

INTRODUCTION

Re-situating Abortion: Bio-politics, Global Health and Rights in Neo-liberal Times

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Abortion has been of central concern within feminist and social science research since at least the 1960s with the emergence of third wave feminism, and from the 1990s when it became framed as a health issue connected with maternal mortality in the deliberations of the International Conference on Population and Development at Cairo (ICPD, 1994). Over the last decade, within the context of international development, there has been a plethora of work on unsafe abortion (Lynch, Standing and Cornwall, 2008) as linked to poverty, gender inequality and political inequality and more recently in the context of the Millenium and Sustainable Development Goals. And yet, even in countries which are signatories to these global development goals and where abortion is legal (De Zordo, Mishtal, Anton, 2016; Sanger, 2017), abortion-care as basic health-care and a human right is caught within new scientific, political and religious alliances and controversy.

This themed issue advances the current debate on abortion in the social sciences by investigating the emerging complex interaction of local, national and international, reproductive governance (Morgan and Roberts, 2012) in a changing, globalizing world. It explores particularly whether new forms of health governance and rights-based development paradigms offer new opportunities or limit abortion provision conceptually and ‘on-the-ground’, both in the Global North and South. Recent shifts in abortion governance in local, national and transnational contexts pose threats to women’s sexual and reproductive health and rights globally. New modes of neoliberal and rights-based reproductive governance are emerging across the world which either paradoxically foreclose access to universal health services or promote legislative reform without providing a continuum of services on the ground. The themed issue examines these significant shifts in order to conceptually ‘re-situate’ the analysis of abortion with reference to a changing global landscape where new modes of consumption, rapid flows of knowledge and information, increasingly routinized recourse to reproductive technologies and related forms of bio-sociality and solidarity amongst recipients and practitioners coalesce.

The issue is comprised of invited papers and those selected from an international meeting organized at the University of Sussex, Centre for Cultures of Reproduction, Technologies and Health (CORTH) in November 2014. The event brought together an interdisciplinary group of researchers, practitioners and policy makers to discuss the new challenges faced by abortion seekers and providers in the context of globalization and neo-liberal reform. Papers addressed transformations in medical and legal cultures, their effects on practitioners, and the resulting lived experience of abortion across the Global North and South. Participants debated the

importance of postcolonial policy frameworks in addressing emerging public and political concerns, such as those relating to sex-selective abortion, the role of emotion and pragmatism in practitioners' day-to-day work, for in-depth research into abortion experiences to 'read between the lines' and provide insight into the 'shadowy' spaces where new forms of abortion restriction and the reality of women's sexuality and reproduction collide.

Collectively, the authors contributing to the issue explore a key theme which is how 'abortion governance' (Morgan and Roberts, 2012) is shaped in different geographic-cultural contexts by national and international institutions as well as through the historical and the social configurations of different actors, including national and transnational legislative controls, biomedical or religious arguments, ethical standards or moral injunctions aimed at producing, monitoring, and controlling reproductive norms, rules and practices. Contributors show how emerging institutions and actors embody, reproduce or contest dominant norms, rules and practices concerning reproduction and abortion, both in restrictive and liberal legal contexts. For example, the important issue of post-abortion care (PAC) is addressed by *Siri Suh* who discusses its historical emergence as a form of global reproductive governance in Sub-Saharan Africa in the 21st century. Drawing on ethnographic fieldwork conducted in Senegal, she illustrates how the national PAC program produces a particular reproductive subject—the expectant mother—and how this subjectivity resonates with global maternal health initiatives that valorize the vulnerability and selflessness of motherhood. She argues that while this form of governance connects Senegalese health professionals to important resources within a field of global maternal health dominated by US policies, gendered hierarchies in the allocation of health care get reinforced as a result.

A second key theme addressed in the issue is the extent to which religious and moral frameworks dove-tail with the law in practice (Morgan and Roberts, 2012). Contributions examine the new coalitions between religious institutions and doctrines, the media, political and legal debate on abortion as well as on reproductive health and family planning services across religious contexts. Papers focus on the predominantly Catholic countries of Italy and Spain (De Zordo), Muslim Tunisia (Maffi) and Buddhist Cambodia (Hancart) to show how the persistent and often reinvigorated proliferation of religious, ethical and moral discourses against abortion in these countries undermines the importance of women's reproductive health and rights. *Maffi*, investigates the multiple logics affecting abortion practices in post-revolutionary Tunisia. Her chapter discusses how the emergence of new Islamic movements and religious symbolic repertoires in the aftermath of the Tunisian Revolution has elicited political, moral and practical contestation of women's right to abortion. She proposes that pre-existing state and medical logics combined with political uncertainties and new religious and moralising discourses create unequal abortion practices in governmental health care facilities. Focusing on self-induced medical terminations of pregnancy in her paper, *Hancart* argues that the persistence of illegal abortion, despite the recent partial legalization of abortion in Cambodia, is the result of limited investments in abortion care as well as of health providers' refusal to provide abortion care based on religious grounds. Abortion, in fact, is considered a sin according to the dominant Buddhism Theravada precepts and the popular Khmer religion that most Cambodian people follow. This does not prevent Cambodian women from looking for alternatives to get an abortion. As Hancart highlights, the low governmental investments in abortion care compete with the strong promotion of birth control programs by international organizations as well as the

commercialization of medical abortion in neighbouring China via combined pills of mifepristone and misopristol, which are sold in the black market in Cambodia.

Hancart's work signals an important related question and third key focus of our issue which is about the impact of legal reform and regulation on women's access to legal, safe abortion and good quality abortion care services on the ground. In her paper *Patel*, argues that in India women and their right to choose have been rendered invisible in the law as suggested by two recent cases in court and related civil society campaigning on abortion laws. Her paper discusses how the resilience of outdated laws has had adverse effects on the mental and emotional health of the abortion seeking women and has deprived them of their autonomy of choice. It focuses particularly on legal barriers to abortion seeking after 20 weeks gestation and their impact on women, illustrated through recent legal cases. Rather than acting as a tool of justice, *Patel* argues that the law has become unjust and unfair to women seeking abortion in India. Her observations echo Carol Sanger's work on how laws in the US have made abortion harder to get. An example of which are the laws that insist that a woman must have an ultrasound before she may legally consent to an abortion. This hyper-regulation of abortion, as Sanger demonstrates, serves less to protect than to deter women from choosing to terminate their pregnancy at the same time as it confuses wanted with unwanted pregnancies treating all pregnant mothers as would-be or should-be mothers (Sanger, 2017; Zug, 2017). Given that 'so many abortion regulations are premised on the view that it is abortion that harms women and not its regulation' (2017:xiii), Sanger suggests there is a need to encourage more abortion talk especially as a means to highlight the distinction between abortion privacy (non-disclosure based on women's desire to control personal information) and abortion secrecy (a woman's defense against the many harms of disclosure).

The fourth key theme explored in the issue is about the contribution of medical and technological discourses in (re)creating the legal as well as moral classification of abortions, and their impact on reproductive and abortion health services. In her contribution, *De Zordo* discusses how medical discourse on abortion contributes to reinforce its stigmatization. In particular, she shows how the termination of an unintended/unwanted pregnancy is less 'morally' acceptable than abortion for severe foetal malformation from the perspective of both religious and non-religious obstetricians-gynaecologists working in health facilities providing abortion care in Italy and Spain. In the latter case, women are seeking to be mothers and are envisaged as 'victims' of pathologies and abnormalities that will severely affect foetal development as well as the health of the future child, while in the former case the foetus is potentially 'healthy' and women are envisaged as autonomous, sexual and moral agents seeking pleasure without taking responsibility for the consequences of unprotected sex.

Continuing the focus on medical and technological discourse, articles by *Purewal and Eklund* and *Unnithan and Dubuc* explore the cultural and social impact of the increasing medicalization of contraception and of reproduction in shifting the moral discourse around sex selective abortion. Foetal scans and prenatal screening tests are available to determine pre-birth abnormalities but also the sex of the foetus, opening up new domains of contestation but equally new possibilities for women, couples and health professionals to exercise and promote reproductive choice respectively (Unnithan, 2009). *Purewal and Eklund* investigate why sex-selective abortion (SSA) remains a common practice in countries such as China and India,

despite being criminalized and strongly stigmatized in public, media and political discourse. They show that not only has the criminalisation of sex selection not been successful in these two countries, but it also endangers women's access to safe reproductive health services. The broader economic, social, and cultural dynamics that produce bias against females, they argue, must be taken into account to combat sex selection.

Unnithan and Dubuc focus on the recent debates around the criminalization of gender selective abortion practices in the UK associated with British Asian families, to situate the medical and legal provision of abortion services in Britain within current discursive practices around reproductive autonomy, gender equality, ethnicity, ideas of evidence and policies of health reform. In their paper they draw on critiques of what constitutes best evidence, contested notions of reproductive rights and reproductive governance, comparative work in India and China as well as their own involvement with different groups of campaigners including British South Asian NGOs. Through a focus on the schisms and contestations that have accompanied the reports of gender selective abortions amongst British Asian families, they show how the recent debate around gender abortion in the context of the amendment to the Serious Crime Bill (2015) in the UK has opened up new dimensions in the ways that reproductive and healthcare entitlements are framed and new ways of thinking about evidence in the context of reproductive rights.

The intersection of economic and social forces and dynamics is often forgotten when it comes to studying abortion politics and people's attitudes and experiences with abortion. Engaging with this final theme of the issue in her paper based in the UK, *Love* points out that although a number of studies suggest that social class influences experiences and attitudes to abortion, there is limited research focusing on the intersection of abortion and social class, and on how social class is constructed through abortion. She invites social scientists working on abortion in the UK to re-examine class-based labels such as those of 'irresponsible working-class girls' and the 'family-sacrificing career women' as a means to deconstruct outdated classifications of the working- and middle-class, and equally to explore how these processes of classification are resisted on-the-ground. Along with Suh's paper, her contribution addresses the issue of how through attention to abortion related subjectivities we come to see how the subject itself is re-situated.

Collectively, these papers show how in different social, cultural and geo-political contexts abortion legislation and novel biomedical techniques and expertise open up new possibilities to women, while constraining, at the same time, their choices and right to choose. For instance, in relatively liberal legal contexts, like the UK or Italy, health services and health professionals providing different safe abortion techniques still reinforce the stigmatization of women seeking abortion care, particularly of some women – e.g. those having repeated abortions - while confirming the social importance and centrality of motherhood in women's lives. New categories of marginalization are produced through the very same processes which reinforce the centrality of belonging. Women, however, are not 'docile bodies' (Foucault, 1975). Even in the most restrictive legal contexts they find a way of obtaining what they look for – e.g. a clandestine abortion in Cambodia, India or China - but they often pay a high price for that whether socially or discursively, as in the context of gender selection debates in the UK. Womanhood and motherhood continue to be entangled in complex ways in changing liberal regimes, which in turn calls for more urgent 'talk about' and legal and policy action on abortion (Sanger, 2017).

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