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Contents

Introduction

On 13th and 14th November 2014, the newly-launched Centre for Cultures of Reproduction,

Session One: Experiences and Narratives of Abortion

Session One opened with a paper presented by Tulsi Patel (University of Delhi) entitled

Session Two: Challenges of sex selective abortion

The second session focused on the challenges of sex-selective abortion in the UK. Featuring papers from Navtej Purewal (SOAS), Sylvie Dubuc (University of Oxford) and Ellie Lee (University of Kent), this session tackled the controversial issue from many angles including research on women's narratives and postcolonial discourse, the importance of quantitative data, and the importance of examining the effects on practitioners and the law that a ban on sex-selective abortion might entail. The three papers presented were varied in focus, but had a number of commonalities. The first shared theme was the issue of misrepresentation of data and the role researchers can play in informing the debate around sex-selective abortion in the UK. The role of the British media was also scrutinised, as well as the tropes and stereotypes the media have invoked in the debate. Finally, the discussion turned to researchers' relationships with abortion practitioners in the UK, and how those relationships can be strengthened in a time when practitioners are under unprecedented scrutiny.

The context of a proposed amendment to the UK's abortion laws was explored in all papers, particularly in those of presenters Dubuc and Lee. In November 2014, the Abortion (Sex-selection) Bill was given its first reading in Parliament, sponsored by Conservative MP Fiona Bruce; the bill seeks to clarify the law around abortion by explicitly banning sex-selective abortion. The bill's supporters claim that the Abortion Act's terms do not stretch to allowing sex-selective abortion, but that those terms are insufficiently clear, thus allowing doctors to permit the practice. Whilst Private Members' Bills such as this rarely proceed to becoming part of UK law (a particularly notable exception being the original Abortion Act of 1967), its first reading culminated in a vote of 184-1 in favour, meaning it will proceed to a second reading in January 2015.

The issue was covered widely by the British media in the run up to the bill's first reading. Purewal in her paper, 'Lost in the data: Exploring evolving contexts and contestations of enculturation and sex selection in the South Asian diaspora,' argued that much of the media discussion was divorced from a post-colonial framework; sex-selective abortion in the UK is an issue associated with the South Asian community, and the media has reinforced the trope of the deviant migrant and the discourse of assimilation in relation to the practice of prenatal sex-selection. The direct links to the civilising mission of the British colonial forces, and the

interventions enacted in the name of that mission, were emphasised in Purewal's paper and in discussion following the session.

The role of the media in Dubuc's paper, 'Implications of preference and prenatal sex-

doctors' expertise. From a scandal over pre-signed abortion documents to an 'exposé' in the British media ostensibly revealing that doctors are willing to perform sex-selective abortions, not only doctors but the Abortion Act itself is undermined by the introduction of restriction, Lee argued. Currently, the Abortion Act is silent on sex-selection, and indeed on any specific reason a person might have to request an abortion; doctors must simply conclude in good faith that a continued pregnancy would harm a pregnant woman's mental or physical health. The introduction of any restriction specifying which abortions are more justifiable than others

Nigeria, where both doctors and women who seek abortions are criminalised. It is in the ‘shadowy’ areas here, too, that interesting conflicts can be found. For example, Ogbe’s analysis of national policy documents and strategies shows that there is an acknowledgement of the need for post-abortion care for the many women who suffer complications from unsafe abortions; this is framed as a public health concern which is tied to maternal mortality rates (a framing Newman also identified in Moroccan activism against unsafe abortion). The provision of post-abortion care has been exploited by some doctors to allow them to train medical staff in abortion techniques like vacuum aspiration.

The stigma surrounding abortion in Nigeria also relates to other discourses about reproductive health – abortion and contraception are perceived by many women to carry heavy risks, such as infertility – and in West Africa, infertility rates are high. In Nigeria it is not easy for many women to have a fertility or sexual health check-up from a medical professional, or have an open conversation with family or friends about sexual health and contraception, and the only time many women access health services are as mothers, or as someone who is infected with HIV. Concern about fertility was identified by another participant as salient for women across the Global North and South, as was stigma which surrounds discussion of sexual health generally. It was agreed that in understanding abortion stigma, these other sources of stigma and their relation to constructions of womanhood must be addressed and understood.

Hoggart’s paper focused on a very different moral context, but one that spoke to the theme of conflict-ridden moral spaces from the previous papers. Entitled ‘"I didn’t like killing my baby": teenage pregnancy, the construction of risk and the moral framing of abortion in the UK’, Hoggart’s paper presented findings from several different qualitative studies of young

so much from the law – which does not specify circumstances under which abortion is justifiable under 24 weeks other than threat to the mother's mental or physical health – as much as from social narratives used to regulate young women's behaviour. For example, young women having multiple abortions in Hoggart's study reported that they were treated by medical staff as if they had to be rehabilitated, and were firmly given recommendations for long-term contraception. Competing moral imperatives could be observed in many women's narratives as a result of experiences like these, and it was the case that where incongruence was identified between their decision and the value systems surrounding them, women were more likely to regret their decision (whether it was to terminate or continue a pregnancy).

The three papers demonstrated that different types of stigma converge in these 'shadowy' moral spaces which women must occupy , spaces in which their autonomy is constrained as mothers, as sexual beings, as villains ('terminators') or indeed as all three. The factors of choice and risk were highly complex in each of the three contexts the papers explored, and were often overlaid with strong moral discourses from family and society and on which law and policy were silent. In the UK, Hoggart suggested that normalisation of abortion was one way for the issue to come out of the 'shadowy' spaces and become part of the everyday. In

between funding for family planning and HIV services. The importance of addressing both services together was further emphasised by another participant who noted that research in South Africa has found that some

Session Four: Abortion and Reproductive Governance

physicians of being pigeonholed creates somewhat of a self-fulfilling prophecy; it should also be noted that some Italian doctors are registered as objectors but provide illicit abortions for which they can charge a great deal of money.

This situation had some parallels to the Cambodian context, as explored by Pascale Hancart-Petitet's (Instuit de Recherche pour le Dévelopement, Lao/Paris) paper 'Abortion politics and practices in Cambodia: Local forms, global issues.' In 1997 abortion was legalised in Cambodia up to twelve weeks (and beyond in some circumstances). Despite this, many women have unsafe and illegal abortion. Legal services are expensive (around 50 dollars in the public sector, and 100-150 in the private; the average income in Cambodia is 90 dollars per month),

Session Five: Abortion Litigation and Policy

The final session featured presentations by Fiona Bloomer of the University of Ulster, and Christina Zampas, a Senior Legal Advisor at Amnesty International. Whilst the session was international in scope, particular attention was paid to the case of Northern Ireland. Bloomer's paper, 'Abortion policy in Northern Ireland: Faith trumps evidence', explained that the Abortion Act, which came into force in the rest of the UK in 1967, has not been implemented in Northern Ireland because the Northern Ireland government at that time refused to recognise it. The abortion debate in the Northern Ireland Assembly is dominated by the Democratic Unionist Party and the Social Democratic Labour Party; both parties are heavily influenced by religious doctrine and fundamentally opposed to extension of the Abortion Act. In 2008, the Labour government in the UK had an opportunity to push the Assembly to accept the Abortion Act, but MPs were instructed to drop this effort for fear of endangering the peace process.

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Currently, abortion is only legal in Northern Ireland if the life of the mother is at risk or the pregnancy poses a "real and serious, permanent or long term" risk to her health; 45 legal abortions are carried out each year. However, there are no guidelines for medical staff to

Ireland and the Republic, although recent high profile cases in the Republic have highlighted barriers to travel for particular groups such as asylum seekers.

mechanisms that work to make this truly binding are often international pressures. The role of the media in Northern Ireland and beyond was noted as a key part of this pressure; Bloomer notes that the Northern Irish media now commonly display pro-choice attitudes where before they did not.

Bloomer also raised in discussion the fact that in 2010, NGOs requested that CEDAW undertake an inquiry into abortion access in Northern Ireland, and submitted a great deal of evidence. CEDAW are still considering whether to launch an inquiry, but the decision has not yet been made. The session ended on a positive note with the recognition that there is a global trend towards liberalisation of abortion laws, and in places where liberalisation has happened recently, international law has been invoked as justification.

Conclusions and future networking

CORTH's inaugural workshop demonstrated the great potential of interdisciplinary, global abortion research to tackle difficult issues and to engender essential relationships between researchers, practitioners, policymakers and activists. Indeed, the event demonstrated that these roles are not mutually exclusive. The key issues to arise from the deliberations over the two days included the importance of a postcolonial framework in dealing with issues around sex-selective abortion; the potential for qualitative, in-depth research into abortion experiences to 'read between the lines' of equally important quantitative data; the fascinating research taking place in 'shadowy' spaces where abortion restriction and the reality of women's sexuality and reproduction collide; the complex interaction between local, national and international reproductive governance; the need for researchers to examine the role of emotion and pragmatism in practitioners' day-to-day work; and the necessity of lending our voices to the demand for accessible abortion as a human right in all contexts and places.

In the wake of these issues, workshop participants put their ideas forward for collaboration, networking and research in the final session of the day. The possibility of publishing a Special Issue on the theme of abortion featuring some of the papers presenting at the conference was met with unanimous enthusiasm, and there was firm agreement that the CORTH network should lead to more exciting collaborations and publications in the future. Members also expressed a desire to continue networking and sharing knowledge; it wag oud lead to mn; iPR

Appendix 1: List of presentations

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	Abortion policy in Northern Ireland: Faith trumps Evidence
	Increasing Access, Choice and Equity in Service Provision - current opportunities and challenges from service provider perspective.'

	Configuring 'appropriate' international engagement with family planning and abortion in South Sudan
	Experiencing abortion rights through issues of autonomy and legality'
	Lost in the data: Exploring evolving contexts and contestations of enculturation and sex selection in the South Asian diaspora

Appendix 2: Contact details of participants, speakers and organisers:

Participant and Reproduction and Health Network contact information

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Organiser contact information