

Contraception, Abortion and State Socialism: Categories in Birth Control Discourses and Policies

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Abstract

The article is about the politics of birth control in Central and Eastern Europe (CEE). I will map abortion and contraception policies and discourses during and after state socialism, with Russia, Poland and Romania as main cases. Furthermore, historical and contemporary constructions of birth control in these countries are contrasted to western European debates, in order to denaturalise implicit assumptions in the different contexts. The analytical focus will in particular be on the conceptual distinction between contraception and abortion and on different normative assessments of these two categories, with examples from ‘border conflicts’ – controversies on whether a phenomenon is the one or the other. The rhetoric of ‘choice’ in abortion debates and its implicit assumptions will also be discussed.

Introduction

A normative distinction between contraception and abortion structures most western European countries’ birth control politics and discourses. Contraception is approached as responsible and as a legitimate way to prevent childbirth; abortion as either a necessary evil, for when contraception fails or when there is some other special circumstance making the individual pregnancy ‘abortable’, or as simply an evil, not legitimate under any (or only few) circumstances. Those against easy abortion access rarely argue against modern contraceptives as such (except marginal groups), and those in favour rarely argue that abortion is unproblematic, something that should be used as primary method to avoid childbirth (to be ‘used as contraception’).

This different normative stance to contraception and abortion in contemporary Western Europe is not universal, and to make some of the hidden assumptions of this particular problematisation of birth control clearer, I will in the following review birth control policies and discourses in Central and Eastern Europe (CEE). Under state socialism, birth control

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policy was not based on a normative distinction between contraception as responsible and legitimate and abortion as a (necessary) evil. Abortion on request became policy before modern contraceptives were invented or mass-produced, and abortion became the primary method of birth control (Stloukal 1999). Contraceptives, especially those for women (intrauterine devices, or IUDs, and the pill), were seen as unnatural, inefficient and/or dangerous. Information on modern contraceptives was not spread by the authorities, and they were in general not available. Scholars have commented on the high abortion and low contraception levels compared to most other industrialised countries, and on the lack of a normative abortion debate opposing foetal and women's rights (Kon 1993).

In the first part of this article, I will explore contraception and abortion politics in Russia, Poland and Romania during and after state socialism. I will discuss what the differences between these countries are and what they have in common, what distinguishes them from most western European countries regarding current and historical birth control policies, and how their birth control policies have been affected by the fall of state socialism. In the second part, I will in particular discuss the intersection or 'borderland' between contraception and abortion: Whether a particular phenomenon or technology (like IUDs, morning after pills or menstrual extraction) should be categorised as contraception or as abortion, and what the consequences are for policy. I will also discuss the implicit assumptions which often underlie 'choice rhetoric' in birth control debates, and identify what I see as the inherent contradictions of such rhetoric.

Through the historical comparisons across countries and regions, and by looking at some grey areas between contraception and abortion, I will try to denaturalise political problematisations of birth control in different contexts. The aim of the article is not to rank countries or policies by some measure of progress, but to reflect on the different ways of problematising birth control, and to identify some underlying and often implicit assumptions that may have important effects on policy choices and reproductive rights. Different ways of constructing the field of birth control correspond to different ideas about state and society. The article will discuss how policies in this area are used as political tools to address state concerns - e.g. to encourage or counter population growth, to decrease or increase gender differences, or to establish individuals or families as primary units of society.

Birth Control in Central and Eastern Europe During and After State Socialism

The Soviet Union introduced abortion on request in 1920, as the first country in the world. After a period of re-criminalisation from the mid-1930s, abortion was again made available on request in 1955, after Stalin's death. Many of the other state socialist countries followed, either right away (Bulgaria, Czechoslovakia, Romania, Poland and Hungary) or more gradually (Yugoslavia and GDR). Thus in the USSR and most CEE countries,

abortion became easily available prior to modern contraceptives. Only in Hungary and in East Germany were modern contraceptives such as the pill and IUDs used to a noteworthy extent, from the 1970s (Zielinska 1987)¹⁾. During the 1960s and 1970s, when there was a steep rise in the use of IUDs and contraceptive pills in Western Europe and North America, most CEE regimes directly or indirectly encouraged abortion over contraception as a means for birth control. The latter was spoken of as more 'unnatural' than the former and as potentially dangerous for women (Kulczycki 1999)²⁾. Abortion has been much more common than in Western Europe and North America, and only a few other industrialised countries (among them Japan) have had similar abortion rates (Stloukal 1999).

After the systemic and social changes around 1990, reliance on abortion as the primary form of birth control is still widespread. Despite political conflict around the issue in countries such as Hungary, Lithuania, the Czech Republic, the Slovak Republic and the GDR, abortion policies have remained relatively permissive (Kulczycki 1999, Flood 2002). In countries with restrictive abortion regimes prior to transition, such as Romania, Bulgaria and Albania, laws have been liberalised. The exception is Poland, where strong and enduring political conflict during the 1990s lead to a restrictive birth control regime, both compared to previously in Poland and to the whole of Europe (with the exception of Ireland).

Despite uncertainty as to the actual numbers of abortions during the state socialist regimes, the trend since 1990 has clearly been towards fewer abortions, both in real numbers, in relation to the number of women of reproductive age (abortion rate), and in relation to the number of live births (abortion ratio). So, despite a decline in the number of births, the number of abortions has fallen even more. In most CEE countries, and especially in Russia and Romania, the prevalence of abortion is still high above the rest of the world. In 2004, the estimated abortion ratio in Russia was about five times higher than the rate in an average western European country such as Norway: 130 versus 25 abortions per 100 live births.

Today's CEE birth control politics are partly leftovers from the way preventing childbirth was problematised and dealt with under state socialism. The selected cases, Russia, Poland and Romania represent three historical birth control policy patterns during and after state socialism. Russia is the prototypical CEE country, with its continued permissive policy since the mid-1950s favouring abortion over contraception. Poland and Romania have both been described as exceptional for CEE; Poland with its change from permissive policy under state socialism to restrictive policy after transition, and Romania from restrictive policy under state socialism (after a period of permissive policy in the late

1) Hungary also had a relatively restrictive abortion law compared to most CEE countries, with a committee system – women seeking abortions had to justify themselves before a medical committee (Scheppelle 1996).

2) This is also a well-known perspective on 'artificial' contraception in the west. Especially the pill has, in recent times, been discussed as potentially harmful to the user's health – although there have also been claims of the opposite.

1950s and early 1960s) to permissive policy after the fall of the Ceausescu regime in 1989. Studying birth control politics comparatively under and after state socialism through these three cases will provide contrasts to gain analytical distance to abortion politics in other contexts, and help to uncover implicit assumptions of (to denaturalise) different national debates.

Russia

According to classic Marxist and Leninist ideology, abortion is a social ill created by the capitalist system of production. The Russian revolutionaries wanted to abolish restrictive birth control policy, and argued that abortion would gradually disappear in the new Soviet society, because there would be no more need for them (Lenin 1913). In 1920 a law was enacted, according to which abortions would be done free of charge by doctors in public hospitals. It criminalized non-doctors performing the operation (thus depriving midwives of their right to practice) and abortions performed in private, for profit. Abortion was still seen as an evil – although a necessary evil, due to remains of bourgeois social structure and family patterns.

Soviet women continued having abortions, despite the fall of capitalism. Initially the procedure was free for all, but during the 1920s the guidelines for performing abortions changed so that some women had to pay for the operation themselves. Time limits were also imposed (three months, except in cases where continued pregnancy threatened the life of the woman), and a minimum of six months prescribed between consecutive abortions. From 1928, women were obliged to stay hospitalized for three days after terminating their pregnancy (Zielinska 1987). In 1936, abortion was re-criminalized by the pro-natalist Stalin regime, except for when the mother's life or health was in danger, or in cases of serious inheritable disorders. According to the law proposal, abortion was no longer necessary, since capitalist repression had ended. Women had achieved full equality of rights, it was argued, and could therefore '*fulfil the great and responsible duty of giving birth to and bringing up a new generation without fearing the future*' (quoted in Zielinska 1987: 253). It was also argued that abortions posed great health risks for women, and should therefore be banned.

Until the late 1920s, contraception and family planning had been encouraged and studied (Kon 1995), but this also ended under Stalin's pro-natalism. After his death in 1953, family legislation in general became more similar to the 1920s. In 1955, the abortion ban was repealed. It was now argued that decriminalization would reduce the number of illegal abortions, which were harmful to women's health (thus, much the same medical argument as in western European debates on legalisation at the time). Abortion was to be reduced through other means than criminal law, especially through social security programs and education/propaganda. According to Zielinska (1987), the preamble to the revision also included a proclaimed aim of 'great ideological significance', namely that women should

have the right to decide individually about motherhood.

Information about and supply of contraceptives were near-absent in the USSR, and from 1974, the use of contraceptive pills was effectively banned (United Nations 2002). The early introduction of abortion on request, combined with a lack of contraceptive means and information for most Soviet women, caused abortion to become the main method of controlling childbirth. Based on several estimations it seems that the Soviet abortion level was the highest in the world, with the possible exception of Romania (Remennick 1993).

Connected to the high prevalence of abortion, the relationship between contraception and abortion was understood differently than in today's Western Europe. In the USSR, as well as in most of the other CEE state socialist countries, abortion was treated by the authorities as a relatively acceptable form of birth control, while contraception was regarded as unnatural, inefficient and/or dangerous. In the early 1990s, induced abortion had for decades been *'perceived as a routine, although certainly unpleasant, medical procedure, comparable, say, to the removal of a tooth. This is combined with an ultra-cautious attitude towards contraception in general, which is viewed as something "unnatural" (in most cases this has nothing to do with religious beliefs)'* (Remennick 1993: 53). The dominant problematisation of abortion has thus had a different focus than in Western Europe: Not on foetal rights versus women's reproductive choices, but on the commonly very unsatisfactory conditions around the performance of abortions in public hospitals (lack of hygiene and anaesthetics, for instance). In the words of sociologist Larissa Lissytukina, Russian women *'do not have to fight for free abortion but for its humanization'* (1993: 279).

Russian anti-abortion political activism has increased after transition from state socialism, supported by the Russian Orthodox Church and western right to life organisations (Williams 1996). Nevertheless, there have not been substantial changes in abortion policy. In 1994, a new directive installed fees for most abortions, but in the late 1990s, abortion was still provided free of charge in many parts of Russia (Flood 2002). In 2003, a new government decree reduced the number of reasons for abortions after 12 weeks of pregnancy, no longer allowing late-term abortion on social indications. The restricting measure concerns only a small part of abortions, since most are performed within the first 12 weeks. It was defended by the Ministry of Health as an attempt to promote a switch from late-term abortions to safer forms of birth control (Parfitt 2003).

The knowledge and availability of modern contraceptives have improved and their use increased since the fall of state socialism. The Russian government subsidized contraceptives and family planning from 1992, and according to one study, modern contraceptive use increased by 74% and the abortion rate declined by 61% from 1988 to 2001 (Deschner & Cohen 2003). Abortion nevertheless remains a common form of birth control, and Russia's abortion rates are still among the highest in the world. It is still to be seen whether the decree in 2003 is a first step towards a more restrictive attitude to abortion, or towards more systematic advocacy of contraceptives instead of abortion as primary method of birth control.

Poland

The Polish 1932 Penal Code allowed abortions when a pregnancy seriously threatened a woman's health, or when it resulted from a criminal offence. From 1956, abortion was to be granted on the basis of 'difficult living conditions', what is referred to more generically as social indications. The law was entitled 'On the conditions under which pregnancy termination is allowed': Abortion was to be allowed under special conditions only. In practice abortion became freely available, as long as the woman could find a physician willing to perform the procedure (Githens 1996, Kulczycki 1999). As different from the preamble to the Soviet abortion law from the year before, the commentary to the Polish law did not put any significance on women's right to decide about motherhood. On the contrary, it was explicitly stated in a commentary from the Ministry of Health, that a woman's will was only a decisive factor as to prevent pregnancy – not as to terminate it (Zielinska 1987).

The 1956 law did not turn abortion into a non-contested issue. The law was repeatedly criticized in the following decades, especially from Catholic MPs and representatives of the Catholic Church. During the period of state socialism, abortion was relatively common in Poland – although considerably less common than in most other CEE countries. As in the USSR statistics are unreliable, but according to estimates the abortion ratios prior to 1990 were about 75 abortions per 100 births (Kulczycki 1999). Most women who reported using contraception relied on traditional rhythm and withdrawal methods, not condoms, IUDs or hormone pills.

After the transition from state socialism, the existing abortion law was attacked. In 1990, the government issued new regulations that made abortion harder to obtain, including a required consultation of three physicians and one psychologist before an abortion, a conscience clause for physicians, and a fee for abortions on non-therapeutic grounds (Zielinska 2000, Githens 1996). These regulations were challenged before the Constitutional Tribunal, which upheld the regulations. In its decision, the Tribunal stressed that the 1956 law was framed in terms of protecting women's health, and thus did not give Polish women any right to abortion (Zielinska 2000).

In late 1991, the Polish Chamber of Physicians passed a new 'Physicians Code of Ethics', permitting abortion only if the pregnancy was a threat to the woman's health, or if it resulted from a criminal offence. Physicians who conducted abortions on social indications, legal under Polish law, could be stripped of their medical license by the Chamber of Physicians' disciplinary court. This discrepancy between national legislation and ethical code for physicians ended in 1993, when Parliament passed 'the Law on Family Planning, Legal Protection of the Fetus and the Conditions of Permissibility of Abortion'. Social conditions were taken out, leaving only serious threat to health, cases of rape or incest and cases of foetal impairment as grounds for legal abortion. Private abortion clinics were banned, and a clause on every human being's right to life from the time of conception

was included in the law (as signalled by the new title). Anyone providing an illegal abortion could go to prison under the new law, whereas a woman who obtained one would not be punished.

A more leftist Parliament after the 1993 national elections tried to liberalise abortion legislation, but a revised law reopening for social grounds never went into effect because President Wałęsa, who was personally opposed to abortion, refused to sign it. A new president was elected in 1995 (Kwaśniewski), and the year after the law was changed, permitting abortion on social grounds as well as abortion in private clinics. The 1996 law also included restrictive measures, like compulsory counselling, an obligatory three-day waiting period, and a conscience clause for medical personnel (making abortion harder to obtain in practice). Opponents of the liberalised law challenged its constitutional validity, however, and the Constitutional Tribunal ruled against abortion on the basis of unspecified 'difficult living conditions'. In the end, the more restrictive law of 1993 was reinstalled in December 1997. In February 2005, the Polish Parliament rejected a proposal by the Democratic Left Alliance to liberalise the law, and the 1993 law remains in force. Only between 100 and 200 legal abortions are conducted in Poland each year – that is, about 0.05 abortions per 100 live births.

The 1993 law, while considerably restricting access to abortion, also obliged the government to introduce provisions for people's free access to contraception (referred to as 'methods and means for conscious procreation'), assistance during and after pregnancy, and sex education in schools. These provisions, meant to reduce the need for abortion, were never implemented. At the end of the 1990s, the Polish state still did not provide substantial social assistance to women with unplanned pregnancies and to single mothers, or to women trying to combine work and motherhood (Kulczycki 1999, Brunell 2002, Fodor *et al.* 2002). Sex education, contraceptive information and access remain scarce.

The post-transitional political campaign against abortion largely went together with efforts to restrict access to contraceptives (Stloukal 1999, Zielinska 2000). Most notably, contraceptive pills and IUDs were spoken of as "early abortifacients", which could be forbidden (Githens 1996). The use of modern contraceptives is still not widespread in Poland, *'for reasons of ignorance, unfamiliarity, unwillingness to break Church edicts, lingering embarrassment, misinformation about their effectiveness and side-effects, and supply shortages'* (Kulczycki 1999: 120).

In her analysis of arguments put forward in the abortion debate in Poland after transition, Fuszara concludes that *'arguments for the absolute individual right to control over one's body were infrequent and mostly used in street debates, not in Parliament'* (1993: 246). This indicates that liberal choice discourse has not played an important part in Polish birth control politics, as it has in many western countries.

The Catholic Church played a crucial role in reversing the permissive Polish abortion legislation. In Catholic doctrine, the distinction between abortion and contraception is one of degree rather than of kind. According to Kulczycki (1999), many Polish priests do not

make any strong moral distinction between abortion and modern contraceptives, but rather advocate that the 'contraceptive mentality' is one of the main reasons for widespread acceptance of abortion. The Polish Church has been especially non-compromising on the issue of birth control, compared to in other predominantly Catholic European countries (except Ireland), maybe because of its special relationship to the Vatican, with the late Polish Karol Woytyła as Pope John Paul II. Thus, '*For many Poles, supporting the passage of a legal ban on abortion became a testimony of their fidelity to the Church and to the Pope's teachings*' (Kulczycki 1999: 138). The Church was also an important identifier in opposition to the state socialist regime, and its resistance to abortion and contraception thus took on a wider political significance (Githens 1996).

Romania

Like Poland, Romania followed the USSR in its permissive legislation of abortion. From 1957, abortion was to be provided in public hospitals on women's request, for a small fee. During the following years, abortion figures were comparatively high: 300-400 abortions per 100 live births in Romania in the early 1960s, despite one of the highest birth rates in Europe (Zielinska 1987, Hausleitner 1993).

In 1966, the Ceausescu regime re-introduced restrictions on abortion. This policy change was part of a larger effort to stimulate population growth, which was seen as important for the country's industrialisation. Some years later, Ceausescu characterised the foetus as '*the socialist property of the whole society. Giving birth is a patriotic duty (...) Those who refuse to have children are deserters, escaping the law of natural continuity*' (quoted in Harsanyi 1993: 46). Individual rights were not an issue in this pro-natalist discourse, and citizens were supposed to be obliged to the more important demands of the state (Kligman 1998).

Romanian birth control policy became increasingly restrictive over the next two decades, as it became clear to the government that existing measures did not have the wanted effect on population growth. Modern contraceptives were not illegal, but most people had scarce knowledge about them, they were difficult to obtain, or too expensive (Kligman 1998). From 1984, all women of reproductive age had to go through monthly gynaecological examinations. Those who were found to be pregnant were monitored until delivery, and cases of miscarriages could lead to police investigation (Flood 2002). After 1985, abortion was legally permitted only for women over 45 years old, and for women who had at least five children still under their care. The import of contraceptives was stopped, and sterilization limited (WHO 2004). Estimated abortion rates remained high during the restrictive years, also compared to other CEE countries, but almost all abortions were illegal.

Among the first things that the transitional government did after the fall of state socialism in 1989, was to legalise and make abortion available on request, and to repeal

restrictions on contraception and sterilization. During the following years, Romania had high abortion ratios compared to elsewhere in Europe; in 1990-92 there were about 300 abortions per 100 live births. In the next decade, the use of modern contraception increased and the abortion ratios dropped to about half (in 1996-99, about 160 abortions per 100 live births).

Romania's permissive abortion policy has not been significantly challenged. In 1996, new abortion legislation was enacted, allowing abortions to be performed on the pregnant woman's request during the first 14 weeks of pregnancy, by a gynaecologist, in an authorized medical facility. These provisions were largely continued in the Reproductive Health Law, approved by the Romanian parliament in late 2004. This current law also contains provisions for and regulations of contraception and new reproductive technologies.

The availability and use of modern contraception is still limited, and abortion remains a primary method of birth control. Morning after pills are difficult to obtain, and relatively costly: About the same price as an abortion (WHO 2004). The abortion rate has dropped substantially since 1989, but remains high compared to other European countries (Fodor *et al.* 2002). According to a recent assessment by the WHO, Romanian women '*consider abortion to be a traditional, safe, accessible, quick, and relatively cheap procedure, even if unpleasant and stressful. They see abortion as a means of resolving an already existing unwanted pregnancy, while contraception is regarded as a less accessible, more costly and complicated way to prevent a possible problem (a future unwanted pregnancy)*' (WHO 2004: 2).

From Abortion to Contraception?

The review of birth control policies and legislations in Russia, Poland and Romania shows that there have been some changes since state socialism. The development has been different in the three countries. In Russia and Romania, abortion is still widely practiced as a primary birth control method. Information on and access to contraceptives, as well as sex education, have improved, but there is still widespread lack of birth control knowledge in these two countries, and contraceptives are often expensive when available. In Poland, political discourse and actual policy have turned away from abortion as birth control, but there has not been a significant shift towards better access to and information about contraception.

In neither of the three countries has there been a major shift from abortion to contraception as main form of birth control – the common pattern in Western Europe. All three countries are thus different from most western European countries, where contraception is advocated as the main form of birth control and access to abortion defended as a secondary option, for when contraception fails or when there's some other 'good reason' why the woman should not carry an unintended and/or unwanted pregnancy to term.

Birth Control and the State

Politics addressing family patterns, reproduction and sexual behaviour have historically been important sites for states to control their populations. Different ideologies present different views on appropriate policies in these fields, and there are many examples that states have made birth control politics a high priority. Demographic concerns have been one central motive, be it to increase the number of citizens (or potential workers or soldiers), as in USSR under Stalin and Romania under Ceausescu, or to counter over-population, as in China's one-child policy and post-WWII Japan (Ogino, forthcoming). Other state concerns have been the relative size of different social, religious or ethnic groups, the relations between men and women, and the hereditary quality of the population (eugenic or economic motives, or both).

Feminist movements in Western Europe and North America have put emphasis on rights and freedoms in these areas. Broadly speaking there have been two main orientations (Rudy 1996); a liberal, focused on women's choices and right to privacy when it comes to abortion (the pro-choice movement), and a radical, focusing on social structures around reproduction more broadly (the reproductive rights movement). As has been stressed by several scholars, the birth control politics of CEE state socialist regimes were not primarily geared towards women's interests – neither in a liberal nor in a radical sense (Fuszara 1993, Githens 1996, Alsop & Hockney 2001). Rather, it was state concerns with population development, labour market participation, or national identity that were the principal factors underlying CEE politics of birth control during state socialism.

Abortion on demand thus never represented the same kind of reproductive choice in CEE as in Western Europe and North America, where knowledge and provision of contraception were widespread. In CEE, there was no well-known, easily available, affordable and efficient alternative to abortion (except from sexual abstinence) for the majority of women who had to combine family with paid work. New restrictions on abortion without corresponding significantly improved access to contraception could therefore lead to a dramatic loss of reproductive rights, as witnessed in Poland.

The particularity of CEE birth control politics results from the way the problem was constructed and dealt with under state socialism. In Poland there was a strong, opposing discourse from the Catholic Church, which became dominant – in the making of policy if not in people's reproductive lives – after the transition. In Russia and Romania there seems not to have been alternative discourses of significant strength. Even if the Orthodox Church has voiced opposition to the existing abortion regime in Russia, it is still in the political margins compared to the Roman Catholic Church in Poland.

It could possibly have been on the agenda of CEE governments to preserve or return to traditionalistic gender policies, by focussing on women as mothers rather than as workers. During state socialism, permissive abortion laws were functional to increase the female participation in the labour force. After transition, encouraging women to leave the work

force in order to provide for their families could reduce unemployment, as well as pressure on the state to take care of the young, the sick and the elderly. It could also be seen as a possible countermeasure to shrinking birth rates, as opposed to the enactment of more costly social provisions to encourage people to have more children, or to increased immigration.

The Categorisation into Contraception and Abortion

In political debates and academic analyses of abortion it is often taken for granted that 'abortion' is something unitary: That there are different views on the act, but that people nevertheless refer to the same phenomenon. Cathy Rudy has argued to the contrary that there is *'no one thing accurately or adequately called "abortion." Abortions only exist in the lives of concrete people in differing cultural locations. These locations, and the various political, religious, and ethical convictions which characterize and accompany them, construct different meanings and definitions for the term abortion. In these often competing locations, people do not all see the same act when viewing an "abortion"'* (Rudy 1996: xiii). Rudy's point is that abortion is quite literally a different phenomenon for different people: abortion is constituted through the intersection of the contexts in which it takes place, with the ethical judgement it is subjected to.

I find this constructionist perspective to be a useful theoretical starting point for grasping the particularities of birth control politics in different contexts, including variations in core categories such as contraception and abortion. What are the problems of birth control, contraception and abortion represented to be in political discussions in different times and places? This is politically a highly relevant question, since language, categorisations and problem definitions are crucial to how issues are dealt with.

Category Politics: Emergency Contraception, IUDs and Menstrual Extraction

In the late 1990s there was some debate in Norway about the so-called morning after pill, a hormone dose taken orally within a few days after unprotected intercourse, to avoid the further development of an embryo. Was this 'emergency contraception', or was it 'an early abortion'? The acceptance and availability of this pill depended on the predominant answer to that question, which in Norway established the morning after pill as a contraceptive. The IUD is another example. Generally this is spoken of and classified as a contraceptive device, but technically speaking it does not prevent conception, but the further development of the fertilised egg (it prevents implantation in the uterus). This is something that has been pointed out by groups wanting to restrict access to IUDs, who have argued that IUDs represent a kind of early abortion, since 'life starts at conception'.

Another example is co-called menstrual regulation/extraction. From the late 1980s, a new 'menstrual regulation procedure' was introduced in the USSR, performed by vacuum

extraction of the uterus within 20 days of absence of menstruation. This was also referred to as early abortion or as 'mini-abortion' (Remennick 1993). The procedure is quite common in Asian Muslim states such as Bangladesh, Malaysia and Indonesia, where abortion in the traditional sense is difficult to obtain (Kulczycki 1999).

Similarly, the 'abortion pill' RU 486 can be used to regulate menstruation. Taken every month, three days before the expected day of menstruation, any embryo will be extracted in the same way as a non-fertilised egg. According to one study, Latino immigrants in New York City preferred RU 486 in cases of suspected pregnancies, because, as they put it, abortion was against their religion (Brodie 2002). In this way they could 'regulate menstruation', without knowing whether they were actually pregnant or not, and thus bypassing moral considerations applying to abortion. The drug has been referred to as a 'post-coital contraceptive' and as a 'fertility control drug', in the latter case transcending the distinction between contraception and abortion.

The 'Necessary Evil' and the Right Choices

Most western pro-choice politics, as well as feminist research and activism on birth control, are based on the idea of abortion as a necessary evil, as something that no woman would do easily.³⁾ The prototypical argument is that abortion is something that a pregnant woman will only undertake if there are no other (good) options. In other words, no rational woman would 'use abortion as contraception'. The argument for choice presumes that the pregnancy is unintended and/or unwanted, and that to give birth would cause social or psychological damage or at least hardship.

This necessary evil framework has had a considerable political potency, in its non-challenge of culturally dominant notions about gender and family. It implies that a woman who has an abortion does not make a choice against motherhood as such, but against a kind of hardship that would follow from the birth of a particular child. The more radical issue of pregnant women choosing not to become mothers, also if they haven't used contraceptives or aren't in a desperate situation of some kind, is thus sidestepped ('desperate situation' being, however, a highly relative notion in this context). One might therefore interpret the current pro-choice framework as partly a result of a necessary adaptation to the political realities when abortion on demand came onto the political agenda. To rally enough support for liberal laws, it was strategic to pursue a pragmatic argument of 'necessary evil' and to focus on the clear-cut cases: Women who were in desperate need for abortion, and who would therefore, if she could not have a legal one, have an illegal abortion instead of giving birth.

There is, however, a contradiction inherent in the necessary evil framework on choice,

3) For exceptions from this general pro-choice tendency to see abortion as a necessary evil, see Luker (1975) and Hadley (1996).

in the sense that it provides a political rhetoric that is at odds with its political solution: abortion on demand. The choice rhetoric is qualified, in the sense that the argument about women's right to choose it is based upon implicit assumptions about what legitimate abortion motives are, and what *the right choice* in a given situation should be. According to these assumptions, when a woman is pregnant, abortion is a legitimate option only in the presence of special circumstance (like e.g. failed contraception, socio-economic difficulties, psychological distress, or a 'father problem'). An unwanted pregnancy *tout court* is not enough. Qualified abortion choice rhetoric becomes problematic in cases where such special circumstances lack, e.g. for abortion based on foetal sex, on minor foetal irregularities, or on other motives not considered legitimate or serious enough to end a pregnancy (like holiday plans).

Paradoxically, there is hardly any possibility of a real choice in the choice rhetoric around abortion: Either a woman has an abortion because 'she has to', due to some serious circumstances (and there is thus no real choice), or she will carry the pregnancy to term, because she has no acceptable reason not to. Women who choose to have an abortion without any more specific or dramatic reason than not wanting to become a mother, have no place in this problematisation – they are non-existent, in a discursive sense.

This is different from the way contraception is understood in Western Europe (with a few exceptions, of which Ireland is the most notable), as a non-qualified, legitimate way to avoid childbirth – without further reasons given. Using contraception is in fact not only seen as legitimate, but commonly also seen as 'responsible' and thus as normatively prescribed (e.g. outside of marriage, in casual sexual relations, in young age, during education, or when pregnancy and childbirth is not an intended motive for engaging in heterosexual intercourse). This is also the case for 'emergency contraception', although, as indicated by the out-of-the-ordinary modifier, this is regarded as a more problematic form of contraception.

Selective Abortions and Qualified Choice Rhetoric

The paradoxes of abortion on demand based on a qualified choice rhetoric has revealed itself in Norwegian birth control debates since the early 1990s, around the issue of selective abortion – abortion due to some (suspected or confirmed) abnormality or disease in the individual foetus. As new reproductive technologies and genetic tests have made it possible to say much more than before about the characteristics of a foetus (or even a fertilized egg), a discussion has opened around what kind of conditions may be legitimate reasons for abortion. Many of those restrictive to abortion in general have also been against selective abortion. More interestingly, politicians from the left, in favour of the current abortion on demand legislation, have voiced concerns about the possibility that women could terminate their pregnancies on the basis of some 'minor' foetal defect, or no defect at all (like being

female).⁴⁾

In my view, the concern that women could abort for the wrong reasons, shows implicit normative presuppositions in the support for women's 'free choice', that may turn the pro-choice position contradictory, or at least paradoxical, in the face of external developments (like new techniques for identifying characteristics of individual foetuses, or improved living conditions for unwed mothers). As Dorothy McBride has pointed out, it is problematic to support abortion on demand for all women, without accepting that some women will then abort for 'what may be perceived of as selfish and possibly unethical reasons', like disability or sex (Stetson 1996). In fact, this is where qualified choice rhetoric with its necessary evil legitimising strategy can lead; to a liberal rhetoric of free choice that is moralised, and sometimes at odds with itself.

Pro-Choice Politics beyond the Normative Contraception/Abortion Distinction?

The distinction in Western Europe between contraception as responsible and abortion as an evil (necessary or not) is of relatively recent date. During birth control politics of the late 19th and early 20th centuries, these two categories were in general treated much alike in moral as well as in legal terms. In Norway for example, criminalising abortion went together with criminalising advertising for and giving information about contraceptives. Rules against spreading knowledge about contraceptives and against making them available were abandoned on a judicial level in 1927, but state-initiated advocacy for and information about contraception was politically controversial well into the 1970s. There were differences in degree regarding opposition to abortion and contraception, but there was no qualitative difference like today. By those opposed to more information and permissiveness, the two were both associated with promiscuity and/or sex for non-procreative purposes.

Kristin Luker, in a study of birth control attitudes and behaviours among Californian women around 1970, shows how the distinction may operate in people's day-to-day reproductive choices. In *Taking Chances: Abortion and the Decision not to Contracept*, Luker argues that the construction of contraception as a responsible and abortion as an irresponsible form of birth control, does not resonate with people's lived experiences. According to this construction, contraceptives would and should normally be preferred to abortion, which women only see, or should see, as a last resort. But, according to Luker, 'Californian women seem to be making a *de facto* choice of abortion as a method of fertility control' (Luker 1975: 10). She finds that women deliberately 'take chances' in not using contraceptives.

Luker's explanation to this finding is that the costs (in a broad sense) of abortion are not necessarily perceived as higher than the costs of contraception. Many women experience

4) See Stenvoll (2002) for a discussion of Norwegian political debates on selective abortion.

abortion as relatively unproblematic, and there are also costs of using contraceptives that are often down-played or ignored in public discourse. For women this includes acknowledging being sexually active, or being sexually available, or being pragmatic (not romantic) about sex. Other costs are loss of spontaneity, the costs of obtaining contraceptives (seeing a doctor as well as paying for them), negative male attitudes to condoms, biological side effects of hormone-based contraceptives (like weight gain), etc. Most of these costs are immediate, as opposed to the more uncertain future costs of an unwanted pregnancy. In addition there are some possible benefits of becoming pregnant, also without it being planned. For instance, it proves that you are fertile, it may be a test of a man's commitment (will he marry?), and it could add to the erotic thrill.

Not using contraceptives, or using abortion as birth control, should therefore not in itself be characterized as irresponsible or irrational. Luker's analysis is important, because it shows some of the complexity with which women deal with birth control, also across the contraception/abortion distinction. It points to a possible normative basis for pro-choice rhetoric that transcends the – in my view – problematic notion of abortion as a necessary evil. The following passage from an early 1970s article on contraception and abortion illustrates the possibly rich connections between the two: *'There are several possible life patterns which the individual woman may follow: no contraception, no abortion; regular contraceptive practice, and accidental pregnancies carried to term; regular contraceptive practice, abortion used to terminate accidental pregnancies; initial use of contraception, then a change to reliance on abortion; one or more abortions, then a change to reliance on contraception; continuous reliance on abortion alone; sporadic reliance on either or both methods combined'* (Moore 1971: 131). A public policy based on a qualified choice rhetoric, that does not allow for more than the second and third of these 'life patterns', may therefore be criticised for not addressing the realities of individual women (and men) dealing with birth control.

Conclusions

It is striking how differently contraception and abortion has been understood in CEE compared to Western Europe. The main points made in this article are that abortion grew into the main form of birth control from the mid-1950s, and that modern contraception was either ignored or actively opposed. After transition abortion rates have declined somewhat, and contraception use increased, but most CEE countries still have high abortion rates compared to the rest of the world. An exception is Poland, where the strong influence of the Catholic Church resulted in a near-ban on all abortions, without any significant increase in information about or access to contraception.

The article also addresses different problematisations of birth control, more specifically the dominating normative distinction in Western Europe between contraception and abortion. This distinction is not 'natural', but produced in different national and historical

context, and I have shown examples of ‘category politics’, meaning discussions on whether a particular phenomenon or technique (e.g. morning after pills or menstrual extraction) should be categorized as one or the other. Moreover, I have argued that choice rhetoric in abortion debates is often implicitly qualified, causing some tensions or paradoxes when women seem to be making ‘the wrong choices’ about abortion. Finally, I have pointed to an alternative foundation of pro-choice rhetoric, not based on the abortion as necessary evil framework, with its normative presuppositions that constructs the non-use of contraception, or ‘using abortion as contraception’, as irresponsible or irrational.

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