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After the abortion: Suffering, silence and spiritual relief

I visited Thuận at her home in a suburb in Hà Nội three days after her abortion. She had given me careful instructions for how to find her house and begged me not to ask anybody for directions as she was fearful that other villagers would learn she had undergone an abortion. Although it was not easy to find her house, I did not dare to ask anyone on the way. When I arrived, an elderly woman opened the gate and introduced herself as Thuận's mother-in-law. Thuận lives with her husband and his parents. Her brother-in-law's family lives in the neighbouring house.

Thuận was waiting for me in the guest room. Although she looked tired, she moved with light steps. After exchanging some courtesies, Thuận's mother-in-law left us to pick up her grandchildren from school. Thuận revealed that only her parents-in-law knew about her abortion and she did not dare to discuss it with anybody else, including her sister-in-law who lived next door.

Thuận told me she felt guilty about her abortion; she had burnt all her ultrasound results and medical records. She wondered how the deceased foetus was treated. She had wanted to bring it home to bury it, but could not because burial land in the village cemetery was limited and because she did not want news of her abortion to become public. She said when she was in the hospital she was too embarrassed to talk about the matter with the counsellor. I consoled her, telling her that, according to information I had obtained from the hospital, the deceased foetus would be preserved and then buried in a cemetery. Thuận was

relieved to hear this. She felt she had sinned and wanted to assuage her guilt through ritual; when her health had recovered, she intended to have a ritual ceremony in the temple.

When I asked about her health, Thuận reported that she had pain, a foul-smelling vaginal discharge and was experiencing blackouts, dizziness and nausea. I advised her to go back to the hospital if she continued to have these symptoms. Thuận said she was using paper napkins instead of sanitary pads because she was afraid her sister-in-law and neighbours would realise that she had had an abortion. In spite of the fact that she was very tired, she considered herself sufficiently healthy to do housework.

Thuận worked in a footwear factory. She had taken two weeks sick leave for the abortion. When the leave was over, she returned to work because she did not want to raise suspicions and she felt too sad to stay at home alone any longer. Unfortunately, she was still haemorrhaging when she returned to the factory, so she was soon taken to the emergency ward of the hospital.

Thuận's story provides insights into the many ways in which sex-selective abortion is a painful process for women. Added to the physical pain, nausea and other complications Thuận experienced after the procedure was the moral, social and spiritual suffering. Anxiety, shame, guilt and fear compounded her physical symptoms. Stigma and embarrassment crippled her interactions with family, neighbours, work colleagues and medical specialists, preventing her from obtaining adequate care and relief. Also weighing heavily on her mind were uncertainties about the fate of the physical remains of her aborted foetus and worry about its spiritual wellbeing. Representing an acute example of social suffering (Kleinman and Kleinman 1997), Thuận's story highlights the multistranded nature of postabortion suffering and the vulnerable position of women who undertake abortion of this kind.

When I visited women after their pregnancy terminations, one of the most striking features was that they had tried to keep their abortion a secret. This raises questions about women's silence in relation to abortion and what they really think about the procedure. Medical anthropologists have shown that not only is abortion often shrouded in silence, but also women's voices are often absent in representations of

abortion (Fletcher 1995; Gammeltoft 2002). In this chapter, I focus on the factors that frame and contribute to women's postabortion silence and how that silence functions in women's lives.

In this chapter, I propose that women's silent suffering and abortion-related fears are key barriers to their effective access to reproductive health care. By focusing on the experiences of a core group of women after sex-selective abortion, I aim for a deeper understanding of women's postabortion experiences. The key materials discussed are narrative accounts of women's experiences of sex-selective abortion and their reflections on the impacts. Their accounts reveal the physical, social, psychological and spiritual suffering women experience after sex-selective abortion and the obstacles they face in receiving adequate care and understanding. The chapter also addresses how these women deal with physical as well as psychological and spiritual recovery.

Physical care after abortion: Coping with complications

Common postabortion symptoms include bleeding, cramping and pelvic pain. Some women have complications such as severe pain and heavy bleeding, foul-smelling vaginal discharge and dizziness. Bleeding after abortion usually lasts from five to seven days; in some cases, up to four or five weeks. For example, Thuận's bleeding lasted nearly five weeks. In trying to hide her abortion, she avoided check-ups and made a valiant attempt to continue working in the factory.

A Vietnamese proverb says that '*một lần con sa bằng ba lần con đẻ* [one abortion equals three births]', which captures a general acknowledgement that abortion has serious impacts on women's health. Rather than admit to an abortion, some women in my study told people they had experienced a miscarriage. According to employment regulations, workers are entitled to 20 paid rest days if they have an abortion certification from the hospital. No women in my study, however, accepted this opportunity. In a similar vein, Jane Zapka et al. (2001) found that women in New England preferred to remain anonymous when using abortion services—a phenomenon referred to as 'the silent customer'. This leads to a decline in medical insurance

claims. Because of the social stigma placed on abortion and women's consequent decision to remain silent, these women forgo the benefits guaranteed by state health policy.

In my study, after the abortion procedure in the hospital, women were transferred to an overcrowded postabortion room. Only those patients with medical risk factors were monitored. Medical staff recommended that patients purchase prescription medicine out of their own pocket at a cost of about VND300,000 (US\$15). This typically included:

- Zinnat (Cefuroxime, an antibiotic), 10 x 0.5 g tablets, two tablets a day (morning and afternoon).
- Mucose (Streptokinase, a product used in Việt Nam to prevent postoperative clotting), 20 x 10 mg tablets, four tablets a day.
- Edocom-B (Cefpodoxime, an antibiotic), 12 x 100 mg tablets, two tablets a day.

These antibiotics and anticlotting medications are routinely prescribed after abortion in Việt Nam. Some women in this research could not afford the prescription medicine, so they used 'traditional methods'—for instance, drinking *rau ngót* to prevent infection and placental retention (see the details in Trang's case below).¹ For peri-abortion prophylaxis, the UK guidelines for the care of women requesting an abortion—which are the guidelines used by abortion services in Australia—recommend: metronidazole, 1 g rectally at the time of abortion, plus 100 mg doxycycline orally twice daily for seven days, commencing on the day of abortion; or metronidazole, 1 g rectally at the time of abortion, plus 1 g azithromycin orally on the day of abortion (RCOG 2004: 10). According to abortion providers in Australia, the preference is to give one dose each of the two antibiotics at the time of the procedure and none afterwards; some clinics substitute doxycycline for azithromycin because it is cheaper and proven to work.² Doxycycline and metronidazole are also available and very cheap in Việt Nam. The current price of doxycycline is VND5,000 for 10 tablets and metronidazole is VND2,000 for 10 tablets. If these antibiotics were provided at this prescription cost (less than US\$1), women could afford them.

1 *Rau ngót* (*Sauropus androgynus*) is a vegetable that is popular as a herbal medicine to promote uterine contractions, and therefore to treat incomplete abortion.

2 Dr Christine Phillips, The Australian National University, Personal communication, 25 March 2011.

Women were also advised to have a check-up 10–14 days after the abortion or to return to hospital if they experienced any ‘abnormal’ symptoms such as haemorrhage or high fever. However, they were not counselled on how to take care of themselves after their abortion. Two-thirds of the women in this study had at least one check-up after their abortion; however, some did not want to return to the hospital where their abortions was performed because they were trying to forget the painful memories associated with the procedure. As Huyền said: ‘I did not want to go back to the hospital for a check-up. It brought back bad memories. Instead, I went to a private clinic to have a check-up’ (36 years old, abortion at 14 weeks).

Most of the women in this study who lived in Hà Nội returned to the hospital where they underwent the abortion to have follow-up treatment and ultrasound scanning as a precaution against retention of the products of conception. Most of the women who lived a long way from Hà Nội went instead to local private clinics; however, the quality of services and the information provided in these clinics need to be discussed. The following is Trang’s story.

I accompanied Trang to a private clinic in a town for her postabortion check-up. She bought a ticket for an ultrasound scan for VND50,000. The nurse showed her to a room just large enough to accommodate a single bed and a black-and-white ultrasound machine connected to a computer that sat on a table. A man in a white coat was sitting in front of the computer screen. He did not speak, but pointed to the bed and indicated that Trang lie down. He then asked curtly: ‘What do you want?’ She stammered: ‘I had an abortion one week ago. I would like you to check if there is any placental retention [incomplete abortion].’ With apparent indifference, he glided the transducer over Trang’s belly. He grimaced and told her: ‘Get up and drink as much water as you can, and stay here until you need to pass water.’ Trang hastily exited the room and drank three glasses of water, and then waited outside for more than an hour.

When we returned to the ultrasound room, the man was playing a computer game. He asked impatiently: ‘Have you wanted to pass water?’ Trang answered in the affirmative: ‘I cannot hold it anymore.’ He nodded and started to scan. He stopped the scan when a light space showed on the screen. He said to Trang: ‘Done. You have placental

retention. Drink rau ngót, as much as you can.’ He gave Trang the ultrasound result, consisting of a muddy image with the words: ‘Monitor placental retention.’

Trang held the result in her hand, clearly confused. She said to me:

I had this abortion at a leading hospital in Hà Nội in the belief that it would be the right thing. Despite this, I still have placental retention. I thought it was good, so I did not need to have a medical check. My family’s economic condition is not good, as you know. I have spent too much money on ultrasound and the abortion during this pregnancy. However, yesterday, I got some blood clots after it had been ‘clean’ for several days. I was worried, so I decided to have this ultrasound scan. Perhaps the fact that I used a straw broom to sweep the floor caused the bleeding. My mother said women should not touch straw brooms after giving birth or having an abortion.

I asked Trang why she had not returned to the hospital where she had the abortion. ‘It is too far and too crowded there. I came to this clinic because it is convenient and private,’ she replied.

Like Trang, many women did not see the need for a medical check if there were no ‘abnormal’ symptoms after the abortion. Some women—mostly those from rural areas—had examinations in poor-quality clinics because they were conveniently located and private. Trang was diagnosed with ‘placental retention’/incomplete abortion, but she was not referred to an official clinic with properly qualified staff and, as noted, the advice she was given was to drink the traditional remedy of *rau ngót*.

Appropriate treatment of complications is part of the essential obstetric care encouraged by the UNFPA and first developed by the non-governmental organisation International Projects Assistance Services (IPAS). It includes emergency treatment for complications of miscarriage or induced abortion; family planning counselling and services; management of sexually transmitted infections; counselling tailored to each woman’s emotional and physical needs; and community and service provider partnerships (UNFPA 2004). However, the social taboos surrounding abortion, even where postabortion care is legal, limit women’s access to postabortion services. Stigma and shame can be intense and can discourage women from seeking treatment.

Abortion stigma and psychological effects

Abortion stigma

Erving Goffman (1963: 3) defines stigma as ‘an attribute that is deeply discrediting’, maintaining that stigma leads to a negative change in the identity of an individual to a ‘tainted, discounted one’. Researchers and activists in the social sciences and public health have further developed this concept, endeavouring to better understand how people with certain conditions, traits, identities or behaviours are ‘marked’ or perceived as being different. According to Peter Byrne (2000), stigma leads to a diffuse range of adverse experiences, including shame, blame, secrecy, isolation, familial and social exclusion, stereotyping and discrimination. Accordingly, in their framing of abortion stigma, Anuradha Kumar et al. (2009: 627) define it as ‘a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to [the] ideals of womanhood’. Women who felt stigmatised were more likely to feel the need to keep their abortion a secret from family and friends. Some research shows that concealment of stigma can negatively impact on a person’s physical and mental health (Major and Gramzow 1999; Pachankis 2007). Because abortion stigma is poorly understood and generally not measured, there is little research to indicate what negative consequences it may have on women’s lives. The case of Hân shows such stigma is constructed and reproduced by various means.

Hân was an expressive woman and her stories seemed never-ending. In hospital, she told me a great deal about her family and her reproductive history. Her husband owned a carpentry shop and she had a clothing shop. Her family was one of the wealthiest households in her village near Hà Nội. She had three beautiful daughters. She underwent a first-trimester abortion 10 years ago when her youngest daughter was one year old.

I contacted Hân by phone two days after her abortion. We had a frank conversation in which she told me she was still tired, but she was healing well. I expressed a wish to visit her at home and she happily agreed. She provided me with careful instructions on how to find her house and I set out to visit her the next day. I phoned her before I left to be sure she was at home. However, when I arrived at her house, her daughter saw me at

the gate and said her mother was not at home. When I asked where her mother was, she looked very embarrassed, cast a furtive look towards the house and stammered, 'I don't know'. I phoned Hân again, but now her phone was turned off. I understood that Hân was at home, but did not want to meet me. I asked the little girl to tell her mother that I had visited and left. I was unable to contact Hân afterwards.

I could not ascertain the reason Hân did not want me to meet her at home, even though we had previously conversed openly, although I suspect it was because of the social stigma attached to abortion. Gathering women's experiences of abortion is often problematic because this stigma works against women's disclosure.

At the individual level, those being stigmatised often experience shame, guilt and disgrace, leaving them feeling unable to access resources that could change their situation. Socially, those who are stigmatised are effectively excluded and marginalised, often leaving them without social networks and resources. Fear of community rejection often pushes women to keep their abortion secret. 'We knew about her abortion, but we did not talk about it. It is not a happy story,' Trang's mother-in-law said. Abortion stigma penetrates Vietnamese women's psyche. Internalised abortion stigma—the most common manifestations of which are shame and guilt (Lithur 2004)—therefore leads to negative health outcomes for individual women.

Psychological effects

A number of studies have assessed the psychological effects of abortion on women (Zabin et al. 1989; Teichman et al. 1993; Hunfeld et al. 1994; Cozzarelli et al. 1998; Major and Gramzow 1999). Women's self-reported responses show they experienced both negative and positive reactions to their abortion (Burnell and Norfleet 1987; Mueller and Major 1989). Some had symptoms similar to the grief experienced after the unexpected death of an infant and, for many, this grief began with the decision to terminate the pregnancy. Some women experienced these problems for only a short period, but many others had emotional difficulties long after their abortion. In many cases, the women experienced nightmares, depression and other kinds of trauma for years.

There are many factors that can affect psychological recovery, and some women are at greater risk of psychological disturbance than others. Amy Harris (2004) argues that those at greater risk tend to include:

- Women aborting a planned pregnancy for medical or genetic reasons.
- Women who encounter opposition to their abortion decision from their partner or parents.
- Women who have strong philosophical or religious objections to abortion.
- Women who are highly ambivalent or confused about their abortion decision and/or have had great difficulty making the decision.
- Women who are coerced by others into having an abortion.
- Women undergoing late, second-trimester abortion.

Building on Harris (2004), my research shows that the psyches of women who have had a sex-selective abortion are usually seriously affected. Huyền's case helps us understand more about women's postabortion experiences.

At 9 pm, two days after Huyền's abortion, her anxious husband, Tân, called me to say his wife's emotional state had been unstable since her procedure. She did not want to eat, she cried continuously and she was always angry with him. He implored me to visit to talk with her. I appeared on their doorstep the following morning. When I arrived, Tân opened the door to welcome me, while Huyền stayed in her bedroom. She told Tân to bring me to the room as she wanted to talk with me in private. Tân served me a glass of water and then left us alone. Huyền looked very pale and her eyes were swollen from lack of sleep and so much crying. When she saw me, she began to sob violently: 'I did not think I would be sad like this. I did such an immoral thing that I would kill myself were it not for my other children'. (Huyền, 36 years old, two days after her abortion)

I consoled her and advised her to see an experienced counsellor. Huyền promised she would do her best to overcome this debilitating situation and would call me back if her emotional state deteriorated.

After my visit, I called her husband every day to ask after her. Over the course of the following week, Huyền improved and returned to her teaching job. Work helped her recover, but the memories remained, she said.

Like Huyền, many women did not discuss with others their feelings and experiences of abortion. Why did Huyền choose to share her feelings with me, but would not meet a counsellor or talk with members of her family?

For women who do not want to talk about their abortion, the lack of communication augments accompanying feelings of depression and grief and actions of avoidance and denial.

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 is perceived to be such a bad thing. (Phi, two months after her abortion)

Similarly, JoAnn Trybulski's (2005) study of the long-term postabortion experiences of 17 women found that the women concealed their abortion because of shame or fear of adverse reactions from family and friends.

In most cases, nurses in Vietnamese abortion clinics did not address the psychological and emotional consequences of abortion in their counselling. They were primarily—even solely—concerned about the physical complications post abortion and assumed no responsibility for any psychological or emotional problems. Therefore, women were advised to return to the hospital only if they experienced physical complications. One conclusion of my study is that there is a definite need for psychological postabortion care.

Many women had stories consistent with that of Huyền. Women experienced a variety of postabortion problems, with different emotional strands; however, some common outcomes associated with sex-selective abortion in this research were guilt, shame, anxiety, distress, trouble sleeping and nightmares, but also a sense of relief.

Guilt and shame

Guilt and shame are probably the most common symptoms of postabortion syndrome, and can lead to anxiety, depression and other psychological problems. Putting these reactions in sociological context, Paul Hiebert (1985: 213) differentiates between guilt and shame-oriented cultures as follows: 'Guilt cultures emphasize punishment and forgiveness as ways of restoring the moral order; shame cultures stress self-denial and humility as ways of restoring the social order.' Hiebert

(1985: 212) further proposes that shame cannot be relieved, as guilt can be, by confession and atonement: ‘Shame is removed and honour restored only when a person does what the society expects of him or her in the situation, including committing suicide if necessary.’ Based on this typology and my interactions with women after their abortions, we might say that Vietnamese society has characteristics of both guilt and shame-oriented cultures.

In Việt Nam, abortion is commonly regarded as a sin, and late-term abortion poses a major ethical problem. The conflict between social morality and women’s actions leads them to feel guilt and shame. One woman confided to me: ‘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’ (Huyền, 36 years old, teacher, two months after her abortion). Some women thought abortion was wrong and the idea of killing their baby severely impacted their psychological health. Thuận admitted three days after her abortion:

I feel guilty about my abortion. I regret that I did that. I feel pity for my child ... it was my blood. It had a human form and was healthy. It seems I killed my child. (34 years old, abortion at 14 weeks)

Guilt is a burden not only for women, but also for men. Marc Moskowitz (2001: 29–30) has analysed men’s psychology around abortion:

Men are taught that they must be strong, and that showing excess emotion is by its very nature a loss of face ... [T]he integral connection between morality and conformity is an essential component discouraging open displays of emotion. This gives an insight into the controlling forces that keep emotions hidden behind a mask of male strength.

Men do not often reveal what they feel about abortion, but this does not mean they don’t experience sadness. The reaction felt by men may manifest itself in persecutory or depressive anxiety and psychosomatic symptoms. Although most men in my study did not speak out, they also felt guilty and sad about the abortion. One male subject confided:

Over the past few days, the atmosphere in my family has been terrible. I am very sad, but I try to encourage my wife. It is said that a man is like a pillar in a house. If I was not rigid, my family could not be stable. However, I thought a lot about my child-to-be. The foetus was too big to have an abortion. It looks like we killed our baby. I feel very guilty when I think about that. (Huê’s husband)

Anxiety and distress

Several studies reveal the relationship between abortion and anxiety (Bradshaw and Slade 2003; Hess 2004; Cogle et al. 2005). There are also theoretical reasons to postulate a relationship between abortion and social anxiety. Women who have an abortion might be at high risk of social anxiety disorder, which Ronald Kessler et al. (1994) rate as the most prevalent anxiety disorder (13.3 per cent of all women who have given birth will experience this). Brenda Major and Richard Gramzow (1999: 736), who examined the psychological implications of the stigma of abortion, suggest the secrecy of abortion 'inhibits disclosure of emotion and generates cognitive processes of suppression and intrusion that are detrimental to mental health'. Most of the women in this study experienced such feelings. One woman told me: 'I have been fearful since the abortion. I am unable to express the exact feelings in my mind. When people mentioned it [abortion], I was stunned and got the creeps' (Hồng, 27 years old, cadre, three months after her abortion).

Anxiety is defined as an unpleasant emotional state of apprehension. After an abortion, women may feel tension and irritation, which can affect close relationships. Women who were highly ambivalent or confused about their abortion decision, and who had great difficulty making the decision, felt tense in their relationship with their husband and/or in-laws. Loan said:

I had this abortion mainly because of my parents-in-law. My parents said if they [her parents-in-law] pressured me, I should not have the abortion. I felt that they did not feel compassion towards me, that they only needed a male heir. (33 years old, cadre, three days after her abortion)

After abortion, negative thoughts can plague women and cause a lack of interest in sexual intercourse. For example, Liên told me how her abortion had affected her relationship with her husband:

Since the abortion, I have had no interest 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. (Liên, 30 years old, six months after her abortion)

Living with bad memories is part of many women's abortion experience. After an abortion, women are often confronted with reminders such as ultrasound images and maternity clothes, although most women in my study did not keep their ultrasound results and images after the abortion. Thuận burnt these images to try to erase her memories.

Family conflict and disharmony

A number of studies demonstrate that the greater the difficulty in deciding to terminate a pregnancy, the more likely it is there will be negative psychological impacts. Women who have had an abortion with a lack of support from their partners or parents, or who had conflicting feelings about the procedure, may be at relatively higher risk of negative consequences (Ashton 1980; Barnard 1990). Loan confided:

Actually, I did not want to have this abortion. But my parents-in-law wanted me to have it, and then my parents advised me to follow my in-laws' will. If not, this child and I would have been in a miserable situation.

The ambivalence in her abortion decision caused negative feelings. 'I felt pity for my child-to-be. I deeply regret what I have done,' Loan said.

For women who live with their husband's family, childbearing is considered a major issue and decisions related to it must involve and be approved by the husband's parents. The elders' opinion is considered the most important. Some women experienced strained interactions if they had an abortion without the knowledge of their parents-in-law.

Lụa called me at night, whimpering. She had undergone an abortion that afternoon. When Lụa arrived home, her mother-in-law realised she was not well, and Lụa confessed to the abortion. Her mother-in-law became angry and threatened to send her packing. Lụa was forced to humbly apologise and ask for her mother-in-law's forgiveness.

Some elders put pressure on their daughters-in-law to undergo a sex-selective abortion so they could try again for a male heir. However, most—especially the woman's parents—were worried about their daughter's health and considered abortion immoral.

Abortion without the approval of one's parents often causes a clash between generations. Parents-in-law feel they are not respected. Thuận's mother-in-law said to me:

My daughter-in-law had an abortion without saying anything to me. I only knew about it when she got back from the hospital. That [abortion] is an important issue, but they did not discuss it with us. I was angry with her.

Psychology research indicates that social support can help to reduce postabortion symptoms (Cohen and Roth 1984). A woman is likely to feel more positive if her abortion decision is supported by her husband and family. Conversely, if the decision-making process does not involve the family and/or her husband, she may experience higher levels of depression. Huyền, who had an abortion on her husband's insistence, said:

I was thinking a lot and intended to keep this pregnancy. On that morning, I did not want to go to the hospital, but my husband insisted that I have this abortion. (Huyền, two days after her abortion)

Sleeplessness and nightmares

A nightmare is a subcategory of dream, distinguished by its frightening and/or emotional content. Nightmares may reflect a real-life trauma or distressing situation or express internal conflict or personal difficulty. Nightmares are said to be symptomatic of fear and anxiety. Psychology research shows that people who have regular nightmares often have psychiatric problems or may be involved in an unstable relationship (Major and Gramzow 1999).

Most of the women I studied reported having nightmares in the three months following their abortion. The following are descriptions of the nightmares women shared with me.

Hoa's nightmare

I dreamed my baby's spirit came to visit me. It wandered about me and then disappeared. I cried like I never had before, sobbing and sobbing. I feel pity for my baby. My mind is empty and I feel that I have nothing left to live for.

Huệ's nightmare

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, which 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.

Huyền's nightmare

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.

Lụa's nightmare

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.

I could empathise with these women because, during my field research, I experienced trouble sleeping and had vivid nightmares. 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.

Sleep problems, including nightmares related to the abortion, often involved the 'return' of the aborted child. Having trouble sleeping was a common complication among the women who had sex-selective abortion, and it was usually attended by nightmares. Sleeplessness and nightmares were also very common among the providers.

Relief

Despite the difficulties, the majority of women do seem to cope with negative emotions. Phillippa Goodwin and Jane Ogden (2007) suggest that women who have abortions experience not only distress, but also emotions such as relief and a sense of return to normality. Some of the women in my study felt that abortion was the best way to go under the circumstances: it alleviated the foetus's suffering, as well as their own

(*đỡ khổ nó, đỡ khổ mình*). Thus, a sex-selective abortion is painful, but, on another level, it resolves the problems associated with going ahead with the pregnancy.

Women were conscious that abortion was ‘the best thing’ rather than ‘the right thing’. As one woman said: ‘I feel pity for my child who was not born, but I think abortion was the best thing in my situation’ (Lụa, 28 years old, two months after her abortion). This way of thinking helps control negative feelings.

Some studies have emphasised women’s experience of relief as a positive outcome over and above the negatives (Adler et al. 1990; Armsworth 1991). Feeling relief is a mode of recovery. Some women felt relieved after having a safe abortion when that decision had been difficult to make. ‘It was hard to decide to have an abortion. At the beginning, I felt guilty, but then I thought that it was good for me and the child,’ said Na (49 years old, one week after her abortion).

In addition, many women gained coping skills that contributed to their postabortion adjustment and gave them the capacity to deal with similar crises. Most of the women in this study increased their knowledge of reproductive health after their late-term abortion. Thirty-five-year-old Hậu, five days after her abortion, said:

Late-term abortion [*phá thai to*] is not easy. At the beginning, I thought it was not so dangerous. When I heard the nurse’s counselling, I was scared because she said it could cause haemorrhage or perforation of the uterus. I was so nervous. It is so dangerous to have late-term abortion in private clinics where they do not have emergency equipment. It is too late to go to hospital when a haemorrhage has happened. From this abortion experience, I know in future I have to choose a good abortion service. Women who choose unsafe abortions disregard their lives.

The abortion crisis can also help women rethink their situation, with some reporting enhanced feelings of appreciation for their daughter(s) and their lives.

I visited Phi three days after her abortion. Phi’s daughter welcomed me politely and guided me upstairs to where her mother was lying down. The girl brought me a glass of water and then left us alone. I praised her for being well-behaved. Phi was proud of her daughter and said she had taken care of all the housework since her abortion, in spite of the fact she was only 14 years old.

The care shown to me by my daughter makes me feel guilty about my treatment of my female foetus. In this situation, I am now more aware of the value of a girl. A boy cannot take care of his mother like a girl can. (Phi, 38 years old, three days after her abortion)

Foetal disposal

The treatment of the deceased foetus was a major concern for women and, as outlined above, it could be critical to a woman's psychological state after an abortion. While the malformed fetuses were usually 'taken care of' and buried by the patient's family, some female fetuses from sex-selective abortion were left in the hospital. These families did not dare become involved in the burial because they wanted to keep their abortion secret; however, all worried about how the foetus was treated and experienced guilt.

One summer afternoon, Trang and I were on the way back to her home from the town where she had received a postabortion ultrasound scan. When we passed her village's cemetery, Trang burst into tears and said:

I feel sorry for my aborted baby. My parents-in-law advised that we [she and her husband] leave it in the hospital. I do not know how it was treated. I regret that I could not bury it. (Trang, 27 years old, 10 days after her abortion)

Curious about Trang's story, I looked into why her parents-in-law had advised her to leave the aborted foetus at the hospital. I knew the abortion of a foetus with human form was considered a bad death. Foetuses are seldom given funerals as fully formed people; rather, the remains are buried in fallow land or hills around the village. Importantly, it is believed the parents should not be involved in the foetal burial. Parents were told that if they had a funeral or burial for their foetus, it would make it harder for them to overcome the loss, the foetus would follow them and would not be reincarnated or would be reincarnated back into their family of origin. Although parents wanted the foetus to be reincarnated, they did not want its soul to be reincarnated into their own family, as it could harm the mother's fertility.

I returned to the hospital where Trang had her abortion and met the staff at its mortuary. They told me foetal remains from second-trimester abortions (after 12 weeks pregnancy) were placed in a fridge. The staff

collected the remains every day and stored them in the mortuary. A local funeral company then took them to a cemetery for cremation. The mortuary staff burnt incense and prayed for these foetuses before sending the remains to the cemetery.

Like Thuận and Trang, most of the women I studied were very anxious because they did not know how their foetus was treated after the abortion. They were too embarrassed to raise the issue with the counsellors, who, for their part, did not mention it either. Despite their regrets, these women did not want to bring their foetus home and bury it themselves because they were afraid its soul would return and/or they did not want their neighbours to find out about the abortion. Some of the women went to a pagoda to pray for the salvation of their foetus.

As we have seen, women who undergo sex-selective abortion suffer psychological problems, which can be healed through ritual practices. Therefore, in the following sections, I analyse such rituals and their role in psychological healing.

Foetal rituals and the healing process

In this section, I look at women's ritual practices after a sex-selective abortion. This study confirms the judgement of Tine Gammeltoft (2010) that, through ritual, women seek to (re)establish an identity as a good and caring mother by displaying maternal affection for the child they have lost. However, we should be aware of the more complex cultural, moral and emotional factors involved. It is crucial to locate gender issues within this framework. By examining these issues in the Vietnamese context, we can learn how women and men cope with abortion and the influence of rituals on the psychological healing process.

Vietnamese spirit beliefs and the status of the foetus after abortion

Although in theory there are three main religions in Việt Nam, it is difficult to distinguish between the separate religious communities. The majority of the population is not interested in sectarian distinctions. For example, a Buddhist family may visit a Taoist temple and perform rites belonging to the Confucian cult of the ancestors.

Buddhism encompasses a variety of traditions, beliefs and practices. The following perception of Buddhism is extracted from my conversation with a medium who owned a temple in Hà Nội. Buddhists believe that life is *samsara* (the cycle of birth, life, death and rebirth). When people die, their soul continues to exist and will be reincarnated in another body. Within all forms of Buddhism, there are six ‘worlds’, known as the world of gods or heavenly beings, the world of humans, the world of asuras (the realm of the demigods), the world of animals, the world of hungry ghosts and hell. The code of morality is contained in the ‘five precepts’: avoid killing or harming living beings, avoid stealing, avoid sexual misconduct, avoid lying and avoid alcohol and other intoxicating drugs. Abortion is therefore considered a transgression of the first precept. However, Buddhism tolerates abortion in difficult cases.

Buddhism’s doctrine of karma and reincarnation has greatly influenced Vietnamese views of abortion and concepts of life and death. Karmic relations are supposed to inspire human beings to act benevolently towards each other to reincarnate into a better life (*siêu thoát*). A requiem ritual (*lễ cầu siêu*) can help the soul find the right way to reincarnate into a better realm. This concept has been particularly influential in defining the significance of unborn fetuses within Vietnamese culture.

According to Vietnamese cosmology, the spirits of the dead will travel to ‘the other world’ (*thế giới khác*) and can influence the lives of those still living. Ancestral spirits (*tổ tiên*) are considered to be family members who continue to need care and who protect their descendants (Gustafsson 2009). Ancestor veneration is one of the most unifying aspects of Vietnamese culture; it is a vital duty, indicating filial piety. However, according to Confucian beliefs, parents should not worship their children. A foetus is neither an ancestor nor a descendant; its spirit does not belong to the ancestors, but has to wander in the spirit world, both homeless and hungry.

The concept of the hungry ghost also appears in Vietnamese ancestor worship and popular religion. Hungry ghosts are the ghosts of people who have not found everything they need to survive in the afterlife. If a ghost does not have enough food, water, shelter and so on, it will return to this world to feed on the living. The ghost will scare people and then feed on these fears. Performing a ritual can help get rid of these hungry ghosts. Vietnamese people believe the ghosts of their ancestors return to their homes at certain times of the year. The festivals of *Xá Tội*

Vong Nhân and *Vu Lan* (which fall on 15 January and 15 July, according to the lunar calendar) are held to honour hungry ghosts, with food and drink put out to satisfy their needs.

Therefore, the requiem ritual (*lễ cầu siêu*) for the soul after death is very important. Such a ritual should be performed within 49 days of the death, after which the soul will be ready to go to a specific realm (*cảnh giới*). The purpose of a requiem ritual is to aid the soul's welfare and facilitate a timely reincarnation. If the ritual is not performed within this timeframe, the soul can become a hungry ghost.

When Buddhism arrived in Việt Nam, it combined with Confucian beliefs in ancestor worship and concepts such as that of the hungry ghost. It is commonly believed that spirits can return to the world of the living, and if these spirits have not been given sufficient offerings, they will harm their living relatives.

Vietnamese conceive a 'bad death' as dying young, childless, in a violent manner or in a manner that leaves the body incomplete (Malarney 2003; Kwon 2008). Bad death is also defined as *chết oan*—an unnatural death that results in the deceased becoming an evil spirit. Foetuses whose lives are ended through abortion are considered cases of *chết oan*. Someone who has died a bad death should not be brought home. Instead, their body should be taken directly to a cemetery. However, in some cases, those who have had a bad death are not even permitted a burial in the communal cemetery without the approval of the communal board.

Gammeltoft (2010) posits that, if the Vietnamese ritual terrain is conceptualised as a 'positive space' for ancestors and a 'negative space' for ghosts, women and their relatives have invented a third position for the foetus. In other words, a foetal spirit is defined as neither a family member nor a ghost.

Foetuses and infants are thought to have souls, but their souls are distinct from those of adults. Foetal and infant souls are easily wounded. It is popularly believed that a foetal soul occupies the existing physical form of the foetus. In other words, the body of the foetus is formed and then the spirit comes to the body. If the parents do not perform the proper religious rites for the foetus's spirit, it will come back and haunt the mother. Trouble is usually caused by hungry spirits.

Foetal rituals

As an example of how women respond to the pain of losing their aborted child, and the meanings of ritual in psychological healing, I recount Hồng's tale, which she related to me when I met her three months after her abortion.

After my abortion, I felt anxious and depressed. I was very nervous, stunned and got the creeps when anybody mentioned the abortion. I dreamt of [the foetus] every night. Sometimes, I saw a little white shadow wandering around my bed. I hardly slept and awoke startled. I thought I should do something to overcome these feelings, so I went to meet a fortune teller whom my family often consulted when we needed to do important things such as building a house or getting married. She seemed to know everything about my abortion. When I arrived at her house, she asked me, 'Have you had an abortion?', although I had not mentioned anything about it. She told me she saw a baby spirit following me and advised me to complete a ritual to seek moral forgiveness. I had to have a ceremony to pray for the salvation of its soul. So, I invited a sorcerer [*thầy cúng*] and had a big celebration to pray for it [the foetus]. I wanted to have another child, a boy, so I did not want this baby spirit haunting me. I am not superstitious, but to worship is to have sanctity; to abstain is to have goodness [*có thờ có thiêng; có kiêng có lành*]. I felt some relief after performing this ritual. I think I have sufficient knowledge to be dubious about superstitions, but there are some things that we cannot explain. After my abortion, I experienced many unfortunate things. My arm was broken in an accident. I could not do anything successfully. These emotional states have taken such a toll on my life.

Hồng's feelings and her ritual practices conform to a Vietnamese theory of personhood in which the soul remains present after death, as do the soul's relations with the living. In making offerings, the woman both acknowledges and maintains relatedness with her foetus. Her motivation for performing the ritual is fear not only of bad karma, but also of the capacity of the foetus to cause harm. Overall, the ritual and offerings are motivated by compassion—both for the foetus and for herself.

Foetal ritual and moral relief

Buddhism prohibits the killing of any living creature. For fundamentalist Buddhists, abortion is killing. As described above, women feel helpless and remorseful after abortion, and foetal rituals can help them relieve a general sense of guilt.

Huyên, whom we met in the previous section, was in a serious condition after her abortion. She had improved substantially by the time I met her again. I asked her whether she had seen a counsellor. She replied:

In hospital, the doctor and nurse did not have time to talk about psychological issues. They also did not care about my situation. I had heard about the temple where I could appease my foetus's spirit. It relieved my sense of guilt after the appeasement. (Huyên, 36 years old, two daughters, abortion at 14 weeks)

While reproductive clinics are not concerned with psychological healing, the foetal ritual plays an important role in this healing process. It provides comfort to women who have had an abortion and allows them to express their grief for the aborted child.

The women in my study experienced considerable spiritual pain, owing to the intensity of their feelings for their aborted foetus and the conflicting experiences in their role as a mother. They condemned themselves and expressed fear of foetal wrath. One solution was to create suitable conditions for the reincarnation of their foetus. When the women believed the spirit of their foetus had been sent on to its next life, their sense of sinfulness was very much alleviated and their fear of foetal wrath was assuaged. Thu expressed her sentiments as follows:

I had an abortion before; I was very sad after that. But my feeling after this abortion is worse than after the previous one. I felt uneasy and thought of it always. The foetus was too big and it was totally normal. I felt sorry for it. I had a ritual for it in the hope that it can be reborn and have a better life. (Thu, 23 years old, two daughters, abortion at 14 weeks)

The doctors and nurses who conducted the abortions reported similar feelings of emotional unease. As noted in the previous chapter, health staff involved directly in abortion often reported their work was psychologically and morally burdensome. They often attended pagodas to do penance for their work. In the hospital department where a great

number of abortions were performed, on the 1st and 15th day of every month, according to the lunar calendar, the health staff would burn incense and make offerings to the god of the soil and the foetal spirits. It was also particularly important that offerings were not missed on the middle days of the 1st (Nguyễn Tiều) and 7th months (Trung Nguyễn/Vu Lan) of the lunar calendar.³ One nurse observed:

I went to the pagoda to celebrate requiems on every Vu Lan festival in order to save the foetal spirits in this department and to relieve my fear. I have been fearful ever since I've worked here. (Nurse, 52 years old)

Foetal ritual and reincarnation

In this section, I explore beliefs about foetal spirits and the significance of the haunting foetus in the context of religious and traditional concerns about self-restraint, family structure and morality. Belief in foetal spirits provides us with a focal point for the examination of both religious and gender theory.

By performing rituals after an abortion, women hoped their foetus would be given another life with a higher status, which brought them psychological relief. To a lesser extent, their husbands shared these concerns, so both parents frequently united to give a special blessing to the spirit of their foetus in the hope it would proceed expeditiously to the next life. When a foetal spirit acknowledges its parents' painful sorrow, it will desist from making trouble for them. An elderly woman told me about the risk of being 'followed' (*bám theo*) by the foetus's spirit if there was no ritual to aid its reincarnation:

Last year, my sister conjured up the spirits of the dead. The sorcerer said I had two aborted foetuses, but I had not had rituals for them. So they followed me closely. If I want them to achieve salvation, I need to have an incarnation-freeing ritual [*đàn lễ giải nghiêp*]. (Thu's mother-in-law)

According to one medium, if parents do not perform a ritual after an abortion, the foetus's soul cannot be reincarnated and will return to haunt the mother or other family members. A woman who had a stillbirth told me that, one month after the death, she had an incarnation-freeing ritual performed for her foetus. One night, 30 days

3 The meanings of these ceremonies are explained in Chapter 5.

after this ritual, she had a dream in which she saw a woman holding a baby. She was then confident that her child had been reincarnated by virtue of the ritual.

Foetal haunting

It is believed that a woman who aborts a foetus is more vulnerable to being haunted than other members of her family. The foetus might bring its parents problems and misfortune, so they must practise a ritual to appease it. The ritual also expedites the foetus's reincarnation or helps it gain higher status in the spirit world. A spirit that has not received the proper rites can become a hungry ghost and is likely to seek vengeance through evil acts, such as by causing infertility, disease, injury or death for its mother or family. The existence of these kinds of spirits is not unique to Việt Nam—for example, they are similarly represented in Taiwanese traditions in which there are 'foetus ghosts' (*yingling*) and 'foetus-demons' (*xiaogui*) (Moskowitz 2001).

After an abortion, any illness or other familial misfortune is typically interpreted as having been induced by the foetus's ghost. However, the abortion and not the ghost itself is considered the primary cause of such misfortune, which is a punishment inflicted by the spirit of the aborted child if the appropriate atonement rituals are not performed. Two months after her abortion, Phi confirmed this idea:

People said that abortion led to bad luck. In my case, this was definitely true. My parents and parents-in-law, as well as all the children in my family, were ill after my abortion. (Phi, 38 years old, abortion at 15 weeks)

Foetal ritual and gender issues

In Vietnamese culture, there are a great many goddesses who are worshipped by women who have been marginalised or excluded from their family because of the patrilineal ideology, *bà cô*. They have married out or been pushed out of the household and forgotten or are considered lost to the family. They are excluded from participating in the ancestor cult⁴ and occupy an anomalous position because of this exclusion from ritual life. Villagers set up shrines outside villages or on the margins of

4 The ancestor cult is based on the belief that some essence of one's ancestors persists and is capable of influencing the physical world.

pagodas to venerate the women whom the ancestor cult has excluded. The spirits of female foetuses are similarly excluded from the ancestor cult. Pagodas are where foetal spirits may be admitted and reside, but admission is granted only after the proper rites are performed. It is worth noting that the processes and aims of these ceremonies differ for male and female foetal spirits. For example, one medium pointed out:

Male foetus spirits can have a position in the spirit pantheon [*cấp sắc*]. Female foetus spirits have been admitted through Buddha's door [*quy cửa Phật*] only. The foetal rituals for female foetus spirits involve requiem ceremonies [*lễ cầu siêu*].

Offerings during a ritual ceremony for a male foetus include clothes, shoes, horse(s) and swords; for females, clothes, sandals and jewellery (all of offerings are made from paper). The ritual to gain position as a spirit is more complicated than the requiem ceremony and usually requires the participation of at least three exorcists (Plate 7).



Plate 7. Performing the ritual to gain a position in the spirit pantheon for a dead foetus

Source: Photographed by the author, Huong pagoda, 2009.

Men rarely attend foetal rituals—in contrast to popular religious practices such as ancestor worship and sacrifices to the village deity. When I asked why husbands did not attend, the most common answer was ‘it is a woman’s job’ (*việc đàn bà*). Interestingly, male abortion providers also rarely attend these rituals. A doctor who provided abortion services told me he felt anxious whenever he had to conduct an abortion, so he had his wife undertake conciliatory rituals for him at the pagoda.

The rise of foetal rituals: Commodification of moral relief

The aim of foetal rituals is not only to appease the foetus, but also to express the parents’ desire that their aborted child will have a good life in the spirit world. Foetal rituals indicate the concern of responsible parents and their willingness to make a sacrifice for their child’s welfare. Many women in my study wanted to appease the spirit of their foetus by making special offerings, but only mediums or fortune tellers could give them the information they needed to satisfy the spirits and become well. As an indication of the importance of ritual in the healing process, these women paid a high price for ritual services. Thanh told me why she paid a substantial sum for her foetus’s ritual.

Thanh, who was in her late 40s, had an abortion 18 years ago. Because she doesn’t regard herself as ‘superstitious’, she did not have any foetal rituals after the abortion. She is now the principal of a secondary school. Recently, she suffered a serious headache and experienced some trouble with her job; it was recommended she consult a fortune teller. The fortune teller said the spirit of Thanh’s aborted foetus would always follow her, and it should be appointed as a servant for a saint. However, the foetal spirit could not take this position without the appropriate ritual ceremony being performed, so it was causing harm to its mother. The fortune teller advised Thanh to undertake a requiem ceremony for her foetus as soon as possible. The aims of the ceremony were to appease the foetal spirit and to help it achieve a position with the saint. As a government employee, Thanh did not want to be seen as superstitious. She therefore decided to have a secret ceremony in a private temple, for which she paid VND20 million (about US\$1,200 at that time).

Thanh represents a unique case in this study as she spent a large amount of money on a foetal ritual. However, in three other cases—those of Huệ, Cúc and Thương—women spent VND3–5 million for postabortion foetal rituals. Most women in this study gave VND300,000–500,000 each time they visited a temple or pagoda for foetal rituals.

The commodification of foetal rituals has proliferated in both Japan and Taiwan (Underwood 1999; Moskowitz 2001). Critics have focused on the financial exploitation associated with this ritual practice. In some cases, religious practitioners extract large amounts of money from gullible people. In Việt Nam, the foetal requiem (*lễ cầu siêu cho thai*) can be regarded as a folk ritual, which has boomed in recent times. Fortune tellers, spirit mediums and exorcists have promoted the appeasement of foetal spirits. Some pagodas have organised large ceremonies for thousands of foetuses. For instance, during the Vu Lan festival on the 15th day of the 7th lunar month in 2010, a great ceremony was organised in Vĩnh Nghiêm pagoda, Hồ Chí Minh City, for about 8,000 foetuses. According to one news report, the purpose of this ceremony was to set parents' minds at rest and to encourage people to behave well or appropriately (Thu Mai 2010). On 1 October in the same year, another ritual was organised, in Từ Quang pagoda, for 5,000 foetal spirits, which saw the participation of some 3,000 people. These postabortion ritual practices are rooted in Vietnamese folk tradition and have been reinvented to meet current demand and offer a resolution to the moral dilemmas women face.

William LaFleur (1992) suggested the revival of the *Mizuko kuyō* (foetal ritual) reflected the increasing anxiety about abortion and infanticide in Japan at that time. Foetal rituals in Việt Nam were once practised privately and women's worries about the spiritual fate of their foetus were not of public concern. However, recently, religious practitioners have raised the profile of these rituals, which has elicited a positive response from many women. Once-private foetal rituals have become 'communal abortion rituals'. This phenomenon helps open public debate about the social, ethical and psychological issues related to abortion. Here I make a few suggestions.

First, abortion is a widely used method of birth control in Việt Nam. This does not mean there is no emotional or ethical concern about abortion, and it is also a mistake to suppose that Vietnamese women have an abortion because it is an easy choice. The pressures on women

to choose an abortion include the unintended pregnancy of unmarried women, the pressure to produce a male heir and the policy limiting the number of children per family. As demonstrated in this and preceding chapters, the decisions made in deference to these social pressures have profound ethical, psychological and spiritual consequences.

Second, foetal rituals may help individuals air and address feelings of ethical unease associated with abortion that are frequently kept private. More and more pagodas are willing to perform foetal rituals to meet the increasing demand. A communal abortion ritual enables people to resolve some of the moral conflicts that assail them. Marc Moskowitz (2001: 39) claims that there are a number of consequences of public rituals for foetal ghosts:

[W]orshippers are surrounded by others who have shared the same experience and thus can derive comfort from a sense of solidarity with the other participants at the ceremony. As people go to the temple they are surrounded by hundreds of others who are also there because of their abortions, which potentially reduces their feeling of being more sinful than others.

The monk Đại Đức Thích Giác Thiện, in a requiem ceremony for foetal spirits held on 1 October 2010, said:

The preaching and the requiem help parents notice that they have done immoral things. The ritual helps people overcome their depression and find peacefulness. Foetal rituals not only bring moral relief for people who have lost their potential child, but also encourage them to have a good lifestyle and serve as a warning about the extended abortion situation recently. (Như Phú 2009)

Third, ritual is part of a healing process in a context in which—because of the stigma, shame and lack of capacity in the modern healthcare system—women do not necessarily receive psychological support from their family and institutions. Ritual is a way for women who have made secret, painful and stressful choices to worship together and to overcome shame and stigma. They can find affirmation and recognition of their private problems among people in a similar situation. This ultimately helps them overcome their feelings of social, cultural and moral marginalisation. Summarising the ritualisation of late-term abortion in Việt Nam, Gammeltoft (2010: 73) states:

By ritually ‘remembering’ the foetus, abortion-seeking women sought to maintain an identity as responsible mothers; ritual acts of incense burning and prayer were, in this context, moral gestures through which the women sought to (re)establish an identity as a good and caring mother by displaying maternal affection for the child they had lost.

Reproductive life planning

After experiencing the psychological crisis of abortion, the women in my study began to think about their future reproductive life. Many worried about their fertility after their abortion. As we have seen in Chapter 3, women who undergo late-term abortion in public hospitals are usually warned about the impact on their fertility as one possible complication. They might also believe there will be a negative impact on their fertility as a result of being haunted by the aborted foetus. Some women wanted to become pregnant again as soon as possible; the main aim of their sex-selective abortion was to create an opportunity to conceive a son.

Of the 35 women whom I met in hospital and who identified themselves as having undergone a sex-selective abortion, I followed up 26 cases. The remainder declined to take part in the follow-up study, mainly because they did not want to discuss their sad stories or because they felt the visit of an ‘unfamiliar’ guest could raise suspicions. The dropout rate due to these reasons shows the difficulties of pursuing research on abortion experiences.

Of the 26 cases I followed up, one year after their abortion, four women had become pregnant with a male foetus, three women had become pregnant with a female foetus and had had another abortion, eight hoped to become pregnant again, five did not want another pregnancy because of their negative abortion experience and six had no idea about their future reproductive lives.

The stories of three women that are presented below reveal some of the patterns of women’s reproductive lives after their sex-selective abortion.

Lụa's case⁵

When I made my return visit, Lụa looked good compared with my visit immediately after her abortion. She informed me that she was now four months pregnant with a male foetus. She was also happy to let me know that the troubles in her family had settled since she became pregnant. 'Luckily, it is a male foetus, otherwise I do not know what would have happened with my family,' she said. Her husband arrived home, having collected their daughter from school. He asked whether Lụa had been drinking milk. Lụa was very moved by his caring disposition. She whispered to me that his behaviour had changed so much since learning the unborn child was a boy.

Huệ's case

Huệ had been depressed after her abortion, so she arranged for a ritual in a pagoda. She still longed for a son. One afternoon about a year after her abortion, I visited Huệ while her husband was at work and her children were at school. We had a long conversation in which she told me about her health, her life and her reproductive plans since the abortion. She said she felt weaker and experienced headaches more frequently since the abortion. She was looking for Chinese medicine to strengthen both her and her husband's health. The couple had been trying to conceive a boy by using traditional medicine and praying. One day, a friend notified her that a sorcerer could help people conceive a son by performing a religious ceremony. Huệ went to meet this sorcerer, who told Huệ her husband had a debt from his previous life and they would not have a son if he did not pay this debt by holding a ceremony (trả nợ tà quan). Huệ was very worried about this and decided to have the ceremony, at a cost of VND4 million. The sorcerer then advised her that if she conceived in November of the lunar year, she would have a son. In addition, she prayed in many pagodas and bought several kinds of 'having a son' medicine from famous traditional healers. 'I have done my best to have a son. If I can attain my wish, it will be great. If not, I do not regret it because I have done as much as I can,' she said.

Ngọc's case

Six months after Ngọc's abortion, her husband wanted her to get pregnant again. This time, the couple prepared carefully for the conception. Ngọc used Chinese medicine and had an ultrasound to detect her ovulation.

5 Lụa's case was described in Chapter 3; her husband forced her to have an abortion.

The couple waited until the foetus was 12 weeks old before having an ultrasound scan to check its sex. They were very disappointed when they were informed it was female, so they decided to have another abortion. Ngọc went to the hospital at which she had the previous abortion, but the doctor there would not perform another one because it had not been long since her previous, late-term abortion and Ngọc had also previously had a caesarean section. Ngọc was puzzled by this and decided to have an abortion in a private clinic. There was no serious problem with this abortion, but she felt her mucus was not normal and smelt strange.

Whether, as in Lua's case, women achieved their dream of having a son, resumed chasing their dream of a son, as in Huệ's case, or were disappointed and had another abortion, as in Ngọc's case—all these women faced serious challenges. One result of this study therefore is to highlight the concerning fact that women who have sex-selective abortions represent a group at high-risk of having multiple abortions. Repeated abortions create higher risks of harm to both physical and psychological health. A study of women seeking repeat abortions found a threefold increase in psychiatric consultations compared with maternity patients who carried their children to term (Törnbohm and Moller 1999).

Conclusion

This study describes the range of emotions women experience during their journey through abortion, and the social, economic, religious and cultural factors affecting their postabortion care. All of these factors influence women's physical recovery and psychological healing. My research shows that women who had a sex-selective abortion experienced sadness, grief, guilt and shame. However, these women's mental and physical health during and after abortion did not receive sufficient attention. They received little support from their family, their community or the healthcare system. As a result, for many, ritual was the preferred method for attaining some degree of psychological healing.

The frequency with which women resorted to rituals suggests they felt they had few options at their disposal to manage the difficulties they encountered. Through ritual, women can fulfil what they believe to be their motherly obligations to their aborted child. Ritual can help heal

women's psychological pain and also help them bare the physical strain of an abortion. Foetal ritual not only has religious meanings, but also tells us about morality, family structures and the relationship between women and men in contemporary Vietnamese society. Similarly, Meredith Underwood (1999: 761) claims:

women use the ritual and symbolic resources available to them in order to overcome the predicaments of their sex. It allows them to negotiate with the patriarchal powers that be and therefore to survive the transgression of their accepted roles as wife and mother.

Sex-selective abortion is a painful and complex experience for women. It is not possible to give one simple, universal explanation of women's feelings about abortion. The silence that surrounds women's experiences of abortion makes them vulnerable to social, psychological and spiritual suffering. Women who had illegal sex-selective abortion felt stigmatised by having to go outside the law to secure their reproductive goals. Women are also vulnerable to being stigmatised because of the perception that abortion is morally wrong. The women's silence about their abortion experiences demonstrates how they are often put in situations they do not control. Patricia Wasielewski (1992) asserts that the power to ideologically define the abortion context is one of the most important factors influencing women's reaction to their abortion. The silencing of women in sex-selective abortion prevents women from achieving full physical recovery and psychological healing. The institutional channels through which they might air their feelings are lacking, and public forums do not provide a safe environment in which women can express their complex emotions and thoughts without fear of distortion. In addition to their fear of social censure, the generally poor quality of medical care—and postabortion care in particular—exacerbates the risk of complications for women after abortion.

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