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Coping with Sex-Selective Abortions in Vietnam: An Ethnographic Study of Selective Reproduction as Emotional Experience

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The nurse gave Hiền[1] two tablets and asked her to take them immediately. Looking anxious, Hiền left the surgical room. Reeling, she sat down on the long bench at the corner of the corridor. Her sister gave her a cup of water. Hiền held the cup and prepared to put the tablets in her mouth, but she stopped suddenly and cried bitterly. After a while, she said that she wanted to check the sex of her foetus again. Although she had had six ultrasound scans, she still wanted to check one more time before taking the tablets.

Accompanied by her sister and me, Hiền went to a private clinic near the gate of the hospital to have a three-dimensional ultrasound scan. It was very easy to have ultrasound in a private clinic. Hiền and I went to the ultrasound room while her sister was waiting outside. The ultrasound room was gloomy and damp. In it, a sonographer was scanning a woman. We sat on a long bench next to the door to wait for Hiền's turn. On the wall, there was a large frame with many pictures of foetuses in a variety of gestations and postures. Some of the pictures focused on the genital

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organs of the foetus. These pictures seemed to be on display in order to prove the qualifications of the sonographers in the clinic. Hiền looked at a picture of a foetus at 14 weeks gestation. In a trembling voice, she said, "My foetus is the same age as that foetus over there. So it has a human form. I feel I am doing wrong towards my child." Hiền got the same ultrasound result as her previous ones. She called her husband by cell phone to tell him about the result and asked him again about the final decision on this abortion. Then she decided to go ahead with the abortion.

Hiền's face turned pale when the nurse in the surgical room called her name. She climbed tremblingly to the abortion bed with a mixture of fear and torment in her eyes. She put her legs in the stirrups, crossed her fingers and put her hands on her belly. In contrast to the noise in the corridors and waiting rooms outside, the atmosphere in the surgical room was quiet and filled with tension. I heard the clinking of surgical tools as the nurse prepared them for the abortion. Hiền looked around nervously then turned her eyes to the ceiling. The nurse gave her a pain medication injection without saying anything. Hiền winced and breathed in to calm down. With skilful movements, the doctor inserted a speculum into her vagina, cleaned the vagina and cervix with an antiseptic solution and grasped the cervix with an instrument to hold the uterus in place. The doctor inserted forceps into the uterus and grasped a piece of the foetus's body, which he removed. It was streaming with blood. Hiền curved her body in pain, but she tried to constrain her groan and her eyes were full of tears. When the doctor finished the procedure, Hiền was transferred to the post-abortion room which was crowded with women.

After Hiền's abortion, I visited her several times at home. She did not talk about her abortions much; rather, she seemed to try to keep silent and bear the pain on her own. The memories of this abortion were haunting her, she said, and they affected the couple's relation. "After the abortion, I have had a disinterest in sex. I pulled away from my husband. Whenever I had sex, I thought of my abortion. I feared becoming pregnant and having another abortion. We went three months without having sexual intercourse." Hiền sometimes went to the pagoda to pray for

her foetus and her family. The praying helped her recover sooner, she said, but the memories still remained.

This is the story of Hiền's abortion which she obtained in the summer of 2009. Her story provides insights into the many ways that sex-selective abortions can be painful for the women who undergo them. Besides the physical pain she experienced, Hiền also struggled with moral, social and spiritual suffering. Anxiety, guilt, distress and sorrow mingled with each other, blending into her physical pain.

While undertaking research in a hospital in Hanoi between January 2009 and February 2010, I had the opportunity to meet 35 women who were in the process of having a sex-selective abortion. The women accepted the invitation to take part in my research, and through our conversations and interactions I was able to explore their experiences in depth and gain insights into the circumstances, dilemmas and decision-making processes that led them to seek a sex-selective abortion. I came to understand the difficult emotional experiences that they went through, before, during and after the abortion (for details on research methodology, see Tran 2011).

Sex-Selective Abortion: Women's Emotional Reactions

Women's experiences of abortions are situationally specific. The relationship of abortion experiences to social, cultural and political conditions has been addressed in several studies (Andrews and Boyle 2003; McIntyre et al. 2001; Whittaker 2002). David (1992) finds that the incidence of abortion-related mental problems is negligible in the countries where abortion is legal and accessible for women. Boyle and McEnvoy (1998) conclude that women's perceptions of abortion and their ways of coping with stigma and guilt are affected by the anti-abortion climate around them. Peterman (1996), in a qualitative narrative analysis, demonstrates that women's abortion experiences are affected by social support systems, religious beliefs, desires for motherhood, opportunities and financial situations. Whittaker (2004) also argues that the religious and institutional pro-

scriptions against abortion in Thailand and the clash between biomedical and folk religious worldviews combine to make the experience of abortions in that country particularly traumatic and stigmatising.

Second- and third-trimester abortions are potentially more painful to women than earlier abortions. From a medical point of view, early abortions are generally agreed to be preferable to later abortions, for as the weeks go by abortion becomes riskier for the woman. Hadley (1996) argues that late abortions require more heart-searching than those performed early in pregnancy. A number of studies have investigated women's emotions after abortions performed in the second or third trimester (Rapp 1999; Gross 1999; Mitchell 2001; Gammeltoft 2002; Gammeltoft et al. 2008). These studies found that women and their partners usually had several emotional reactions after such abortions. They may have negative feelings, such as anxiety, grief, anger, loneliness, hopelessness and guilt. Looking at Vietnamese women's experiences after second-trimester abortion for foetal anomaly, Gammeltoft and colleagues observed that women usually felt very sad, cried a lot and kept thinking of the child they had lost. They had doubts about their way of life, their reproductive capacities, their worth as wives and mothers, and their present and future position in their kin group (Gammeltoft et al. 2008).

The existing research provides valuable insights into the moral dilemmas, psychological conflicts and social tensions experienced by women who undergo abortions. It also addresses the effects of prevailing ideological, institutional and cultural structures on women's abortion experiences. As yet, however, women's feelings after sex-selective abortions and the ways they cope with these experiences remain largely unknown territory. In this chapter, I focus on Vietnamese women's emotional experiences with sex-selective abortions. In Vietnam, what political, moral, cultural and religious frameworks shape the field in which sex-selective abortions take place? What moral dilemmas and emotional conflicts do women experience? To what extent do they experience shame, stigma, loneliness and other forms of social suffering? How do women cope with these tensions and what forms of support are available to them?

The Context of Sex Selection in Vietnam

The skewing of sex ratio at birth occurred later in Vietnam than in other Asian countries such as the Republic of Korea, India and China. Within a short period of time, however, the sex ratio at birth rose from an estimated 106 male births per 100 female births in the year 2000 to 110.5 in 2009 and 112.6 in 2013 (UNFPA 2014). Demographers and health researchers suggest that this imbalanced sex ratio at birth—an indicator of sex selection—is the result of numerous factors, including a small family size norm, recent reinforcement of the 'one-to-two child' family policy, son preference and easy access to antenatal ultrasound screening and abortion policies (Bélanger 2002; Guilmoto 2007; Guilmoto et al. 2009; Pham et al. 2008; UNFPA 2011). To date, very little is known about the circumstances and experiences of those who are engaged in these practices; the women who undergo sex-selective abortions, their husbands and other relatives, and their health care providers.

In 1988, the Vietnamese government launched a one-or-two child policy, aiming to limit family size through provision of family planning services including abortions. This policy placed childbearing couples under contradictory pressures: on the one hand, local authorities demanded that they keep within the two-child limit; on the other, relatives and peers expected them to have at least one son (Johansson et al. 1998). In contemporary Vietnam, son preference remains central to the reproductive desires and strategies of a substantial proportion of couples and families. A recent United Nations Population Fund (UNFPA) report suggested that the strong son preference found in Vietnam is rooted in a largely patrilineal and patrilocal kinship system that tends to place normative pressure on people to produce at least one son. The report also observed that family and community pressures play important roles in maintaining male dominance in general and son preference in particular. People prefer sons to daughters not only because of the 'intrinsic' value of male children but also because having a son improves a woman's status in the family and confirms a man's reputation in the community (UNFPA 2011). Through sex-selective abortions, then, people try to maintain moral status, while also securing old-age support and lineage continuity.

Abortion has been legal in Vietnam since 1954 and is currently legal until 22 weeks of pregnancy. According to the Ministry of Health's Health Statistic Yearbook, in 2013, the abortion rate was 17.45 per 100 live births (Ministry of Health 2014). These figures do not include private-sector abortions. Estimates suggest that abortions provided in the private health sector are equal in number to abortions performed in public hospitals (Hoang et al. 2008). Before 2002, only the Kovac's method—the use of a condom-covered catheter with saline solution introduced into the cavity of the uterus—was used to perform second-trimester abortions. In 2002, the Ministry of Health introduced new standards for second-trimester abortion in its National Guidelines for Reproductive Health Services (MOH 2002). New methods including Dilatation and Evacuation (D&E) and medical abortion (using mifepristone and misoprostol) were allowed at the provincial and national hospital levels. At present, abortion services are provided at three administrative levels of the health system: (1) abortions at 6–22 weeks gestation are provided at central and provincial hospitals; (2) abortions at 6–12 weeks gestation are provided at district health stations; and (3) abortions up to 6 weeks gestation are provided at communal health centres. Private clinics are allowed to perform abortions of up to six weeks gestation if they meet required criteria set out by the Provincial Health Services. The cost of abortion services varies by gestation period, abortion method and service site. In 2009, a manual vacuum aspiration case cost approximately 4–7 US dollars, while a dilatation and evacuation case cost 80–100 US dollars at public hospitals. The cost of abortion services in the private sector varied depending on gestational age and the specific clinic, ranging from 18 to 100 US dollars.

Ultrasound is one of the most common new reproductive technologies in Vietnam. Research indicates that the skewed sex ratio at birth arose at the same time as ultrasounds became widely available in Vietnam (Guilmoto 2007; UNFPA 2009). This technology was first introduced in Vietnam in the late 1980s and has become widespread in provincial hospitals since the mid-1990s. At present, use of ultrasound scanning in obstetrics and gynaecology is booming in Vietnam. Most district health centres, provincial and central-level hospitals currently have ultrasound machines. In urban areas, ultrasound machines are routinely used in

private clinics. The price for a two-dimensional ultrasound scan is 3–5 US dollars compared to a three-dimensional ultrasound scan which costs 8–10 US dollars. These prices are reasonable for most urban women, although they are prohibitive for the rural poor. In January 2003, the Standing Committee of the National Assembly passed a Population Ordinance forbidding sex-selective abortion. In 2006, the Ministry of Health issued the Decision number 3698/2006 forbidding foetal sex determination. In other words, sex determination and sex-selective abortion have been illegal in Vietnam for more than a decade.

When exploring the experiences of women involved in sex-selective abortions, I found it helpful to distinguish between different stages: abortion decision-making, the abortion procedure, and post-abortion consequences and care. In the remaining sections, I follow these stages, describing and analysing how women experienced and coped with their sex-selective abortions.

Deciding for a Sex-Selective Abortion: Emotional Ambivalence

Many people in Vietnam consider termination of pregnancy as a sin (*phải tội*). Often, people distinguish morally between early and late abortions. Several of the women in this study who had sex-selective abortions told me that abortion early in the second trimester of pregnancy was acceptable. They would not have an abortion late in the second trimester of pregnancy because by then they felt that the foetus was too big and had the completed shape of a baby. Sex-selective abortion is, they said, considered more immoral than termination of unplanned pregnancies making the decision all the more difficult. Still, the women in this study decided to obtain a sex-selective abortion. Despite the fact that this kind of abortion is illegal and morally problematic, the women felt that it was necessary for them to terminate their pregnancies, in the hope that their next pregnancy might end in the birth of a son. The abortion decision was not an easy one for the women to make. Most couples discussed at length what to do, and in some cases the woman felt pressured by her husband to obtain the abortion. Huyen, for instance, said, “Indeed, I did not want

to have this abortion. I felt it is immoral. If my husband had not insisted, I would not have done this" (36 years old, cadre, 2 daughters). In other cases, it was the wife who insisted on the abortion. Thuong and Na, for instance, told me that they were afraid of losing face due to having many daughters. As Na said, "If I have another daughter, people will laugh at me instead of having compassion" (49 years old, worker, 2 daughters).

The women who underwent abortions for foetal sex told me that this process threw them into deep emotional turmoil (see also Gammeltoft 2002). The women's pain seemed to have several dimensions—it involved the agony of ending the life of their own child-to-be; the loss of a months-long pregnancy; and the pain of separating mother and child-to-be. Since sex-selective abortion is not only illegal but also considered morally dubious by many people in Vietnam, the women strove to keep the abortion decision to themselves talking only to their husbands—and perhaps to a few other trusted individuals—about it. They had to cope with the anxiety, fear and grief that accompanied the abortion and the moral pain of shame and guilt without professional psychological support. In these circumstances, ritual activity seemed to serve as one means to cope with the feelings that they struggled with. Before undergoing the abortion, most women sought help and compassion from spiritual beings and powers. They burnt incense to pray for the abortion to proceed in a safe manner, thinking to themselves: "Có thờ có thiêng, có kiêng có lành" (Worshipping provides sanctity, abstaining provides goodness).

Many women undergoing sex-selective abortions observed ritual practices in order to seek forgiveness and find moral support and understanding. In this way, they found strength and consolation to endure the passage through an emotionally and morally difficult experience. Explaining women's resort to ritual in the context of abortion, Tine M. Gammeltoft writes: "Ritual practice produces a social sphere where the personal suffering generated by the abortion can be expressed and recognised, and where youths can seek moral forgiveness and understanding for the actions they have had to undertake" (Gammeltoft 2003: 139). Existing studies of moral perceptions of abortion in Vietnam point out that there are widely varying attitudes to the ethics of abortion and that attitudes vary between different generations (Johansson et al. 1996; Gammeltoft 1999, 2002). For example, in a study on the side-effects of

the intra-uterine device among married rural women in Ha Tay province, Gammeltoft found that elders considered abortion at any stage of gestation a sin, while younger people found early pregnancy terminations morally acceptable (Gammeltoft 2016). Similar perceptions emerged in this study. For instance, the mother-in-law of one of the women said:

> In the past, we did not dare to have abortions. When we got pregnant, we had the child. Throwing it away is a sin (*bỏ nó đi thì phải tội*). If we do an immoral thing, it [the foetus] might condemn our family. Young people now have a more relaxed attitude to abortion. Abortions are popular now. But it is still a big sin if abortions are conducted when foetuses have a human form. (Trang's mother-in-law, 68 years old)

Although younger people thought that early abortions are morally acceptable, they felt very uneasy about abortions performed later in pregnancy. Not only women but also men found that abortions that are obtained after the foetus has attained a human form are highly morally problematic.

> If it is in an early stage of pregnancy and the foetus has no human form yet, having an abortion is simple. But I thought a lot when we had to decide to have an abortion when its body had been formed. Perhaps it would be injected with a toxic drug or cut into several parts before being expelled from the womb. I felt guilty when thinking that we killed our baby. (Hue's husband, 48 years old)

Doctors in this public hospital do not want to perform second-trimester abortions because, like many of their patients, they feel that such abortions are morally problematic. Lan, a 47-year-old doctor specialising in abortion provision described the abortion process as follows: "To conduct a second trimester abortion, the foetus is dismembered, crushed, destroyed, and torn apart." She considered this job as murder and as a brutal action. She said that in her opinion, sex-selective abortion is different from termination of unplanned pregnancies because this kind of abortion aims intentionally to eliminate a child who does not live up to its parents' expectations. Therefore, doctors do not want to do this job but they have to do it if the woman requests it. To cope with the negative

feelings that abortion provision generated in her, Dr. Lan strove to find psychological balance by turning to ritual practice. She said:

> Actually, I always think about moral issues when I conduct this job, but I try to stay in balance between 'practical matters' (*duy vật*) and 'spiritual matters' (*duy tâm*) in order to avoid mental suffering. I do not want to do this job forever. After I have to perform a late-term abortion, I go to the pagoda to pray in order to balance my psychology. Most women have abortions following unplanned pregnancies, and I think it is normal. What happens if women have to give birth if their pregnancy is unplanned, and they are unintended? Who will help them to deal with this matter? However, it is different when they have the pregnancy intentionally, and have the abortion only because the little one is a girl. Killing a girl to have a boy, this is a brutal action.

Like this doctor, other doctors also found it morally and emotionally difficult to conduct second-trimester abortions. Similarly, the nurses I talked to often also said that they did not want to assist doctors in performing second-trimester abortion procedures. They were concerned about the moral and spiritual issues involved. Mai, a 35-year-old nurse, confided:

> I do not want to do this job, but I have to do so. I always feel a chill when I have to perform a second trimester abortion. I feel great pity for these unfortunate babies. Their bodies are formed, but they are eliminated. Sometimes, I cannot sleep thinking about the babies' images. I burn incense and pray for the little souls on the first and the fifteenth of the lunar month to relieve my anxiety or I go to the pagoda to restore my peace of mind.

Undergoing the Abortion: Physical and Emotional Suffering

This section explores the anxieties and psychological issues that women described in connection with the abortions they underwent. The case of Hiền whose story opened this chapter shows us her physical and emotional suffering during the abortion process. Although the abortion clients and

abortion providers uttered scarcely a word through this transaction, their facial and bodily expressions raise many questions. Why did Hiền seem fearful and nervous? What was the meaning of her tears? Did she cry only in pain or did she also feel anguish for her foetus?

Before going to the surgical room, abortion regulations stipulated that women should attend a counselling session. My observations showed, however, that little or no communication between health staff and clients took place before and during the abortion procedure or in the recovery room. This, the women told me, was not just a question of the providers being too busy but also a result of their attitude to their clients.

> Providers should ask about our situation and give us counselling. I was still indecisive and in doubt, but I was just urged to hurry up. The clinics are crowded with patients and staff have a heavy workload, but sometimes they act in a very authoritarian manner. (Hà, 39 years old, 15 weeks pregnant)

While empathic counselling is generally recommended, women in this study felt that they were judged by staff or that they were rarely offered the opportunity to share their feelings and discuss their difficult situation. Although the women faced a multitude of anxieties and psychological issues and, in some cases, had repeat sex-selective abortions, they rarely received any counselling. Similar limitations in terms of counselling in abortion care in Vietnam were found in recent qualitative studies (Trần 2005; Gammeltoft et al. 2007).

Prior to abortion, a cervical preparation procedure is performed. This usually takes place three or four hours before the abortion itself. Prostaglandins may be taken orally or inserted into the woman's vagina. At that time, women have to stay in the waiting room, where tension is palpable and the air seems to be filled with anxiety. I often sat and talked with women during their waiting time; this, I soon realised, was the most stressful time for them. One woman cried before going to operating room, saying, "Mommy doesn't want to do this, but I have no choice. Please forgive me." Some women asked themselves, "Am I doing the right thing?" Clearly, at this late stage, the women were still ambivalent about their abortions.

Also the husbands and other relatives who accompanied women seeking a sex-selective abortion seemed to find themselves in deep emotional turmoil. Men often seemed to experience their own personal crisis when their wives underwent abortion. Tuấn's case is an example:

> As he sat outside the operating room, Tuấn looked exhausted. Behind the door, his wife was in pain. He told me that he could not sleep and that he had a terrible headache. This headache, he said, was caused by his struggles with his conscience. He did not want his wife to have this abortion. He felt sorry for his baby and he was worried for his wife's health. The couple had two daughters and he was eager to have a son "I want to have a boy because I think about my family line," he said.

After the Abortion: Silence, Suffering and Spiritual Relief

When I visited women after their pregnancy terminations, one of my most striking observations was that they tried to keep their abortion a secret. This raises questions about why women are silent about the matter, what the reality of abortion is in their lives and what they really think about this kind of abortion. Many women strove to bear the pain on their own: "I didn't tell anyone else, even my family or my friends, about my abortion because I was scared that they would look down on me for it. It [abortion] is perceived to be such a bad thing" (Phi, two months after her abortion). Similarly, Trybulski's study (2005) of 17 women's long-term post-abortion experiences showed that women concealed their abortions because of shame or fear of adverse reactions from family and friends. The secrecy in abortion, Trybulski found, led to an increase in intrusive thoughts.

The women in this study experienced a variety of post-abortion problems, with different emotional strands. Although each woman's experience was different, most expressed mixed feelings of guilt, distress, sorrow and relief. In Huyen's words: "I committed a serious sin. I terminated the life of my child-to-be. I felt ashamed when I taught my students about moral issues" (36 years old, teacher, 2 months after her abortion). Some

women felt that abortion is wrong and that they killed their babies. These thoughts seemed to severely impact their psychological health. Three days after her abortion, Thuan told me: "I feel guilty about my abortion. I regret that I did that. I feel pity for my child-to-be…, it was my blood. It had a human form and was healthy. It seems I killed my child" (34 years old, 14 weeks pregnant).

The women's feelings of sadness and doubt often seemed to affect their close relationships. Women who were highly ambivalent or confused about their abortion decision and had great difficulty making the decision often felt tense in their relationship with their husband and/or family-in-law. Loan (33 years old, cadre, 3 days after her abortion) said:

> I had this abortion mainly because of my parents-in-law. My parents said if they [her parents-in-law] pressure me I should have an abortion. I felt that they did not feel compassionate towards me. All they needed was a male heir.

Having trouble sleeping was also a common experience among women who had sex-selective abortions. Sleep problems, including nightmares, often involved the return of the aborted foetus or something that had happened during their abortions.

> In my dream, I saw a nurse strapping my legs into the stirrups. Then a doctor used some big forceps to pull out my baby. It was covered with blood. There was a lot of pain. Then the nurse wrapped the baby and took it away. I cried out and my husband came to untie me. We searched everywhere but could not find my baby. Then I heard crying coming from a bin, and I saw my baby. But when I held it in my arms, it disappeared.

Hue described her nightmare with eyes full of tears (43 years old, 5 days after her abortion). Huyen told me about her nightmares in these words: "I often saw a newborn baby in my nightmare. She was black and blue all over. She was naked and ants swarmed over her. I took her to a river to wash her, but I lost my grip and she sank and I could not find her" (36 years old, 7 days after her abortion). "The house was burning and I heard my daughter crying. I ran around looking for her. I could see and hear her but she was being consumed by the flames and I could not reach her," Lua (28 years old, 2 week after her abortion) recounted. I could

empathise with these women, as I experienced trouble sleeping or had vivid nightmares during my field research. I often saw the operating room and abortion procedures in my dreams. I most vividly recall the nightmare I had after observing the first abortion procedure. In this nightmare, I was helping a nurse to put a foetus in a fridge. After a while, I opened the fridge and saw the bloodied foetus stand up and cry. Some health staff also confided in me about their fears when they first began to work with abortion patients. On night duty at the hospital, they saw foetuses or heard stamping noises in their dreams, but this stopped when they woke up.

Despite the fact that women had to face emotional difficulties, most women found ways to cope with these negative feelings. As Goodwin and Ogden (2007) suggest, women who have abortions do not experience distress alone but also have emotions such as relief and a sense of return to normality. Although women experienced the negative effects of abortion, some of them felt that abortion was the best way to go under the circumstances: "This prevents suffering for the child-to-be and for me" (*đỡ khổ nó, đỡ khổ mình*). Thus, a sex-selective abortion is painful, but on another level it resolves problems associated with going ahead with the pregnancy. Given their circumstances, most women felt, an abortion was the best solution. This gave them the chance of having a son (in the future), while still living up to the state-promoted normative ideal of a two-child family. The women told me that abortion is "the best thing" rather than "the right thing." As one woman comforted herself—"I feel pity for my child-to-be, but I think that abortion is the best thing in my situation" (Lua, 28 years old, 2 months after her abortion)—this way of thinking seemed to help them to control their negative feelings. Some studies have emphasised women's experience of relief as a positive outcome over and above the negative outcomes in connection with abortion (Adler et al. 1990; Armsworth 1991). Feeling relief is a way of recovery. Women in this study also felt relief when having a safe abortion after a hard decision. "It was hard to decide to have an abortion. At the beginning I felt guilty, but then I thought that was good for me and the child-to-be," Na said (49 years old, 1 week after her abortion).

One of the fundamental Buddhist beliefs is that by having an abortion, one kills a human life. As I described above, women often felt helpless and remorseful after abortion. Foetal rituals helped them to relieve a general

sense of guilt. Many women performed a foetal ritual to cope with their sense of guilt. While reproductive clinics are not concerned with psychological healing, the foetal ritual has an important role in the psychological healing process. It provides comfort to women who have had an abortion and allows women to express their grief for their aborted child.

Conclusions

This chapter has described the range of complex emotions that women experience during their journey through abortion. The women in this study had a great number of conflicting feelings before, during and after the abortion, going through feelings of guilt, distress, sorrow and relief. Sex-selective abortion was immensely painful for the women and for other people involved. Emotional attachment to the pregnancy, lack of social support and moral condemnation of abortion seemed to deepen such negative feelings. As Petchesky observes, "Women make their own reproductive choices, but they do not make them under conditions which they themselves create but under social conditions and constraints which they, as mere individuals, are powerless to change" (1980: 675). In a context of illegality, institutional channels through which abortion-seeking women might air their feelings were lacking, and public forums did not provide a safe environment in which women could express their complex emotions and thoughts without fear. Keeping their abortions secret, the women often received little support from their family, their community and health care system. In this situation of limited social support, ritual was often the preferred way of attaining some degree of psychological healing.

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Notes

1. Like all other personal names in this article, "Hiền" is a pseudonym.

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