start menstruating?"

"I don't remember."

"When was the first day of your last menstruation?"

"I don't know."

"About two months ago?"

"Yes, maybe."

"Do you use alcohol or drugs?"

It's at this moment, after the last question, that I can finally pinpoint what I hear in the doctor's voice: condescension. He seems to ask her questions thinking he already knows the answers, and not even looking at her in the face when he speaks to her. I can guess what the doctor sees in that tall, thin body of the fifteen-year-old girl sitting next to me: just another irresponsible teenager. It's what he sees in all of us. I look at her again, her big eyes and carrot-coloured hair.

"Which birth control method do you want to use after this? They are all free."

She looks at her mother, confused, and after a few seconds, she answers: "I don't want to use any method. I'm not going to have sex ever again."

The doctor lets out a sneering laugh. I look at her. The truth is, after this, I don't feel much like continuing my sex life either.

"Now you say that, but you are going to have sex again eventually, and what I don want is to see you here again afterward."

The room remains silent for a few seconds after that last comment. With the doctor's last words still lingering in the air, the atmosphere is tense. The doctor goes at it again: "I mean, it's your decision, I'm only thinking about you. I'll tell you what. I'm going to fill out some forms, and I'll be right back for you to tell me which method you want."

I feel uncomfortable witnessing this conversation, something about what I just heard doesn't feel right, but I don't say anything. I don't want to make the doctor angry or contradict him. At this point, I feel like my future depends on whether he decides if I can undergo this procedure or not, the final decision is his. It's a free public service here. It's not supposed to be conditional on anything, but I feel like it is. I think the girl next to me notices it too because, when the doctor comes back, she tells him that she decided to use the contraceptive implant. Am I witnessing a case of forced contraception?

After that, it's my turn to give my medical history, so the doctor now sits in front of me and starts asking me the same questions he asked the orange-haired girl. I notice the same condescending tone, the same paternalistic attitude. My answers are quite precise because I have been trying to be careful with my reproductive health for some time now. I see that he notices this, and for the first time since he has been speaking to me, he turns to look at my face and his tone changes slightly. When we are through with the questions, he asks me what I do for a living—a question he did not ask the girl sitting next to me. I answer that I am a teacher.

"You look too young to be a teacher. But now that I think of it, maybe you can help me. I'm going to enroll my daughter in elementary school. Do you honestly recommend that I put her in a public or a private elementary school? Which one do you think is better?"

A few moments earlier he didn't consider that I deserved to be looked at in the face when speaking to me, and now he wants my professional advice? I had to demonstrate some knowledge about my reproductive life and prove that I have a degree for me to deserve his attention and even some respect. For him, the orange-haired girl didn't deserve any of that.

My body is not mine; I have learned. My body is an object that can/should be assessed by others. Others who can qualify it as deserving (or not) to be seen, respected, loved.

12:00 p.m.

A couple of hours go by and I am still in the recovery room. The girl and I are waiting, and during this time, the receptionist lets the mother know that she can no longer be in the recovery room with her daughter, so she leaves. We barely say anything to each other. I am too nervous to speak at all. I can only ask myself again and again, "How did I get here?" while I pretend to watch the TV. Suddenly, the doctor comes back and turns to look at me.

"Come with me. We are going to start with you," he says as he points to the operating room.

I get up from the chair and realize that I am shaking. I feel as if my legs will not be able to support me, let alone carry me the remaining stretch to the door. The fear that I had been trying to numb during the previous hours suddenly emerges with force and it floods every inch of my body. I manage to cross to the door and I see a stretcher right in the middle of the room. It has two supports at one end where, I imagine, I will have to put my legs, just like in my gynecologist's office. The lighting in the room is cold and very bright. At that same end of the stretcher there is a lamp that radiates intense white light directed towards were my legs are supposed to be. The nurse is already inside the room.

"Lie down and put your legs in the supports," he tells me.

I follow his instructions without saying anything. *I wish my mom was here* I think to myself. The nurse and I remain silent. I am still shaking. A few minutes later the doctor comes in and, with a wavering voice, I ask him,

"Doctor, does it hurt?"

"Yes, very much."

"From one to ten?"

"Eleven." His tone is cold and indifferent.

I didn't expect that answer. Maybe I was hoping for

some comfort, someone to reassure me that everything would be okay because I was not able to say that to myself. *But how does he know what it feels like*, I thought. The nurse must have seen the panic printed all over my face because he says, "Oh well, it's too bad, but this happens when we are not responsible, and now we must live with the consequences. You could've easily avoided this if you had used a condom."

I turn to look at the man sitting to my left, the one who has just uttered those words. For a few seconds, I doubt if I heard correctly. Did a health-care professional say those words to me? Suddenly, I don't feel frightened anymore because, instead, I start to feel anger rising in my body. I turn to look at the doctor, who didn't seem too surprised by the nurse's remark. *How can they talk to me like that?* I say to myself. *You can't contradict him, what if he gets angry? You better shut up*.

"Do you think I don't know that? Do you think I don't know that I could've avoided this?" I ask, trying not to sound as angry as I feel, even trying to sound a bit playful.

"Well, I think it's a matter of principles and family values. My parents taught me well, and I have never had sex without a condom. It all depends on the values they taught us. Don't you agree, doc?"

My body is not mine, and I am not able to defend it.

So, it turns out, this is not only my fault, it is also my mother's fault, since she was in charge of my upbringing, but, according to the nurse, she wasn't very good at it. According to him, this isn't my partner's responsibility either since I am the only one lying in an operating room in the middle of Mexico City, naked and with my legs in the air. I am the only one that must hear the nurse's unsolicited opinion. I didn't respond to that last comment, I couldn't, I didn't know what to say and I was afraid. The doctor nodded.

"We're about to begin," he said.

The nurse put his hand in front of my face, suggesting that I could hold it if I needed to. I didn't want to. How could I lean on the hand of someone who had been so violent to me a few seconds before? But I needed to lean on someone, so I took it. For the next five or six minutes, even after the local anesthesia, I felt what I remember as the most pain I have experienced so far. I felt like I was burning inside. I screamed.

"Don't scream. Don't scream because you're going to scare the girl outside."

I stopped screaming and squeezed the nurse's hand tighter.

"It's over. Get up whenever you can, the nurse will give you something for the pain and help you get back to the recovery room."

I didn't reply and I didn't cry. As the doctor had instructed, the nurse diluted something for pain in the IV, and then took me by the arm and helped me walk back to the recovery room. It's over now, I kept saying to myself. The orange-haired girl was there, she saw me and asked, "Does it hurt?"

"Yes," I told her, "but it ends fast."

I sat down and the receptionist brought me a sandwich, an apple, and juice that my partner had bought for me.

"You must eat before we let you go," she said. I began to nibble on the apple, realizing that it had been over twelve hours since I had last eaten anything, but I wasn't hungry.

"You need to eat faster," the nurse said to me as he passed through the recovery room. I grabbed the sandwich and began to eat.

"Can my partner be here with me?" I asked him

"No, no one else can be in here."

1:00 p.m.

It took me about an hour to finish my lunch, listening in the background to the sound of a morning talk show on television. In that hour, it was the girl's turn to go to the operating room. She also screamed. I don't know if she had been ordered, like me, not to do so, but she did and very loudly. When she was inside, I remembered I had my headphones in my backpack, so I quickly took them out and connected them to my cell phone. I opened Spotify and clicked on the first song that came up. A few minutes later, she came back to the recovery room, but

she didn't sit in her chair, instead, she laid down on the bench that was between both chairs. She was crying.

Is forcing us to live this alone part of the punishment we deserve for the decision we have made? She didn't touch her lunch, she just cried. As I watched her, I felt like I had to do something to ease her pain. I brought my hand to her head and began to touch her orange hair, taking strands between my fingers. Neither of us said anything. In the silence of the recovery room, you could only hear her sobs and the voices of the TV show hosts. Now, from a distance, I understand that I wanted to make her feel safe and accompanied, but in the solitude of that small recovery room, I also needed to feel that way and through that small gesture of empathy, I was also seeking to comfort myself.

"Have you finished your lunch?" the doctor asked me.

"Yes."

"How are you feeling?"

"I am fine. Can you explain to me how I should take care of myself in the next few days?" My voice was trembling. I felt tears gathering up in my eyes, but I didn't cry. Instead, I tried to make my voice sound as confident and tempered as possible. Not crying in front of them was the only way I found to protect myself. I needed to protect my vulnerability and my privacy somehow, after how exposed I had felt and the attacks I had not been able to respond to.

"You can go now," the doctor told me after giving me a series of instructions for the following days. I grabbed my backpack, said goodbye to the orange-haired girl, who had stopped crying by then, and I left the clinic. As soon as the door closed behind me, I ran into my partner's arms, to a warm and strong embrace. As soon as I found myself there, I allowed myself to cry, and I cried a lot.

"What happened? Are you okay?" he sounded worried.

"I don't want to talk," I answered and continued crying as we walked towards the street.

A few steps ahead I saw the girl's mother and she came up to me.

"Hi, did you see my daughter in there? Do you know if she's okay? They won't give me any information about her." Her voice, quick and loud, was the voice of a desperate mother who wanted to be with her daughter.

"Yes, I was with her. She is fine. She is eating her lunch because she needs to eat something before they can let her go."

That same afternoon my partner and I took a bus back home. Looking at the road, the countryside, and the trees from the bus window and as we left behind the clinic, remebering the nurse's words, and the doctor's condescending tone, I was able to talk to my partner about what had happened.

Discussion

Obstetric violence and abortion

According to Women Help Women (WHW), obstetric violence includes any physical, psychological, or sexual aggression that occurs during pregnancy, childbirth, or abortion care and involves "the appropriation of women's bodies and reproductive processes by health workers" (WHW 2017). GIRE states that the term refers to invasive practices and unjustified provision of medication, refusal of treatment or postponement of medical care, scolding, teasing, insults, manipulation of information, lack of respect for women's privacy, as well as coercion to obtain their "consent" and other discriminatory and humiliating treatment (GIRE 2018, 83).

> The most common episodes of obstetric violence during abortion care include giving false information regarding the abortion, threatening to report the abortion to the police, denying or delaying care for a legal abortion or medical emergency, placing contraceptive devices without the woman's consent, performing procedures that are not medically indicated and/or without adequate pain management. (WHW 2017)

As stated by this organization, the term obstetric violence is more associated with pregnancy and childbirth, however, violence experienced during abortions is less talked about since it is influenced by cultural beliefs, stigma, and stereotypes. Obstetric violence is the product of both institutional and gender-based violence. In the

case of obstetric violence in abortion processes, GIRE states that women will continue to face violations of their reproductive rights, even when they seek access to interruptions under circumstances contemplated in the law. If abortion continues to be socially viewed as a crime, instead of a health service, obstetric violence will continue to occur even when it is legalized.

According to Kumar, Hesini, and Mitchell, "Abortion stigma is defined as a negative attitude ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (2009, 628). Women who terminate a pregnancy are challenging a moral order, because "either clandestinely or through established health systems, [they] may be perceived as challenging the inescapability of maternity and defying reproductive physiology" (Kumar, Hesini and Mitchell 2009, 628). Despite abortion being one of the most common gynaecological procedures, given that three out of ten pregnancies end in induced abortion (WHO 2021), there is still a cycle of silence surrounding these experiences that makes them seem less common than they really are, marking women who terminate a pregnancy as deviant from the norm. Kumar, Hesini, and Mitchell write, "Various labels such as promiscuous, sinful, selfish, dirty, irresponsible, heartless or murderous are applied to women who abort in different contexts" (2009, 629).

Ariza (2013) uses the term "the masculine right to punish" to describe the historical right that men have had to correct behaviours that are labelled as disobedience in women. Although she is talking specifically about domestic violence, Bedoya-Ruiz, Agudelo-Suárez, and Restrepo-Ochoa (2020) argue that the term can also be used to gain a better comprehension of obstetric violence. In the case of an abortion, the connection between both concepts becomes more noticeable when factoring in the stigma that surrounds the termination of a pregnancy and the way women who abort are seen and portrayed. Therefore, obstetric violence is a manifestation of enacted stigma. In the experience I narrate in this autoethnography, such punishment can be identified in two ways. These are physical punishment, as in the inadequate pain management during the procedure, and social/emotional punishment, as in the lack of privacy, the guilting remarks and the impossibility of being accompanied before or after the procedure, as well as the lack of control of the process that will be submitted to our bodies. Moreover, forced contraception acts as a method to further ensure that such 'mistakes' will not be committed again.

Stigma can also act upon those of us that undergo an abortion procedure and influence how we respond to such punishment. According to Tamayo, Restrepo, Gil, and González, "The stigma of abortion can be perpetrated by self-recrimination and feelings of guilt, which lead women to accept being mistreated by medical personnel who believe that healthcare resources are being spent on a patient who 'did this to herself'" (2015, 12). I can't say that I believed myself to deserve being treated the way I was, because I knew that I didn't. However, I did believe that there was nothing I could do about it, that I was fortunate enough to be able to travel to a clinic where it would be legal, and, on top of that, I wouldn't have to pay anything, it would be free. What else did I want? How it happened and the way I was treated were just things I thought I would have to endure.

I have argued that the legalization of abortion in Mexico City opened a possibility for Mexican women who, like myself, live in contexts of criminalized abortion. However, this also results in discrimination based on place of birth, residence and social class, since only women with enough resources to travel can have access to this service. Bedoya-Ruiz, Agudelo-Suarez, and Restrepo-Ochoa (2020) argue that when analyzing obstetric violence, gender can't be the only category taken into account because race and class must also be considered. bell hooks (2000) asserts that state-funded and free abortions will always be under attack by conservative groups and that this health service is only one aspect of reproductive freedom, which should not take precedence over other issues, such as forced sterilizations. Practices such as coerced use of contraceptives, within public abortion clinics, which aim to further control the patient's capacity to get pregnant after an abortion, constitute another violation of women's reproductive rights. Making obstetric violence visible during the termination of a pregnancy implies challenging two beliefs. First, there is a belief that women can have an abortion but they deserve a 'punishment' for doing so. That is, there must be some degree of pain—physical or psychological—perpetrated by others and derived from the process that leads the patient to learn from the 'mistake' and not commit it again. Second, that by deciding to terminate a pregnancy, we give up the right to receive dignified and respectful treatment by health-care workers.

Autoethnography and the possibilities of choice

Why is it important to speak about obstetric violence in abortion procedures? And why use personal experience to do so? These questions, especially the latter, were in my mind for several months. I wrote the first draft of this article for the final assignment of an autoethnography class I took at the beginning of 2021. The story came out of me as if it had been waiting patiently in my memory until I gained the courage to put it in words: it stormed out. Silvia Bénard, who has a long academic trajectory within the autoethnographic field, and Elda Monetti, were teaching that class. They both commented that I had been very brave for sharing my story and that I should consider publication.

So, I continued to work on it, but when the time came, I couldn't bring myself to submit it. I considered writing under a pseudonym and/or writing in another language. I discarded the first option, but went for the second one. I realize it may not seem as a very logical choice, and I can't explain why switching the language made me feel safer, but it did. Like Tamara Coon (2013), I was afraid of how my colleagues would perceive my decision and how it would influence my future job opportunities. Although the feminist struggle in Mexico has come a long way, the stigma of abortion weighs heavy, and with the rise of conservative groups, it's still a very controversial subject in society. What if this ends my academic career when it is barely starting? What if some stories are better kept private and in silence? Lived, as Swafford writes, "in the white spaces between letters, in scenes that happen offstage, in the privacy of one's mind" (2020, 100).

What made me take that leap? It was the memory of myself during the days following our trip to Mexico City. During that time, I experienced a profound need to read other women's abortion experiences. I can't explain exactly what drove me to search online for them, almost obsessively. Reading those stories made me feel as if I wasn't the only person that had gone through this, and it helped me make sense of what had happened. The first motivation I had for writing and seeking publication of this text was for it to be available to other women, and I chose autoethnography for that.

According to Metta, women's autoethnographic writings become sites for intervention and resistance, since they place women at the centre of scholarly texts and critical analysis, "creating knowledge about women's bodies and embodied experiences in these ways exposes the very structures of power, surveillance, and control" (2016, 498). I argue that writing stories about gender violence in abortion experiences contributes to destigmatize such procedures and nurture and broaden the academic discussion of abortion. Furthermore, autoethnographies that shed light on the multiple and diverse experiences of abortion challenge what has been known as the "acceptable abortion" (Kumar, Hesini and Mitchell 2009; Swafford 2020). The acceptable abortion is the one in which the woman is ashamed and apologetic of her story and her decision: "Women who terminate their pregnancies are expected to be contrite or vaguely apologetic when exercising their rights" (Kumar, Hesini and Mitchell 2009, 628). Therefore, the acceptable abortion is the one lived in silence; the acceptable abortion story is the one that is never told.

> By creating new knowledges of women's lives and experiences that have been marginalized based on gender, race, ethnicity, class, sexuality, and nationality as well as their lived experiences of trauma and violence, feminist autoethnographers can reclaim their authority and sovereignty over their own narratives and knowledge-making. (Metta 2016, 491)

I am a part of the pro-choice movement because I believe in women's right to choose and have control over their bodies. I believe in our right to exercise our reproductive autonomy. I exercised that right and I travelled to a city that recognizes and protects it. By doing so, as Kumar, Hessini and Mitchell (2009) argue, I transgressed the social construct of the inevitability of motherhood. The paradox of choice is that my right to choose seemed to end there. When everything was over, I was angry for not being able to defend myself. My theoretical knowledge as a social researcher and feminist allowed me to name and identify the violence that I lived in the aftermath of what had happened. Nevertheless, it did little for me in the moment. The structure and normalized practices within the hospital made me feel powerless. bell hooks asserts, "If women do not have the right to choose what happens to our bodies, we risk relinquishing in all other areas of our lives" (2000, 29). When writing about the constraints and possibilities of choice within abortion clinics, Swafford argues,

> Women who have abortions don't get to choose the culture of stigma surrounding abortion experiences […] We don't choose to bear witness to anti-abortion violence and dwindling access to health care and the public regulation of our reproductive bodies. We have to look. It's about time others do, too. (2020, 98)

To write this text seemed to be the only other choice I could make.

Afterword

On September 7th, 2021, the Supreme Court of Mexico declared unconstitutional the criminalization of abortion by free choice. This decision sets an important precedent for the subsequent legalization in the rest of the country. However, although decriminalization is an important achievement in the feminist struggle, there is still a long way to go to guarantee the exercising of this right in conditions free of violence. Kumar, Hessini and Mitchell (2009) are careful to warn us that legalizing abortion may help change attitudes towards this health service or increase the stigma that surrounds it. The question of how the law affects felt and enacted stigma, as demonstrated here, deserves further research

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