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Sex-selective abortion decision-making: Beyond ‘a woman’s right to choose’

Control over fertility is a concern of women everywhere, whatever their differences in terms of socioeconomic condition, religion, caste or class. The concepts of agency and autonomy are central to feminist discussions of women’s reproductive decision-making. The common interpretation of autonomy among liberal feminists identifies it with ‘individual independence’, ‘self-determination’ and the right of the individual to choose (Gupta 1996). However, Margaret Lock and Vinh-Kim Nguyen (2010) argue that the individual ‘choices’ and ‘rights’ assumed by Western liberal thought carry little favour in Asian cultural contexts, which are dominated by hierarchical, relational and consensual social identities. The relevance of Western concepts such as autonomy and choice needs to be tested in a Vietnamese context. How do they fit into the local socioeconomic, cultural and political contexts? How does a woman’s decision about whether or not to undergo an abortion affect and reflect her status and autonomy in that society? This chapter reveals how Vietnamese women make decisions about sex-selective abortion by examining their stories and analysing the factors that influence their decision-making. To begin, I recount Huệ’s story.

Huệ and her husband were both serving in the army. Their decision to have a third child was not an easy one because it meant violating the one-or-two-child policy, which would affect their careers. Huệ’s husband

was the oldest of four siblings; he had two sisters and a brother. His brother's son had died the previous year of blood cancer, while his brother's wife had been sterilised after having two children. Huệ's father-in-law was a kin group head in his village. His family had responsibility for worshipping the ancestors as well as other tasks related to his kin group. Having a boy to maintain the continuity of the family line was therefore very important for Huệ's husband's family. Although the couple was living in Hà Nội, they regularly visited the husband's home village, where they were constantly reminded of their responsibility to have a son. Huệ's husband did not attempt to force her to have a son, but he looked very sad whenever the subject was mentioned. The couple hesitated about having another child even though they were under pressure from their family. However, one day, Huệ's husband came home looking particularly sad. He told her what was wrong only after persistent questioning. He told Huệ he had been invited to a wedding party at his friend's house with a group of construction workers. When they were sitting around the dinner table, his mates joked that he could not sit with them at the table because he had no son. A strong man then held him down on the floor, where the women and children were eating. His eyes were moist with tears and he could not eat any more. This event made a deep impression on Huệ, motivating her to have a son by any means.

Several months later, Huệ fell pregnant. The couple was anxious to learn the sex of the foetus as soon as possible. Huệ and her husband were disappointed when ultrasound scans revealed it was a girl. Huệ had six ultrasound scans before having an abortion. She and her husband attended the hospital several times before deciding to proceed with the abortion. During that time, the couple could not sleep. Huệ said:

Deciding to have this abortion was one of the most difficult decisions in my life. I terminated my pregnancy. Although it was normal, I feel I have done wrong towards my child. But if I had kept this pregnancy, we would lose our careers and have no chance to have a son.

Huệ's reproductive decision reveals the tension between traditional norms (having sons to continue the lineage—a woman's duty towards her husband's family) and modern society (population policy, new reproductive technology, keeping up appearances). It tells us about the moral, political and social values that women are obliged to bring to their reproductive decisions. In this chapter, I argue that low fertility in tandem with the development of new reproductive technologies and strong patriarchal pressure have imposed increased pressure on women

to conceive sons. In this context, women's actions as reproductive agents conform to social norms. When women decide to have a sex-selective abortion, their decision is framed by the negotiation between morality and the social conditions in their particular cultural context.

To understand why women choose to terminate a pregnancy because their foetus is the undesired sex, it is necessary to know the social, cultural and political contexts in which reproductive desires are constructed and negotiated. Based on in-depth discussions with and observations of women undertaking sex-selective abortion, this chapter explores the factors that influence this trend and illustrates them with reference to the specific circumstances of women seeking sex-selective abortion. This is followed with a discussion of the decision-making process itself, identifying the key people with whom women consult and other factors that have a bearing on their decision-making.

Sociological and cultural contexts of sex selection

Son preference and patriarchal norms

As in many patriarchal societies in Asia, in Việt Nam, son preference is a prominent aspect of the culture (Johansson et al. 1998). Vietnamese anthropologist Vương Xuân Tình (1994) identifies five key reasons parents want sons:

1. Men have always played an important role in the means of production (heavy physical labour is shouldered by men).
2. Men hold the responsibility to carry out the rituals associated with the cult of the ancestors.
3. According to customary law, only sons can inherit their parents' property.
4. Because of the tradition of patrilocality, a daughter is considered to be 'the child of another family'.
5. Sons represent political and economic interests.

In an agricultural society, male labour is essential. Farming families need men to undertake the heavy work in their fields. Traditionally, having a son was considered necessary to maintain and extend the lineage. Ancestor worship is very important and only males can perform the rituals associated with this. If a man dies without a son, his lineage is considered to be broken. Parents customarily live with their oldest son in old age and he consequently inherits the family's property. A daughter, however, will be married early and live in her husband's house after marriage. She provides little or no support to her original family; hence, any 'investment' in a daughter is lost to the family. Daughters are considered 'flying ducks' because they are lost to their parental family after marriage (Vũ 1992; Johansson et al. 1998; Tran 1999). One of several Vietnamese proverbs brutally illustrates this patriarchal order: '*Nhất nam viết hữu, thập nữ viết vô* [To have one son means you have a child, but to have 10 daughters means you have no children]'. Another proverb derides men who live with their in-laws as 'dogs in the pantry': '*Con trai ở nhà vợ như chó nằm gầm chạn* [The man who lives in his wife's house is like a dog lying in the pantry]'

Son preference is one reflection of a patriarchal society in which women's status is low, and is just one aspect of the broader phenomenon of male preferencing (Haughton and Haughton 1995). According to Ha Tran (1999), Confucian values lie at the core of traditional family structures in Việt Nam, in which the father is the household head and makes the major decisions relating to finances, the organisation of work and childbearing. The traditional view of Vietnamese women is '*Tam tông, tứ đức* [Three obediences and four virtues]'. The three obediences are: obedience to the father when unmarried; obedience to the husband when married; obedience to the eldest son when widowed. The four virtues are: proper employment (being proficient and diligent in traditional skills related to housekeeping, farming and the running of a small business); proper demeanour (being neatly dressed and behaving in a decorous manner); proper speech (soft and pleasing tone of voice); and proper conduct (respect for her parents, husband and eldest son, showing consideration towards relatives, self-effacement and modesty) (Tran 1999).

Son requirement and female and male identities

In a patriarchal society, bearing a son is very important for determining a woman's position in her in-laws' family and in society. Many contemporary Vietnamese women are still greatly concerned with the necessity of having at least one son. If couples do not produce a son, women will be placed under great pressure. Women are blamed for infertility or 'sonlessness'. In these situations, women are labelled as being 'unable to give birth', whereas men are teased and offered sympathy. Thus, women have a vulnerable and uncertain position among their in-laws until they have produced at least one son. Women who do not have sons are considered inferior to those with a son. Many women confided in me about their families' dissatisfaction with them not having a son.

Within a family, sons are the major source of women's value. Sonless women become weak and vulnerable in a marriage. Many women in this study believed their main duty after marriage was to give birth to a son for their husband. Even though their husbands may not discuss the matter, the women always understand that their husbands want a son. 'He did not mention that we had to have a son. He did not say, but he was sad to have no son. I felt pity for him so I tried to get pregnant' (Phi, 38 years old, two daughters). The once common custom of seeking a concubine for a man whose wife cannot give him a son has not been entirely superseded in contemporary society. In 'feudal' or precolonial times, a man was allowed to take multiple wives, while a woman could only ever have one husband. The failure of the first wife to give birth to a son was a common reason for a man to have extramarital affairs or take a second wife (Phạm Văn Bích 1999). Knowledge of this tradition still affects women without sons. Many women with whom I spoke shared Phi's worry:

Perhaps my husband is not now concerned about having a son, but when he thinks of his old age he might become concerned about his lineage and want to have a son. So, I have to beware of this. (Phi, 38 years old, two daughters)

Sons are vital to maintaining the continuity of their family line. Van Hy Luong (1984) suggests the male-oriented model of Vietnamese kinship emphasises the male-centred continuity of the kinship unit. In terms of the model's internal logic, polygyny is intended to ensure this continuity (Luong 1984). Traditional society has its own solutions to the problem

of not having a son: take a concubine or adopt a boy. However, for Kinh people (the major ethnic group in Vietnam), because an adopted son has different blood, the popular option is to appoint a nephew to be the male heir (*thừa tự*). The nephew will inherit his adoptive parents' property after they die and have responsibility for worshipping the parents and carrying on the cult of the ancestors.

In my fieldwork, I heard many stories from my core cases about married men they knew of having extramarital affairs or taking extra wives if their first wife had not produced a son. This phenomenon was a significant factor influencing their own decision to have a son at any cost. One couple described to me the case of the husband's sister. The sister was very successful in trade and was the family's breadwinner, but she had only two daughters. She was now past reproductive age. Her husband had an extramarital affair with a single woman and they had a son. Rather than divorcing, the official wife provided financial support to raise her husband's son.

I also know of a family with an 'official' and an 'unofficial' wife living together in a village in Hà Nội, where I conducted community-based research and focus group discussions. The unofficial wife moved in with the husband and his family when they had a son together, and they all lived together openly. Women attending the focus groups confirmed that there were several cases like this in their village. This phenomenon is a significant worry for women without sons. As Thu said:

In my village, some women who have only daughters experience domestic violence. The husbands threaten that they will get extra wives. Their situation made me think about myself. I should be aware about this phenomenon. (Thu, 23 years old, two daughters)

The phenomenon is not opposed strongly by local authorities or other villagers. Some people showed sympathy for these women, but advised the official wives to accept the solution. Of course, women suffer great misery in this situation and the behaviour of their husband violates the official law on monogamy.

As sociologist Phạm Văn Bích (1999: 18) notes:

Ideally members of a family were expected to subordinate their personal interests to those of the family as a whole. Personal interests could not run counter to the family interests but should comply with the latter. Each person had to discipline him- or herself, and subdue his or her personal desires and aspirations if those ran counter to the communal standards.

According to Mai Huy Bích (1993: 11):

Traditional Vietnamese society is established from [a] village community and this community is composed of families. The communal characteristic of Vietnamese people is supplemented by the influence of Confucianism. The communal characteristic is manifested by the family's domination of the family members. The individual freedom is very limited. Individual interests must have a strong attachment to the interests of the family.

Therefore, in this context, women have to place the interests of their husband, their family and their husband's lineage (to which they belong after marriage) first. Otherwise, they will face public criticism. Women grow up with the knowledge that their duty after marriage is to selflessly serve their families, to be passive and obedient and to continue the family line by bearing sons.

The successful bearing of sons is considered central to the identity of men as well as women. Men cannot have an important position in their kin group if they do not have a son, and they will become the subject of gossip. The case of Huệ is a vivid example of a woman without a son. Huệ and her husband were facing the conflicting pressures of the need to ensure continuity of the family line for the sake of their relatives in the home village and the ruin of their careers if they had a third child.

Having a son is important for male identity when other aspects of masculine identity may be in question. For men who reside with or near their wives' parents (matrilocality), having a son is especially important. A Vietnamese proverb says: *'Thà ở xó chuồng heo còn hơn ăn theo quê vợ* [Better to stay in a piggery than live in your wife's homeland]. Men who live in such circumstances may feel they have lost their freedom and are sneered at by others. This was the case for Liên's husband, who felt pressure to have a son by way of compensation.

Liên's husband, Minh, is the second son of a poor family. He left secondary school to work in construction. In 2005, he met Liên while he was building a house for her brother. Liên was a hairdresser and once owned a barber's shop. After marrying, the couple decided to live in Liên's home village because they thought they could earn more money there. Minh's older brother was living with his parents, so they did not oppose the couple's decision. Liên and Minh's household economy is stable thanks to income from a small rented barber shop. Their two

daughters were born in 2006 and 2007. Minh is happy with his capable wife and two beautiful girls; however, he is concerned that he has no son. He confided:

My wife's family is precious to me, but I still feel that I am in a disadvantageous position when living in my wife's homeland. I really want to have a son to have some moral support. (Minh, 34 years old)

Living for family and kin

Sons are of particular importance because they carry on family lines and are responsible for their parents not only in their old age, but also after their deaths. Another Vietnamese proverb says: '*Trưởng nam bại, ông vãi vong* [If there is no son, there is no cult of the ancestors].' The cult of the ancestors is central to the spiritual life of the family and is based on the belief that one's spirit is immortal and relationships continue between the living and the dead. Vương Xuân Tình (1994) notes that, customarily, sons—especially first-born sons—have been given the responsibility to carry on the cult rituals and celebrate the funerals and death anniversaries of their parents, while daughters are merely required to contribute to the commemoration of the death anniversaries of their own parents. If a family does not have a son, these rituals have to be celebrated by the son of a consanguineal family. It is said that a married woman is no longer part of her natal lineage and cannot go to the lineage shrine (*nữ nhân ngoại tộc, bất nhập từ đường*). This is still the case in some areas of Việt Nam, as illustrated by one of my female interlocutors, Loan, whose origins were in the Red River Delta.

Loan's motivation to have a son was driven by concern about who would take responsibility for the family's cult rituals. She was under pressure because of the experience of her mother-in-law, Mrs Thoa, who had no brothers. After Mrs Thoa's parents died, responsibility for the family's cult rituals was passed on to her father's nephew. She could not celebrate her parents' death anniversaries in a proper manner. Mrs Thoa explained this custom:

According to elders [*các cụ*], daughters cannot carry out cult rituals. Even though a daughter celebrates her parents' death anniversary, her parents will not receive the things that she offers because the altar in her family household belongs to her husband's ancestors. Her parents' spirits cannot go there.

Because of this, Mrs Thoa has to celebrate her parents' death anniversaries in her cousin's household. Her cousin's family, however, is very poor and he cannot afford to have a nice altar, so the cult rituals are practised on a wardrobe. Moreover, the nephew's wife is HIV positive. Because of the stigma around HIV/AIDS, no one else will attend Mrs Thoa's parents' death anniversaries. This has left Mrs Thoa bitterly disappointed and she urged her daughter-in-law to try to have a son by any means. Mrs Thoa worried that if her son's family did not have a male heir to take care of the cult rituals, her experience would be repeated.

According to Confucianism, families are patrilineal—if a family does not have a son, the family line is considered extinct. The extinction of the family line is considered one of three major filial impieties, along with not taking care of one's parents in their old age and bringing one's parents into disrepute. Confucius is quoted as saying: '*Bất hiếu hữu tam, vô hậu vi đại* [Having no son to continue the family line is the biggest filial impiety].' One man told me of his motivation for having a son:

Having girls means that we serve for others, not for us. First of all, a girl is to encourage my wife, the second is for society [a girl will become a wife and will have a productive function for the society she belongs to]. Girls are considered a pancake in water [*Bánh dĩa nhúng nước*, a popular term in Vietnam meaning nobody wants it]. There is nothing for me. Having a son is similar to when an old tree dies—there will be a young tree. That is a circulation; old bamboo will have sprouts. (Vỹ, 42 years old)

Mead Cain (1993) asserts that gender inequality in the access and control of resources is a critical factor driving strong son preference among women. The need for a son is closely linked to the customary law on property inheritance. Since 1945, the laws have assumed the equality of men and women.¹ However, under customary law, men and women are not equal, especially with regards to the inheritance of

1 The Land Laws in 1993, 2003, 2013 regulates that women and men—as 'all people'—are equal under the laws. For example, the 2013 Constitution notes that 'Male and female citizens have equal rights in all fields. The State shall adopt policies to guarantee the right to and opportunities for gender equality. The State, society and family shall create the conditions for women to develop comprehensively and to improve their role in society. The Constitution prohibits gender-based discrimination' (National Assembly of Vietnam 2013: Article 26).

land and houses. Land has high value, so the division of land according to customary law provides motivation for having a son. Phi confided in me:

My father-in-law has a feudal mentality. He constantly reminds us to have a son, but my husband refuses to talk about it. My father-in-law is going to divide the ancestors' land for his descendants. Only sons and grandsons can receive a portion. If I have a son, my family can have more land.

Customary practices of gift distribution within patrilineages can be symbolically wounding as well, reminding women of the value placed on sons. Some women in my study told me how displeased they were when their sons received gifts/dividends after ancestor-worshipping days while their daughters were given nothing.

Community pressure

According to Mai Huy Bích (1993: 11), traditional Vietnamese society is established at the level of the village community, which is made up of families. The communal characteristic of Vietnamese society is supplemented by the influence of Confucianism manifested in the domination of the senior male over other family members. Individual freedom is very limited, and individual interests must be subsidiary to the interests of the family. The community plays an important role in shaping people's reproductive desires and behaviour. As with Huệ's husband, many sonless men are laughed at and many sonless women are taunted with comments such as '*không biết đẻ* [not knowing how to give birth]' or '*kiếp trước ăn ở thế nào* [your previous incarnation was not good]'. Gossiping about sonless men and women exerts pressure on families. Many women justified their decision to try to become pregnant with a son by referring to this social pressure. In addition, having a son is evidence of a family's virtue. For men, having a son is a demonstration of masculinity, success and filial piety.

Most women I interviewed said they were blamed and felt anxious if they did not do all they could to have a male heir. Sex-selective abortion is therefore one solution to a failed attempt to conceive a son. If a woman had a son after her efforts, the couple's status increased considerably and her effort was praised. If, however, a woman had yet another daughter, the couple would be ridiculed.

If I have a boy, people will congratulate me. But if I give birth to another girl, they will laugh at me. They will say that I have a flock of flying ducks. (Na, 49 years old, two daughters)

Women who have several daughters will be mocked for two reasons—not having a son and having too many children according to current social standards.

In rural Việt Nam, the strength and political power of a lineage depend on the number of male heirs. It is said that the greater the lineage, the stronger is its power. Therefore, having a son improves a man's and his lineage's position in the community. Pressure from family, gossip within the community and the concept of responsibility to have a son force sonless couples to try to have male heirs by any means. Women are under the most pressure; they are valued for having a son and are said to have fulfilled their duty to their husband's family only after giving birth to at least one son. They are held in low regard by their husband's family if they have only daughters. Some sonless women are neglected, spoken to scornfully, beaten ruthlessly or threatened with replacement by other wives. Accordingly, they take the initiative to find ways to have a son.

For Vietnamese people, the opinions of those around them are very important.

Communal assessment is regarded as the highest standard and modifying its members' behaviour and attitudes accordingly. Each person has to discipline him/herself, and subdue his/her personal desires and aspirations if those are contradictory to the communal standards. Otherwise, a person would be labelled a 'social disgrace' and as 'losing face'. Members of a family were expected to subordinate their personal interests to those of the family as a whole. Everybody has an obligation to take care of and obey the older generation. (Phạm Văn Bích 1999: 18–19)

State policies and their perverse effects

Public policies have a significant influence on people's decision-making with respect to fertility. Some researchers have argued that parental discrimination against a female foetus is exacerbated by strict population policies—for example, China's one-child policy (Goodkind 1999a). In Việt Nam, the one-or-two-child policy is the central component of

the Family Planning Program initiated in 1963 (Vũ 1992). After *Đổi Mới* in 1986, the government began promoting the norm of a small family with only one or two children for each couple. Small families have a lower probability than larger families of including a son. Annika Johansson et al. (1998) indicate that the need for sons is still strongly felt in North Vietnamese culture. In addition, the one-or-two-child policy introduced new and potential contradictions regarding women's fertility. On the one hand, women who do not have a son worry about not producing a male heir. On the other, they feel pressure from local authorities to keep to the two-child limit. Yong J. Yoon (2006) used a demographic model to predict that a low birth rate would lead to an increase in the SRB because of sex-selective abortion.

Public policies on social security, the market and healthcare services also influence son preference in the contemporary context. Social security systems are very weak in Việt Nam; people must be self-reliant. Elderly people usually depend on their children, primarily their son(s). For farmers, there is no financial security once they are beyond working age. Hence, sons play a valuable economic role for their ageing parents, and this is the dominant factor driving son preference. Noticeably, in this study, a large number of the women having a sex-selective abortion were farmers (10 of 35 cases).

Sons usually become important providers when their parents are weak or ill. With poor health insurance and most healthcare services paid for out of their own pockets, elderly Vietnamese can incur high expenditure as a result of age-related health problems. The payment burden is placed on the son. A manager of a public hospital told me:

At present, we have poor social security. Obviously, sons have an important role in their families. Perhaps some families have lost their fortune because of their sons, and some families are prosperous thanks to their daughters. However, they are only a minority. Basically, when old parents are weak or ill and when their families have important affairs, sons have the main responsibility. Old people who can no longer work depend mainly on their children, not on social security. When the social security systems are improved, son preference will not be as pressing. To me, son preference is not irrational. I do not dare to say it is a legitimate aspiration because if I say that I will violate the law and policy on gender equality. (Manager, male, 52 years old)

While cadres can receive more social insurance from the government, nongovernment workers, especially farmers, have little social security. As Bélanger explains (2002: 330):

Since the liberalisation of health care and the introduction of user fees, peasants who face health problems need to borrow considerable sums of money to gain access to health-care services. This change in social policy likely has increased the value of sons to their parents.

The farmers in this study also mentioned their worries about this issue. Trang's husband said:

My brother is a cadre. He works for a state bank and has social insurance. He can feel secure when he retires. My wife and I do not have permanent jobs; we are self-employed, so we have to take care of ourselves. We want to have a son to rely on when we are in old age. (Male, 46 years old)

Women cadres who depend on the state and the Communist Party have greater incentives to respect the population policy so as to maintain their job security and ensure promotion. Meanwhile, women engaged in other occupations have greater freedom to choose the number of children they have. Previous research indicates that cadres are more likely than others to incur sanctions for not respecting the one-or-two-child policy. Therefore, they are likely to be under more pressure than others to have only two children while also trying to have at least one son (Goodkind 1994; Bélanger 2002). Interestingly, mothers who are cadres tend to have a higher male SRB for children of third and higher birth orders (Bélanger et al. 2003).

A significant number of women in this sample who underwent sex-selective abortion were cadres (10 of 35 cases). Employees of the state or the party who had more than two children—violating the population policy—usually hid the birth of any subsequent child to avoid being penalised. Thương was one such woman.

At noon one day, Thương and I sat outside the surgical room, waiting for her turn to have an abortion. Thương opened her phone and showed me a photo. 'Look at my daughters. They are twins,' she said. 'They are beautiful,' I said. She told me with a proud voice: 'They are beautiful and obedient. I love them so much.' Then she lowered her voice:

My husband and I thought that two daughters were enough and we did not intend to have more children. But my husband is the only son in his family. We are both government cadres; I am a teacher and he is a director of a company, so we cannot have a third child. In order to have another child, I have to offer one of my daughters for adoption. My husband's sister adopted my daughter; however, they are only adoptive parents on paper. My daughter is still living with me.

The social value placed on having a son coupled with policy-led restrictions on family size can lead to outcomes other than sex-selective abortion that are also damaging to girls. Rachel Burr (2014) looked at what it means to be a good child in Việt Nam and suggested that ancestral worship—still widely practised throughout the country—was key to this. Families emphasise the need for a son to continue worship practices into the next generation. While the high value placed on the boy-child has been tempered by the influence of the state's social policies and modernity, the eldest boy in a family still often holds preferential status. Burr observed of an orphanage in Hà Nội that it comprised two-thirds girls and one-third boys. The girls were usually the eldest child or second-born girl in a family. According to Burr (2014), these girls are 'victims' both of the one-or-two-child policy and of the traditionally informed pressure on women to produce a son.

Social change and the sex of children

The desire for children of a particular sex is affected not only by population policies, but also by rising living standards and other social changes. Writing about the People's Republic of China, Robin Burgess and Juzhong Zhuang (2002) show that socioeconomic factors can affect the preference for sons. In Việt Nam, economic rationality and new social norms about 'having fewer but better children' have influenced women's decisions about the desired number of children. The costs of raising children have been rising rapidly, and parents want to 'invest' more and more in their children despite limited finances. For instance, parents in Hà Nội compete to send their children to specialised schools despite the high fees. As one village farmer said:

My parents could have nine or 10 children because they just needed to provide enough food and clothes for us. It is said that '*Trời sinh voi; Trời sinh cỏ* [God gives elephants; God gives grass]. We cannot do the same because we need to raise our children with nutritious food and a good education.

The high cost of having children is an important concern for parents. In economic terms, children are seen primarily as a burden, not as an asset—daughters more so than sons in this view. According to one woman who decided to have a sex-selective abortion:

The cost of raising and educating children is very expensive nowadays. I only have the capacity to raise and pay for the education of two children. I think I will have only two children instead of three in order to have a better life for them. We have a strenuous life, working hard in agricultural jobs. We do not want our children to work hard like us. (Thu, 23 years old, two daughters)

However, some women considered having more children and wanted to have a son once their economic situation improved.

I did not think about having a third child before. Recently, my family's economic condition improved, and we can now afford to raise more children, and we would like to have a son. (Hậu, 35 years old, two daughters)

A large number of women in this study who sought a sex-selective abortion had a high school or tertiary education (24 out of 35 cases). They are not easily categorised as educationally disadvantaged or lacking basic awareness of social norms and state policies. A study of the association between educational levels and the child sex ratio in rural and urban India reports that women's higher status may not lead to greater equality between male and female children. Women with greater 'empowerment' are simply more likely to resort to modern strategies to have at least one son. These women have more knowledge about the methods believed to influence the sex of a child, such as selective diet, the best time for conception and the use of ultrasonography. Elizabeth Croll (2000) argues that gender equality among adults does not necessarily lead to gender equality among children. A study of sex-selective abortion in India suggests the higher a woman's socioeconomic status, the more likely she is to be involved in sex selection (Ganatra et al. 2001). Similarly, my findings suggest a high propensity to use sex-selective abortion among those of higher

status, which likely reflects both greater awareness of and greater access to sex-determination and abortion services, as well as greater ability to afford these services.

Some new factors are complicating sex preferences for children in contemporary Việt Nam. According to one Vietnamese proverb, ‘*Có nếp, có tẻ* [It is better to have both glutinous and ordinary rice]’. The meaning, as explained to me, is that people prefer to have children of both sexes. In a traditional peasant family, a daughter was welcomed if she was the first child because she could help her parents (Phạm Văn Bích 1999). It was also said that ‘*ruộng sâu, trâu nái, không bằng con gái đầu lòng* [having a piece of fertile land and a fertile buffalo is not as valuable as having a daughter as your first child]’. However, the shift to smaller families and changes in social and economic responsibilities have imposed new pressures on women to have at least one male heir. Many couples now want their first child to be a son and are likely to feel anxious if it is a daughter instead. If their first child is a son, the outcome is described as *ăn chắc* (gaining the certainty of having at least one son)—meaning parents need not worry about the sex of their second child. Interestingly, statistical data from the UNFPA show that, unlike most countries, in Việt Nam the SRB is skewed for the first-born child. In 2009, the SRB was 110.2 for the first birth, 109 for the second birth and 115.5 for the third birth (but 132 if the first two children were daughters) (UNFPA 2015).

Although most couples want at least one son, they do not want too many sons. In rural areas, the average land per capita is limited and declining. Having many sons to provide labour was not the main motivation of the people with whom I spoke. In fact, it is said that ‘*tam nam bất phú, tứ nữ bất bần* [with three sons, one will not be rich; with four girls, one will not be poor]’. In addition, the customary expectation that a son and his family will live with his parents after marriage (i.e. virilocality) means some couples worry about having too many sons, especially in urban areas with limited land. One man told me:

I want to have a boy because I think about my family line. Actually, raising a boy is harder than raising a girl. Parents worry more about the economic situation for a boy than for a girl upon marriage. (Na’s husband, 52 years old)

Some social trends indicate that the preference for sons is not likely to disappear in the near future. Anthropologists have noted that liberalisation and globalisation in Việt Nam have been accompanied by a resurgence of traditional social, cultural and religious practices that contradict the expectation that modernisation will render obsolete traditional ways of life. These trends include restoration of the household economy, patrilineage and ancestor worship (Werner 2002; Luong 2003; Taylor 2007). To some extent, the revival of such traditions has been endorsed by the Vietnamese state as it seeks to maintain a national identity for the sake of economic and political security, and for its own authority.

Farmers are being influenced by the ideal of smaller families, while simultaneously experiencing pressure from family and kin networks and the prestige accorded to traditional notions of the importance of having a son. The case of Ngọc helps us understand the pressures leading such parents towards sex selection.

When I met them, Ngọc and her husband were sitting in the hospital corridor eating a frugal lunch of rice and vegetables. Ngọc's husband told me that the abortion Ngọc was about to have was, for them, a great expense. Ngọc was 33 years old and the couple already had two daughters. Now, she was 13 weeks pregnant.

All our savings have been spent on this affair [the abortion]. We are farmers and earn just enough to survive on. Raising two children is already difficult for us. We intended to have two children only, but my parents complained too much. In death anniversaries and festivities, elders often asked when we would have a son [*khi nào thì có thằng cu*]. That makes us anxious. My wife tried to get [a son with] this pregnancy, but we are not lucky. (Ngọc, 33 years old, two daughters, 13 weeks pregnant)

In short, while traditional factors still influence son preference, modern factors are also playing a role in people's perceptions about having a son. Women in contemporary Việt Nam suffer a great deal from the clash between the intense demand for a son and the pressure to have fewer children.

Women's decision-making on sex-selective abortion

In the remainder of this chapter, I explore how the decision is made to have a sex-selective abortion. Rosalind Petchesky (1984) points out that feminists support women's right to choose, but they pay less attention to the social and material conditions under which those choices are made. The sections that follow examine the conditions under which women make decisions, paying attention to the significant social others with whom they consult. I then discuss other factors influencing their decision-making.

Women's position in reproductive decision-making

Looking at the relationship between gender and development, Elisabeth Croll (2000) asserts that there is no neat correlation between the status of women and that of girls, and there are some improvements in women's status that have led to a decline in fertility but have not reduced the preference for sons. The question is why the increase in the status of women does not lead to a similar increase in the status of girls. It could be due to generational differences and the position of women within their husband's family (Croll 2000). Aida Seif El Dawla et al. (1998: 99) suggest that 'women's relationship to their bodies is shaped by such negotiations among needs, desires and obligations; ownership of the body is both personal and socially determined'.

In a patriarchy, women have limited authority within the family and therefore also limited authority in decision-making. According to traditional Vietnamese customs, a married woman belongs to her husband's family. Her childbearing is considered a family issue and decisions related to it must be approved by her husband's family, especially the elders. Although the situation for women in Việt Nam has improved because of the legal recognition of gender equality, some traditional values persist in everyday life. Women's position in relation to their husbands, family members and others involved in reproductive decision-making can help us understand their attitude to son preference.

Husbands

Traditionally, Vietnamese family lines are continued through men, and women join their husband's household on marriage. In this patriarchal family structure, Vietnamese women have limited authority. Childbearing is considered their main duty and decisions about it must be approved by their husband's family. While women in such situations may feel they lack power, most also accept these arrangements and even actively employ them (Gammeltoft 1999).

Husbands play an important role in women's decision-making in general, including in abortion decisions. All the women in this study had to consult their husband when making decisions and gain his approval. While couples may discuss such issues, the final decisions are not always made by the wives. As Huyền said:

I did not want to have this abortion. I felt it is immoral. If my husband did not insist on having an abortion, I would not have done so. (Huyền, 36 years old, two daughters)

The contradictions inherent in the decision to have an abortion can lead to violence, spousal neglect or extramarital affairs. Some women, such as Huyền and Lụa, were forced against their will to have an abortion by their husbands.

Lụa called me at midnight in tears. Initially, her husband had been very happy when she became pregnant for the second time. During the first few months, he looked after Lụa's health by bringing her food and a cup of milk before going to bed. Everything changed, however, when he found out she was carrying another girl. He advised her to have an abortion, but she did not agree. She thought it would be immoral to have an abortion just because the foetus was female. After that, her husband stopped taking care of her as before and he began to come home very late. He also received strange phone calls and messages. Lụa recognised there were problems with their relationship and eventually discovered that her husband was having an extramarital relationship with his hairdresser. In an effort to avoid their happiness being destroyed, Lụa decided to have an abortion.

There is a close connection between abortion and violence. Reviewing the data of the effects of intimate-partner violence on women's reproductive health and pregnancy outcomes from various countries,

N. N. Sakkar (2008) asserts that such violence affects women's physical and mental health, reduces their sexual autonomy and increases the risk of unintended pregnancy and multiple abortions. A study conducted by Angela Taft and Lyndsey Watson (2007) found that, for women under 27 years of age, domestic violence was associated with the decision to terminate a pregnancy (and also with unwanted pregnancy and poor pregnancy outcomes). Although the women in my study are a little older than Taft and Watson's subjects, there is now international evidence of the relationship between domestic violence and the decision to terminate a pregnancy.

Conversely, in some cases, women elected to have a sex-selective abortion even though their husband had not placed any pressure on them. Women who are 'empowered'—highly educated and economically independent—are less likely to be influenced by their husbands. For these women, the most influential factor in their decision-making is the social benefit of having a son. Thương and Na both gave their reason as the fear of 'losing face' because of having many daughters. Na said:

If I had another daughter, people would laugh at me instead of having compassion. (Na, 49 years old, two daughters).

This analysis clearly points out the role of cultural values and social norms in reproductive decision-making.

Parents-in-law and other family members

In Việt Nam, women often mention the contrast between women's formal rights in society and their lack of rights within their families (Gammeltoft 1999). A number of studies indicate that women in Việt Nam have a weak position in reproductive decision-making (Johansson et al. 1998; Trần 2005), as the entire extended family becomes involved. The pressure on women from their extended family to choose an abortion is enormous, with the opinion of the elders particularly important.

Rural women typically have close contact with their relatives, so they make decisions about abortion only after discussing the matter with them. If women live with their husband's family, they need to consult carefully, especially with their mothers-in-law. In my study, those couples who discussed their decisions with their family were typically living with the husband's parents in the same house. If the matter was

discussed within the family, the final decision had to be based on the elders' opinion. Not following elders' advice is considered 'filial impiety' (*bất hiếu*). To avoid dealing with contradictory opinions, some young couples chose to keep silent during early pregnancy and before an abortion. However, such an approach can create conflict within the family. I met two cases in which the couples decided to have an abortion but only told their family afterwards. Both these women were scolded by their husband's family and sent back to their own parents' home by their mothers-in-law. Thuận's case is an example.

Thuận and her husband decided to have abortion without telling their families. When Thuận returned home after her abortion, she could not escape the attention of her mother-in-law and had to admit to the procedure. Her mother-in-law was angry Thuận had hidden such an important matter. Instead of being taken care of, Thuận was sent back to her own family.

In contrast, couples living as a nuclear family usually made their own decisions. They did not want to involve other family members for fear of the elders disagreeing and preventing them from having an abortion. As Phi explained:

We have our own house and live far from our parents. We did not dare talk to our parents about abortion. If they knew, they would not allow me to do so [have an abortion] and would scold me. (Phi, 38 years old, two daughters, 15 weeks pregnant)

The belief that women belong to their families-in-law after marriage plays an important role in sex-selective abortion decision-making. Where couples receive contradictory opinions on having an abortion, women's natal families usually advise them to follow their in-laws' wishes to avoid any clash between generations, the consequences of which are likely to fall on the woman.

Thu married when she was 18 years old and had two daughters. She and her husband did not care much about the sex of their children. 'My husband loves our daughters so much. He has never scolded them. He said he did not care about having a son,' Thu told me. When Thu became pregnant for the third time, an ultrasound scan revealed she was carrying another daughter. The young couple decided she would continue with her pregnancy, but Thu's mother-in-law encouraged them to terminate. Thu confided:

My husband said if I got pregnant, I should give birth regardless of the foetus's sex. But my mother-in-law disagreed. She advised me to have an abortion and then try to do something to have a son.

Thu was confused so she approached her own mother. At first, Thu's mother did not want her to have an abortion. She thought it was immoral. In the end, however, she advised Thu to do as her mother-in-law wished to avoid any conflict. Thu said: 'I want to keep this pregnancy, but I worry that if there is any problem, my mother-in-law will blame me'. (Thu, 23 years old, two daughters)

The case of Thu shows that women are usually in a weak position in regard to reproductive decision-making, creating vulnerability and diminishing women's control over their own lives. With different value systems coexisting, women must choose between being a 'good' mother who protects her child and the expectations placed on them by society. The notion of 'goodness' is often associated with behaving in an acceptable manner as defined by the wider society.

In the research on abortion because of foetal malformity, decisions are often made by the entire family (Gammeltoft 2014), whereas in my research, most women who had a sex-selective abortion kept it a secret and rarely discussed the matter with their families. This could lead to psychological problems after the abortion.

Counsellors

Not all women who went to hospital seeking abortion services decided to go ahead with an abortion (see Chapter 4 for further discussion). Counselling can discourage women from terminating their pregnancies and information about the abortion procedure can have an intimidating effect on women seeking to terminate a pregnancy. 'Doctors say the foetus's bones have already formed. The foetus's body will be torn during abortion. It makes me nervous,' Hà (29 years old, two daughters) told me. Counselling involves providing information about the procedure and this tends to spark guilt and anxiety and other strong emotional reactions to the recognisably human form of the foetus. The case of Quý shows that the concepts of morality and emotion between mother and child have a strong impact on women's decision-making. Ultrasound images can also have a strong influence on women's emotions. As Quý (40 years old) said: 'I felt pity when the doctor pointed out the foetus's

body and said the foetus was touching her face.' For the abortion provider, these are effective methods to prevent sex-selective abortion. A counsellor told me:

With women wanting late-term abortions, I usually show them the images of their foetus such as the head, arms and legs. These images bring home to them the nature of the relationship between mother and child. This makes them rethink their decision. (Counsellor, 52 years old)

Counselling plays an important role in abortion decision-making (Trần 2005; Gammeltoft et al. 2008). The key issues are the best way to provide information to women who are considering having a sex-selective abortion and what abortion providers should do if they recognise an abortion is being sought for reasons of sex selection, while respecting women's autonomy and maintaining the standards associated with informed counselling. As Scott Woodcock (2011: 495) points out:

Counselling involves providing information about the procedure that tends to create feelings of guilt, anxiety and strong emotional reactions to the recognisable form of a human foetus. Instances of such counselling that involve false or misleading information are clearly unethical and do not prompt much philosophical reflection, but the prospect of truthful abortion counselling draws attention to a delicate issue for healthcare professionals seeking to respect patient autonomy. This is the fact that even accurate information about abortion procedures can have intimidating effects on women seeking to terminate a pregnancy.

Other people

As well as family members, employers and even fortune tellers also play an important role in a couple's decision-making about abortion. The cases of Huyền and Cúc provide examples.

Huyền's case

Huyền was a primary school teacher and her husband was a construction worker. They had two lovely daughters. When Huyền was 12 weeks pregnant with her third child, she had an ultrasound scan in a private clinic. The doctor said he was unable to determine the sex of her foetus at that time. Huyền returned to the clinic the following week, when the foetus was 13 weeks old. When the doctor told her the foetus was female, Huyền's husband wanted her to have an abortion immediately. Instead,

she sought the opinion of her mother and two sisters. They opposed an abortion because they considered it immoral. Huyền also thought it was immoral to terminate the pregnancy just because the foetus was female; however, she would get into trouble if she had a third child. In the school where she worked, a teacher who had a third child was made to work in the library and take care of day-boarders instead of teaching. Huyền met with the principal to express her concerns. The principal told Huyền if the foetus was female, she should have an abortion. She would experience disciplinary measures similar to those placed on her colleague if she had a third child. Her career would be destroyed and she would not reach her goal of having a son. The principal's analysis quickly brought Huyền to the decision to have an abortion. (Huyền, 36 years old, two daughters, 14 weeks pregnant)

Cúc's case

The nurse gave Cúc two tablets. She trembled as she returned to the corridor where her husband was waiting. She sobbed violently and her husband consoled her for a while. He then took out his mobile phone and called his boss to tell him about the couple's situation. The boss said that if they had a third child, it would violate population policy; however, his boss could help him cover up this violation. Then Cúc's husband called a fortune teller, who said if the couple had a child that year, their family would be unlucky because its birth year would be incompatible with the parents'. Consequently, the couple decided to have the abortion and Cúc swallowed the tablets. (Cúc, 30 years old, two daughters, 13 weeks pregnant)

These cases show there is a tension between morality and practical benefits in regard to abortion. In Huyền's case, her mother and sisters opposed her having an abortion on moral grounds, while everyone else around her was more concerned about the fate of her husband's lineage, the practical benefits or the legality. These two cases suggest that the pressure on women and families to go ahead with a sex-selective abortion can also come from work supervisors or the advice of fortune tellers.

How ultrasound results figure in sex-selective abortion decisions

Ultrasound results are a core factor in abortion decision-making. The development of ultrasound technology has supported sex-selective abortion. The earlier women know the sex of their foetus, the more likely they are to have a sex-selective abortion. Women in urban areas are often the first to experience new technology and then pass information about it on to their female relatives in rural areas. Thu said:

At the beginning, I did not know the sex of the foetus can be determined at the third month. I only knew the sex of my two daughters when I was in the fifth or the six month of pregnancy. I have only since found out that the sex of the foetus can be determined at three months. My sister lives in Hà Nội and she told me this. I had been intending to keep this pregnancy, but had I known otherwise, I would have had an abortion much earlier. (Thu, two daughters, 13 weeks pregnant)

Ultrasound results can also influence a woman's final decision if she is ambivalent about having an abortion. Women in this study who had a sex-selective abortion had at least three ultrasound scans before making their decision; the majority had between four and six ultrasound scans. Some of the women had a final ultrasound scan just before taking the pre-abortion medication. Hiền's case provides an example of women's emotions and the process of a sex-selective abortion.

The nurse gave Hiền two tablets to take before the abortion. She took them out of the surgical room and sat in the corridor in a very anxious state. Her sister-in-law gave her a cup of water with which to swallow the medicine. Hiền took the cup and put the tablets in her mouth, but then took them out and started crying. After a while, she said she wanted to check the sex of her foetus again. Although she had already had six ultrasound scans, she wanted to check one more time before taking the medicine. She went to a private clinic near the hospital for a three-dimensional ultrasound scan. This proved to be very easy. When we approached the clinic, a young woman in white and blue rushed up to us and asked what we would like to do. When Hiền said she wanted a three-dimensional ultrasound scan, the clinic's nurse gave Hiền a ticket and told us the price, VND200,000 (US\$10). I went with Hiền into the ultrasound room while her sister-in-law waited outside. In the damp and gloomy room, a sonographer was scanning another woman, so we

sat near the door to wait. On the wall, there was a large frame with many pictures of fetuses in various stages of gestation. There were some half-length pictures focused on the genital organs of the fetus. These pictures seemed designed to show the 'qualifications' of the sonographers in the clinic. Hiền looked at a picture of a 14-week fetus with a steady gaze. She said to me through tears: 'My fetus is the same gestation as that fetus over there. So, it has human form. I feel I am doing wrong towards my child.' It was then her turn for a scan. She was trembling as she lay on the bed. The sonographer quickly checked some foetal development indicators and then carefully checked between the hind limbs of the fetus. He asked Hiền: 'How many daughters do you have?' 'I have only one daughter,' Hiền stammered (in fact, she had two). The sonographer checked again, changed the dimensions of the image of the fetus and affirmed it was a girl. Hiền's eyes filled with tears. The sonographer seemed to understand the purpose of Hiền's visit. He did not check any other indicators and printed the result without recording the sex of the fetus. Hiền hurried back to the hospital and called her husband to tell him about the result. Her husband said if she was sure about the accuracy of the sex determination, she should go ahead with the abortion. (Hiền, 32 years old, two daughters, 15 weeks pregnant)

Duration of gestation and foetal situation

Women in my research were most likely to have a sex-selective abortion in the second trimester. Sixty-eight per cent of my sample had their abortion between the 14th and 16th week of their pregnancy. Other research has produced similar results. A study of induced abortion among 1,409 women in Maharashtra, India, claims that sex-selective abortion took place significantly later in the pregnancy than abortions for other reasons (mean gestation 17.2 weeks versus 9.2 weeks, respectively). In another study, of married Indian women, sex-selective abortions accounted for more than two-thirds of all second-trimester abortions (Ganatra et al. 2001).

The decision to have an abortion is not an easy one. The women in my study had several ultrasound scans before having an abortion to ensure the results were accurate. They were advised of the sex of the fetus during a diagnostic scan taken in the 12th week of pregnancy and then waited one or two weeks to double-check the results. It then took them about another week to decide whether or not to have an abortion. The length of the decision-making process results in most women

having a sex-selective abortion in the 14th to 16th week of pregnancy. A late-term abortion is technically more difficult and more dangerous for the woman. In addition, a pregnant woman's nurturing instinct and a growing sense of a relationship with the foetus make many women hesitant to have a late-term abortion.

There is a moral differentiation between early menstrual regulation, when the foetus is considered to be a 'blood clot' or a 'bean seed', and late-term abortion, when the foetus has 'human form'. Many women who had sex-selective abortions supposed that abortion early in the second trimester was acceptable, but they would not have an abortion late in the second trimester because the foetus would be too big by then and would have the form of a baby.

Late-term sex-selective abortion is, however, often conducted. A woman confided:

Most women have to terminate a pregnancy several times. It is normal if my pregnancy is unplanned, but I should have an abortion in early pregnancy. However, this is a planned pregnancy. I have had an abortion just because this is a girl. It is a pity. (Hồng, abortion at 14 weeks)

Sex-selective abortion has also been occurring among women who are HIV-positive or have a malformed foetus, but several studies conducted in Việt Nam have noted the decision to continue with the pregnancy in these cases if the foetus is male (Trần 2005; Oosterhoff et al. 2008). Pauline Oosterhoff et al. (2008) remark that HIV-positive women often decide to continue with a pregnancy if they know the foetus is male, whereas they might not have continued for a girl-child. Similar decisions have been observed in the case of a malformed foetus (Trần 2005). In previous research, I discovered that a disabled boy is usually more easily accepted than a disabled girl,² so the sex of the foetus also strongly affects abortion decision-making in cases of foetal malformation. In this study, the case of Toàn supports this conclusion.

Toàn was from a village about 30 kilometres from Hà Nội. She had a daughter with leukemia. Her daughter's treatment was expensive and Toàn and her husband paid for it with money they earned trading bananas from their village. They were afraid to have a second child in

² The project was 'Population, Development and New Reproductive Health Technology: Pre-natal screening in Vietnam', funded by the Danish International Development Agency.

case it also had the disease. Because of this fear, when Toàn fell pregnant unintentionally and the couple found out at 14 weeks that the foetus was female, they decided to have an abortion. According to Toàn, a girl would suffer more than a boy from leukemia.

Religious sanctions against abortion

Abortion—particularly late-term abortion—is considered immoral in Việt Nam. In this section, I discuss the religious implications of sex-selective abortion. The arguments are based on the morality of the practice, the status of the foetus and the position of women in decision-making.

To understand why women hesitate to have an abortion, it is useful to understand local religious beliefs and perceptions of abortion. The major religion in Việt Nam is the so-called triple religion (*tam giáo*)—a combination of Buddhism, Taoism and Confucianism. There are also other religions with a significant number of adherents, including Catholicism, Protestantism, Islam, Cao Đài and Hòa Hảo. The major religious affiliation, with around 10 million adherents, is Buddhism (Đặng 2003). When asked, Vietnamese people are most likely to identify as Buddhist or Catholic, but they are also likely to follow Confucianism and turn to Taoism for their understanding of the cosmos.

The Vietnamese folk religion blends Buddhism, Taoism and Confucianism with spirit beliefs and local cults. Although one might argue that Confucian values—which strongly influence son preference—provide a context conducive to sex-selective abortion, Confucianism does not endorse killing or violence of any form. Rather, the desired ends are to be achieved through superior ethics and by cultivating social relations. In Taoism, it is believed that one's destiny can be influenced by gaining and deploying esoteric knowledge. In neither case do these traditions offer an ethical basis for abortion, nor do they explicitly forbid the practice. Buddhists believe in reincarnation and that life begins at the moment of conception. This naturally inclines Buddhism away from permitting abortion. Taking the life of any living thing is generally condemned in Buddhism and, according to this stance, abortion is frowned on in Việt Nam (Gammeltoft 2003). Finally,

as we shall see, popular belief in the efficacy of spirits sets up a different kind of sanction against abortion—a sanction wielded by the aborted foetus itself.

Although these aspects of religious tradition condemn or prohibit the practice, abortion has always existed. The morality of abortion is related to the core issue of when a foetus becomes a human being. Many people believe that, in the early stages of gestation, the foetus (or embryo) is merely a blood clot (Gammeltoft 1999); therefore, early termination is not regarded as abortion. Early-term abortion in Việt Nam is called ‘menstrual regulation’ and has not posed any particular moral problems. Conversely, in later pregnancy—usually after three months—abortion is considered morally wrong. One woman compared early and late-term abortions in the following way:

In early pregnancy, abortion is much easier because the foetus does not yet have a human form. It is just a blood clot. When it has human form, it also has a spirit. If I keep it, it will become a human being. If I abort it, it will have resentment towards me. (Chung, 40 years old, two daughters, 14 weeks pregnant)

Studies of moral perceptions of abortion in Việt Nam point out that attitudes about the ethics of the practice vary widely (Johansson et al. 1996; Gammeltoft 1999, 2002), particularly among different generations. For example, in a study of the side-effects of IUDs among married rural women in Hà Tây province, carried out in 1993–94, Tine Gammeltoft (2002, 2003) found that elders considered abortion at any stage of gestation a sin, while younger people found early terminations morally acceptable. Similar findings emerged in my study. One elderly woman told me:

In the past, we did not dare to have an abortion. Get pregnant, have a child. Throwing it away [abortion] 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 abortions more easily. Abortions are popular, but that is 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 early abortions were morally acceptable, they were very uneasy about late-term abortion. ‘Abortion is a sin’ was mentioned in most of my interviews. As Nguyệt said:

I did a wrong thing when I had an abortion just because the foetus is female. I feel like a bad person. This is my sin and I can't forget it. (Nguyễn, 28 years old, one daughter, 17 weeks pregnant)

Not only women, but also men thought abortion once the foetus had a human form was highly morally problematic.

If it is in an early pregnancy stage and the foetus has no human form, the abortion is simple. I thought a lot about it 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 taking it out of the womb. I felt guilty when thinking that we killed our baby. (Huệ's husband, 48 years old)

Change of heart

Women who had decided to have a sex-selective abortion and looked for an abortion service might change their mind and decide to carry to term after their abortion requests had been approved. I met three women who went to hospital for a sex-selective abortion but then decided to continue with their pregnancy. Why did they change their minds? The case of Quý will help us understand more.

Quý came to the counselling room in a state of profound anxiety. This was the last step of the administrative procedure before her abortion. The nurse/counsellor told her it was too late to have an abortion that afternoon because she would need several hours for cervical preparation, so she was given an appointment for the next morning. Quý went home and cried. She could not sleep that night or even discuss the matter with her husband. The next day, the couple decided they would not go through with the abortion. Two days after this, Quý met with me to talk about her decision. She said:

I thought it is immoral to have an abortion when it [the foetus] has human form. It has a face, arms and legs. It has a full human form. When I had ultrasound scans, the doctor said its hand was touching its face. The doctor in the Department of Family Planning said it has a skeleton already. I felt pity for it. It also has a spirit. If I destroy it, it will resent me and I will be haunted by anxiety.

I visited Quý six months later, when her lovely daughter was nearly two months old. When I arrived at their home, her husband was standing at the door waiting for the rain to stop. He had a busy job as a tissue delivery man. Quý was holding her new baby; she looked ruddy-faced

and seemed happy. The couple's five-year-old daughter was playing around her little sister. The couple seemed very happy to see me again and I presented them with a pink dress for the baby. I held the baby and spoke with Quý's husband while Quý served me tea. Quý's husband told me:

We decided to have an abortion, but we finally abandoned the idea. If we left it off [*bỏ nó đi*—aborted the female foetus], we would degrade our dignity. What would happen if our children knew about this conscienceless behaviour? We may have a son, but we would lose our dignity and morality. I told my wife that we could not do that because dignity is most important. It is more important than money. (Quý's husband, 45 years old)

Clearly, the immorality of abortion weighed heavily on Quý and her husband. Although the couple decided to continue with the pregnancy and were pleased with their decision, they have been in agony about not having a son. 'We want to have a son to attain our inner wishes and to satisfy my parents. Otherwise, we feel guilty towards our parents and ancestors. That is Vietnamese culture,' said Quý's husband. Having a third child would be an obstacle for them because Quý's husband made a precarious living from his job. The couple's decision-making was characterised by the struggle to balance the wish to have a son, morality and economic circumstances.

All three of the women who decided not to go ahead with their abortion were satisfied with their decision; however, they still expressed a deep need to have a son. Petchesky and Judd (1990: 367) points out:

A series of 'negotiations' back and forth between ideology, social reality and desire are involved in abortion decision-making. This negotiation incorporates social and individual need into the shifting ground of moral values.

Conclusion

As this chapter has demonstrated, traditional norms about the value of sons in tandem with new elements such as developing reproductive technologies and changes in fertility rates create strong desires for a son. While one may conclude from the evidence that son preference has shifted to a 'son requirement' in the new social context, the value of sons remains central in the reproductive desires and strategies of a substantial proportion of families in contemporary Việt Nam.

The value placed on sons continues to inform and shape reproductive choices, even while those choices are changing and adapting to the new social factors and technologies. In other words, women's abortion decision-making can be understood as an accommodation of resilient patriarchal norms. Sex-selective abortion is a response to the constraints of such norms, reinforced by the contemporary socioeconomic and political environment. The economic, political and social pressures driving the shift towards smaller families, together with use of new ultrasound technology, push women to pursue having at least one son. In these circumstances, women suffer greatly from the clash between the high demand to produce a son and the demand to have fewer children.

In the context of interpersonal relations, women have to accede to the wishes of significant others such as their husbands, parents-in-law and the state when making reproductive decisions. While rural women typically experience pressure from their kin to produce a male heir, urban women—especially professional women—are more likely to be influenced by the social norms and symbols that structure women's position in families and society. Whatever the circumstances, the evidence suggests that most women's abortion decisions are ultimately made on the basis of not only received moral or religious doctrine, but also the social and political conditions that define their lives. Deciding to proceed with a sex-selective abortion is a complex process. In such negotiations, the perceived necessity for an abortion is often the result of external economic, social, medical and/or interpersonal conditions. Many, if not most, women seeking sex-selective abortion are reluctant to have, or ambivalent about, the procedure. Women are likely to experience confusion as the cultural expectations that shape their decision-making clash with the potential sanctions against them, their maternal desires and duties, and the legal, moral and medical frameworks within which their decisions are made.

We have seen that 'others' are involved in the decision-making around sex-selective abortion—if not in the actual decision-making, then in establishing and maintaining the social norms that make such decisions necessary. The presence of the 'other' in such personal decision-making compels us to question what we mean by individual 'choice', 'autonomy' and 'agency'. We should reconsider the feminist view of reproductive freedom grounded in general principles of 'bodily integrity' and 'bodily self-determination'. I agree that the decision-making self must remain

at the core of reproductive rights, but the concept of 'self' reaches far beyond the notion of women's right to choose. Women's 'right to choose' should be considered against the social and material conditions under which choices are made. Where dominant patriarchal ideologies construct a wifely and maternal duty to produce a son, a woman's decision to have an abortion is based on their embedded sense of these ideals. Similarly, we should ask how, when and in what circumstances is a woman capable of exercising control over her body. This research suggests that women in Việt Nam experience a tension in feeling both a sense of belonging to and an alienation from their body.

Based on empirical material from Egypt, Saba Mahmood (2001) reconsiders what we mean when we talk about agency. She writes:

I want to suggest we think of agency not as a synonym for resistance to relations of domination, but as a capacity for action that historically specific relations of subordination enable and create. (Mahmood 2001: 203)

Considering the evidence of women's sex-selective abortion decision-making in Việt Nam, it makes sense to reconsider 'agency' along these lines. Reproductive agency has specific meanings in different cultures, social circumstances and political contexts; it must consider the significant familial, cultural, social and economic relationships that enable and constrain women as reproductive agents. These findings indicate that responsibility for sex-selective abortion rests not with individual women alone, but also implicates the wider society of which they are a part.

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