

Introduction

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In an editorial dating December 2010,¹ *The Guardian* underscored the fact that in Europe abortion is – still – ‘a right that isn’t’. Even if the ‘greatest achievement of Europe’s human rights framework has been to banish the death penalty from its shores’, in terms of other matters of life and death Europe presents a fragmented landscape. Is abortion a ‘human right’, according to the United Nations’ definition of 1994, for women living in today’s Europe? Or is this ‘right to choose’ a ‘right that isn’t’, differently explained in local, national and historical backgrounds, but continentally accepted as such?

In March 2015, the European Parliament approved the Tarabella Report, recognising women’s sexual and reproductive rights as fundamental rights, while simultaneously giving each member state the right to autonomously legislate abortion.² Women are therefore in principle entitled to sexual and reproductive rights in Europe, but not to abortion rights, or not everywhere in the same way. Most European countries have relatively liberal abortion laws and generally allow elective termination of pregnancy in the first trimester, while second trimester procedures are limited to cases of health or life risk to the woman or severe foetal health problems (Berer 2008; IPPF 2012). This uneven policy landscape leads women to seek abortion in countries with more liberal abortion legislations, like the Netherlands, Spain and the United Kingdom; however, even there women may face procedural/social barriers to abortion access due to shortages of providers offering abortion (Habiba et al. 2009), limited or poor training in abortion care (Lohr 2008), or conscientious objection among physicians. Such refusals have recently provoked an intense scientific and political debate (Campbell 2011; Cook and Dickens 2006; EU 2005). Finally, three European countries – Ireland, Poland and Malta – have very restrictive laws that force women to seek illegal abortion (in the case of Poland – see Mishtal 2009, 2015; Nowicka 2008) or to travel to other countries, like thousands of Irish women do every year (Best 2005; Irish Family Planning Association

2000; Rossiter 2009). Abortion is therefore still in most European penal codes, and continues to be a topic of scientific, ethical and political debate as timely and important, as it is vigorously debated and controversial.

In this volume we examine the struggles surrounding abortion in contemporary Europe from the perspective of multiple protest logics occurring in public and private spheres. A cursory review of European media reveals multiple sites of struggle around abortion. For example, in 2014 Bernadette Smyth, the head of the largest anti-abortion group in Northern Ireland, was found guilty of harassing a Marie Stopes clinic director and women entering the clinic in Belfast. The judge deemed Smyth's protest as 'vicious and malicious', and expressed that patients should enter family planning clinics unimpeded. This verdict amounted to a significant blow to the pro-life groups, in a nation where the anti-abortion position has practically defined Northern Irishness, but it was then overturned in 2015 on the grounds that the evidence of harassment was insufficient, thus emboldening the anti-abortion activists.³

In the Republic of Ireland similar struggles are taking place. Political and social debates about the right to abortion have been provoked by the death of Savita Halappanavar, who in 2012 was denied a life-saving abortion while in an Irish hospital in Galway (O'Toole 2012). This terrible case along with the 2010 ECHR ruling against Ireland in 2010 called on Ireland to make the Irish abortion law include life-saving exceptions and triggered a robust political debate. As a consequence, the law was modified in 2014 to allow abortion when the life of the woman is at risk, including the risk of a suicide.

Elsewhere in Europe other forms of protests are taking place, provoking legal and political controversy. In 2014, Warsaw doctor Bogdan Chazan was fired from a hospital for refusing to provide a lawful abortion to a woman for a severe foetal abnormality – one of only three circumstances under which Polish women can still seek legal abortion care. The popular protest by women's groups, progressive politicians, and much of the Polish public against Chazan's use of objection to deny the procedure forced Warsaw's president, Hanna Gronkiewicz-Waltz, to dismiss him from his post as the hospital director.⁴ In October 2015, Poland took an extreme right turn politically when the parliamentary elections handed a victory to the Law and Justice Party, which campaigned on a platform that made economic promises to the rural poor and capitalised on anti-immigrant anxieties. Significantly for reproductive rights, the Law and Justice Party claims it will restore the 'moral order' by banning abortion altogether. This development in Poland is poorly understood by political analysts, particularly given that Poland has enjoyed relatively strong economic footing for almost a decade

under the centrist Civic Platform.⁵ It highlights political engagement and a strong voting participation of conservative groups in the Polish electorate, with meagre representation from other political positions (see Mishtal this volume).

The issue of conscientious objection to abortion services is ongoing in other parts of Europe as well. In the United Kingdom, the case of two midwives claiming conscientious objection went to the Supreme Court to debate the right of healthcare support staff to refuse to assist in terminations.⁶ The Supreme Court ruled against the midwives, arguing that objection can only be claimed by providers directly performing abortions – a significant victory for the abortion rights advocates.⁷ If objection were to include supporting staff, it would potentially disrupt services, as doctors providing abortion may be unable to do so without proper assistance. This actually occurs in Italian hospitals where up to 80 per cent of gynaecologists declare themselves to be objectors in the south and in key regions of the centre – Lazio and the north – Veneto (Italia, Ministero della Salute 2015), and high rates of objection are also registered among midwives and anaesthesiologists (see De Zordo this volume, and De Zordo 2015, 2016).

In France, the abortion law has been further liberalised since 2001, extending gestational age limit from ten to twelve weeks, and expanding the right to provide abortion care to general practitioners, who signed special protocols with gynaecological units at nearby hospitals. The Parliament also reaffirmed abortion as a fundamental woman's right⁸ and eliminated the mandatory waiting week prior to the procedure. However, women still face barriers to access, and if the National Front (the right wing party that has recently been successful at regional elections) pursues its anti-abortion rights agenda,⁹ women may face even more serious barriers in the future. A recent report on legal and procedural barriers in France, including conscientious refusal of care, shows that women are forced to travel to other regions of France as well as abroad (Haut Conseil à l'Égalité entre les Femmes et les Hommes 2013). Physicians sometimes refuse to provide abortion to specific categories of women, including those who have repeated terminations, and minors without parental authorisation. Furthermore, in some hospitals where the chief gynaecologist objects, most obstetricians/gynaecologists also object, but this may be out of fear of potential repercussions in the workplace, rather than based on conscience per se (ibid.: 62).

Over the last decade, the struggles around conscientious refusal of care, and questions of women's right to abortion v. providers' right to refuse, have been escalating to the EU level and subject to supranational governance (Mishtal 2014). The Council of Europe recognises that refusals make access to safe abortion difficult or impossible, particularly for rural and low

income women (Council of Europe, The Parliamentary Assembly 2010). The European Court of Human Rights and the European Committee of Social Rights emphasise, addressing this issue in Poland and Italy, that states must organise their health services to ensure that health professionals' exercise of freedom of conscience does not prevent patients from obtaining access to services to which they are entitled under national laws (Council of Europe 2014; Lamačková 2014).

While EU legal bodies try to regulate conscientious objection in order to safeguard women's sexual and reproductive rights, the Vatican defends health professionals' absolute right to object to abortion and condemns 'voluntary interruption of pregnancy', as termination by women's choice is defined in neo-Latin languages. In 2014, Pope Francis pressed this issue on many occasions, including at a meeting with U.S. President Obama¹⁰ and at an important meeting of the Association of Italian Catholic physicians.¹¹ The Vatican has become increasingly engaged in efforts to limit sexual and reproductive rights, and in embryo research. This partially explains why conscientious objection is targeted in heated European political debates and why in Catholic countries like Italy and Spain a shift has already occurred in abortion governance (Morgan and Roberts 2014 [2012]), from language of women's to foetal health and 'rights'. However, as this book demonstrates, the Vatican's political influence is contested by feminist and leftist groups, and by abortion providers, who defend women's right to choose and ask the state to regulate conscientious objection in order to safeguard access to care.

Contentious battles over abortion rights are also taking place in individual member states. In 2013, the conservative-Catholic wing of the Spanish Council of Ministers proposed a new law entitled 'Law of the Protection of the Conceived Life and of Pregnant Women's Rights' meant to reverse the 2010 progressive abortion law and criminalise first trimester abortion on women's request and second trimester procedures for foetal malformations. Due to massive demonstrations by feminist and leftist groups and protests by medical associations, the parliamentary debate was suspended and the Minister of Justice Alberto Ruiz-Gallardón, 'father' of the proposed law, resigned. Other attempts to restrict abortion have not always been stopped by protests. Russia, Slovakia and Hungary have introduced new restrictions, including mandatory and biased pre-abortion counselling, and waiting time (Lamačková 2014). Waiting times are of particular burden for rural and low income women, increasing travel time and cost, which delays gestational age at termination and increases risks to women's health (WHO 2012).

At the EU level, struggles for prenatal right to life are waged by the Catholic anti-abortion campaigns 'One of us' and 'Citizen go', which have petitioned to the Council of Europe to ban, respectively, abortion after

twenty weeks, the use of EU funds for research, and foreign aid programmes and public health activities linked to the destruction of embryos.¹² In May 2014 the European Commission dismissed the ‘One of us’ campaign,¹³ provoking protests among Catholic groups.¹⁴

As conflicts around abortion continue to mount in Europe under both progressive and conservative governments, it is clear that reproduction, and abortion specifically, is central and instrumental in a variety of ‘moral regimes’ and agendas, including religious, neoliberal, and demographic. In this volume, we take up the analysis of these struggles in Europe from the perspective of protest logics and explore them in different countries and historical periods, drawing on local, detailed ethnographic and historical accounts that allow a rich and fruitful international comparison.

Looking Back: National Legislations of Abortion in Europe after 1945

After the Second World War, European states developed new reproductive and sexual politics, and deep transformations occurred around long-established concepts like ‘motherhood’, ‘family’ and ‘the role of women’ in the society. Accompanying these political shifts were major changes in abortion legislation. These changes have largely occurred since 1955, when for the first time in postwar Europe, a state – namely the Soviet Union – permitted women to interrupt a pregnancy upon request.¹⁵ Soon all Central and Eastern European communist nations, except Albania, passed similar legislation (David 1999). Thus, abortion was legalised first in communist states, and then on the other side of the Berlin Wall, starting with the United Kingdom, in 1968. However, as this volume shows, the legalisation of abortion in these regions resulted from different historical and political processes: while the mobilisation of feminist groups and their alliance with leftist political forces were essential to the success for the legalisation of abortion in ‘capitalist’ Europe, in ‘communist’ Europe abortion rights were implemented by the state as part of the political ideology of gender equality and to encourage female employment. These dominant state discourses varied, as this volume shows. In some countries abortion was legalised to grant women body autonomy, while in others to promote ‘responsible’ motherhood. Elsewhere public health concerns to reduce maternal mortality due to unsafe abortion also played a role in decriminalising abortion. Despite this wave of legalisation, abortion remained illegal in Ireland, Portugal, and Malta, while in Romania the right to abortion was initially granted in

1957, but then reversed in 1966 under Nicolae Ceaușescu's dictatorship until 1989, when it was legalised again (see Anton this volume).

Since the 1990s, three major social and politico-economic shifts have profoundly influenced abortion rights and shaped reproductive governance: 1) the fall of communist regimes in Central and Eastern Europe, 2) dramatic demographic changes, and 3) the embrace of neoliberal economic policies and – more recently – of ‘austerity measures’ across the New Europe. In a number of post-communist nations abortion rights have been restricted or nearly eliminated due to the political revitalisation of religious institutions, in particular the Catholic Church, and the general ‘remasculinisation’ of the region manifested in a backlash against the gender equality ideology presumably imposed by communism (Watson 1993). The decline of the welfare state evidenced by the neoliberal cuts in social services greatly affected women's reproductive experiences, especially in Eastern Europe where conversion to capitalism has been abrupt, as authors of part IV show. The ‘austerity measures’ adopted after the 2008 crisis resulted in further cuts in social services and healthcare, making women's reproductive choices, either to have children, or to limit births, even more difficult.

Most European countries have also experienced dramatic fertility declines to below replacement levels. These demographic changes are fuelling anti-reproductive rights backlash with inflammatory political and media rhetoric about women's ‘irrational’ decisions to limit childbearing (De Zordo and Marchesi 2014 [2012]; Krause and De Zordo 2014 [2012]), the dangers of population ‘aging’, and of higher fertility rates among some immigrant populations ‘threatening’ the survival of European, Christian nations (Krause and Marchesi 2007; Marchesi 2014 [2012]).

This volume also highlights the important shift in European reproductive governance through a new understanding of individual, human rights (Morgan and Roberts 2014 [2012]). In particular, the rights of ‘the unborn’ have become central in the public debate on abortion, resulting not only from the increasing political influence of the Church, but also from the growth of Assisted Reproductive Technologies (ARTs), and research on embryos and fetuses. Sophisticated prenatal screening and foetal surgery techniques have transformed the embryo/foetus into a ‘patient’, entitled to healthcare (Casper 1998; Morgan 2009), while new neonatal intensive care has transformed pregnant women and their partners into ‘moral pioneers’ at the frontier of science (Rapp 2000). Gynaecologists and obstetricians may also face ‘moral dilemmas’ around abortion, particularly regarding later gestational ages. Furthermore, they participate, more or less actively, in the national and transnational battles around women's reproductive rights and

'foetal rights' that are becoming central in public debates on abortion, with the use of new Internet technologies and social networks.

As the authors in this volume show, anti-abortion movements have appropriated the scientific language and developments to claim foetal 'personhood', and the human rights rhetoric to claim the rights of these 'new bio-political subjects' (Kaufman and Morgan 2005: 328). These shifts are threatening women's sexual and reproductive rights, which were defined as human rights at key international Conferences in Cairo and Beijing in the 1990s. In this contentious context, pro- and anti-abortion rights movements and groups are continuously changing and adapting their abortion protest logics.

Theorising Abortion Governance and Protest Logics: Between Discourses and Practices

In this volume, we are using abortion protest logics as an analytic tool for tracing, exploring and contextualising – both synchronically as well as diachronically – different political, moral and religious rationalities directed towards liberalising or curtailing the termination of pregnancy at the social and individual level. As we show, the forms as well as the effects of public, political actions – in favour of or against abortion rights – change depending on a number of complex, intertwined political as well as historical, social and cultural factors. A form of protest that was successful in the past, for instance, may not be envisaged as the most successful or viable in another historical and political period. At the same time, new forms of protest arise, like Internet campaigns in the twenty-first century, which may add a new degree of complexity to the more traditional protest strategies we have observed thus far.

The authors of this volume describe and examine three main kinds of protest: mass demonstrations, public acts of destruction or disruption, and public performances and civil disobedience. Each is associated with a different logic that can be defined, from the perspective of the social movements theory, as the logic of numbers, the logic of damage, and the logic of bearing witness (Cammaerts 2012: 121). As the anthropologist Joanna Mishtal suggests (this volume), a fourth protest logic should be acknowledged: 'the logic of clandestine civic disobedience, wherein more than just bearing witness, they (women/social actors) actively subvert established laws and controls'. This kind of 'quiet, individual' protest consists in showing dissent while avoiding public visibility, and, therefore, political engagement with the public debate on abortion rights. Several authors of this volume

show that a similar logic of ‘civic and/or clandestine disobedience’ is often embraced by women facing legal, procedural, or social barriers to safe, legal abortion as well as by other social actors, who are involved in anti- or pro-abortion rights movements in different geopolitical and historical contexts. Individualised and privatised strategies of ‘silent protest’ may be considered as forms of resistance, following Foucault (1978), vis-à-vis the conservative reproductive governance launched by the religious and nationalist politics in the New Europe. This concept includes a number of subtle forms of protest, expressing dissent and forming resistance-like practices (Lock and Kaufert 1998:13), including deliberate inaction as a strategic, informed response to power (Halliburton 2011) and reproductive governance.

As elucidated by Morgan and Roberts, reproductive governance refers to the ‘mechanisms through which different historical configurations of actors ... use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviours and population practices’ (2014: 107 [2012: 243]). The authors of this volume show how in contemporary Europe, as in other parts of the world, reproductive governance or abortion governance, as we have renamed it, has drastically changed in recent years. With the renewed political power of the Church in post-communist Eastern Europe and the resurgence, in Western Europe, of public debates about European Christian roots and values, as a direct consequence of Islamophobia, old and new religious moralities are more than ever shaping abortion protest logics. These sentiments have been intensifying as a result of the major influx of migrants to Europe due to economic and political unrest in Africa and the Middle East, especially Syria, and the terrorist attacks that have taken place in 2015, in particular in France.¹⁶ Xenophobia further fuels demographic angst, as anti-immigrant attitudes turn into nationalist calls to increase the ‘native’ population. These demographic anxieties are often used to justify calls to restrict abortion rights, eclipsing women’s rights by morality discourses of ‘rights of the family’. Thus, the authors of this volume show how reproductive governance, nationalism, religion and women’s advocacy for reproductive rights comingle in many European countries, a trend that has been observed also in other geopolitical settings, including Latin America (De Zordo and Mishtal 2011; Morgan and Roberts 2014 [2012]).

Structure of the Volume

This volume offers analyses from several disciplinary perspectives, including anthropology, sociology, history, medicine, and legal studies. The first part

of the book examines the pro-abortion rights activism, movements, strategies and protests that aim to either maintain abortion rights or counteract various forces seeking to restrict this right, both at the EU level and at national levels, focusing particularly on the cases of the United Kingdom, Switzerland, and Sweden. The second part of the book is centred on contemporary discourses and practices against abortion rights in Catholic Italy and Belgium, and in Orthodox Russia. The third part analyses health providers' participation in both pro- and anti-abortion rights movements in northern Protestant Norway, and in southern Catholic Italy, and Spain. Finally, the fourth part examines the key political rationalities and agendas underlying abortion policies, in particular pronatalism and nationalism, in three different countries: Romania, Poland and Northern Ireland.

Part I: Pro-abortion Rights Activism, Movements, Strategies, and Protest Logics

The authors here focus on fundamental issues about abortion as a right, including the relationship between abortion rights and women's movements, as well as the nature of the discourse upon which abortion rights have been built in different contexts and in the international arena. In particular, they investigate how different forms of protest against abortion restrictions have been formulated in the past and how such struggles are waged in the present, with further analysis of international European advocacy efforts. They consider protest as a function of different actors, including advocacy 'from below' by women's movements, or advocacy 'from above' by policymakers.

Christina Zampas opens this section with a careful review of legal cases since the 1990s, and shows how fundamental rights to non-discrimination and gender equality – both of which are the basis of abortion rights – are neither fully recognised as such at the regional policymaking level in member states, nor at the EU level. This chapter highlights the importance of human rights as a legal strategy to combat increasing restrictions on abortion in some parts of Europe, much of which is underwritten by religious institutions. Sociologists Annulla Linders and Danielle Bessett in their chapter examine the case of Sweden, by comparing and exploring two key events: the well-publicised abortion obtained by an American woman in Sweden, and the efforts to prosecute Swedish women seeking abortions in Poland. Linders and Bessett consider the discourses upon which abortion rights have been built in Sweden since the 1960s, and demonstrate the importance of particular rhetorical strategies to long-term conceptualisation of women's rights. The interesting case of Sweden juxtaposes the

well-established Swedish right to abortion with the foundational discourse for this right as based on traditional notions of motherhood. Through this analysis the authors consider the relative implications of using a less radical strategy versus a liberal-feminist strategy in advocating for reproductive rights.

Finally, historians Kristina Schulz and Leena Schmitter in their chapter compare the genealogy of abortion rights vis-à-vis the women's movements in Switzerland and the United Kingdom. Using a careful historical analysis, the authors demonstrate that abortion rights do not necessarily emerge from women's rights movements. This analysis therefore considers the place of concepts such as 'body autonomy', 'self-determination', and 'pro-choice' in the wider women's rights struggles. Since feminist movements often sought to forge alliances with other grass-roots movements, such as labour or particular political parties and causes, the authors also bring attention to the abortion right as a uniting, or at times a fragmenting, element of these debates and strategies. Finally, focusing on Switzerland and the United Kingdom also offers an opportunity for an analysis of the variations between the political systems, such as direct democracy versus semi-direct democracy, and how these structural differences shape both the struggle for abortion rights as well as the laws themselves.

Part II: Anti-abortion Rights Activism, Movements, Strategies, and Protest Logics

This part examines anti-abortion activism that emerged in postwar Europe, first in Western Europe, where activists since the 1960s and 1970s have organised into strong, national movements in opposition to feminist struggles to legalise abortion; then in the 1990s in Eastern and Central Europe, where these movements did not exist until the end of the Soviet era. Chapters by anthropologists Claudia Mattalucci and Sonja Luehrmann and historians Karen Celis and Gily Coene offer an interesting comparison of Italy, Russia and Belgium, where important differences but also unexpected similarities and transnational links emerge. Luehrmann shows that contemporary pro-life groups have appropriated the transnational, dominant discourse of anti-abortion rights' groups, originated in the United States in the 1990s, in which abortion is depicted as a 'trauma' and women having abortions as victims of PAS (post abortion syndrome) needing moral and spiritual support (Lee 2003). In Russia, however, this discourse has assumed a specific historical and political meaning as a young anti-abortion rights' militant affirmed, referring to the 'traumatic' memory of the Soviet past when

abortion was the main birth control method available and abortion rates were very high: 'all Russia has PAS'. This discourse of 'trauma' is also mobilised in Italy and in Belgium, where anti-abortion rights groups advertise moral and spiritual support at 'pro-life' or 'pregnancy crisis centres', where Catholic (in Belgium and Italy) or Orthodox (in Russia) volunteers focus their advocacy work on the concept of 'trauma'. These groups also organise public demonstrations, including in front of health facilities, both to prevent women from receiving abortion, which they believe will jeopardise their well-being, and defend 'Life' from conception.

Using rich ethnographic details and meticulous historical analysis, authors here describe forms of protest against abortion rights, from visible marches and funerals for aborted embryos and fetuses (in Italy), to private, 'invisible' confessions to Orthodox (in Russia) or Catholic (in Italy) priests, and spiritual retreats organised by Catholic groups, during which women are invited to overcome their 'trauma'. These chapters also examine how anti-abortion rights tactics vary in the use of imagery, from bloody foetal remains used in some contexts, like Belgium, to smiling newborns currently used by many 'pro-life' groups, or the biblical icons of 'abortion as mortal sin' used in Russia. Finally, the authors of this part reflect upon the actual political impact of anti-abortion rights groups. As Mattalucci, Celis, and Coene argue, in Italy and Belgium these groups formally do not aim to restrict abortion laws as they did in the past; instead they depict their advocacy as focusing on safeguarding human life. Nevertheless, their efforts are clear attacks on progressive abortion laws. In Russia, in contrast, these groups have only recently emerged and gained the increased political support of President Vladimir Putin and part of the political elite, who are concerned with Russia's dramatic fertility decline since the 1990s and the relatively high abortion rates. As a result, an important change was made to the abortion legislation in 2011, allowing health professionals to refuse to provide abortion care on the grounds of conscience and introducing a mandatory waiting period for the procedure. In this new context, Luehrmann argues, Russian anti-abortion rights activists can see themselves at once as anti- (Soviet) state and patriotic.

In the three countries anti-abortion rights groups implicitly contest the notion of 'voluntary interruption of pregnancy'. Abortion emerges, in fact, in these groups' dominant discourse, as an 'involuntary' choice of women, either as the result of the violence of the state (in Russia) and of gender norms that are criticised (the communist working mother), or as the result of past violence and traumas that women have experienced (Italy). Women are not recognised as full rational, moral and political subjects able to decide what is best for them and their families, if they have one, while the embryo/

foetus is represented as a 'child' whose life should be protected and whose 'death' will always haunt unless women engage in self-examination and/or, in the case of Russia, public engagement in anti-abortion rights groups.

Part III: Health Professionals'/Providers' Involvement in the Pro- or Anti-abortion Rights Debate and Access to Services

Chapters in this section show how new antenatal screening techniques have contributed to making the embryo/foetus hyper-visible and constructing it as a 'child' and a 'person'. These new constructions create a tension between the foetus' rights and a woman's 'rights as a patient', increasing abortion stigma and making termination less acceptable than it was in the past. As the anthropologist Silvia De Zordo suggests, based on her research in four public Italian maternity hospitals providing abortion care, this may partially explain the increase in conscientious objection that was registered in the 2000s in countries such as Italy. A complex moral classification of abortions and of women having abortions emerges in this study, as well as in the context of Norway, examined by the physician and abortion provider Mette Løkeland. Terminations are considered more or less acceptable or stigmatised by health professionals, depending on their causes (unwanted pregnancy, foetal malformations, women's health problems) and on women's gestational age (first trimester or beyond). As the authors of this part show, the moral classification of abortions radically changes from one context to the other. For instance, in Norway, where the phantom of the Nazi, eugenic past is still strong (Melhuus 2012), termination for foetal malformation is called 'selective abortion' and is publicly condemned as women's 'selfish' decision and as a potentially discriminatory act vis-à-vis people with disabilities. In Italy, on the contrary, it is called 'therapeutic abortion' and obstetricians/gynaecologists consider it much more acceptable than a termination of an unwanted pregnancy that could and should be prevented via effective contraception that women are responsible for. At the same time, in both countries abortion around or beyond foetal viability is an object of scientific and political debate. In fact, tremendous innovations in neonatal intensive care have recently occurred, allowing the survival of a statistically relevant number of severely premature neonates starting from twenty-four weeks of gestation. This shift in the age of viability¹⁷ has made abortion near or beyond this gestational time less morally acceptable to some health professionals than it was in the past. Consequently, some providers are becoming more actively involved

in the political debate on abortion and conscientious objection both in Italy and Norway. Providers' participation in anti- and pro-abortion rights protests has provoked further debates at the EU level, particularly in the case of Italy, and has led, in some cases, to important changes in abortion regulations. In Norway, for instance, midwives' protests against late abortions have led to the reduction of legal abortion time limits, without the support of scientific evidence. The consequence of this change is, as Løkeland argues, that 'foetal rights' are increasing, while women's rights during pregnancy are decreasing.

As the physician and anthropologist Beatriz Aragón Martín highlights in her chapter about Spain, the abortion rights of immigrant women in particular are under threat in this contentious context. In Spain, immigrant women's access to safe, free abortion cannot be taken for granted, as these groups do not always have full access to the public health system because of their irregular or undocumented legal status. To circumvent this legal barrier, physicians working in primary care in Madrid have started to use a law that was originally aimed at protecting the rights to health of the 'unborn' as a child to be and not women's right to freely terminate their pregnancies. This law grants all women the right to public health coverage during pregnancy, regardless of their legal status, and physicians use it, instead, to grant immigrant women access to legal, free abortion. By 'transgressively' using this law, Martín Aragón argues, Spanish physicians are 'silently' protesting against migrant women's discrimination and their exclusion from free abortion care, and, at the same time, defending women's abortion rights.

Part IV: Pronatalism, Nationalism, and Resistance in Abortion Politics and Access to Abortion Services

The final part of the volume examines the debates on the 'morality aspect' of discourses on reproduction in Ceaușescu's Romania, post-socialist Poland, and Northern Ireland, and draws attention to how it is entangled with, and perhaps central to, political processes and agendas. This analysis of abortion politics is especially significant in geopolitical areas with demographic anxieties about declining birth rates, or, alternatively, demographic social imaginaries of an expanded and 'radiant' future nation. The authors of this part examine the key political rationalities and agendas underlying abortion policies, in particular pronatalism and nationalism, and consider how such rationalities affect access to abortion care, and the various forms of resistance that these power configurations generate. These chapters demonstrate that the right to abortion has been the key political tool used both in

dictatorial power structures and in ostensibly democratic states, highlighting how reproduction and women's rights in general are key targets for governance by 'moral regimes', including religious, neoliberal, nationalist, and demographic.

Specifically, anthropologist Robin Whitaker and social policy researcher Goretti Horgan examine the case of Northern Ireland around the time of the 1998 Belfast Agreement – a critical historical moment widely perceived as ushering a new democratic era. However, Whitaker and Horgan show that the outcome was quite undemocratic. Based on discourse analysis of the public debates at that time in Northern Ireland, they argue that despite some rhetoric about gender equality, the Agreement's authorisation of ostensibly rival nationalisms in the end promoted the tightening of an already extremely restrictive abortion law as the quintessentially Catholic nationalist position. This case also shows how the meaning of 'peace' and political dealmaking resulted in sacrificing women's rights in this political game, as conservatives argued to unite former enemies – British-identified unionists and Irish nationalists – through the 'shared morality' of an anti-abortion stance. Whitaker and Horgan ultimately interrogate the nature of democracy in Northern Ireland, and identify an important disjuncture between the professed democracy based on rights and equality, and the kind of democracy that emerged from the Belfast Agreement.

Similarly, anthropologist Joanna Mishtal examines how the Catholic nationalist administration in post-socialist Poland severely restricted abortion after 1989. Mishtal's analysis focuses, however, on the responses to these restrictions, and argues that Polish women's extensive use of illegal abortion as a way to control reproduction not only circumvents the abortion ban but constitutes a distinct form of resistance against the Church and the state's religious governance of women's bodies. In particular, Mishtal focuses on the range of coping mechanisms employed by Polish women to access abortion and share knowledge about preventing pregnancy, and argues that the very low birth rate function *de facto* is a 'collective protest' against declining women's rights. However, she also questions the political utility of 'quietly beating the system' through individualised strategies, and poses questions, similar to Whitaker, about the role of women's rights in an ostensibly democratic state.

Historically, the Catholic Church's political power and its strict anti-abortion doctrine have had a wide-ranging effect on abortion restrictions in Europe. However, as anthropologist Lorena Anton argues in her chapter, equally powerful abortion restrictions were instituted under a nonreligious but politically dictatorial regime of Nicolae Ceaușescu between 1966 and 1989 in communist Romania. Using oral history and ethnographic

analyses that trace the genealogy of the anti-abortion decree produced by Ceaușescu's regime, Anton highlights the nationalist nature of the abortion ban, depicting births as Romanian women's patriotic duty, and the foetus as a socialist property and a 'national good'. Anton's ultimate focus, however, is on how women in post-socialist Romania remember their ways of coping with these restrictions through illegal abortion. Because contraception was also illegal, women typically had multiple abortions, many in unsafe and dangerous conditions, but as Anton argues, this was the only form of protest available against one of the harshest and most criminalising pronatalist policies in European history.

Collectively, the four parts of the book bring attention to both the reproductive governance by powerful political actors, and the instrumental use of reproduction in the political dealmaking and nation-making. At the same time, they highlight some of the weapons of protest that different social actors – from feminist and leftist groups to anti-abortion rights groups, from women having terminations to health professionals – have used and currently use in different countries to defend or contest abortion rights in contemporary Europe, from the Second World War until the present.

Notes

1. 'Abortion: A Right That Isn't', *The Guardian*, 20 December 2010. Retrieved 1 August 2016 from <http://www.theguardian.com/commentisfree/2010/dec/20/abortion-europe-right>
2. See: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A8-2015-0015+0+DOC+PDF+V0//EN> [retrieved 1 August 2016].
3. 'Bernadette Smyth: Anti-abortion Protester Wins Appeal', *BBC News*, 29 June 2015. Retrieved 1 August 2016 from <http://www.bbc.com/news/uk-northern-ireland-33317597>
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