

SOUTHEAST ASIAN STUDIES

<https://englishkyoto-seas.org/>

Thouchanok Sattayavinit

Reclaiming the Womb: The Right to Reproductive Autonomy over Women's Bodies in Vietnam

Southeast Asian Studies, 1-32 (in press).

How to Cite:

Thouchanok Sattayavinit. Reclaiming the Womb: The Right to Reproductive Autonomy over Women's Bodies in Vietnam. *Southeast Asian Studies*, 2026, 1-32 (in press). DOI: 10.20495/seas.26003.

Link to this article:

<https://englishkyoto-seas.org/2026/03/earlyview-thouchanok-sattayavinit/>

Subscriptions: <https://englishkyoto-seas.org/mailling-list/>

For permissions, please send an e-mail to:
english-editorial[at]cseas.kyoto-u.ac.jp



Reclaiming the Womb: The Right to Reproductive Autonomy over Women's Bodies in Vietnam

Thouchanok Sattayavinit*

To go beyond the binary of the abortion debate, this article argues that the Western debate on abortion has been trapped in a pro-life versus pro-choice dichotomy. These two sides of the debate have been idealized by the concept of individualism in the Western liberal context. They focus on individual values, freedom, and the right to privacy, whether it is for the rights of the fetus or the rights of the woman. In Vietnam, women's bodies have been disciplined by the mechanisms of power at different levels such as population control and Confucian ideology. However, this does not mean that the bodies are always docile. For Vietnamese women, their womb has a meaning beyond being simply a means of reproduction. Women have reclaimed their wombs in different ways; whether abortion is legalized or not in Vietnam, they have the autonomy to make their own choices when it comes to their bodies. This study is based on eight women's narratives about their abortion experience: how they redefine the meaning of the womb and the ways in which they negotiate regulatory power.

Keywords: politics of reproduction, reproductive autonomy, abortion, reclaiming the womb, subjectivity

1 Introduction

Western feminist debates over abortion focus on individualistic pro-choice versus pro-life narratives. The emphasis is on individual values, responsibilities, and freedoms: "the right to life" versus "women's rights." In the 1960s, the United States began to pass various legal reforms on abortion. This led to the emergence of pro-choice and pro-life groups that instantly developed an animosity toward each other. Pro-choice groups advocate for the "right to choose," with the underlying premise that women have the right to choose what to do with their own bodies, including abortion. They believe that the issue of abortion should be beyond the reach of the state and its laws

* อีชชานก สัตย์วินิจ, Department of Political Science, Faculty of Political Science and Law, Burapha University, 169 Long Had BangSean Rd. Chonburi 20131, Thailand
e-mail: thouchanok@go.buu.ac.th

 <https://orcid.org/0009-0003-1716-1919>

and regulations. They claim that a fetus is not a person. Thus, pro-choice advocates emphasize that abortion is a way in which women can gain autonomy over their bodies. Meanwhile, pro-life advocates argue for the “right to life,” mainly using religious ideology to fuel their attacks on abortion rights. They argue that abortion is murder and defend the rights of the fetus (Thomson 1971; Himmelweit 1980; Siegel 2014). Pro-life advocates propose that the fetus is a human being or a person from the very beginning, an idea drawn from religious concepts, particularly from Christianity. This has led them to obstruct efforts to legalize abortion. The two sides of the debate have been idealized by the concept of individualism in the Western liberal context (Sandel 2015). Western feminists focus on the modern ethic of rights, the struggle over rights to personhood or individualism, whether it is for the rights of the fetus or the rights of the woman (Thomson 1971; Himmelweit 1980).

However, views on abortion in Vietnam are different from Western understandings. Unlike women in the West, Vietnamese women have struggled with a patriarchal regime and its traditional sexual culture at different levels, even though abortion has been legal in Vietnam since 1945. The patriarchal regime is rooted in Vietnamese society and centralized on the patrilineal family, which values males over females. Vietnam is a collective society, where women’s bodies have always been viewed in the context of the demands of the state, family, and society (Turner 2008; Pinkaew 2020). This is why the issue of abortion in Vietnam is not connected with debates on individual rights. Women’s sexuality and reproduction have been regulated by the mechanisms of the state and society. The history of abortion in Vietnam reveals the socialist state’s power over human life. Vietnamese women have not been able to gain full control over their bodies in the way that women in the West have.

Indeed, abortion in Vietnam has been closely governed by the state and social morality. Vietnam has been a socialist state since the twentieth century. Even though abortion has been legalized there since 1945, this does not mean that women have been able to fully gain control over their bodies. In fact, women’s bodies are subject to the state’s population control techniques and family planning guidelines. The regulatory power of the state has set out to control women’s wombs in order to (re)produce the population with small families. Confucian morality influences Vietnamese family ideology, which has resulted in the disciplining of women’s sexuality. According to Confucian hierarchical gender notions, the male retains the status of the pillar of the house, while females seem to be less valuable and are given a lower social standing (Gammeltoft and Nguyen 2007). Therefore, women who have an abortion are condemned by both the family and society: they are seen as breaking the sexual norms that make up a woman’s virtue, such as being a virgin or a good mother.

Although women's bodies have had to exist within these oppressive conditions established by the state and traditional morality for many years, women have not always been docile. They have had a transgressive power that enables them to contest and negotiate with the regulatory powers of the state and traditional sexual norms. Women have often been able to reclaim the meaning of the womb, demonstrating an act of agency that asserts distinct subjectivities conditioned by their various experiences with abortion. This article aims to investigate how abortion functions as a bodily practice through which women construct and reflect on their subjectivities in diverse ways.

2 Methodology

This study was conducted from 2018 to 2021. For the research site I selected Hanoi, which is the city with the highest rate of abortions in Asia. According to official statistics, in 2016 there were an estimated 5,109 abortions in the city on women aged 15 to 49 years (VnExpress 2016; General Statistics Office of Vietnam 2017, 238). This shows that the reproductive policy has failed to resolve contraception. Society does not talk openly about sexual matters; rather, it represses women's sexuality.

Data was collected in several ways. The first method was in-depth interviews and focus groups. In-depth interviews were conducted with women who had had abortions as well as with other participants such as doctors, academic specialists, and journalists. Interviews were carried out both onsite and online during the Covid-19 pandemic. The interviews with the women focused mostly on women's reproduction, sexuality, and abortion in Vietnam, with an emphasis on the interviewees' abortion experiences and background, such as family relationships and sexual education. With the doctors, academics, and journalists, interviews focused more on gender issues and abortion in Vietnam. Focus groups were held with other participants, such as specialists in the social sciences and general women in Vietnam. Women's and gender issues were discussed among these groups. Focus groups were not held for women who had had an abortion because it was unlikely that such women would feel comfortable talking about their experience in front of others. Both semi-structured and non-structured interview formats were applied in order to keep the conversations flexible. Thus, many of the women's stories did not depend on the researcher's questions; rather, the subjects were allowed the freedom to tell their own stories in ways they deemed appropriate.

In selecting key informants, I used pseudonyms for all the participants on whom

both formal and informal in-depth interviews were conducted. I selected women aged between 26 and 50 years who had had at least one abortion and were either married or had been married. There are a total of eight case studies on women with different statuses, classes, ages, religious and spiritual beliefs, and abortion experiences. “Chị Mỹ” is the 43-year-old owner of a small barbershop. She had two abortions: one when she was 28 years old and the other after the 2004 birth of her child. “Chị Tuyết,” a government employee aged around 40 years, had more than two abortions. “Chị Thảo” is a 37-year-old Buddhist working at a private company. At the time of her abortion, she already had one daughter. “Chị Bích” is a fifty-year-old Catholic divorcee. She works as a tour guide in Thailand and Vietnam, and her hometown is Hanoi. She had her abortion in Hanoi. “Chị Minh” is a 39-year-old who works at a university. She opted for abortion because of her studies. “Kim,” aged 35, had one abortion. “Chị Hằng,” aged 37, works at a university and had an abortion due to a reproductive health problem. Lastly, “Ngọc” is a 26-year-old butcher. She is the only one who told her family in advance about her abortion. I also interviewed other key informants to understand women’s experiences with abortion as well as their relationships, feelings, and thoughts concerning it.

While conducting fieldwork, I as the researcher entered into a relationship with the participants, who were at the same time negotiating with the researcher’s own views on abortion. To reduce the distance between myself and the interlocutors, I had to reposition myself as a *chị em* (elder and younger sister), friend, student, and fellow woman. Sometimes, having a conversation as “women” was more relaxed and we could more freely discuss women’s sexuality and relationships. Thus, key informants talked about their married life and problems, and I became a listener.

3 Disciplining Women’s Sexuality and Bodies: Conditions That Lead to Abortion

There are two mechanisms of the socialist state and Confucian society that control women’s reproduction and discipline sexuality. Women’s sexuality has come to be a central governing mechanism used by the state and society on a macro as well as micro level. According to Michel Foucault (2003), biopower is a form of power that governs aspects of human life at the population level, such as vitality, mortality, illness, and character. This is referred to as the “power over life” (Foucault 2003). Biopower is centrally exercised over individual bodies in order to discipline and regulate them into becoming social bodies. The technology of biopower is employed by

the modern state to control human bodies as the target of the state's population policies (Foucault 1997; 2003). Foucault pointed out that these two poles of the technology of biopower (disciplinary and regulatory) have influenced sexuality over the years in terms of procreation, child care, education, and fertility. Particularly in the nineteenth century, sexuality became a core element in medical ideas to control people. Through both individual bodies and the population, medicine was used to diagnose hereditary and sexual "diseases" such as a child's masturbation and female hysteria. Disciplinary and regulatory technologies manifest as political interventions of power, using knowledge to control human life (Foucault 2003). This idea can be understood by examining how the mechanisms of the state and Confucianism collectively affect women's bodies in Vietnam.

4 Mechanism of the Socialist State: Governing Population and Family Planning

In the early 1960s, national family planning in Vietnam was concerned with high population growth rates, which led to poverty in the country. After discourses on population control, the Vietnamese socialist state started using family planning, small-sized families, and reproductive health as governing techniques. In this sense, women's bodies—and hence sexuality—are used by the state to control the population and contribute to economic goals. The socialist state views women's bodies and sexuality as national resources to manage the nation's population. The state promotes certain norms so that people can be happier and lead more fulfilling lives—for instance, it proposes controlling population size in order to prevent "poverty" as indicated by a low GDP. As a consequence, women's wombs have become a mechanism for the state to control the population and labor supply in the interest of capitalism. As Foucault (2003) explained, biopower is the power over life; it is not only focused on the human body but extends to surveillance of the population and compulsory techniques for controlling birth and death rates.

National family planning promotes the norm of the small family as a happy family in Vietnam: "each family is encouraged to have only one to two children; be determined to raise the children well; and contribute a small family for the creation of a healthy, warm, and happy life" (mỗi gia đình chỉ sinh từ 1 đến 2 con; dừng ở 2 con để nuôi dạy cho tốt; thực hiện gia đình ít con, khỏe mạnh tạo điều kiện để có cuộc sống ấm no, hạnh phúc) (Đỗ Văn Quân 2018). Thus, when the ideal of a small family was encouraged, the fertility of the family became controlled, with the state claiming that

this was to promote family happiness and quality of life. This would later become institutionalized into law. On October 18, 1988, through Decision 162-HĐBT, the one-or-two-child policy greatly transformed the size of families. The law introduced punishments for failing to adhere to family planning regulations (*kế hoạch hoá gia đình*), which related mainly to the age of childbearing and spacing between births. The program stipulated for

government cadres, a minimum age of 22 for first-time mothers and 24 for men. For normal citizens, a minimum age of 19 for women and 21 for men. The gap between the first and second childbirths should be between three and five years. (Decision 162-HĐBT, 1988)

In Article 6 the government extended the two-child policy throughout all of Vietnam: “the standard for a family is two children, and for those couples who have had over two children, they will be penalized depending on their workplace” (Decision 162-HĐBT, 1988). Alongside this, the government encouraged birth control by “offering contraceptive methods such as IUDs, condoms, drugs, and abortion services for all government cadres (*cán bộ nhà nước*) free of charge” (Decision 162-HĐBT, 1988). These measures were attempts to reduce the high birth rate at the time. Steven Wisensale (2000) has argued that family planning effectively set the family size at two children, delayed marriage for both women and men, and encouraged the use of birth control. This situation led women to conceal sex-selective abortions when they were afraid of being punished for having conceived a third child. The state’s family planning policies led to a sex ratio imbalance: about 111 males for every 100 women. Even though there has been a prohibition on sex-selective abortions since October 2006, many women continue to seek them out. This is one method women use to increase their chances of bearing a son, though they need to keep it a secret (Bélanger and Khuat 1998).

As shown above, the state mechanism regulates women’s bodies through population control, the stipulation of small families, and reproductive health aids (IUDs, drugs, condoms, and abortion services) and uses women’s sexuality to control numbers such as population size, family size, abortion rate, and sex ratio imbalance. This is done on the pretext of stemming the spread of poverty and contributing toward the well-being of the population in capitalist Vietnam. The state is able to govern the population because the juridical form gives it legitimacy (Foucault 1997).

5 Mechanism of Confucian Patriarchal Society: Disciplining Women's Sexual Morality

The discourse on Confucian society in northern Vietnam has led to the construction of certain roles in the social structure that emphasize traditional family values and gender roles. The Confucian ideal of a hierarchical relationship shapes the code of behavior for all relationships in the extended family. Those in a superior position can show their love, care, and affection toward other members, while those with inferior status are required to display contrasting behaviors such as obeying, taking care of, and respecting superiors. The superior/inferior hierarchy is the main basis of familial relationships between fathers and children, husbands and wives, and elder and younger brothers. This doctrine has had an extreme influence on familial relationships, resulting in men maintaining a monopoly over positions of leadership as well as a patrilineal relationship structure (Tran 1991).

Thus, Confucianism has internalized Vietnamese family ideology and disciplined women's bodies and sexuality in ways that maintain society's patriarchal tendencies. Foucault (2003, 251) notes that it was "the disciplinary mechanisms that controlled the body, or bodies, by localizing families (one to a house) and individuals (one to a room). The layout, the fact that individuals were made visible, and the normalization of behavior . . ." The disciplinary mechanisms construct rules of sexual morality for women as well as define what are considered "good" and "bad" sexual behaviors. As a result, the technique of biopower is exercised not only at the state level but also through Confucian ideology. Confucian ideology, which governs women's sexuality, affects the conditions leading women to have an abortion in Vietnam. The most important of these conditions can be said to be the preference for virtuous and obedient women, the condemnation of premarital sex, and son-preference, all of which are fostered through social and familial mechanisms.

These are the conditions under which women are denied complete control over their own bodies. Even though abortion is a choice, women's sexuality is controlled by traditional sexual morality with its gender hierarchy. It may be noted that Confucian ideology has disciplined women into accepting three types of obedience (*tam tông*): young girls have to obey their father, married women have to obey their husband, and widows have to respect the guidance of their son/s. Additionally, women are required to display four virtues (*tứ đức*): chastity, diligence, physical grace, and deferential speech (Mai and Le 1978; Pettus 2003). Confucian disciplinary techniques use surveillance and normalization to control women's bodies, rendering them docile (Foucault 2003). The techniques control the body by applying the idea of rational opti-

mization in order to increase productive forces through the practice of the individual body in drills and exercises (Foucault 2003; Cisney and Morar 2015).

The Confucian family ideology assigns greater value to males than to females. Men are expected to be the leader of the family, manage all rituals, and continue the bloodline. Women, on the other hand, are mandated by Confucian sexual morality to maintain womanly virtues, refrain from premarital sex, and give birth to sons rather than daughters. Young women are required to keep their virginity until marriage in order to demonstrate loyalty to their husband. As a consequence, sexual purity is a social mechanism to prevent women from having premarital sex and committing adultery. In traditional feudal society abortion was forbidden by law and considered an immoral act due to its being the result of premarital sex. According to Confucian ideology on sexuality, in the past, women who became pregnant out of wedlock had to suffer severe social penalties. They were condemned and ill-treated by the community, and children born out of wedlock became a source of great shame for the mother, her family, and the local community. Such children would be punished by being set adrift down the river, while adulterers had their heads shaved and also had their napes shaved and smeared with lime (*gọt gáy bôi vôi*). Women were sometimes bound naked to a banana palm raft and set adrift on the river (*trôi dạt trên sông*) (Nguyen 1992; Khuat 1998; Phinney 2021). The repressive nature of precolonial sexual morality continues to influence the modern state's and society's repressive measures toward women's sexuality. Traditional patriarchal ideology creates hierarchical social structures and moral norms that add to the repression (Khuat 1998; Gammeltoft 2002).

Ashley Pettus (2003) explained that modern women have been encouraged to be docile yet *phụ nữ đảm đang* (capable women), able to work well in both the private and public spheres. The ideal woman is expected to sacrifice her life for the family and society, as well as practice sexual self-control. Women are required to take care of the family and children without neglecting their social duties; they must maintain good health and have a sweet character, be faithful to their husbands, be industrious and thrifty citizens, and always be altruistic (Vietnam Women's Union 2005). This ideal inculcates in women the qualities of a "docile body" that maintains self-control and is virtuous. In order to ensure that women internalize traditional sexual norms, biopolitical techniques are deployed to control their individual sexual behaviors as well as the collective "female body" of the nation.

As a result, women's sexuality has become the focus of the state's and society's governing apparatus and is exercised at both the individual and the population level (Foucault 2003; Lemke 2011). Sexuality is "at the heart of this economic and political problem of the population" (Repo 2015, 13) and has become the crucial lever for gov-

erning people. In Vietnam, in order for the state to effectively manage the population, women are required to break with their individual lives and desires to establish a collective body or to sacrifice themselves for the nation. However, even though women have been disciplined at the state and social levels, it does not necessarily mean that they have become completely docile. Abortion offers one opportunity for women to reclaim their womb through their powers of negotiation.

6 Desire for Abortion: Narratives of Women

The desire for abortion in every case is unique due to individual women's unique conditions. Whether an abortion is characterized as being due to an unintentional/unwanted pregnancy (*có thai ngoài ý muốn*) or not, women choose to have one based on their own desires, situation, and decision. In this sense, the practice of abortion becomes a form of agency that defies norms on sexual morality, family planning, and the Confucian family ideal. This can be seen in the narrative of women's desire for an abortion as they attempt to contest the regulatory power on abortion and sexuality (Butler 1995). The woman's body representing a text of desires for abortion as well as acting as the site of contesting power.

Women's desire for an abortion can help us understand women's bodily practices. According to Judith Butler (1995), desire is the interplay between the subject and "the other," in which the subject may recognize itself through ek-stasis (standing outside oneself). While the subject is intertwined in its relationship with the other, desire brings the self into a relationship with the outside world. The subject is compelled to encounter the other and is formed in relation to the other as well as society's norms. In other words, the subject is not only formed by its relationship with the other and society but is also a transgression that critiques social norms. Therefore, desire is the "vehicle" of the "reflexive subject," acting as the medium that produces consciousness and subjectivity (Butler 1995; Shams 2020). As a result, desire brings the subject into being in a way that "might subvert the subject, reveal its decenteredness, reverse its intentionality" (Butler 1995, 385).

Therefore, women's desire to have an abortion is an interplay between them, the state, and their husbands/families as well as their desire to influence male behavior. In other words, if women wish to have an abortion, it may influence how the male acts. Women's desires to have an abortion are distinct due to the ways in which women (1) attempt to express their loyalty to the socialist bureaucracy, (2) view themselves as powerless in the family, (3) escape a sexually exploitative relationship, and (4) take up

new positions and subjectivities.

6.1 *Tuyết: Loyalty to Bureaucratic Socialism*

Chị¹⁾ Tuyết is a government cadre who lives near Chí Mỹ. She shared that she had the first of her two abortions (by *hút thai*, or the vacuum method)²⁾ in 1996, after she had already had one child, when the fetus was within four weeks of gestation. After having sexual intercourse with her husband, she missed her menstrual cycle. She bought a pregnancy test at a pharmacy and made an appointment with a doctor, who confirmed that she was pregnant. After getting to know of her pregnancy, she said,

I had an abortion because it was an unwanted pregnancy and not in my plans (*ngoài kế hoạch*). I already had one child, so I did not want to have a second child yet. First, my circumstances were limited. Second, at that time the state had a policy of allowing births only once every five years. I am a government cadre, so I could not go against the policy. Finally, my economic condition was not adequate to raise another baby. These reasons forced me to do it. (Chị Tuyết, personal communication, May 2, 2018)

After finding out that she was pregnant, Chị Tuyết talked with her husband so they could resolve the issue together. She did not allow the family to intervene (*can thiệp*) in the decision. She explained:

It depends on the family. Some families might understand and allow the daughter to give birth, while some will not tell others about an abortion in order to avoid blame. In my case, only my husband and I exchanged our opinions (*trao đổi*) on the pregnancy, though we already had a limitation on giving birth. (Chị Tuyết, personal communication, May 2, 2018)

Chị Tuyết explained that she preferred not to break family planning protocol due to her employment in a government office. However, according to her, abortion is “usual” (*bình thường*) for married women; many have at least one. Chị Tuyết’s experience with abortion clearly shows the influence of the state’s family planning policies on the decisions of female cadres regarding pregnancy and abortion. Biopolitical family planning regulations apply at the micro level of family life in order to facilitate economic development and implement population control. However, Chị Tuyết’s abortion can be seen as effectively portraying her loyalty to the bureaucracy, a bureaucracy that can ultimately punish or exclude her from cadre life (Ginsburg and Rapp 1991). In the desire for abortion, there is an interplay between the subject and others. Chị Tuyết’s abortion reflects the way in which she negotiates with the state, which seeks

to control her position. Thus, abortion becomes a choice for her to either accept or reject the policies imposed upon her.

6.2 *Chị Thảo: Reflexivity and Weakness in the Husband's Family*

Chị Thảo was born in 1985 and recently started working at a company. She follows Buddhist and folk beliefs. She has one daughter (nine years old) and is a close friend of Chị Hằng. When I talked to her, she began telling me about her relationship with her family. She has had to deal with her husband and parents-in-law for the past ten years. When she decided to seek an abortion, it led to conflict with her parents-in-law. She explained that even though her husband had used a condom, she suddenly became pregnant again (*lỡ có thai*). She said, "I did not know why I was pregnant" (Chị Thảo, personal communication, October 31, 2021). She talked to her husband about having an abortion, and later she had one when the fetus was at about six weeks of gestation. She regretted her second pregnancy. As she said:

In my family, my parents-in-law have ignored our relationship. They are not affectionate toward me. I observed that when I had my first daughter, they never helped me. So, my husband and I moved to our own house. If they were affectionate, I would have given birth. (Chị Thảo, personal communication, October 31, 2021)

She continued, explaining her husband's decision:

Also, my husband was important in deciding whether I should abort or continue with the pregnancy. He said to have an abortion (*bỏ đi*), and I did. I did not have any desire to be pregnant, and my parents-in-law did not show me any affection nor care for me. They did not help me take care of my first child in any way. I do not have any rights in the family. (Chị Thảo, personal communication, October 31, 2021)

Initially Chị Thảo doubted that she was pregnant, so she went to the hospital for an ultrasound. Once the pregnancy was confirmed, she did not undergo an abortion procedure (*làm thủ thuật*) but instead took two types of medicine: the first to terminate the pregnancy and the second to release the fetus from the womb. Afterward, she rested and took care of herself for a month due to the loss of blood and general weakness. She emphasized that her husband did not take care of her.

The final decision to have an abortion came from Chị Thảo's husband. Chị Thảo's abortion demonstrates the Confucian morality that gives power to males. The husband is the most powerful family member. In this case, Chị Thảo's abortion decision

shows her powerlessness in the family.

6.3 *Chị Bích: Leaving an Exploitative Relationship*

Chị Bích was born in 1972, owns her own business, and is Catholic. She narrated her life story starting from the generation above. She said that the preference for sons was stronger in her parents' generation; almost all of them attempted to have a son. This was especially the case with poor families, who viewed sons as providing additional household labor. Chị Bích stated, "I do not like the cultural preference for having a son and the belief that daughters are considered inferior; whether you have a son or not, every child is the same and you must love them" (Bích, personal communication, January 3, 2022).

She also reported that "in school, they taught us about sex quite late in our youth, but the family never talked about sex. I only knew that I was born from the 'navel,' which my parents told me" (Chị Bích, personal communication, January 3, 2022). This shows that sexual matters are not openly discussed in the family, which results in youths failing to learn about birth control. In Chị Bích's view:

Abortion can be the resolution for whoever has an unwanted pregnancy, which is better than giving birth and leaving the child near a bin. Also, some people who used the traditional method of birth control found that it was ineffective. (Chị Bích, personal communication, January 3, 2022)

In the same vein, Chị Bích talked about her experience of married life:

Some married couples do not use condoms, but they use the "pulling out" method. In my case, I got married. My husband didn't like to use condoms because it didn't feel good. And I do not like to take contraceptive pills because they're unnatural. This has led to pregnancies. (Chị Bích, personal communication, January 3, 2022)

Chị Bích added that her married life was unhappy and eventually led to a separation. When she was pregnant with her first child, her relationship with her husband was filled with violence and adultery:

When I was pregnant for the first time, my husband hit me. Then, I escaped to my hometown in Hanoi until I was in the seventh month of pregnancy. Six months after my son was born, I moved to my hometown again. This time he came to my hometown and made up with me. We had sexual intercourse again. He intentionally ejaculated inside, and I became pregnant. I know why he did it: it was because he did not want to separate from me. After we got to know I was

pregnant, I told him that I wished to have an abortion on my own. (Chị Bích, personal communication, January 3, 2022)

Chị Bích said she wanted an abortion because of her husband's behavior: he had attacked her body and committed adultery. She decided not to remain with him as his wife. So she told him, "I have decided to have an abortion" (Chị Bích, personal communication, January 3, 2022), and her husband respected her wish. Her sister took her to the doctor, who was an acquaintance of her sister's at an obstetrics and gynecology hospital. Chị Bích had the abortion after missing her menstrual cycle for several days. The procedure was a menstrual extraction (*hút điều hoà kinh nguyệt*), in which the doctor uses a syringe to vacuum out blood clots. She said, "I was not hurt and stayed at home after the process was completed" (Chị Bích, personal communication, January 3, 2022). Chị Bích's relationship with her husband had been dominated by male exploitation. The abortion was a way for her to escape the exploitative relationship.

6.4 *Chị Minh, Chị Hằng, Chị Mỹ, and Ngọc: Transition to New Statuses*

Chị Minh was born in 1983. She is a university lecturer. She has three children but was not penalized by her employer under the two-child policy. In 2011 she had an abortion when the fetus was at one week's gestation. That would have been her second child. She recalled:

After I had my first daughter, I got a scholarship to study abroad. But I got to know I was pregnant several days before the trip. I did a pregnancy test, and it showed two lines. I got pregnancy sickness and went to consult a doctor. Due to this, I had to decide whether to abort the fetus because I had already made my plans and bought my ticket out. (Chị Minh, personal communication, October 9, 2021)

Before she had the abortion, she consulted her husband and a psychologist friend. She said:

My husband understood that I was preparing to fly even though he was unprepared for the abortion situation. It was a new problem for us, and he had to agree because he had no choice if he wanted to avoid any conflict. Then, he asked a fortuneteller. But no one encouraged me to get an abortion because they said that it would be painful, and they were concerned for the baby. (Chị Minh, personal communication, October 9, 2021)

Chị Minh decided not to talk to her family about it: “my family would have worried for me. It doesn’t mean that they would have been ashamed. We didn’t have much choice, so we were self-motivated to abort our child (*bỏ con*)” (Chị Minh, personal communication, October 9, 2021). She also searched for information and asked the doctor about the psychological and physical effects of abortion. The abortion was performed at the provincial health center (*sở y tế*), which was under the Ministry of Health. She selected the official health service so as to avoid any potential negative consequences in the future.

Before the abortion, Chị Minh prepared herself mentally and spiritually by eating well, drinking enough water, and getting adequate sleep. On the day of the procedure, her husband went out to work and she went to the health center by herself. She said:

I decided to do it, so I did it. I did not cry anymore. When I arrived, they asked only for my name and phone number. I did not need to prepare any documents, and they organized everything. Then I lay on the gynecological bed, which is similar to a delivery bed, with my legs apart and knees bent. Then the doctor said that I should breathe slowly, and the doctor put the spoon (medical tool) into my womb. The embryo was taken out. It felt like giving birth. (Chị Minh, personal communication, October 9, 2021)

Chị Minh added that in cases of pregnancies with overly large fetuses, a particular medicine or medical tool was used for abortion. She said that after the procedure was complete,

I did not know where they put the embryo; perhaps they put it in a plastic bag and organized it according to some medical system. After the abortion I tried to eat, sleep, forget it, and think positively in order to ease my pain. (Chị Minh, personal communication, October 9, 2021)

Chị Minh’s abortion was an act of transitioning to a new position in terms of occupation and life advancements even though she was anxious about her decision and felt pain before and after the procedure.

Chị Hằng was born in 1985 and works at the university and hospital. She has three children, a daughter and two sons. She had an abortion in 2014, at about 11.5 weeks of gestation, between her daughter and first son. Chị Hằng’s narrative attributes her abortion decision to her reproductive health:

I had an abortion before I was going to study abroad. When I was pregnant, I found out that I had uterine fibroids (*u xơ tử cung*), which can be very serious. I could not continue with my preg-

nancy. I went to meet the doctor and had four or five follow-ups. Two hours before the abortion, there was a test and ultrasound to check the exact location of the fetus. Then I underwent the surgery, which lasted about thirty minutes, and I stayed at the hospital for about two hours afterward. (Chị Hằng, personal communication, February 15, 2020)

Chị Hằng's decision was based on a scientific reason, which she believed would solve her reproductive health problem. She noted that in Vietnam, post-abortion care—including a repeat ultrasound—can be requested in order to recheck the woman's health. In her case, she was able to manage this on her own, staying at the hospital for two hours and obtaining follow-ups, because she is a nurse. She had another ultrasound one month later. After the abortion Chị Hằng had two sons, although she was penalized for this with a three-year salary reduction.

Before the abortion, Chị Hằng talked about it with her husband since it was related to her health and she believed that both partners should know. The parents have yet to tell their children. She explained, "In Vietnam abortion is an unhappy story; we prefer not to talk about it with others. Some people do not tell anybody if they have one" (Chị Hằng, personal communication, February 15, 2020). After her abortion, she continued, "my husband gave me more attention and care because I was going through a lot of pain and stress. This is Vietnamese culture" (Chị Hằng, personal communication, February 15, 2020). In Chị Hằng's case, her desire to have an abortion was due to an intersection between her health and working life: the abortion may be considered an act of transitioning to a new life and position in terms of her reproductive health and working life.

Chị Mỹ is the owner of a small barbershop in Hanoi and also sells noodles in front of her shop. When she was 28 years old, she decided to have an abortion (*bỏ thai*) after having already had one child. The household was facing economic difficulties at the time. As she explained, "It was an unwanted pregnancy (*có thai ngoài ý muốn*). My economic conditions were not suitable for having another child. Also, it was a broken plan (*vỡ kế hoạch*)" (Chị Mỹ, personal communication, May 2, 2018).

She explained, "I am just a commoner. The state's family planning regulations, such as the two-child policy, did not affect my decision. It was an independent decision for us to have another child after the abortion" (Chị Mỹ, personal communication, May 2, 2018). Chị Mỹ emphasized that her abortion was unplanned and was due to her unstable income. Despite the circumstances, she explained that no one really wants to have an abortion. If she had not had any economic constraints, she would have probably gone through with the childbirth.

Before having the abortion, she talked with her husband but left her family in the

dark. Her husband said, “It was unplanned, and you should not have the child, because you cannot raise another child” (Chị Mỹ, personal communication, May 2, 2018). Chị Mỹ added:

I did not talk to others but only to my close friend, because this story was sensitive (*nghe cảm*) due to the mental and spiritual concerns of society. In Vietnam, it is shameful (*xấu hổ*). If my parents-in-law were to become too emotional, they would blame me, say that I was a woman who could not maintain her pregnancy. This is the relationship between a mother-in-law and daughter-in-law. Later, my health became all right. That was why I only told my husband, and we were able to resolve (*giải quyết*) it together. (Chị Mỹ, personal communication, May 2, 2018)

The day after the procedure, Chị Mỹ went back to her normal life and returned to work. She also shared the case of another woman who works at the government office but had an unplanned pregnancy. She narrated stories of other women who, instead of saying they had had an abortion, would say they were sick.

The case of Chị Mỹ is distinct from those of Chị Minh and Chị Hằng, who are both middle-class women with a stable income. In contrast, Chị Mỹ was living in a household with an unstable income when she became pregnant. Therefore, her desire to have an abortion was due to economic reasons. The abortion allowed Chị Mỹ to gain a better quality of life at that time.

Lastly, Ngọc is a butcher who was born in 1996 and is Chi Thảo’s daughter-in-law. She had an abortion when she became pregnant for the third time, in 2017:

After I had my second child, I unintentionally became pregnant (*lỡ có thai*) for the third time. It was too close to my second childbirth. I knew that after a childbirth we should wait for about three years before having another child. Therefore, I could not give birth—I feared that it may harm my body—even though I did not know the fetus’s sex. (Ngọc, personal communication, November 1, 2021)

Ngọc emphasized that abortion was a normal (*bình thường*) thing, and that it was the method of birth control for her when faced with an unplanned pregnancy. Thus, having an abortion resolved her situation when she was at risk of going through a third pregnancy. She recognized that the pregnancy would be a danger to her body. Thus, she went to check at the general hospital and went through a documented process (*làm thủ tục*). She was told that if the fetus was over 12 weeks old the hospital would not be able to perform the service. In her case, the fetus was about seven weeks old. After checking with the doctor, she took a menstruation-regulating drug (*thuốc điều*

hoà kinh nguyệt) and the blood clot flowed out by itself. Her decision to have an abortion was hers alone. After she had made the decision, she talked to her husband:

I first told my husband that we had gone off the plan for our family. I could not give birth. I'd had cesarean sections earlier, which could cause complications. It could be dangerous, and I could not give birth repeatedly. My family and friends also got to know that I would have an abortion. I was not ashamed. It was my right and my decision (*quyền mình quyết định*). (Ngoc, personal communication, November 1, 2021)

Ngoc further explained, “No one can decide for me; it is my body. My husband had to agree. If I had given birth, it would have been painful for myself” (Ngoc, personal communication, November 1, 2021). Ngoc’s abortion experience is distinct from those of Chị Minh, Chị Hằng, and Chị Mỹ. First, Ngoc is not a middle-class woman. She is a butcher and does not have a stable income like government cadres do. Additionally, her community might not have as many restrictions on abortions as government cadres or university professors do. Therefore, Ngoc’s abortion would not be subjected to as much social pressure. Second, Ngoc felt comfortable telling her husband, family, and friends about her abortion; she talked openly about the experience. In this regard, Ngoc’s desire to have an abortion may be understood as an effort to heal her body.

Thus, women’s desire to have an abortion can be understood by analyzing the diverse reasons behind their decisions—whether traditional Confucianism, family planning, scientific discourse, or something else. The woman’s desire could be a reason in itself, with desire being an element of power or a resistant personality. Thus, women’s negation of social norms and their appropriation of control over their own bodies are driven by their desires (Butler 2012). When women want to have an abortion, most of them need to discuss and negotiate with their husbands and families as a first step. Abortion plays a role in the power relations between husbands and wives. In the case of women who are government cadres, their decision to abort is directly related to the power of the state. Therefore, abortion practices can be understood as an act of agency that attempts to negotiate with regulatory powers at various levels such as the state, society, and families. The act of abortion demonstrates women’s desire to control their own bodies under diverse conditions relating to age, status, occupation, beliefs, and experiences. After an abortion, women cope in different ways with their feelings and thoughts. Thus, they create multiple strategies for negotiating with regard to abortion along various dimensions.

7 Reiterative Strategies

In Vietnamese society, abortion is perceived as an immoral act; at the same time, women demand to negotiate with this stigma, which is constructed through the regulatory power at various levels of power relations: (inter)subjectivities, families, and the state. In this sense, when women desire an abortion, they also create reiterative strategies for negotiating with state regulations. As Parisa Shams has noted, with reference to Butler:

... reiteration of the terms of power—which is made possible due to the inherent instability and temporality of norms and their openness to contestation and resignification—enables the subject to subvert the very terms that are constitutive of its being. (Shams 2020, 48)

In the process of repeating the regulative norms, we can see women's subjectivities as they attempt to resist the power of the limit. Whether an abortion is due to an unintentional pregnancy or not, it is the woman's own choice. Sue Himmelweit (1980) supported women's struggles through their bodies and demonstrated that the personal is political when it comes to issues of abortion and the right of women to choose for their bodies. Abortion represents a struggle against the patriarchal system (Himmelweit 1980). Bodies are therefore a site for women to negotiate, contest, and struggle against patriarchal ideology, positioning themselves as subjects. We can see reiterative strategies as a form of negotiating abortion—a politics of reproduction in which women adopt different strategies—where they repeat the norm of family planning, weakness, and coping with the death of the fetus.

8 Deploying the Norm of *Kế Hoạch Gia Đình* (Family Planning)

It has been observed that when women accept the norm of family planning (*kế hoạch gia đình*), there is an interplay between national family planning and women's own plans (*kế hoạch*) that they have made with their families. Pregnancies that occur outside of government as well as family plans frequently induce the woman to have an abortion. Chị Tuyết showed clearly that her desire for an abortion was in order to conform to both national family planning guidelines as well as her own family's plans. According to her, the concept of a "plan" (*kế hoạch*) has two meanings. First, Chị Tuyết perceived national family planning regulations as affecting her government cadre position even though she had already had more than one abortion. She

explained, “The state has a policy of giving birth only one time per five years. I am a government cadre, so I could not break the national family planning stipulations” (Chị Tuyét, personal communication, May 2, 2018). In this sense, Chị Tuyét utilized the meaning of national family planning in order to negotiate with the state power that regulates her body in the cadre space. This act demonstrates her loyalty to the bureaucracy. Second, when Chị Tuyét negotiated for abortion at the level of family relationships, she repositioned herself as a wife. She negotiated with her husband in the context of their own family’s plan, which highlighted unplanned pregnancies and the household’s economic limitations. Therefore, Chị Tuyét’s abortion was an act of negotiating with a state regulatory power that inserted population control and male superiority within the family.

Meanwhile, Chị Mỹ utilized the norm of the family plan which emphasized low household income in order to negotiate with her husband. As she explained, she was a commoner; therefore, the state’s family planning norms did not affect her decision (Chị Mỹ, personal communication, May 2, 2018). Chị Mỹ recognized herself as a common person, so she did not worry about the national family planning stipulations. However, she described their family plan not only in terms of the differences in opinion between her husband and herself but also as being dependent on the household income. In this regard, the meaning of her *kế hoạch* was reorganized in order to establish a power of negotiation as it pertained to family planning. In such cases, abortion becomes a tool of birth control as well as a means to create one’s own meaning for one’s family plan, which then acts as a woman’s tool to challenge the state norm of a small family. Chị Tuyét had an abortion out of a sense of responsibility to her family and the state bureaucracy, while Chị Mỹ had hers due to a sense of responsibility to her family. Thus, through their act of abortion the two women challenged the norm of family planning by making their own family plan (see Shams 2020).

9 The Use of “Weakness”

Generally, married women first consult their husbands after finding out they are pregnant. One strategy that women use to negotiate for an abortion in such situations is their position of “weakness.” In this sense, women make use of the belief of themselves as being weak in terms of bodies and position. In other word, “weakness” becomes a woman’s subversive strategy for negotiating with male power. Wendy Hollway (1998) has explained that weakness is a woman’s strategy for resisting her husband’s behavior. This can be considered one way in which women create a non-

unitary subject that reconstructs alternative discourses on weakness. The cases of Chị Thảo and Chị Bích deal with family conflict. Their portrayal of family life emphasizes how their husbands and families were partly responsible for their abortion. Chị Thảo emphasized that her husband's approval was necessary for the abortion in order to resolve conflict within the family. When her husband told her to have an abortion (*bỏ đi*), she felt angry and decided to go ahead with it. His agreement to her having an abortion did not mean that he would take care of her; on the contrary, he ignored the situation. Furthermore, Chị Thảo felt very uncomfortable around her husband and parents-in-law and thus (re)positioned herself into a mode of self-acceptance (*tự ái*). Even though she regretted becoming pregnant, she ended up regretting the abortion as well. In the case of Chị Thảo, her feelings of sarcasm and anger over her abortion reflect her position of powerlessness, which she deployed as a strategy in order to remind her family of her position in the family. In other words, her weakness was redefined as a power for her to negotiate with the patrilineal family and its ideology. In addition, her moving out of her husband's house may be understood as an act of breaking away from the control of her parents-in-law who for a long time suppressed her.

The case of Chị Bích is distinct from Chị Thảo's because her husband intentionally got her pregnant for the second time in order to return to her and continue their relationship. Thus, her husband's behavior led to her decision to have an abortion. According to Chị Bích, she wanted to have an abortion because she wished to separate from her adulterous husband. Her position of subordination caused her to subvert her husband's power, which he used to abuse her body. Therefore, her act of escaping from an exploitative relationship reestablished her power to negotiate when her husband wanted to return to her. In this sense, Chị Bích's power of negotiation induced her husband to agree to an abortion. Her abortion depicts an act of challenging the patriarchal power in the family as well as breaking away from an exploitative relationship that was replete with violence (Chị Bích, personal communication, January 3, 2022).

In the cases of Chị Hằng and Ngọc, the desire to have an abortion was influenced by their need to resolve bodily weakness. In this sense, women can use weakness as a strategy that utilizes the scientific discourse of illness. Chị Hằng negotiated with her husband over the problem of her womb and was able to persuade him to agree to an abortion. She said, "whether it is an abortion or pregnancy or not, there is a lot of pain. So, my husband gave me more attention and special treatment. I felt powerful" (Chị Hằng, personal communication, February 15, 2020). In this sense, weakness becomes a negotiating strategy for women in their everyday lives. Chị Hằng employed

her weakness in terms of health in order to induce her husband to agree to the abortion. Chì Hằng's abortion may be explained as an act of subjectivity transformation that facilitated the development of a new occupation, life, and body. It also shows the power of negotiation between a husband and wife that utilizes the premise of physical weakness. This is in contrast to Ngọc's decision to have an abortion, which she made on her own in order to protect her body after recognizing the negative impact a child-birth would have on her womb. Before she told her husband, she had already decided and informed others. She emphasized that "abortion is not something to be ashamed of" (Ngọc, personal communication, November 1, 2021). Ngọc's negotiating strategy can be viewed as an act of agency in terms of self-determination as well as coping with her bodily limitations. As Shams pointed out, "the subject is both affected by norms—it comes into existence through a performative process which involves a stylized repetition of the norms by which the subject is constituted" (Shams 2020, 39). Thus, when these women repeat the sexual norm of weakness, it is the same gesture but a different bodily function. Women reframe "weakness" and use it as a strength when negotiating for abortion; this also repositions women as having active subjectivities.

10 Coping with Death

Even though abortion is considered a normal act by many women, most women struggle to cope with their feelings after having one. Butler (2004) explained that mourning and grief are critical reflexivities because they are made up of the relation between one's self-sense and others. The feeling of mourning is a performative act that emphasizes that a certain life is more valuable, more human, than others (Butler 2004, 46; Lloyd 2007, 141). It is

symptomatic of the inter-corporeal nature of existence: the extent to which one's self-sense depends on others. They act as forms of dispossession which engender a kind of undoing of one by another so that my own foreignness to myself is, paradoxically, the source of my ethical connection with others. (McNeilly 2013, 102)

This may be understood to mean that some women have feelings of anxiety or guilt because of their interactions with society. When society condemns abortion, women recognize this and try to negotiate with it.

In this context, when women attempt to deal with the death of a fetus, they often

perform ritual practices intended to appease the fetus's spirit. Appeasing rituals may be viewed as a strategy for women to relieve stress and negative feelings brought on by the abortion. Chị Thảo and Chị Bích coped with their grief through spiritual means. Chị Thảo explained that she needed a month to take care of herself and cope with her feelings:

I felt tired when I thought about it too much. It was a sin (*tội lỗi*),³ and I also repented (*hối hận*). My spirituality (*tâm linh*) made me feel guilty about doing the wrong thing, and I thought it might bring me bad luck, maybe give me an unstable life. Also, I am worried I may not be able to have a baby, even though I try to reduce the worry in my mind (*tinh thần*). And I might not have a baby again. Whether being married or not, this is difficult to ignore. (Chị Thảo, personal communication, October 31, 2021)

I asked Chị Thảo how she took care of herself when confronting these feelings, and she replied that she talked with her friends but continued to feel miserable. There were certain things she could not explain to others. Therefore, she organized a special ritual for the fetus's spirit:

After I had the abortion, it was a little blood clot, and I buried it near our ancestor's tomb. Vietnamese people believe that the ancestors will look after it. And I worshipped it every Ghost Festival (*ngày rằm tháng bảy*),⁴ the day we pray for the dead. Thus, I burned joss paper for my ancestors. For the fetus's soul (*ún tiêu*), I bought children's toys and baby boy paper clothes. I did this in order to feel more comfortable. (Chị Thảo, personal communication, October 31, 2021)

Chị Thảo added that she had been to a fortuneteller, who said that it was a boy. This was the reason she burned baby boy paper clothes. She added, "the ritual is different from those held for deceased elders, in which the body is buried in a tomb. After I had an abortion the fetus was buried beside a tomb; also, it did not have a name" (Chị Thảo, personal communication, October 31, 2021). Thus, Chị Thảo carried out the ritual in an attempt to negotiate with her own feelings and appease the spirit of the fetus.

However, to deal with the social condemnation, Chị Bích chose to confess her abortion due to her Catholic beliefs. This can be seen as a strategy by which Chị Bích attempted to negotiate with her feelings and religious morality:

I had to confess that I got pregnant and then a few days later had an abortion. I did not go to any Mass or perform any ritual because it was just a blood clot. After confession, the father came out

to look at me, and I told him that my family had some problems and I was unhappy so I could not give birth. Then the father told me to atone for my sin, meditate, repent, and say the Hail Mary and the Lord's Prayer ten times. (Chị Bích, personal communication, January 3, 2022)

She explained that she chose to confess because “the religion does not encourage abortion, so I confessed in order to make me feel better. It was not as serious as having an abortion with a fetus in human form. It would be more difficult to do that” (Chị Bích, personal communication, January 3, 2022).

The above cases can help us understand how women cope with the fetus's death and with a religious morality that labels abortion as a sin. Therefore, when women perform an appeasement ritual within the space of spirituality and religion, it is a strategy to negotiate with different subjectivities and create feelings of mourning according to their religious beliefs. Feelings of guilt arise when women who have had an abortion are in a relationship. As a result, women develop strategies to cope with a society that continually condemns and judges them (Butler 1995).

There were several women who did not organize a ritual for their fetus but coped with their anxiety in different ways. To heal themselves, Chị Hằng, Chị Minh, Chị Mỹ, Chị Tuyết, and Kim used both traditional and modern medicine. Chị Hằng employed her medical knowledge to take care of her body, such as taking vitamins and following up with an ultrasound of her womb. Chị Thảo used both traditional Vietnamese medicine (*thuốc Bắc*) and modern medical care to alleviate the blood loss.

Chị Hằng explained that although she did not organize a ritual for the dead fetus, she preserved the ultrasound results, documented them, and added them to her health profile. When asked how she dealt with the emotional aftermath of the abortion, she answered:

I listened to music; there was not much time to think or rest. Even though it was so sad, I had to find a way to adjust. In Vietnam, hospitals have psychological counseling rooms for such cases, but most people don't visit them. Mainly family members or relatives, those who know each other, will give each other encouragement. This is a sensitive issue; usually people are afraid to share their experience. It is mainly the husband and wife who stay together and encourage each other. (Chị Hằng, personal communication, February 15, 2020)

Chị Hằng shared that she named the fetus, which allowed her to form a closer bond with it. This can be seen as a strategy to cope with the death of a fetus by (re)managing one's feelings and thoughts.

As Chị Minh said, “in general, abortion does not have positive or negative conse-

quences. The pain impacts me, not others” (personal communication, October 9, 2021). She explained the general situation of abortion:

First, abortion is about women’s health. Second, women are able to get an abortion at a private clinic, where they are not required to reveal their identity. Husbands or boyfriends often view women who have had an abortion as irresponsible. Therefore, women sometimes have to take care of it by themselves. Third, mental health. Having an abortion can break social morality and deny them a child. Also, it can be viewed as killing a child. (Chị Minh, personal communication, October 9, 2021)

In this sense, Chị Minh reflects on social discourses that condemn those who have an abortion as denying the responsibilities of motherhood. Social discourse also internalizes negative perceptions in women who have had an abortion, which contributes to their feeling of distress afterward. According to Chị Minh, she was confused when she found out about the unplanned pregnancy. After deciding to have an abortion, she cried and acknowledged her husband’s distress, but he had to agree with her. After the abortion, she had to cope with a great deal of anxiety. When she continued to feel bad, she called her friend to share her experience because her friend had also had an abortion. She added that she dealt with the fetus’s death by trying to “forget”:

I did not organize any ritual, because I was flying abroad. I did try to eat healthy food, as well as try to “forget” in order to ease my pain. Other Vietnamese women organize a ritual for the dead fetus because they believe that the spirit will follow them. In the case of my friend, the fetus’s spirit helped her when she forgot to lock the door and nothing was stolen. She believed that her fetus’s spirit would also protect her and her business. There are some women who pray to the spirit to help their family’s business, and they bury the fetus in a tomb. This can be an act of diminishing social suffering. (Chị Minh, personal communication, October 9, 2021)

“Forgetting” helped Chị Minh cope with the death of her fetus as well as with her post-abortion anxiety. In this sense, “forgetting” may be viewed as a strategy for dealing with anxiety. Chị Mỹ and Kim also recalled that they were anxious (*băn khoăn*) and uneasy (*áy náy*) about their abortion, but they did not organize any ritual for the fetus (*thờ cúng*). As Kim stated, “I already apologized to my child on the day of the decision that we had no luck (*có duyên*) with each other” (personal communication, November 11, 2021). Sara Martel (2014) has analyzed when abortions are recorded in accounts of reproductive loss; a loss of a national resource is labeled as mortality. Therefore, the feelings of mourning, grief, and anxiety brought on by an abortion may

be described as follows: “part of one’s body die [*sic*] through shame, silence, and confusion in order to affectively mobilize fear, risk-aversion, and faith in (bio)medicalized reproductive technologies and techniques” (Martel 2014, 338).

Chị Tuyết and Ngọc are different from the others in that they were not worried about the abortion. Chị Tuyết mentioned her health issue relating to blood loss, which caused her to remain in post-abortion care for a week. As she explained:

No one wants to do it. As a Vietnamese idiom goes, “one abortion is equal to seven childbirths” (*một lần sảy bằng bảy lần đẻ*). For me, abortion (*hạ phá thai*) is not different from childbirth, which is harmful to the body. Indeed, my mental health was not affected, and I was not worried. I had already had my first child, so abortion was a natural decision for me now. I calmed down and discussed with my husband that I had decided not to have a second child. (Chị Tuyết, personal communication, May 2, 2018)

Ngọc explained, “I did not do any ritual for the fetus because it was not in human form, or it was not yet a human being. It was very small, and I felt it was not my child” (Ngọc, personal communication, November 1, 2021). Ngọc’s abortion experience was different from those of the other interviewees. She had the autonomy to decide on the abortion on her own and also had strategies to deal with the fetus’s death. Her desire for an abortion can be described as an act of agency.

Negotiating strategies are an element of women’s power which challenges the regulatory powers of the state and the norms of women’s sexuality and traditional family ideology. Thus, women create their own strategies, which are contingent upon their status, religion and beliefs, thoughts, and feelings. In the process of negotiating, women create and assert their subjectivities through redefining and reclaiming their womb.

11 Reclaiming *Quyền* (Power) and *Quyết Định* (Decision) over the Womb

A right is always perceived as a legitimate right by the law when feminists claim it as a right over their own bodies, and the right to abortion is legalized by the law. However, when Vietnamese women decide on an abortion, the decision over their bodies does not refer to the law even if it is legal. This is because abortion is tied up with the (power) relations between husband and wife in Confucian familial norms. According to the women interviewed, when they reclaim *quyền* (power) over their own bodies, it does not have anything to do with the law but does give them the ability to decide

whether or not to have an abortion. According to Karen Zivi (2009), rights-claiming operates as a conventional means through which traditional meanings are transformed. This makes space for alternative ways of living. Therefore, the articulation of rights claims reflects a reimagining of humanness that resists traditional or normative definitions. Rights-claiming functions as perverse reiteration, which not only reveals the universal to be “limited and exclusionary” but also “mobilize(s) a new set of demands” (Zivi 2009, 167). Consequently, a redefinition of the meaning of the womb becomes a function of constituting women’s power, which legitimizes autonomous rights-claiming over the womb.

I asked my interviewees, “Do you think abortion is a woman’s *quyền*?” They said it was a *quyền*, and that was why they were able to decide on an abortion. Chị Minh emphasized:

Abortion can be a woman’s *quyền* because they have the *quyền* to choose to do so. Even though the state tries to ban abortion because of its effects, it cannot prohibit it. If the state banned abortion, what would we be able to do in case of an unplanned pregnancy? (Chị Minh, personal communication, October 9, 2021)

Chị Minh reiterated that “abortion is my right [*quyền*]; therefore, I *quyết định* [decided] by myself” (Chị Minh, personal communication, October 9, 2021). She explained that she did not care about the state policy. Whether the state prohibited abortion or not, she would do it. Moreover, she had asserted her self-determination prior to involving her husband in the decision-making process. In this sense, Chị Minh reclaimed her *quyền* and attempted to make a new claim through contesting the state discourse on abortion (Zivi 2009). Chị Hằng reclaimed the right over her body in terms of reproductive health as a basic right. She explained, “Women themselves have the initiative *quyền* in the sense of life and health; therefore, abortion is to protect women’s health” (Chị Hằng, personal communication, February 15, 2020).

It is important to understand that when women recognize *quyền*, they are the ones who decide whether or not to have an abortion. This is a way in which women contest their husband’s power over decisions. Ngọc shared her discussion with her husband concerning abortion: “It was my *quyền*. No one could decide it for me. I decided [*quyết định*], and I did it. My husband had to accept my decision” (Ngọc, personal communication, November 1, 2021). She explained that the decision was about her body, and she needed to protect her body:

When I had the abortion, I was the person who decided, because it concerned me. The main

decision was mine because it was relevant to my body. It would have been dangerous for me to go through childbirth. I need to maintain a gap of three years between childbirths. (Ngọc, personal communication, November 1, 2021)

It is clear that Ngọc effectively reclaimed the *quyền* in which she was the main decision maker over her body. In a similar vein, Chị Thảo pointed out that “mostly, abortion is a woman’s decision. I myself was the main decision maker, though my husband also gave his opinion. It was my body; therefore, it was my decision. I did it by myself, and I responded for myself” (Chị Thảo, personal communication, October 31, 2021).

It is important for women to reclaim the womb: as Butler argued, “it is important to claim that our bodies are in a sense our own and that we are entitled to claim rights of autonomy over our bodies” (Butler 2004, 25). In terms of abortion, women try to demonstrate that abortions are their own decision, and that they have the final say on matters concerning their own bodies. This constitutes a discourse by formulating a new way of rights-claiming over the body, which does not need to be legitimated by the law. Women’s rights-claiming over their bodies is a political expression of bodily autonomy and self-determination. It reflects the fundamental right to bodily autonomy (Zivi 2009). Furthermore, when women reclaim this right to autonomy, they assert their particular subjectivities through the power of reclaiming. This can be called a politics of rights-claiming, in which women redefine the womb in a different way.

As a result, women claim the womb differently from the discourse of the state and societal norms, which define the womb as a means to facilitate or hinder the reproduction of the population and/or the patriarchal family line. When women reclaim the act of abortion, they are in effect reclaiming the meaning of the womb according to their own thoughts, recognitions, and strategies. Abortion thus functions as both a transgression of social norms and a practice through which women assume responsibility for themselves, their families, and the nation, as evidenced across all the cases. This is one way in which women reclaim the *quyền* over their wombs as well as create and assert their own distinct subjectivity. The reclaiming of the womb does not only expose the traditional oppressive norms regarding abortion but also transforms their meaning into women’s demand for *quyền* over their body. As a consequence, when women reclaim *quyền* over the womb, it has nothing to do with the law. Indeed, it is an autonomous *quyền* over their own body, which is in relationships with others.

In Chị Tuyết’s case, her abortion was a means to respond to the state and its family planning regulations. Chị Thảo’s decision to undergo an abortion reflected both self-directed agency and responsiveness to familial pressure, serving as a way to reestablish her role within the family. For Chị Bích, the abortion helped her escape

from an exploitative relationship, while for Chị Minh, Chị Hằng, Chị Mỹ, and Ngọc, abortions were carried out in order to improve their position, health, and economic situation. Thus, reclaiming the womb can create reproductive agency and allow women to assert their subjectivities in different ways that are contingent on their status, position, beliefs, and experiences.

12 Discussion

With respect to the abortion debate between pro-life and pro-choice proponents in the Western world, I argue that their reasoning does not apply to the abortion situation in Vietnam. There are several important points of discussion. First, the Western debate on abortion has been trapped in a pro-life versus pro-choice dichotomy. Pro-life advocates argue for the “right to life,” or the fetus’s rights. They propose that the fetus is a human being or person, an idea that they draw from religion, particularly Christianity. Meanwhile, pro-choice proponents argue for women’s right to choose. They argue that women should have rights over their own body and that abortion should be free of the state’s laws and regulations. In particular, pro-choice advocates emphasize that abortion is a way for women to gain autonomy over their bodies. These two sides of the debate have been idealized by the concept of individualism in the Western liberal context (Sandel 2015). They focus on individual values, freedom, and the right to privacy, whether it is for the rights of the fetus or the rights of the woman (Thomson 1971; Himmelweit 1980). Meanwhile, Catharine MacKinnon (1989) reminds us that when abortion is described in terms of personal responsibility, it oppresses women in the patriarchal context and pushes the burden onto the women as individuals. As a result, if people are unaware of abortion as being a personal right and responsibility, it comes under the control of patriarchal power through such mechanisms as law and medical science. When women claim the right to privacy in order to avoid state control, they are turning to the binary debate between the private and the public and usually revert to the private sphere, which is generally characterized as male dominated.

Second, in the context of abortion in socialist Vietnam, for many years Vietnamese women have lived in a collective society where they and their bodies respond to the state and society/families in order to either increase or inhibit the reproduction of the population and/or family. Women’s bodies have been regulated by the power over life for a long time. Foucault (2003) points out that biopower, or the power over life, is the power to “make live” and “let die.” Biopower operates through disciplinary mechanisms embedded in both the socialist state and Confucian ideology to regulate

women's bodies. It is not only focused on the human body but extends to surveillance and means to control birth and death rates. It is widely applied, particularly with respect to population control and sexuality in the modern state, and uses the fundamental idea of maximum optimization as the basis of economic and political considerations. Thus, arguments of the Western debate on abortion do not explain the abortion situation in Vietnam. Furthermore, the specific patriarchal regimes experienced by Western women in relation to abortion cannot be universally applied, as Western feminist claims often overlook contextual differences.

Finally, women in Vietnam have the opportunity to access abortion services within the current sociopolitical context. Abortion opportunities offer a way for women to negotiate with the regulatory and disciplinary powers. Even though women have been controlled by the state and social mechanisms, they still view the meaning of abortion differently as a way of creating and asserting their unique subjectivities. Thus, the reclaiming of the womb is a strategy used by women to challenge the patriarchal regime in Vietnam, in which women contest the meaning of the womb. As Zivi (2009) has demonstrated, rights-claiming as a conventional formulation transforms traditional meaning. This makes space for alternative ways of living. Therefore, rights-claiming functions as perverse reiteration, which not only reveals the universal to be "limited and exclusionary" but also "mobilize(s) a new set of demands" (Zivi 2009, 167).

13 Conclusion

Even though abortion in Vietnam is legalized, it has yet to result in the liberation of women and their bodies. Indeed, women and their bodies have been excluded by the law, multiple government policies, and sexual norms. The patriarchal socialist state and Confucian morality view wombs as national resources for controlling the population. In response, women attempt to reclaim their wombs in order to establish an alternative discourse that transforms the meaning of the womb while simultaneously asserting a new subjectivity. A new subjectivity is asserted when the subject creates a new claim on the womb by redefining its meaning. It is a function of the constituting power of autonomous rights-claiming over the body as well as a transgression of traditional sexual norms and regulatory powers. In this sense, subjectivities circulate between powers of regulation and negotiation and women's own particular subjectivities, which are fluid and contingent upon the subject's own desires and strategies. Thus, the concept of abortion should be reformulated to extend beyond the Western

binary debate between pro-life and pro-choice logics as it does not explain the practice of abortion in Vietnam. Abortion in Vietnam emerges as a culturally contingent practice that resists being confined within dominant Western feminist frameworks, highlighting the fluidity and multiplicity of meanings around reproductive autonomy. In the context of Vietnamese Confucianism, the concept of human life is distinct from the Western world's concept of individual rights. Vietnamese women are influenced by the concept of human life in Confucian ideology, which values human relationships such as those between a husband and wife, mother and child, etc. (Kwon 2021). As a consequence, abortion in Vietnam is alternately viewed as advocating for the mother's responsibility versus a method of birth control.

Notes

- 1) During interviews, the Vietnamese pronouns *chị* (older sister) and *em* (younger sister) were used to help ease the interviewees' feeling of talking to a stranger.
- 2) *Hút thai* is an abortion technique that typically involves suction or vacuum aspiration.
- 3) Sin (*tội lỗi*) in the Buddhist sense.
- 4) The Ghost Festival is held every year on the 15th day of July in the lunar calendar.

References

- Bélanger, Danièle and Khuat Thu Hong. 1998. Young Single Women Using Abortion in Hanoi, Vietnam. *Asia-Pacific Population Journal* 13(2): 3–26.
- Butler, Judith. 2012. *Subject of Desire: Hegelian Reflections in Twentieth-Century France*. New York: Columbia University Press.
- Butler, Judith. 2004. *Precarious Life: The Powers of Mourning and Violence*. London: Verso.
- Butler, Judith. 1995. Desire. In *Critical Terms for Literary Study*, edited by Frank Lentricchia and Thomas McLaughlin, pp. 369–386. Chicago and London: University of Chicago Press.
- Cisney, Vernon W. and Morar, Nicolae. 2015. Introduction: Why Biopower? Why Now? In *Biopower: Foucault and Beyond*, edited by Vernon W. Cisey and Nicolae Morar, pp. 1–25. Chicago and London: University of Chicago Press.
- Decision 162-HĐBT. 1988. Quyết Định Về Một Số Chính Sách Dân Số Và Kế Hoạch Hoá Gia Đình. October 18. <https://thuvienphapluat.vn/van-ban/Van-hoa-Xa-hoi/Quyết-dinh-162-HĐBT-chính-sách-dân-số-ke-hoach-hoa-gia-dinh-37637.aspx>, accessed November 20, 2021.
- Đỗ Văn Quân. 2018. Chính Sách Dân Số ở Việt Nam: Từ “Sinh Đẻ Có Hướng Dẫn” đến “Dân Số và Phát Triển.” <https://lyluanchinhtri.vn/chinh-sach-dan-so-o-viet-nam-tu-sinh-de-co-huong-dan-den-dan-so-va-phat-trien-1486.html>, accessed January 29, 2026.
- Foucault, Michel. 2003. 17 March 1976. In “*Society Must Be Defended*”: *Lectures at the College de France, 1975–1976*, edited by Mauro Bertani and Alessandro Fontana, pp. 239–264. New York: Picador.
- Foucault, Michel. 1997. The Birth of Biopolitics. In *Ethics: Subjectivity and Truth*, edited by Paul Rabinow, pp. 73–79. New York: New Press.

- Gammeltoft, Tine. 2002. The Irony of Sexual Agency: Premarital Sex in Urban Northern Việt Nam. In *Gender, Household, State: Đổi Mới in Việt Nam*, edited by Jayne Werner and Danièle Bélanger, pp. 111–128. London and New York: Routledge.
- Gammeltoft, Tine and Nguyen Thi Thuy Hanh. 2007. The Commodification of Obstetric Ultrasound Scanning in Hanoi, Viet Nam. *Reproductive Health Matters* 15(29): 163–171. [https://doi.org/10.1016/S0968-8080\(06\)29280-2](https://doi.org/10.1016/S0968-8080(06)29280-2).
- General Statistics Office of Vietnam. 2017. *Kết Quả Chủ Yếu Điều Tra Biến Động Dân Số Và Kế Hoạch Hoá Gia Đình Thời Điểm 1/4/2016*. Hanoi: Thống Kê.
- Ginsburg, Faye and Rapp, Rayna. 1991. The Politics of Reproduction. *Annual Review of Anthropology* 20: 311–343. <https://doi.org/10.1146/annurev.an.20.100191.001523>.
- Himmelweit, Sue. 1980. Abortion: Individual Choice and Social Control. *Feminist Review* 5(1): 65–68. <https://doi.org/10.1057/fr.1980.13>.
- Hollway, Wendy. 1998. Gender Difference and the Production of Subjectivity. In *Changing the Subject: Psychology, Social Regulation and Subjectivity*, edited by Julian Henriques, Wendy Hollway, Cathy Urwin Couze Venn, and Valerie Walkerdine, pp. 84–100. London and New York: Routledge. <https://doi.org/10.4324/9780203298886>.
- Khuat Thu Hong. 1998. *Study on Sexuality in Vietnam: The Known and Unknown Issues*. Hanoi: Population Council. <https://doi.org/10.13140/RG.2.2.15215.84640>.
- Kwon, Ivo. 2021. Confucianism and Abortion. In *Abortion: Global Positions and Practices, Religious and Legal Perspectives*, edited by Alireza Bagheri, pp. 217–227. Cham: Springer.
- Lemke, Thomas. 2011. *Biopolitics: An Advanced Introduction*. New York: New York University Press.
- Lloyd, Moya. 2007. *Judith Butler: From Norms to Politics*. Cambridge: Polity.
- MacKinnon, Catharine A. 1989. *Toward a Feminist Theory of the State*. Cambridge and London: Harvard University Press.
- Mai Thi Tu and Le Thi Nham Tuyet. 1978. *Women in Vietnam*. Hanoi: Foreign Languages Publishing House.
- Martel, Sara L. 2014. Biopower and Reproductive Loss: Speaking Risk, Silencing Death-in-Birth. *Cultural Studies* 28(2): 327–345. <https://doi.org/10.1080/09502386.2013.840327>.
- McNeilly, Kathryn. 2013. Framing Wrongs and Performing Rights in Northern Ireland: Towards a Butlerian Approach to Life in Abortion Strategising. *Journal of International Women's Studies* 14(4): 95–108.
- Nguyen The Lap. 1992. Abortion in a Vietnamese Perspective. In *Reproductive Life: Advances in Research in Psychosomatic Obstetrics and Gynaecology*, edited by K. Wijma and B. von Schoultz, pp. 158–163. Park Ridge: Parthenon Publishing Group.
- Pettus, Ashley. 2003. *Between Sacrifice and Desire: National Identity and the Governing of Femininity in Vietnam*. New York: Routledge. <https://doi.org/10.4324/9780203491300>.
- Phinney, Harriet M. 2021. *Single Mothers and the State's Embrace: Reproductive Agency in Vietnam*. Seattle: University of Washington Press.
- Pinkaew Luangaramsri ปิ่นแก้ว เหลืองอร่ามศรี. 2020. ครรภ์ของชาติ: การสร้างวินัยการเจริญพันธุ์กับประวัติศาสตร์เพศวิถีของผู้หญิงในไทย. *Stance* 7(1): 91–130.
- Repo, Jemima. 2015. *The Biopolitics of Gender*. Oxford: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780190256913.001.0001>.
- Sandel, Michael J. ไมเคิล แซนเดล. 2015. ปรัชญาสาธารณะ: ความเรียงว่าด้วยสิทธิ ศีลธรรม และประชาธิปไตย. Translated by Sarinee Achavanuntakul สถุณี อาชวานันทกุล. Bangkok: Open Worlds.
- Shams, Parisa. 2020. *Judith Butler and Subjectivity: The Possibilities and Limits of the Human*. London: Palgrave Macmillan. <https://doi.org/10.1007/978-981-15-6051-4>.

- Siegel, Reva. B. 2014. Abortion and the Woman Question: Forty Years of Debate. *Indiana Law Journal* 89(4): 1365–1380.
- Thomson, Judith Jarvis. 1971. A Defense of Abortion. *Philosophy and Public Affairs* 1(1): 47–66.
- Tran Dinh Huou. 1991. Traditional Families in Vietnam and the Influence of Confucianism. In *Sociological Studies on the Vietnamese Family*, edited by Rita Liljeström and Tuong Lai, pp. 25–47. Hanoi: Social Sciences Publishing House.
- Turner, Bryan S. 2008. *The Body and Society: Explorations in Social Theory*. London: Sage. <https://doi.org/10.4135/9781446214329>.
- Vietnam Women's Union. 2005. Traditional Beauty of Vietnamese Women. <https://vwu.vn/tin-chi-tiet/-/chi-tiet/traditional-beauty-of-vietnamese-women-1134-602.html>, accessed October 29, 2021.
- VnExpress. 2016. Abortion Rate in Vietnam Highest in Asia. VnExpress. September 30. <https://e.vnexpress.net/news/news/abortion-rate-in-vietnam-highest-in-asia-3476746.html>, accessed February 29, 2019.
- Wisensale, Steven K. 2000. Family Policy in a Changing Vietnam. *Journal of Comparative Family Studies* 31(1): 79–90. <https://doi.org/10.3138/jcfs.31.1.79>.
- Zivi, Karen. 2009. Rights and the Politics of Performativity. In *Judith Butler's Precarious Politics: Critical Encounters*, edited by Terrell Carver and Samuel Chambers, pp. 157–170. New York and London: Routledge.