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When abortion becomes public - Everyday politics of reproduction in rural Zambia

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ABSTRACT

This article takes the public reaction to the discovery of an aborted foetus in a rural Zambian community as the empirical starting point for exploring the everyday politics of reproduction. It builds on eleven months of ethnographic fieldwork on abortion and abortion policy in Zambia in 2017 and 2018, including participant observation in the community where the episode took place and interviews with clinic staff and neighbours. The article explores local dynamics of abortion opposition in a country where abortion is legally permitted on broad grounds. By analysing this case as an anthropological *event*, it discusses how opposition to abortion is dynamic and changes depending on the situation at hand. While abortions that avoid public attention may be silently tolerated, abortions that become openly known are harshly condemned. Through scrutiny of a specific case of collective moral judgement of abortion, the article examines how values like responsible motherhood, sexual virtue and protection of life emerge and are shared, allowing participants to protect and accumulate their own integrity in a moral economy that forges stronger social ties within the community. The article argues that even the harshest expressions of opposition to abortion may not be as categorical as they first appear. It calls for increased attention to dynamics of moral and political opposition to abortion to understand what is socially at stake for those who engage in it.

1. The event

I was at the clinic and heard a lot of shouting and running outside. One of the nurses opened the door and said, “*You wanted to learn about abortions, right? Well, now we have one*”. Outside a crowd of neighbours had gathered. There were between 50 and 60 people, of all ages, shouting and running, clearly upset. “*They have found a baby, an aborted baby, in the community. People saw it as a dog was dragging it around*”, the nurse told me. The owner of the dog had discovered the foetus in his yard and called the police before he alerted his neighbours to what had happened. As a group of outraged community members, they had moved to the clinic where they were discussing loudly among themselves and with the nurses. The police arrived only minutes later. Three male officers, two of them in uniform, came out of the vehicle and entered the clinic’s main building. They came back out and walked through the upset crowd to a nearby house, only

to come back a few minutes later, holding a girl between them. The crowd received them by shouting louder as the girl was brought towards them: “*Prostitute*” “*Baby murderer*” “*Witch*” “*Arrest her*”.

This excerpt from the first author’s (MH) field notes describes a case of strong collective reprehension of a specific abortion that took place on the outskirts of a town in one of Zambia’s predominantly rural provinces. The incident gained a lot of attention. It was covered by local radio stations and in social media and was repeatedly discussed in the neighbourhood in the weeks and months that followed. This article takes the collective outrage expressed by community members as a starting point for exploring everyday reproductive politics and the moral economy of abortion.

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2. Introduction

Rapp (2001) has noted that “*when reproduction becomes problematic it provides a lens through which cultural norms, struggles, and transformation can be viewed*”. Worldwide, abortion remains one of the most problematic and contentious reproductive issues (Kumar et al., 2009). Girls and women contemplating abortions are faced with a series of critical choices (Gammeltoft, 2002; Hoggart, 2019; Kebede et al., 2014; Schuster, 2005). Not only do they have to make tough decisions about their own lives and bodies, they also have to consider how their choices may be judged by others. It is well documented that both women who go through abortions as well as abortion providers may suffer considerable stigma (Coast et al., 2018; Kumar et al., 2009; Norris et al., 2011). But with few exceptions (Schuster, 2005), little attention has been paid to the moral reasoning and choices of those involved in inflicting moral judgements on others, or how abortion is situationally understood and responded to at community level.

Through studies of abortion, anthropologists have provided insight into a series of broader topics such as construction of personhood (Kaufman and Morgan, 2005; Morgan, 2006), new subjectivities (De Zordo, 2018) or sex and gender (Kasstan and Unnithan, 2020). The anthropological literature on abortion has also illuminated the inseparable relationship between politics and reproduction (Andaya and Mischal, 2017; De Zordo et al., 2017; Ginsburg and Rapp, 1995; Haaland et al., 2020; Morgan and Roberts, 2012). These contributions have been important for situating reproductive health and rights within global political processes with wide-ranging consequences for girls and women. But abortion is also governed through community level social relations between neighbours and family members that make up the everyday politics of reproduction.

Drawing on Fassin’s (2014) thinking about moral economies as production and circulation of affects and values, the article maps out local dynamics of moral judgement of abortions and seeks to understand what is socially at stake for abortion-seeking women and community members who surround them. Through an analysis of how abortion opposition comes about, is shared and understood by those who engage in it, we seek to contribute to an outline of a moral economy of abortion. We contend that a close examination of how abortion cases unfold in people’s everyday lives enables insight into the micro-politics of reproduction and adds valuable knowledge on dynamics of abortion condemnation more widely.

2.1. Anthropology of events

In this article, we treat the rally of neighbours outside the clinic as a social event. Description of events as detailed case studies of particular scenes or situations have been central to both classical (Geertz, 1980; Gluckman, 1940) and more recent anthropological texts (Das, 1995; Sahlin, 1981). Events can be used either as illustrations of norms or patterns believed to be typical or as exceptional cases that ethnographic analysis can explain (Kapferer, 2010). Kapferer and colleagues have argued for the need to move beyond events as mere static examples of social relations or norms, to scrutinize extraordinary and untypical events. The aim is to expand the analysis of “*events as case studies*” and to look at events as “*opening to new potentialities on the formation of social realities*” (Kapferer, 2010:1). An event is thus a moment in which different social elements are put into play in new constellations, creating a space in which the social can emerge in new and unforeseen ways. This makes events avenues for change, political meaning and disputes. Events often take the form of public spectacles (Lewis, 2009) and are important for creating shared images and narratives that link the outer political world and the inner world of the self. Events “*therefore signal a form of “politics” beyond the formal political sphere*” (Lewis, 2009:127) and represent important avenues for everyday politics.

Inspired by Kapferer’s and Lewis’ thinking, this article treats the spontaneous rally of neighbours outside the clinic as an event and

examines how affects and values towards sexuality, reproduction and abortion are put into play in particular ways. In doing so it uncovers how conceptions of abortion are intimately tied to gendered structures and power dynamics, but also how expressions of these conceptions vary with the circumstances at hand. While the gathering of neighbours was closely related to the discovery of a foetus, it is the community members’ reaction to this incident that we treat as the event, and not the case of the abortion in itself. In order to analytically distinguish between the two phenomena, we will use the word ‘incident’ to refer to the abortion itself, while ‘event’ will be used about community member’s public reaction to it outside of the clinic.

2.2. Abortion in Zambia

In Zambia, abortion has been legal on broad grounds since 1972 (GRZ, 1972). Nevertheless, access to abortion services is limited, both because of the restrictions spelled out in the law itself, as well as a set of political, bureaucratic and moral barriers that have to be overcome when seeking legal abortion (Haaland et al., 2019). The Zambian Termination of Pregnancy Act allows abortion to safeguard the life and health of the pregnant woman or that of her already existing children and in cases of severe foetal malformation (GRZ, 1972). Moreover, the law explicitly states that the pregnant woman’s age and environment should be considered. In effect, the grounds allowing abortion are wide enough to accommodate the situation of almost every girl or woman seeking abortion services.

At the same time, the Termination of Pregnancy Act heavily restricts access to abortion services by specifying that abortions must take place in a registered hospital and be approved by three medical doctors, including a specialist. Given the significant lack of health personnel in Zambia (GRZ, 2017a), this represents an important barrier for access to legal abortion services, especially in rural areas. Abortions that do not comply with these requirements are still criminalized in the Zambian penal code with sentences of up to fourteen years of imprisonment (GRZ, 2017b). A set of standards and guidelines (GRZ, 2009; 2017b) to help health workers interpret and implement the Termination of Pregnancy Act was developed in 2009 and revised in 2017, but at the time of this study, neither document had been widely disseminated across the country. In addition to public hospitals, a handful of private clinics and (I)NGOs that operate in Zambia’s major urban centres offer legal abortions. The (I)NGOs also work to increase implementation of the abortion law through advocacy and support to public abortion providers, but are primarily reaching urban areas. In the rural province that is in focus in this article, none of these organizations were present at the time of the study.

When the Zambian abortion law was passed in 1972, it was done quickly and without much public attention (Haaland et al., 2019). Lack of public debate around abortion may be one of the reasons why few Zambians, including health workers and law enforcers, are aware of the legal status of abortion (Cresswell et al., 2016; Macha et al., 2014). In Zambia, politics and religion are inseparably intertwined (Haaland et al., 2019). Since Zambia was declared a Christian nation in 1991, symbols of the state and of political power have become increasingly linked to religion (Haynes, 2015). Lack of dissemination about the legal status of abortion in Zambia, coupled with perceptions of a Christian state ideology, makes the idea of legal abortion difficult to imagine for abortion-seeking girls and women (Haaland et al., 2019).

When a clause stating that “*the right to life begins at conception*” was suggested in the proposed new Bill of Rights, abortion re-emerged on the political agenda. Both (I)NGOs and civil society organizations that work to increase access to safe abortion services, and churches and religious organizations that seek to limit access to abortion, mobilized efforts and became more explicit on the topic than before (Haaland et al., 2019). The proposed bill, which could have rendered the Termination of pregnancy Act unconstitutional, was sent to a referendum that was unsuccessful due to low voters turnout in 2016 (Zambia National

Broadcasting Corporation, 2016). Nevertheless, the proposal brought into light how Zambia's abortion law is subject to a subtle but continuous dispute over its interpretation and implementation (Haaland et al., 2019).

Notwithstanding, complications from unsafe abortions seem to persistently constitute a considerable problem of Zambian public health (Parmar et al., 2017). Studies from Zambia's urban areas have shown that girls and women's pathways to abortion vary greatly and may include seeking help from unsafe providers or accessing misoprostol for medical abortion through unofficial channels (Coast and Murray, 2016; Leone et al., 2016). Such cases are easily misclassified as miscarriages (Suh, 2014, 2019). However, little is known about abortion trajectories for girls and women living in rural Zambia today (Haaland et al., 2020).

Access to legal abortion is also conditioned by a series of sociocultural barriers (Kumar et al., 2009). Girls and women who seek abortion in Zambia, do so within a wider moral context in which womanhood is closely connected to motherhood (Manalula, 2009; Silva, 2009) and female sexuality is subject to both subtle and more overt mechanisms of control (van Klinken, 2018). This makes privacy a key concern for abortion seeking women, with consequences for where they seek assistance (Chemlal and Russo, 2019; Chiweshe and Macleod, 2018; Cresswell et al., 2016; Shellenberg et al., 2014). On a national level, data on both legal and clandestine abortions in Zambia is limited, but recent policy documents refer to a considerable number of girls and women admitted to public hospitals with severe complications after unsafe, clandestine abortions (GRZ, 2017b).

3. Methodology

This article draws upon eleven months of ethnographic fieldwork carried out by MH in Zambia in 2017 and 2018. It forms part of a larger study on the politics of abortion in Zambia that took on a multi-sited approach to inquiry (Marcus, 1995) to enhance our understanding of the gap between abortion policies and actual access to safe and legal abortion services. The study set out to follow the 'social life' (Appadurai, 1986) of the Zambian Termination of Pregnancy Act and followed the ways in which it is continuously disputed and reinterpreted (Shore and Wright, 1997) as it moves from national level policy makers to on-the-ground implementation in Zambia's rural areas. To do so, MH spent four months in the capital city of Lusaka before she relocated to the small town where she spent the remaining seven months. In Lusaka she investigated the origin of the Zambian abortion law and how it is perceived and disputed by national level political actors today (Haaland et al., 2019).

In a predominantly rural province, MH used a small clinic with a youth-friendly corner that provided sexual and reproductive health services to adolescents as a methodological starting point for access. She gained access to and familiarity with the community surrounding the clinic through taking part in daily life activities including church-going, market hangouts and performance of simple house chores for elderly women who lived alone. She moreover took part in meetings of women's saving groups and women's church groups that met on a regular basis. Participant observation in the community served to gain an understanding of how issues of morality and reproduction were talked about and handled in everyday situations such as in church activities, women's groups, at the market or the clinic. This allowed for increased understanding of the relevance of the Zambian abortion policy to people's everyday life. After gradually becoming more familiar with her research topic, several groups of women in the neighbourhood started to invite MH to their houses to discuss issues of sexuality and reproduction. In these meetings, the event described above was often brought up and discussed.

MH interviewed community health workers, clinic nurses and neighbours about issues of sexual and reproductive health and abortion, and representatives of the local and regional police force about how they followed up abortion cases reported to the police. After the event took

place, she re-interviewed some of the participants who had actively taken part in the upheaval outside the clinic about their motivations for doing so and their thoughts about what had happened. All interviews were semi-structured, following a flexible interview guide. While this article draws upon the full ethnographic material, MH's engagement with the clinic staff, community health workers, neighbours and women's groups related to the event make up its empirical core.

Interviews and conversations with participants with education beyond primary school, took place in English, Zambia's official language. MH had rudimentary knowledge of the vernacular language, but in meetings with women's groups in the community she was assisted by a locally recruited female research assistant. Except for the interviews that specifically dealt with the event, MH made an effort not to add to the stigma suffered by the suspected girl, and did not ask about the case unless it was brought up by others. However, when talking about abortion, community members rarely failed to mention the event.

Interviews and group discussions were audiotaped with consent from all participants. These were either transcribed verbatim in English or transcribed and translated to English by a research assistant fluent in the vernacular language. In line with ethnographic tradition, the process of analysis started during fieldwork and continued into a concentrated phase of analysis and discussion between the authors once fieldwork was concluded. The collected material related to the event was read and re-read to gain overview and familiarity before MH engaged in a process of categorization using NVivo12 as a tool to organize the material. Codes and broader categories were discussed with the team of authors and a set of major themes were identified. The analysis focused on the latent level of underlying meaning and assumption (Braun and Clarke, 2006). After the major themes of visibility, motherhood, sexuality and gestational age had been identified, a more active engagement with theory took place by drawing on Kapferer's (2010) thinking about events and Fas-sin's (2014) concept of moral economy as a way to further interpret the findings before and during the drafting of the manuscript.

As a female European researcher with a special interest in issues related to gender and reproduction, MH's position in the field had bearings on her interactions with community members. On one hand, her status as a woman allowed her access into female social arenas, such as the women's saving groups. On the other hand, her European background and status as a researcher positioned her within larger historical as well as economic power asymmetries that unavoidably affected social dynamics between her and members of the community. Before the abortion-related event at the clinic took place, about six weeks into MH's fieldwork in the rural province, abortion had not been an easy topic to discuss in the community. The health workers at the clinic were reluctant to talk about it, and community members often just gave polite answers along the line of, "Yes, it (abortion) happens sometimes, but I don't know much about it". This was, in no way, an indication of abortions being uncommon. At the referral hospital in town, there were records of the 40–50 monthly cases of girls and women admitted with complications from clandestine and unsafe abortions. Many of them were bound to be from the community where the event took place. It was rather an indication that abortions were not publicly discussed (though discreetly gossiped about), and maybe especially so, with a European researcher. In the period after the event, abortion repeatedly came up in conversations, interviews and social gatherings, and allowed MH to get insight into how abortions are commonly handled in the community, and what made this case different. The fact that MH was present during the event gave her questions more legitimacy, enabling community members to share their own views of what had happened, and why they reacted in the particular way they did.

The study has ethical clearance from the University of Zambia Biomedical Research Ethics Committee (009-07-17) and the Regional Committee for Medical and Health Research Ethics Western Norway (2017/1191). It was approved by the National Health Research Authority in Zambia (MH/101/23/10/1), the relevant provincial and district health offices and the Zambian Ministry of Home Affairs. Needless

to say the empirical core of this article, is of a particularly sensitive nature to some of the involved parties. To safeguard their integrity and anonymity, guided by the American Anthropological Association's ethical code (American Anthropological Association, 2014 (2012)), we have chosen not to reveal the town or the province where the event took place.

4. Findings

4.1. When abortions become public

When discussing the event in the weeks and months after it took place, it quickly became evident that while most people would argue that abortion is always a moral transgression using arguments like "it is not right" or "it is like killing", all abortions were not considered equally immoral. The grotesque and public way that the foetus was discovered figured strongly in people's reasons for taking part in the rally at the clinic. Many were upset with the suspected girl, not only because of the abortion itself, but with the fact that it was so poorly hidden. Luyando, a woman in her 30s, described the participants' anger in these terms:

The neighbours are very much angry with her. In this community if you have the intention of aborting, then you better go somewhere else. They were angry, [saying] how could she abort here, in the community, and why could she not bury the baby?

Most abortions are not reported to the police, but in the case that sparked this event, people were of the opinion that the dog owner who had discovered the foetus had no other option but to call the police. He needed to make sure everyone understood that the foetus he had found had nothing to do with him, relieving himself of possible gossip and social sanctions. A police officer set to handle abortion cases in the provincial headquarters described a similar motivation among the few who chose to report abortion cases to the police. In another case she was investigating, a father had approached a local police post to report that his daughter had aborted because her pregnancy had been very visible before the abortion took place:

He told the police station because she was very pregnant. She was showing a lot, so people knew. And when she was no longer pregnant, and her father, her parents saw blood in their house, they had to tell the police, to show that they did not know [about her plans to abort]. So he, her father, he reported it to the police.

On the day of the event, people started gathering after the dog owner went around telling his neighbours what he had found and informing them that the police would arrive shortly. Some felt they had little choice but to take part in the public reproach at the clinic. Joyce, a woman in her 40s who lived near the clinic explained her motives for participating "Because the dog was pulling on the baby everywhere, many people had seen it. It was not possible to keep quiet as if nothing had happened".

Many expressed similar feelings of obligation when reasoning about their actions, emphasising their need to avoid accusations. A young man later told MH that he had joined the crowd to avoid suspicion. He explained:

They may ask why you did not follow them or assume there is something else [going on]. They could point to me and say, 'Maybe he is also part of these things you know. Because how come us we are going to watch as the police come, and him, he is just there in his house?' Sometimes us men and boys, you find that we may not want to go there, but they will ask you why you didn't and say maybe you are the one who impregnated her? They will say that.

The way in which this particular abortion case was discovered thus seems to play an important role in why people chose to express their judgement is such a public way. A community health worker who

witnessed the event together with MH pointed to what she saw as a moral double standard among her neighbours who showed up at the clinic, "Look at these people shouting at the girl for aborting, as if they have not aborted themselves!"

Abortions are treated discreetly and with secrecy across many settings (Kumar et al., 2009), and in many places abortion cases have been described as "open secrets" that are not talked about, but still known (Rossier, 2007). Some of the participants of the event discussed later how they had, in other cases, privately tolerated, or sometimes even supported abortion-seeking girls or women. Grace, a woman in her 40s who was among the participants at the event, talked about abortion issues with MH in a women's groups meeting in which she described how she had reacted when she a few years back discovered that her daughter of 14 years was pregnant:

Grace: *My child got pregnant in grade 7.*

MH: *And what happened?*

Grace: *Me and my husband, we were disturbed. We started thinking of ways to get rid of the pregnancy. I went to an herbalist and bought the medicine. Some people told me to be careful, - that she might die. But she was so young to have a baby. She drank the medicine and the pregnancy came out.*

This abortion had taken place discreetly. It had been handled as a private affair within the family, without much involvement of others. When Grace shared the story in the group, it sparked some discussion about her course of action, and some were of the opinion that the girl should have had the baby. Nevertheless, the case was discussed calmly and without hostile remarks.

The difference between the harsh public judgement that was expressed during the event and the calm discussion that took place after Grace told her story in her woman's group suggests that the level of visibility of the abortion made a considerable difference to people's reaction towards a particular abortion case. Throughout the fieldwork period, MH heard many stories about abortions that had become discreetly known to neighbours and friends, but none of them had been reported to the police, or sparked a mob-like situations like the event. Similarly, in his study of abortion in Ghana, Bleek found that an abortion is considered immoral and reprehensible unless it "is successful and remains hidden" (Bleek, 1981:203). He describes how people were quick to condemn abortions that became publicly known as immoral and foolish but kept quiet about or supported abortions they learnt about through more discreet channels.

An abortion that becomes exposed thus seems to create a situation where community members are cast as either for or against what is considered a morally debatable phenomenon, leaving out more nuanced positions. The aborted foetus brings into the public domain issues that are commonly dealt with in the private, revealing power dynamics at community level in which neighbours feel the need to mark their distance to what may be considered a moral transgression by publicly denouncing it.

4.2. (Ir)responsible motherhood

The concept of motherhood constituted a central element in people's anger displayed during the event. Inonge, a young woman of 22 explained her feelings about the case:

We were just angry about the abortion. How could she abort the pregnancy while she has another child? For the first child, she kept it when she was I think 15 or 16 years. Now at the age of 18 or 19 how could she abort another child? We were angry!

Inonge's reflections resonated with those of many. Motherhood was often brought up as an aggravating factor. The clinic nurses e.g. expressed considerable disappointment with the suspected girl, since,

“She is supposed to know what to do [in terms of contraception,] we were teaching her when she had her first baby”. Mothers moreover appeared to be held to a higher moral standard, than young girls. The police officer assigned to work on abortion cases informed MH about another case that had been reported to the police:

Officer: *It happened on Thursday. The suspect is a woman, age 24. She is a mother. She already has a son who is 4 years old. This is the second pregnancy, the one she aborted. Because she already has a son.*

MH: *Ok*

Officer: *She already has a son with the same man, and now she was pregnant again.*

MH: *Were they married?*

Officer: *No, not married. She, the girl, says that when she told the man about the pregnancy, he was the one who told her to abort it. He had told her he did not want it and that she should abort.*

MH: *So what happened?*

Officer: *Then she went to a woman ... This woman, she is 34 years old. And she is a mother. She has four children ... At this point, the girl was two months pregnant and the woman gave her some roots. She said it was lemon roots, soaked in water for a long time. So she drank that.*

MH: *Lemon roots?*

Officer: *Yes. And well, then, this past Thursday the pregnancy came out.*

Some of the participants who emphasized motherhood also made reference to the fact that the suspected girl was now older than when she had her first baby and may, therefore, have been referring to a more general notion of responsible adulthood. Age and adulthood, however, were mostly alluded to, and not directly held as an aggravating factor in the same way as motherhood. The fact that women may have abortions when they already have children seemed to be considered particularly immoral. This resonates with Tamale (2014) who contends that abortion is condemned, be it by law or social or religious norms, in ways that reflect particular gendered structures, that cast motherhood as the primary feminine ideal. Having an abortion when you already have children, thus seems to be an act that defies not only the pregnancy, but also the ideal of motherhood that one has already embodied (Kumar et al., 2009; Suh, 2014).

Since it was not clear at the onset who would be blamed for the aborted foetus, motherhood could not have figured among the main reasons for joining the public mobilization, but it certainly gained increasing force as the neighbours discussed the event in the following weeks. Notably, the conception of motherhood as an aggravating factor when judging a particular abortion case, resonates poorly with the Termination of Pregnancy Act (GRZ, 1972). The Zambian abortion law includes the health and wellbeing of existing children as a specific ground under which abortion is allowed, theoretically making abortion more accessible to mothers as the well-being of their children can be seen as a reason to grant a legal abortion.

4.3. Sexual (im)morality

Ideas about sexual morals appeared to be evoked when justifying one's own participation in the event. Participants seemed to consider abortion more of a transgression if the sexual morals of the abortion-seeking woman could be questioned. Mulenga, a 30-year-old man who took part in the event at the clinic, explained why people had reacted so strongly:

Because we knew that she used to go into town at night ... you know these girls who go to town and what they do [prostitution]. Then again, we heard that the pregnancy belonged to a police officer, so when she went

there the police officer told her, 'I used to see you in town [as a prostitute] and he could not admit that he was the one who impregnated her so that it was his pregnancy. So that is why all that happened. We knew that she went to the bars in town and she just wanted to continue doing that.

The same line of justifications was brought up by many of the participants of the event. When describing what had transpired, Sarah, a woman in her 50s, emphasized what she and others had been shouting at the suspected girl:

We were saying that she was the owner of the [aborted] pregnancy and she is a witch and also a prostitute. Because, you know, she goes into town during the night to night clubs.

That abortion and prostitution was brought up in the same conversation was not unique to this event. Many of those who strongly opposed the idea of legal abortions evoked arguments of control of female sexuality. The leader of a rural district hospital in one of the neighboring towns, associated women requesting abortions at his hospital with infidelity:

I think it has only happened a few times that a woman comes in and asks for an abortion at the hospital. You know, in such cases, the woman has cheated and doesn't want the husband to know. I don't think it's right.

As the event was going on, the participants did not know who would eventually be suspected and arrested for the abortion, so questions of sexual morals were not central to mobilizing people to come to the clinic. Rather, the sexual morals of the suspected girl were retrospectively constructed as a reason for the public and collective reprehension. Nevertheless, the local term for prostitute was one of the main insults shouted at the suspect at the time, suggesting a clear link between sexual morals and abortion as the event unfolded. Several authors have documented a conceptual link between control of female sexuality, and moral opposition towards abortion (Bleek, 1981; Norris et al., 2011). Kumar et al. (2009) go as far as stating that female sexuality is “at the core of abortion stigma” across the world.

4.4. Gestational age

During and after the event at the clinic, there was considerable uncertainty about the timing of the abortion and the gestational age of the foetus. It soon became clear that parts of the public condemnation were based on the fact that the foetus had been big enough to be clearly recognizable as a “baby”. As the event was taking place, participants commented, “They have found a baby”. In the aftermath, those who had seen the foetus had different estimates about its size and gestational age, but were quite consistent on describing it as “big”. Mainza, a woman in her 30s, said that; “I think that baby was even seven or eight or six months, because you are able to see everything. Arms and legs and everything. It was all ready”. While it is not known how the final police report established the gestational age, the health workers at the clinic who had assisted the police in collecting the foetus estimated that it was “about seven months old”.

During the event, it became evident that the well-developed features of the foetus, combined with the grotesque way that it was discovered were decisive in why the neighbours rallied together at the clinic in anger. One of the young peer educators who worked at the youth-friendly corner and had seen the foetus before it was discovered by the dog owner, described how she had suspected the girl who was finally arrested because the foetus “even resembled her mother”. While the actual gestational age of the foetus remains unknown, the event at the clinic uncovered timing of the abortion as an important aspect of abortion condemnation.

The developed features of the aborted foetus revealed a blurred line between abortions and infanticide. The participants at the event, who described what was going on, all referred to the transgression as an

abortion. But when describing what they thought had happened, some would hold that the suspected girl had given birth to a live baby and then buried it. Also this action was described as an abortion, though considered worse than an abortion at a younger gestational age. The event at the clinic and people's retrospective reflections thus uncover a continuum between abortions that can be silently or discreetly tolerated and abortions that warrant harsh public condemnation where gestational age and development play a role. While people who took part in the event did not make distinctions between abortions and infanticides, they did seem to agree that the more developed the foetus, the more of a moral transgression.

5. Discussion – towards a moral economy of abortion

While abortions were fairly common in the neighbourhood where the event took place, and many could tell stories about family members, neighbours or classmates who had aborted, few abortions caused the kind of public upheaval that took place at the clinic on the day of the event. Most abortions were silently tolerated, or discreetly gossiped about. In the distinction between reactions to different abortion cases we can begin to discern the contours of an everyday politics of reproduction in a rural Zambian community. As an event (Kapferer, 2010) and spectacle (Lewis, 2009), the upheaval at the clinic reveals how abortion opposition comes about through a dynamic process of disruption and reinforcement of established systems of gender and power.

Fassin's (2014) conceptualization of moral economy can broaden our understanding of what is socially at stake for both women deciding to undergo abortions and for community members acting in response to abortion cases they learn about. Fassin understands moral economy as "the production, distribution, circulation and use of affects and values in the social space" (Fassin, 2014:157) and foregrounds 'moral', understood as affects and values, over 'economy' (Götz, 2015:157). While this conceptualization has been criticized for leaving out aspects of class and capital (Palomera and Vetta, 2016), it enables a focus on the processes through which affects and values come about and are shared. The concept thus provides an analytical tool suitable for understanding everyday politics of abortion that played out in the event.

Affects played a central role in the event itself, through the harsh insults and angry faces of the participants. As people were contemplating what had happened, they brought up a set of values that gained force as the event unfolded. Motherhood, sexual morals, gestational age and how the abortion was discovered were all aspects that were considered by the participants. Among these, the public way in which the abortion was discovered seems to be the triggering element that put the event in motion. This resonates with studies of abortion across a variety of settings. Schuster (2005) found secrecy to be the decisive factor for how women choose abortion methods in Cameroon and in Bleek's iconic abortion study from Ghana (1981), abortions were widely accepted unless they became publicly known. As such, it seems that abortions that become visibly exposed in the public sphere are met with far harsher reactions than the ones that may be known about only as phenomena of the private sphere.

Explorations of divisions between the private and public have been central to the analysis of gendered structures and domains across many societies (Ortner, 1974; Rosaldo, 1974; Tamale, 2004). Feminist scholars have pointed out how social and biological reproduction often is associated with femininity and the private. From such perspectives, the public discovery of the aborted foetus thus represents a rupture of the division between the private and the public, bringing the private act of abortion into the public domain for discussion and scrutiny. Such a rupture, challenging established gendered power dynamics, may have been particularly provocative and key in setting the event in motion and mobilizing a series of values.

We find reflections of these values in the participants' reasoning about what took place. For instance, in their retrospective justifications for taking part in the event, an ideal type of responsible motherhood was

held up and used to morally assess the particular abortion case as worse than others. Motherhood thus emerges as a value that was put into play through the event. Similarly, participants' focus on sexual immorality points to the mobilization of sexual virtue as a value that became relevant both during and after the event. That abortion is cast as an act of defying the ideals of motherhood and sexual virtue is not unique and has been repeatedly noted across a range of settings (Beynon-Jones, 2013; De Zordo, 2018; Tamale, 2014). Together they point to a larger structure of gender roles that cast abortion as a transgression against the acceptable model of womanhood more broadly (Kumar et al., 2009; Norris et al., 2011; Tamale, 2014).

Participants' emphasis on the size of the foetus and insults such as "baby murderer" that were shouted during the event, reflects values related to protection of life that were mobilized in the collective public judgement expressed during the event. The fluid distinctions between acts such as abortion, infanticide or murder, raise questions about beginnings of life and personhood (Kaufman and Morgan, 2005; Onarheim et al., 2017; Scheper-Hughes, 1992) in which biomedical terminology distinguishing between embryo, foetus and full-born baby rarely concurs with local understandings of pregnancy and pregnancy loss, including abortion (Morgan, 2006; van der Sijpt, 2018).

During the event and the weeks that followed, it was increasingly noticeable how the values that were being reflected were not constant, but shifted and gained more or less force in a way that, following Fassin (2014), could be seen as circulating and accumulating. As the event was taking place and people were eagerly discussing outside the clinic, the foetus was the main object of discussion, and its size and status as a baby were stressed. As the days went by, and people were no longer specifically gathered to discuss the case, the emphasis slowly moved away from the size of the foetus and towards sexual immorality and the status of motherhood of the suspected girl. In this process, it was notable how community members who shared few points of interaction, made similar shifts in their reasoning about the event, indicating that once mobilized, certain values gained force as they were shared between neighbours.

Moreover, the event uncovered a dynamic in which one's own moral integrity appeared as a commodity in need of protection and accumulation. In such a moral economy of abortion, mere bystanders or witnesses to an abortion, like the dog owner who found the foetus in his yard, or the neighbours he alerted, seemed to act in ways that maintained or increased their own moral integrity. When learning about the abortion, participants made evaluations about how their own reactions would be morally assessed, depending on the level of attention the abortion would get. Making the wrong choice could lead to suspicion and public outrage being turned against oneself as complicit to the morally debatable act of abortion. Participants' reasoning about whether to take part in the event thus point to a system of normative power that gained force as the event unfolded. Similar mechanisms of moral self-preservation among actors who find themselves close to abortion cases have been documented in studies of how health workers handle abortion-related cases (De Zordo and Mishtal, 2011; Freeman and Coast, 2019; Suh, 2014).

While actively involved in inflicting moral judgement on the suspected girl, participants' public expression of opposition to abortion constituted a pragmatic self-preservation from moral suspicion within a system of normative power that allowed them no middle ground. Simultaneously, it allowed the participants to enact a social identity as member of a moral community (Lewis, 2009) and strengthen social ties to neighbours and other community members. Yang et al. (2007) have encouraged researchers to move beyond the internalized and individual experiences of the stigmatized to focus on the social and moral experience of stigma of all involved parties, including the ones involved in stigmatizing. They have argued that to understand and address stigma as a social phenomenon, it is necessary to understand "what is most at stake for actors in a local social world" (Yang et al., 2007:1525) and pointed out that inflicting stigma on others is often a "highly pragmatic, even tactical response to perceived threats, real dangers, and fear of the unknown" (Yang

et al., 2007:1528). Through this lens, the strong moral judgement publicly expressed during the event suggests the presence of a shared everyday politics of reproduction in which a joint defence of threatened values, not only protects and increases personal moral integrity, but collectively reinforces social ties.

6. Concluding remarks

The event at the clinic allows us a snapshot of the micro-politics of reproduction in which even the harshest expressions of abortion condemnation may not be as categorical as they first appear. Through the analytical lens of events (Kapferer, 2010), this article has cast light on how gender and power relations may be challenged, reconfigured and reinforced as abortion becomes exposed in the public sphere. It has described how abortion condemnation comes about and is circulated, and has discussed how public expressions of judgments form part of a moral economy of abortion in which moral integrity and social ties to the community are at stake. While this article takes on a myopic view of abortion politics at community level, we believe that related mechanisms of a moral economy of abortion may be at play in abortion politics at national and global levels. We encourage increased attention to how and why moral opposition to abortion comes about and is circulated, also in the global moral community.

Author contribution

Marte E. S. Haaland: Conceptualization, Methodology, Investigation, Formal analysis, Writing - original draft, Writing - review & editing, Funding acquisition. Joseph Zulu: Conceptualization, Methodology, Formal analysis, Writing - review & editing. Haldis Haukanes: Conceptualization, Methodology, Formal analysis, Writing - review & editing, Funding acquisition. Karen Marie Moland: Conceptualization, Methodology, Formal analysis, Writing - review & editing, Funding acquisition. Astrid Blystad: Conceptualization, Methodology, Formal analysis Writing - review & editing, Funding acquisition

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References

American Anthropological Association, 2014. Ethical code. In: Fassin, D., Lézé, S. (Eds.), *Moral Anthropology: A Critical Reader*. Routledge, Oxon and New York, 2012.

Andaya, E., Mishtal, J., 2017. The erosion of rights to abortion care in the United States: a call for a renewed anthropological engagement with the politics of abortion. *Med. Anthropol. Q.* 31, 40–59.

Appadurai, A., 1986. *The Social Life of Things: Commodities in Cultural Perspective*. Cambridge University Press.

Beynon-Jones, S.M., 2013. Expecting motherhood? Stratifying reproduction in 21st-century Scottish abortion practice. *Sociology* 47, 509–525.

Bleek, W., 1981. Avoiding shame: the ethical context of abortion in Ghana. *Anthropol. Q.* 54, 203–209.

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3, 77–101.

Chemlal, S., Russo, G., 2019. Why do they take the risk? A systematic review of the qualitative literature on informal sector abortions in settings where abortion is legal. *BMC Wom. Health* 19, 55.

Chiweshe, M., Macleod, C., 2018. Cultural de-colonization versus liberal approaches to abortion in Africa: the politics of representation and voice. *Afr. J. Reprod. Health* 22, 49.

Coast, E., Murray, S.F., 2016. “These things are dangerous”: understanding induced abortion trajectories in urban Zambia. *Soc. Sci. Med.* 153, 201–209.

Coast, E., Norris, A.H., Moore, A.M., Freeman, E., 2018. Trajectories of women’s abortion-related care: a conceptual framework. *Soc. Sci. Med.* 200, 199–210.

Cresswell, J.A., Schroeder, R., Dennis, M., Owolabi, O., Vwalika, B., Musheke, M., et al., 2016. Women’s knowledge and attitudes surrounding abortion in Zambia: a cross-sectional survey across three provinces. *BMJ Open* 6, e010076.

Das, V., 1995. *Critical Events: an Anthropological Perspective on Contemporary India*. Oxford University Press, Delhi.

De Zordo, S., 2018. From women’s ‘irresponsibility’ to foetal ‘patienthood’: obstetricians-gynaecologists’ perspectives on abortion and its stigmatisation in Italy and Cataluña. *Global Publ. Health* 13, 711–723.

De Zordo, S., Mishtal, J., 2011. Physicians and abortion: provision, political participation and conflicts on the ground—the cases of Brazil and Poland. *Wom. Health Issues* 21, S32–S36.

De Zordo, S., Mishtal, J., Anton, L., 2017. *A Fragmented Landscape: Abortion Governance and Protest Logics in Europe*.

Fassin, D., 2014. Descriptions: introduction. In: Fassin, D., Lézé, S. (Eds.), *Moral Anthropology: A Critical Reader*. Routledge, Oxon and New York, pp. 155–159.

Freeman, E., Coast, E., 2019. Conscientious objection to abortion: Zambian healthcare practitioners’ beliefs and practices. *Soc. Sci. Med.* 221, 106–114.

Gammeltoft, T., 2002. Between “science” and “superstition”: moral perceptions of induced abortion among young adults in Vietnam. *An International Journal of Comparative Cross-Cultural Research* 26, 313–338.

Geertz, C., 1980. *Negara: the Theatre State in Nineteenth-Century Bali*. Princeton University Press.

Ginsburg, F.D., Rapp, R., 1995. *Conceiving the New World Order: the Global Politics of Reproduction*. University of California Press, Berkeley, Calif.

Gluckman, M.A., 1940. Analysis of a social situation in MODERN Zululand. *Bantu Studies* 14, 1–30.

Götz, N., 2015. ‘Moral economy’: its conceptual history and analytical prospects. *J. Global Ethics* 11, 147–162.

GRZ, 1972. *Termination of Pregnancy Act*.

GRZ, 2009. *Standards and Guidelines for Reducing Unsafe Abortion Morbidity and Mortality in Zambia*. Lusaka: Government of Zambia.

GRZ, 2017a. *Human resources for health planning & development strategy framework*. In: Health, M.O. (Ed.). Lusaka.

GRZ, 2017b. *Standards and Guidelines for Comprehensive Abortion Care in Zambia*.

Haaland, M.E.S., Haukanes, H., Zulu, J.M., Moland, K.M., Michelo, C., Munakampe, M.N., Blystad, A., 2019. Shaping the abortion policy – competing discourses on the Zambian termination of pregnancy act. *Int. J. Equity Health*. <https://doi.org/10.1186/s12939-018-0908-8>.

Haaland, M.E.S., Haukanes, H., Zulu, J., Moland, K.M., Blystad, A., 2020. Silent politics and unknown numbers: Rural health bureaucrats and Zambian abortion policy. *Soc. Sci. Med.* 251, 112909 <https://doi.org/10.1016/j.socscimed.2020.112909>.

Haynes, N., 2015. Zambia shall be saved!: prosperity gospel politics in a self-proclaimed christian nation. *Nova Religio J. Altern. Emergent Relig.* 19, 5–24.

Hoggart, L., 2019. Moral dilemmas and abortion decision-making: lessons learnt from abortion research in England and Wales. *Global Publ. Health* 14, 1–8.

Kapferer, B., 2010. Introduction: in the event—toward an Anthropology of generic moments. *Soc. Anal.: The International Journal of Social and Cultural Practice* 54, 1–28.

Kasstan, B., Unnithan, M., 2020. Arbitrating abortion: sex-selection and care work among abortion providers in England. *Med. Anthropol.* 1–15.

Kaufman, S., Morgan, L., 2005. The Anthropology of the beginnings and ends of life. *Annu. Rev. Anthropol.* 34, 317–341.

Kebede, M.T., Hilden, P.K., Middelthun, A.-L., 2014. Negotiated silence: the management of the self as a moral subject in young Ethiopian women’s discourse about sexuality. *Sex. Educ.* 14, 666–678.

Kumar, A., Hessini, L., Mitchell, E.M.H., 2009. Conceptualising abortion stigma. *An International Journal for Research, Intervention and Care* 11, 625–639.

Leone, T., Coast, E., Parmar, D., Vwalika, B., 2016. The individual level cost of pregnancy termination in Zambia: a comparison of safe and unsafe abortion. *Health Pol. Plann.* 31.

Lewis, D., 2009. Gendered spectacle: new terrains of struggle in South Africa. In: Schlyter, A. (Ed.), *Body Politics and Women Citizens: African Experiences*. Sida, Stockholm.

Macha, S., Muyuni, M., Nkonde, S., Faundes, A., 2014. Increasing access to legal termination of pregnancy and postabortion contraception at the University Teaching Hospital, Lusaka, Zambia. *Int. J. Gynaecol. Obstet.* 126 (Suppl. 1), S49–S51.

Manalula, M.M., 2009. Essential motherhood: implications for law and population policy. In: Schlyter, A. (Ed.), *Body Politics and Women Citizens - African Experiences*. Sida, Stockholm.

Marcus, G.E., 1995. Ethnography in/of the world system: the emergence of multi-sited ethnography. *Annu. Rev. Anthropol.* 24, 95–117.

Morgan, L.M., 2006. Life begins when they steal your bicycle”: cross-cultural practices of personhood at the beginnings and ends of life. (Defining the Beginning and the End of Human Life: implications for Ethics, Policy and Law). *J. Law Med. Ethics* 34, 8.

Morgan, L., Roberts, E., 2012. Reproductive governance in Latin America. *Anthropol. Med.* 19, 241–254.

- Norris, A., Bessett, D., Steinberg, J.R., Kavanaugh, M.L., De Zordo, S., Becker, D., 2011. Abortion stigma: a reconceptualization of constituents, causes, and consequences. *Wom. Health Issues* 21, S49–S54.
- Onarheim, Kristine Husoy, Sisay, Mitike Molla, Gizaw, Muluken, Moland, Karen Marie, Miljeteig, Ingrid, 2017. What if the baby doesn't survive? Health-care decision making for ill newborns in Ethiopia. *Soc. Sci. Med.* 195, 123–130.
- Ortner, S.B., 1974. Is female to male what nature is to culture? In: Rosaldo, M.Z., Lamphere, L. (Eds.), *Woman, Culture and Society*. Stanford University Press, Stanford, California.
- Palomera, J., Vetta, T., 2016. Moral economy: rethinking a radical concept. *Anthropol. Theor.* 16, 413–432.
- Parmar, D., Leone, T., Coast, E., Murray, S.F., Hukin, E., Vwalika, B., 2017. Cost of abortions in Zambia: a comparison of safe abortion and post abortion care. *Global Publ. Health* 12, 236–249.
- Rapp, R., 2001. Gender, body, biomedicine: how some feminist concerns dragged reproduction to the center of social theory. *Med. Anthropol. Q.* 15, 466–477.
- Rosaldo, M.Z., 1974. Woman, culture and society: a theoretical overview. In: Rosaldo, M. Z., Lamphere, L. (Eds.), *Woman, Culture and Society*. Stanford University Press, Stanford, California.
- Rossier, C., 2007. Abortion: an open secret? Abortion and social network involvement in Burkina Faso. *Reprod. Health Matters* 15, 230–238.
- Sahlins, M.D., 1981. Historical Metaphors and Mythical Realities : Structure in the Early History of the Sandwich Islands Kingdom. University of Michigan Press, Ann Arbor: Ann Arbor.
- Scheper-Hughes, N., 1992. *Death without Weeping: the Violence of Everyday Life in Brazil*. Univ. of California Press, Berkeley.
- Schuster, S., 2005. Abortion in the moral world of the Cameroon grassfields. *Reprod. Health Matters* 13, 130–138.
- Shellenberg, K.M., Hessini, L., Levandowski, B.A., 2014. Developing a scale to measure stigmatizing attitudes and beliefs about women who have abortions: results from Ghana and Zambia. *Women Health* 54, 599–616.
- Shore, C., Wright, S., 1997. *Anthropology of Policy : Critical Perspectives on Governance and Power*. Routledge, London.
- Silva, S., 2009. Mothers of solitude: childlessness and intersubjectivity in the upper zambezi. *Anthropol. Humanism* 34, 179–202.
- Suh, S., 2014. Rewriting abortion: deploying medical records in jurisdictional negotiation over a forbidden practice in Senegal. *Soc. Sci. Med.* 108, 20–33.
- Suh, S., 2019. What post-abortion care indicators don't measure: global abortion politics and obstetric practice in Senegal. *Soc. Sci. Med.*
- Tamale, S., 2004. Gender trauma in Africa: enhancing women's links to resources. *J. Afr. Law* 48, 50–61.
- Tamale, S., 2014. *Exploring the Contours of African Sexualities : Religion, Law and Power*, vol. 14, pp. 150–177.
- van der Sijpt, E., 2018. *Wasted Wombs: Navigating Reproductive Interruptions in Cameroon*. Vanderbilt University Press, Nashville, Tennessee.
- van Klinken, A., 2018. Sexual citizenship in postcolonial Zambia: from Zambian humanism to christian nationalism. In: Bompani, B., Valois, C. (Eds.), *Christian Citizens and the Moral Regeneration of the African State*, pp. 133–148 (Abingdon and New York: Routledge).
- Yang, L.H., Kleinman, A., Link, B.G., Phelan, J.C., Lee, S., Good, B., 2007. Culture and stigma: adding moral experience to stigma theory. *Soc. Sci. Med.* 64, 1524–1535.
- Zambia National Broadcasting Corporation, 2016. *Referendum Fails*.