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Intersectionality as Disarticulatory Practice: Sex-Selective Abortion and Reproductive Politics in the United Kingdom

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Abstract
Many authors have argued that sex-selective abortion (SSA) poses a problem for defenders of reproductive choice: the notion that a woman has “freely chosen” to abort a female fetus becomes problematic when she faces compelling pressure to bear a male child. This argument reflects the broader concern of the reproductive justice movement that mainstream pro-choice discourse has defined “choice” in narrow, legalistic terms, and overlooks the barriers to reproductive choice often faced by poor women and women of color. This article examines recent debates surrounding a proposed ban on SSA in the United Kingdom. It finds that despite attempts by the ban’s proponents to make intersectional claims around gender, ethnicity, and class, their arguments also invoke xenophobia by constructing Indian migrants as a threat to “British” values of gender equality. Thus, the article suggests that the concept of disarticulation may fruitfully be used to make sense of such “intersectional” claims.

Introduction
Feminist political scientists have long been concerned with whether, and how, political representatives make claims on behalf of women. Research in this area has asked whether women representatives seek to act “for women,” whether increasing numbers of women in legislatures can “make a difference” to political culture, and, more recently, how representatives “constitutively represent” gender roles—in other words, how gender is constructed through political discourse. Intersectional approaches can aid the analysis of representative claims-making by probing more deeply into which women it is that are being “acted for”

in political arenas, and how claims about gender equality can “stretch” to accommodate other equality struggles. This is particularly important in a political climate where heavy emphasis is placed on the trope of the “underserving poor” (as witnessed presently in the United Kingdom (UK) in campaigns pitting “strivers” against “scroungers”), or where there is an (often highly gendered) anti-immigrant backlash.

Intersectional claims have sometimes been made in parliamentary and extra-parliamentary debates on abortion in the UK. The Abortion Act was passed in 1967 after a campaign that argued that the UK had a “law for the rich,” with wealthy women able to have “discreetly legal” abortions in private sector clinics while working-class women were forced to visit illegal “backstreet” abortionists. In the 1970s, feminist campaigners joined forces with the labor movement in order to defend the Act from attack. At its inception, the Act was seen as a liberal-paternalist measure necessary to alleviate some of the hardships faced by women living in poverty, rather than a defense of women’s right to choose, and the need to protect vulnerable women remains a feature of abortion debates. Most recently, claims about vulnerable women have taken the form of the allegation that South Asian women (and in particular, Indian migrants) in the UK are having abortions (or facing pressure to do so) because their fetus is female. This allegation resulted in the launch of the Stop Gendercide campaign, fronted by the pro-life Conservative Member of Parliament (MP) Fiona Bruce, which aimed to end sex-selective abortion (SSA), described as “gender abortion.” The campaign hinged on an (unsuccessful) attempt to amend the Serious Crime Bill in order to outlaw SSA.

Authors influenced by intersectional feminism, and in particular by the reproductive justice movement, have also expressed concerns about SSA, arguing that where women face social, cultural, and familial pressures to bear a male child, this complicates the idea that they have “freely chosen” to abort a female fetus. After discussing the reproductive justice movement and its implications, this article will assess how well the Stop Gendercide campaign, and the parliamentary debates that went with it, embodied an intersectional or reproductive justice approach to abortion law and representative claims-making. This article thus draws on analysis of parliamentary and extra-parliamentary debates surrounding SSA. Relevant parliamentary debates were found in the online archives of Hansard, the official report of parliamentary proceedings. The search found six sessions between April 2013 and February 2015 where SSA was debated in the House of Commons and the House of Lords.

A key finding is that while their arguments may appear “intersectional” at a surface level, proponents of a ban on SSA have tacitly drawn upon fears surrounding immigration and the cultural values of migrants (as well as drawing on the more established tactics used by the British pro-life movement). In particular, SSA is used to construct migrants as a threat to the “British” value of gender equality. Migrant women are cast as victims of discrimination and violence while (white) British women are seen as the beneficiaries of British tolerance and progressivism. This analysis suggests that the concept of disarticulation, as developed by Angela McRobbie, might fruitfully be used alongside intersectional analyses. Disarticulation

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refers to the ways in which potential coalitions between marginalized groups are picked apart, precluding the possibility that they might forge a common identity and common practices of resistance. I argue that the “intersectional” claims made by proponents of a ban on SSA constitute disarticulatory practices in that they pit “well-educated, Oxbridge” feminists against the “young Asian girls” thought to be the victims (and simultaneously perpetrators) of SSA, and thus foreclose the possibility of an inclusive intersectional feminism. The aim here is not to criticize intersectional agendas in general but to highlight the ways in which intersectional claims may be co-opted into conservative and anti-feminist political agendas. I close with a discussion of what an inclusive politics of reproductive justice might look like in the UK.

Reproductive Justice: An Intersectional Approach to Reproductive Rights Advocacy

Reproductive justice is an intersectional concept that situates reproductive rights within a social justice framework, highlighting intersecting issues “without segmenting, isolating, and pitting one priority against another.” The concept was pioneered by SisterSong, an American network of grass-roots organizations founded in the 1990s to advocate for the human, sexual, and reproductive rights of black and African American, Asian/Pacific Islander, Middle Eastern/Arab American, Latina, and Native American women.8

The reproductive justice agenda involves an explicit critique of mainstream reproductive rights activism, as well as a departure from the language of reproductive rights and, in particular, “choice.” Mainstream reproductive rights activism has tended to conceptualize reproductive rights as legal rights concerning the protection of women from state interference, as exemplified by the United States (US) Supreme Court ruling in *Roe v. Wade* (1973) that the decision to have an abortion is encompassed by the right to privacy. This legalistic focus has prevented mainstream activism from challenging the structural and cultural factors that make the free exercise of choice difficult if not impossible for some, and from recognizing that the ability to “choose” to have an abortion has not always been the most pressing matter of reproductive rights for many women.

As Zakiya Luna observes, conceptualizing reproductive rights in this way may seem to make sense to those women “who have evidence that, but for their gender, they could participate fully in society.” Yet the idea of abortion as an exercise in individual choice has been questioned by many feminists, who point out that choices are not made in a vacuum. Susan Himmelweit has noted that women rarely make the choice to abort or keep a pregnancy in ideal physical, material, and emotional circumstances and would often choose differently in different circumstances—meaning that their choice cannot be separated from the context in

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which it was made.\textsuperscript{10} Similarly, for Rhonda Copelon, choices are shaped by social conditions, and “cannot be fully free” in a world of poverty, inequality, and discrimination.\textsuperscript{11}

Rosalind Petchesky has argued for a theory of women’s reproductive needs as at once individual and socially determined. To Petchesky, the consequences of unintended pregnancy for women are not inevitable but derive from the “socially ascribed primacy of motherhood”\textsuperscript{12} for women. Furthermore, women’s “natural” reproductive processes are mediated by a range of equality issues: employment, financial resources, the funding of health care, and the ability to access birth control methods.\textsuperscript{13} Like Copelon, Petchesky therefore stresses the inadequacy of the right to privacy as a theory of reproduction, as it conceptualizes the capacity to choose as inherent in the individual rather than as an effect of social circumstances.\textsuperscript{14} However, she also argues that reproductive needs are also irreducibly \textit{individual}, only existing in connection with concrete individuals acting in given historical conditions. The challenge for reproductive rights advocates is therefore to think less about the content of women’s choices and more about the conditions in which those choices are made.\textsuperscript{15}

This emphasis on the needs of concrete individuals in concrete circumstances opens up the possibility of an intersectional politics of reproduction and an acknowledgment that “choice” may not mean the same thing to all women. As Petchesky points out: “For a Native American woman on welfare, who every time she appears in the clinic for prenatal care is asked whether she would not like an abortion, ‘the right to choose an abortion’ may appear dubious if not offensive.”\textsuperscript{16}

For women facing intersecting inequalities and oppressions, there are many more barriers to control over one’s body than legal restrictions on access to abortion. Reproductive justice advocates have thus criticized the tendency of mainstream reproductive rights activists to focus on abortion almost to the exclusion of other sexual and reproductive issues. Myriad injustices perpetrated against women of color and poor women have been marginalized by these campaigns: for many women, the ability to choose to \textit{have} children has been restricted if not non-existent. For example, the sterilization programs of the 1950s, 1960s, and 1970s, targeted at Latina and African American women, involved particularly cruel practices. Sometimes, these programs involved the use of “soft” power, advocating sterilization as a preferred form of birth control to low-income women.\textsuperscript{17} Yet sterilization often involved some degree of coercion, being used, for example, as a condition of obtaining welfare benefits or avoiding prison sentences.\textsuperscript{18} In other cases, women were not made aware that sterilization was to be carried out.\textsuperscript{19} Dorothy Roberts argues that a continuity exists between historical practices such as sterilization abuse and contemporary practices which prevent women of

\textsuperscript{13}Ibid., 664–665.
\textsuperscript{14}Ibid., 664–665; Copelon, “From Privacy to Autonomy,” pp. 36–39.
\textsuperscript{15}Petchesky, “Reproductive Freedom,” p. 675.
\textsuperscript{16}Ibid., 670.
\textsuperscript{17}Ibid., 664–665; Copelon, “From Privacy to Autonomy,” pp. 36–39.
\textsuperscript{18}Ibid., 664–665.
\textsuperscript{19}Ibid., 670.
color from reproducing. Moreover, these practices “persuade people that racial inequality is perpetuated by Black people themselves” by locating the cause of social problems in mothers’ genes or deviant lifestyle rather than in racist and oppressive social structures.

The moral panic over “crack babies” in the 1980s and 1990s typifies this phenomenon. The phenomenon of “crack baby syndrome” presented such babies as the corrupted and degenerate victims of their mothers’ drug use during pregnancy: brain-damaged and congenitally stunted, they would grow up to be nothing but a burden on society. In the popular imagination, crack babies were always black, the product of the deviant crack-smoking lifestyles supposed to be prevalent in black communities. Yet crack baby syndrome turned out to be a myth; the tiny, malformed newborns thought to be victims of the syndrome were in fact suffering from malnutrition. The effect of the crack baby scare was thus to conceal the structural causes of fetal abnormality in poverty and inequality and displace blame onto black mothers and their “degenerate” lifestyles. Prosecution of women for using drugs during pregnancy is still used in the place of medical care for addiction in the US.

Advocates point to cases such as the above as evidence for the necessity of an inclusive reproductive politics that emphasizes barriers to motherhood and the stigmatization of mothers of color as well as the ability to choose not to have a child. Reproductive justice includes the right to avoid pregnancy using medication and technology as well as the right to refuse these interventions, alongside the right to access pre- and antenatal care, to choose one’s own sexual partner, and to be able to support one’s family. Reproductive justice advocates have thus attempted to move beyond a narrow legal conception of rights, noting that “rights that cannot be exercised do women little good.” As Joan Chrisler notes, the language of reproductive rights all too often foregrounds a negative conception of rights, where the rights that matter concern freedom from state interference. This way of thinking about rights precludes consideration of the ways in which the state might help women to exercise their rights, assumes that choice takes place in a vacuum, and overlooks the non-legal reasons why women might not be able to exercise choice. Reproductive justice, on the other hand, foregrounds positive rights and ways women may be enabled to exercise control over their bodies. For this reason, the methods of reproductive justice advocates tend to differ from those of mainstream reproductive rights activists: while not denying that legal rights are important, the former often focus on social and cultural change.

The reproductive justice movement has yet to find a firm foothold in the UK. However, as Gwyneth Lonergan argues, parallels exist between the US and UK that point to the usefulness of the reproductive justice model for the UK context. As in the US, the UK pro-choice

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20Roberts, Killing the Black Body, p. 5.
25Ibid., 4.
26Ibid., 4.
27Ibid., 4.
movement has focused primarily on facing down bureaucratic restrictions on access to abortion. Its specific targets are different, as the legal context is different: there is no legal “right” to abortion in the UK as enshrined in Roe v. Wade; rather, the Abortion Act stipulates that access to legal abortion is conditional on the approval of two doctors. Nonetheless, in the decades since the Act was passed, abortion has become increasingly easy to access, thanks in large part to the growth of independent abortion providers such as the British Pregnancy Advisory Service (BPAS). Moreover, abortion and contraception are available free at the point of delivery on the National Health Service (NHS) (which also funds the majority of abortions carried out by independent providers).

Mainstream pro-choice activists have, accordingly, emphasized the importance of NHS funding for abortion and campaigned against attempts to introduce restrictive legislation on abortion (usually spearheaded by backbench MPs). These initiatives are important. However, Lonergan contends that, in championing NHS provision of abortion, the pro-choice movement has overlooked the needs of migrant women, who are unable to access abortion or contraception on the NHS.29 Meanwhile, in prioritizing the defense of the status quo from parliamentary challenges, the movement has left unchallenged statements from ministers and the media about the need to dissuade poor women from having children, and ignored racist and xenophobic discourses emphasizing the threat of ethnic minorities’ “colonization [of Britain] via the womb.”30

**Sex-selection in Transnational Perspective**

Discussions surrounding sex-selection tend to center on India and China as countries with two of the most skewed ratios of male-to-female births in the world (1.12 and 1.11 in India and China, respectively).31 This is not entirely without reason: both countries have entrenched patriarchal cultures that reward families for having boys far more than for having girls. In parts of India, the (illegal but still prevalent) dowry system combines with familial structures to provide a strong incentive to abort female fetuses: sons are traditionally responsible for their parents’ well-being in old age, while daughters join their husbands’ families after marriage and can be punitively expensive to marry off.32 In China, daughters may be similarly viewed as “temporary” members of their birth families.33 Population control measures exacerbate the problem. China’s “one child” policy (somewhat relaxed in 2013)34 is well known for producing additional pressure to have a son; the Indian government also encourages citizens to limit the size of their families, meaning that women often feel they have only two chances to produce a male child.35

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29Ibid., 39.  
30Ibid., 33–38.  
Despite the focus on India and China, there is evidence that they are not the only “culprits” in sex-selection: Armenia, for example, has a male-biased birth sex ratio of 1.14, while Azerbaijan has a ratio of 1.12. Liechtenstein has a sex ratio of 1.26, the highest in the world (although the data may be skewed due to the size of the country). In many “Western” nations, sex-selection happens not only through abortion but also through the use of prenatal techniques such as sperm sorting and Preimplantation Genetic Diagnosis. As Rajani Bhatia observes, prenatal techniques are available only to wealthy women, while SSA is practiced as a low-income alternative. Bhatia argues that we should resist labeling prenatal methods as “good sex selection” resulting from the “free choice” of parents who may be attempting to “balance” their families, while viewing SSA as “bad sex selection” grounded in oppressive cultural norms. This, she points out, risks both lending credence to pro-life narratives about abortion and overlooking how sex preferences in countries such as the US may be as tied to cultural pressures as sex preferences in India. Bhatia’s own analysis of sex-selection in the US finds that sex-selective practices amongst white non-migrants hinge on cultural assumptions and stereotypes about “boyhood” and “girlhood,” with many prospective parents speaking of their desire for a “girl with long hair and pink and doing fingernails” instead of boys with Power Rangers and Matchbox cars.

It is the alleged prevalence of SSA in migrant communities, however, that has driven recent debates in Europe and North America. Debates on SSA in the Netherlands, for example, have sometimes hinged on the unfounded assumption that Muslims in particular are likely to practice SSA. In the US meanwhile, proposed bans on SSA have been denounced as perpetuating racist stereotypes about Asian women. In the UK, whether SSA is prevalent or not is a matter of debate. Some analyses suggest that amongst women born in India, SSA is common enough to alter sex ratios at birth; however, a recent inquiry by the Department of Health found no evidence that SSA is prevalent in England and Wales. Nonetheless, anecdotal evidence suggests that SSA may be taking place on an extremely small scale. Despite assertions from some public officials that SSA is “illegal,” it is not explicitly allowed or disallowed by UK law. It may be performed for medical reasons, if there is a strong likelihood that a child of a particular sex will be born with a severe genetic abnormality. Moreover, the law also allows doctors a significant amount of discretion in deciding whether a pregnancy poses a threat to a woman’s physical or mental health, meaning that SSA may be legal where

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36CIA, “Field Listing.”
39Ibid., 271.
doctors perceive, for instance, that the familial consequences of bearing a female child would present a threat to a woman's psychological health.

However common it may be, SSA causes obvious difficulties for reproductive rights advocates, as the “right to choose” appears to come into conflict with the drive to end systematic discrimination against women and girls. The legal scholar April Cherry has argued that sex-selection requires women to participate in their own victimization,45 and recent allegations of SSA in the UK have provoked similar arguments.46 Others claim that amending abortion law in such a way as to make SSA illegal would inevitably mean restricting the rights of all women attempting to access abortion services.47 Ann Furedi, chief executive of the BPAS, has argued that supporting “choice” means supporting even those choices we disagree with.48

Reproductive justice perspectives and feminist critiques of “choice” clearly give us cause to be suspicious of this approach to choice: can the decision to abort a female fetus truly be regarded as a “free choice” when women face compelling social, financial, and familial pressures to abort? For some authors, the systematic use of SSA is a violation of justice and equality. Ramaswami Mahalingam and Madeline Wachman label SSA as “female feticide” and draw attention to the problem of exercising “choice” in a society that heavily favors boys over girls.49 They argue that reproductive justice in this context must extend to women’s right to resist, not just to choose, SSA.50

However, even for these authors, bans on SSA are rarely a solution. Nandini Oomman and Bela Ganatra point out, first, that legal restrictions are likely to be difficult to enforce in societies where the preference for boys is deeply embedded, and secondly, that bans will only worsen the situation for women, who may be victimized by their families if the law does deter them from having an abortion. Finally, there is the fear that bans on SSA may be the beginning of a “slippery slope” to further restrictions on access to abortion.51 These observations echo reproductive justice advocates’ broader concerns about the effectiveness of the law as a means of social change, and tendency to prefer community outreach and direct action.

SSA Debates in the UK

Background to the Parliamentary Debates

SSA was brought into the limelight by a Daily Telegraph sting in February 2012, in which undercover journalists filmed two doctors approving an abortion after being told that the

47 Saharso, “Sex-Selective Abortion.”
48 Ann Furedi, “You Can’t Be Pro-Choice Only When You Like the Choice,” spiked online, September 16, 2013, available online at: <http://www.spiked-online.com/news/article/you_cant_be_pro_choice_only_when_you_like_the_choice/14032#.VPWfOnsXTo>.
50 Ibid., p. 264.
parents wanted a child of the other sex. The Telegraph stated that the doctors had broken the law, but the Crown Prosecution Service (CPS) decided not to bring criminal charges against either doctor, stating that it would not be possible to prove that either doctor had authorized abortion on the grounds of fetal sex alone: the “patients” had informed the doctors of previous pregnancies that had been lost due to a sex-related chromosomal abnormality (a fact which went unmentioned in the Telegraph’s report).

This, however, did not put an end to the debate. In January 2014, the Independent ran a story claiming that there were between 1400 and 4700 “lost girls” in England and Wales, which it argued could only be explained by the “illegal” practice of SSA in “some immigrant families.” This contradicted the official statistics produced by the Department of Health, which swiftly updated these statistics to confirm that SSA was not taking place on a large enough scale to significantly skew sex ratios, and noted that the Independent’s article had been based on an analysis of the ratios of boys and girls living in certain households, rather than of sex ratios at birth, and could accordingly be influenced by factors such as mortality rates between boys and girls, the extent to which male and female children accompany their parents when emigrating, and the proportion of boys and girls leaving the household to live elsewhere or staying on in education after the age of sixteen.

It is important to tread carefully when discussing the incidence of SSA in the UK. Statistical analyses conducted by the Department of Health have found no evidence that the practice is widespread. These findings are significant, given the Independent’s claim that there were up to 4700 “lost girls” in the UK as a result of SSA. However, while the Department of Health’s statistics demonstrate that the practice is not systemic, they cannot prove that SSA never happens in the UK. The South Asian women’s campaign groups Jeena International and Karma Nirvana both claim to have been approached by women being coerced into having abortions, and some women have spoken to the press about these experiences. Thus, there is some limited evidence that SSA is happening in the UK, albeit on an extremely small scale. The reports of coercion mean that the need for SSA to be addressed by a politics of reproductive justice is particularly pressing. The absence of a proactive attempt by mainstream pro-choice organizations to develop such a response has left the terrain open to opponents of reproductive freedom, as this article aims to show.

The need to protect women coerced into SSA has become the stated focus of parliamentary initiatives on SSA. At the time of writing, the most recent of these was Fiona Bruce’s amendment to the Serious Crime Bill, debated in Parliament in February 2015. Before this, however, Bruce had introduced two separate Private Member’s Bills on the topic of SSA. The first of these, introduced in April 2013, would have required the Health Secretary to compile


statistics on the sex ratio of aborted fetuses. The second, introduced in November 2014, aimed to “clarify” the law in order to explicitly ban SSA. Neither made it into statute—as Ten-Minute Rule Bills, further progression was extremely unlikely—but both brought publicity to the issue. Other notable campaigns were spearheaded by the Conservative MP Nadine Dorries, who has sponsored several items of proposed legislation relating to abortion, many of which drew attention to an alleged “conflict of interest” in the provision of counseling by abortion clinics.

Bruce’s amendment to the Serious Crime Bill was the first of her initiatives to have a serious chance of becoming law. The bill, which became the Serious Crime Act in March 2015, amended the law relating to a number of criminal offenses, including female genital mutilation and child cruelty. Bruce’s amendment would have inserted a clause stating that “Nothing in section 1 of the Abortion Act 1967 is to be interpreted as allowing a pregnancy to be terminated on the grounds of the sex of the unborn child.”

Bruce launched the Stop Gendercide campaign to support the amendment, with the support of a number of religious groups and several organizations dedicated to supporting South Asian women suffering abuse. The amendment was debated at the Report Stage of the Bill on February 23, 2015 and was defeated by 292 Noes to 201 Ayes. However, an alternative amendment, Clause 25, was successful. This new clause requires the Health Secretary to publish a plan for tackling SSA through social and cultural change as well as by promoting best practices in identifying women being coerced into abortion, but not through legal restrictions.

The response of mainstream pro-choice groups to the Bruce amendment and Bruce’s other bills resembled the individualistic narratives of rights and choice critiqued by the reproductive justice movement. Abortion Rights, the largest pro-choice campaign group in the UK, opened its statement on SSA with the following declaration:

Abortion Rights believes that all women have the right to make their own reproductive choices. Pro-choice means women are best placed to make their own pregnancy choices, for only they know their personal situation. Pro-choice also means recognising that women’s rights takes priority in matter of her reproduction; according foetuses rights inherently means removing rights from pregnant women.

The statement went on to describe the pressure to bear male children as “terrible” and discrimination against girls as “abhorrent,” but did not examine how these pressures might themselves complicate or undermine the notion of “choice.” Similarly, BPAS’s statement argued the following:

We should think extremely carefully before endorsing more restrictions on women’s already limited ability to make their own reproductive choices. Where gender inequality exists, it will not be improved by further curbing women’s ability to make decisions about their own bodies and lives.

As in other mainstream pro-choice rhetoric in the US, the only acknowledged barriers to the exercise of choice are legal and bureaucratic barriers. The coalition Voice for Choice, however, began its briefing with the statement that “there are complex reasons for son-preference in

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some communities,” and stressed that the amendment would not prevent SSA but would instead victimize women who are already vulnerable. 60

Criticisms of the Bruce amendment also came from outside of the mainstream pro-choice organizations. The long-established black and minority ethnic (BME) women’s campaign group Southall Black Sisters published a substantial critique which noted, amongst other things, the risk of driving SSA underground, the risk of criminalizing women forced into SSA, and the negative impact of the UK government’s austerity measures on the support services needed by such women. While cautiously supporting the alternative amendment, the statement also expressed concerns that SSA was being discussed within a criminal framework rather than a “safeguarding” framework. 61 The Iranian and Kurdish Women’s Rights Organization (IKWRO) similarly centered on the experiences of women forced into SSA and argued that criminalization would harm, not help, them. 62

The Parliamentary Debates

The parliamentary debates themselves centered on the differences between white British women and women with South Asian backgrounds. Bruce’s bills may have been the first to deal specifically with the problem of SSA; however, she was not the first to express concern for South Asian women forced into abortion. In a 2012 debate on abortion in Westminster Hall, Nadine Dorries made this statement:

I was staggered to hear what one MP who came up to me the other day said. Her actual words were, ‘Every woman who wants an abortion knows exactly what she is doing.’ Well, in her rather slick, well-educated Oxbridge world and her leafy shires I am sure they do, but what about the young Asian girl who was recently marched into a clinic in floods of tears by two family members? … Not every woman makes the decision because she went to university and marched up and down streets in Oxford and chanted about women’s rights. 63

This focus on “young Asian girls” was to remain a feature of later debates. In the debate on her amendment to the Serious Crime Bill, Bruce again drew attention to women’s suffering: “One [woman] had one daughter, conceived a second girl, had an abortion and then could not conceive again. Another had three abortions on the basis of gender, including of twins. Another’s husband punched and kicked her in the stomach when he discovered she was having a girl.” 64

An even greater focus, however, was the “threat to gender equality,” imported from Asian countries to the UK, apparently posed by the selective abortion of female fetuses. Bruce made several speeches that depicted SSA as at odds with the UK’s record on equality: “Here in the United Kingdom, a country that prides itself on striving for gender equality and tackling discrimination in all its forms, any indication of this most fundamental form of gender discrimination and violence against women must surely be investigated further.” 65

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63Nadine Dorries in Hansard, HC Deb October 31, 2012 vol. 552 cc. 73–74.
64Fiona Bruce in Hansard, HC Deb February 23, 2015 vol. 593 c. 117.
65Fiona Bruce in Hansard, HC Deb April 16, 2013 vol. 561 c. 170.
Such opinions were shared across the aisle: even Labor MPs such as Diane Abbott and Emily Thornberry who, unlike Bruce and Dorries, are known to favor relatively unrestricted abortion, agreed that SSA “is part of a complex of misogynistic beliefs and practices to which we cannot give an inch.” While the practice of SSA in China was sometimes mentioned in speeches, SSA and female infanticide in India were favorite targets. For instance, in a short debate in the House of Lords, the crossbench peer Baroness Flather stated that until recently in Gujarat, “they used to drown girl babies in buckets of milk saying that they were drinking the milk.” In such arguments, Indian immigrants (or, euphemistically, “some communities”) are constructed as a particular threat to British gender equality. In 2014, Bruce drew attention to the fact that the UK had dropped out of the gender equality top twenty—the implication being that SSA was in part responsible for this.

A final focus was allegations of doctor criminality. A debate over CPS’s decision not to prosecute the doctors caught in the Telegraph sting saw SSA cast as an “obvious abuse of abortion legislation” and doctors as “specifically, personally cognizant that they are committing female infanticide.” Bruce echoed such fears in her speeches when responding to the claim made by BPAS and the British Medical Association (BMA) that SSA might not be illegal if the sex of the fetus might severely affect the pregnant woman’s mental health: “The BMA represents every doctor who permits or performs an abortion and BPAS is the UK’s biggest abortion provider. We cannot sit idly by as it contradicts Ministers over a practice that the Government state is illegal. Urgent clarification from this House is needed.”

Analysis: Intersectionality and Disarticulation in the Debates

On a surface level, the claims made by the likes of Bruce and Dorries seem like intersectional arguments, highlighting how ethnicity, nationality, migrant status, and even class (recall the “leafy shires” and “Oxford streets” apparently inhabited by pro-choice MPs) can modify one's ability to exercise “choice.” These arguments are certainly better at accommodating difference and recognizing social and cultural barriers to choice than the statements on SSA made by some mainstream pro-choice organizations. Yet anti-SSA measures have also been denounced as “anti-immigrant.” The image of a woman being “marched into a clinic” against her will is both gendered and raced, suggesting that Asian women—and only Asian women—lack the agency to exercise choice. On the other hand, my discussion so far suggests that the sentiment that “every woman who wants an abortion knows exactly what she is doing” is flawed as a conceptualization of choice. Feminist and reproductive justice writing about choice suggests that women who have abortions may know what they are doing, but this does not mean that their choices have been made free of adverse circumstances. SSA must not be conceived in terms of atomized individuals making choices free from external pressures.

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66 Emily Thornberry in Hansard, HC Deb October 9, 2013 vol. 568 cc. 102–103.
68 Lord Hunt in Hansard, HL Deb April 3, 2014 vol. 753 c. 290.
70 David Burrowes in Hansard, HC Deb October 9, 2013 vol. 568 c. 90.
71 Sir Edward Leigh in Hansard, HC Deb October 9, 2013 vol. 568 c. 96.
72 Fiona Bruce in Hansard, HC Deb November 4, 2014 vol. 587 c. 677.
73 Gandhi, “Fight Against Abortion Ban Successful.”
The problem here lies not with the claim that South Asian women living in the UK may face particular forms and intersections of oppression or that power may be exercised over them such that undergoing SSA can seem like the only viable option—these claims are supported by some women’s first-hand accounts. Rather, it is the way in which these claims bracket off “young Asian girls” from “slick Oxbridge-educated women” as if choice is definitively and exclusively the province of the latter. The idea that some women can make “free choices” while others cannot is heavily challenged by feminist writing on choice, which has emphasized that choices are always made in concrete historical circumstances. Of relevance here is Rajani Bhatia’s observation that sex-selective practices are also prevalent amongst white non-migrants—albeit using methods other than abortion—and are just as influenced by gendered cultural norms. Discussions which focus only on the “bad” sex-selection more common in South Asian cultures are thus inadequate as intersectional responses to sex-selection. Such discussions bear a strong resemblance to what McRobbie has called “the cultural politics of disarticulation”—a practice which, rather than seeking inclusivity, forces apart and disperses social groups.

I argue that in parliamentary discourses on SSA, there are two types of decoupling at work: the decoupling of abortion from other women’s rights issues, and the disarticulation of young Asian and migrant women from other, feminist or “post-feminist” women. The attempt to mark abortion as “not a women’s rights issue,” or even as a threat to women’s well-being, has long been a feature of anti-abortion strategy. Since the 1970s, anti-abortion advocates in the UK have depicted women as vulnerable, often manipulated into abortions and emotionally scarred by the experience—language that is strikingly similar to that utilized by Bruce. Another strategy, explicitly recommended in a US anti-abortion handbook and echoed in the UK, has been to focus on the female fetus in order to depict abortion as harmful to women, and therefore to undermine feminist claims that abortion is necessary for women’s sexual liberation. A final strategy has been to undermine a key pillar of the Abortion Act by depicting doctors as criminal. The medical discretion promoted by the Act is discursively transformed into medical criminality amidst fears of doctors committing infanticide and willfully ignoring the wishes of Parliament and Government.

These three tropes—abortion as harmful to adult women, abortion as harmful to female fetuses, and doctors as unethical or criminal—are all very much at play in parliamentary rhetoric surrounding SSA. These similarities suggest that there is more at work here than concern for gender inequality; rather, the language used to denounce SSA reflects anti-abortion strategy more broadly, in particular the drive to decouple legal access to abortion from other feminist issues. But there is also another type of decoupling at play, which concerns the relationship of Asian and migrant women to “post-feminist” white and non-migrant women and can be classed as a disarticulatory practice.

For McRobbie, “disarticulation” describes a way in which the institutional gains made by feminism are eroded. She draws upon the work of Ernesto Laclau and Chantal Mouffe, as

74Bhatia, “Constructing Gender.”
taken up by Stuart Hall, on the idea of “articulation” as a process by which social movements such as anti-racism, feminism, or trade unionism might forge alliances and common identities.\(^7^9\) If articulation captures how disparate political demands and identities are linked together, disarticulation refers to how such connections are unpicked, “forcing apart and dispersing subordinate social groups who might have possibly found some common cause.”\(^8^0\) One example is the pitching of “sexually liberated Western women,” seen as “the fortunate beneficiaries of Western sexual freedoms,” against “oppressed non-Western women,” a claim sometimes used, amongst other things, to justify military interventions in the Middle East. This “us versus them” mentality prevents similarities and common causes being identified across cultures, and therefore interrupts the ability of feminism to speak to a broad constituency of women.\(^8^1\)

The same pitching of the “sexually liberated us” against the “oppressed other” can be seen in parliamentary rhetoric on SSA. Bruce’s speeches depict the UK as a post-feminist paradise, “a country that prides itself on striving for gender equality,” in stark contrast to India, where sexism is seen as rampant. Within the UK, “discriminatory attitudes” are located “specifically among some [immigrant] communities,”\(^8^2\) rather than being seen as a problem which cuts across nations and communities. Thus, disarticulatory claims are at once turned outwards, at practices common in countries such as India and China that “we” as enlightened British people must resist, and inwards, at Asian and migrant communities in the UK. In these claims, the young Asian women thought to be victims of such practices are pitched against the (presumably white) women who are capable of exercising the freedom to choose.

None of this is to argue that SSA never takes place, in the UK or elsewhere, or that reproductive justice advocates’ concerns about the practice are not well-founded. However, there are good reasons to be cautious about the kind of intervention proposed by Bruce and the like. The proposed items of legislation depart from reproductive justice in that they represent legal “solutions” to a cultural problem, while the reproductive justice movement has tended to be critical of such measures. Moreover, what has occurred in these debates is not simply the acknowledgment that some migrants may perpetrate discriminatory and violent practices. Rather, the rhetoric around SSA has blamed entire groups or communities for a practice which, if it does take place in the UK, does not take place on a large enough scale to be statistically noticeable, and furthermore has constructed migrants as an external threat to the UK’s apparently otherwise dazzling record on gender equality. This is compounded by the unwillingness of participants to problematize sex-selective practices amongst white non-immigrants, apart from a handful of references to the practice of “family balancing” which were quickly sidelined.

While the stated aim of reproductive justice is to practice an inclusive politics which does not pit one priority against another, rhetoric on SSA actively disarticulates the interests of Asian and migrant women from those of white non-migrants, preventing the two groups from finding common ground. The effect of all this is to foreclose the possibility of a


\(^8^1\)Ibid.

\(^8^2\)Lord Hunt in Hansard, HL Deb April 3, 2014 vol. 753 c. 290.
reproductive politics that encompasses all women’s concerns (as exemplified by the reproductive justice movement), instead representing Asians as a problem community that must be acted on rather than acted for. Mainstream pro-choice feminism has not helped here: as I have demonstrated, the statements of some of the major pro-choice organizations do not adequately accommodate difference or acknowledge non-legal barriers to choice.

Conclusion

Given the shortcomings of mainstream campaigns around abortion, the emergence of a campaign focusing on migrant women’s experiences of SSA might have been welcome, especially given reports that some women have been coerced into having such abortions. However, like mainstream pro-choice campaigns, the Stop Gendercide campaign was similarly focused on a narrow legalistic solution to a wider social problem. Moreover, from the outset, the campaign was structured around an “us versus them” mentality in which the UK is constructed as a beacon of gender equality, while sexism is located chiefly in countries such as India. Thus, Indian migrants are transformed into a threat to British values, and continuities between the practice of SSA in some South Asian cultures and sex-selective practices in the West are overlooked. The campaign thus hooks into and exploits the anti-immigrant sentiment already running high in the UK. The result is a politics focused on exclusion rather than inclusion, wherein the possibility that BME and migrant women might share a common cause with “liberated” white British women is unthinkable.

What should be of most concern to feminists is the yoking of intersectional claims to such an agenda. Bruce, Dorries, and others invoke intersectional arguments when they accuse pro-choice campaigners of overlooking issues surrounding ethnicity and class. Yet, unlike reproductive justice approaches, which strengthen feminist politics by promoting inclusivity, these arguments force different groups of women apart, thus weakening the prospects of an inclusive feminist politics of abortion. Where articulation, for Laclau, Mouffe and Hall, builds and strengthens social movements through the forging of alliances and common identities, this disarticulation of women’s identities weakens feminism as a movement. Disarticulation here has been taken forward by anti-abortion advocates, but might also be observed in other debates in which migrants are constructed as a threat to “Western” sexual values, such as debates surrounding female genital cutting (FGC) which often fail to consider “cosmetic” forms of FGC, such as labiaplasty, which emerged in the West.83

Anti-abortion advocates are only able to do this because of the failure of mainstream pro-choice movements to adequately conceptualize the kinds of barriers to reproductive choice experienced by many women who experience SSA. As such, there is a pressing need for mainstream organizations to pay attention to reproductive justice. An intersectional reproductive politics would look beyond the need to preserve the current legal status quo and create a critical discourse around the concept of “choice.” Such an approach can be found in Southall Black Sisters’ statement on SSA, which highlighted the need for better support services and education to tackle the problem of gender discrimination. As well as highlighting the cultural and familial pressures faced by some migrant women, such a politics

would also highlight sexist practices which are native to the UK and recognize racism and xenophobia in the treatment of migrants: current advocates of a ban on SSA do neither.

There are barriers to such an approach being adopted. While the concept of reproductive justice is not yet firmly established in the UK, it has already been met with skepticism by mainstream organizations. BPAS’s chief executive Ann Furedi has argued that giving up on the concept of choice is dangerous: “Claiming that choice ‘does not matter,’ or is irrelevant, to a group of women because, for example, they are economically or culturally excluded, is both patronising and degrading. It implies they have no interest in making these moral choices for themselves, and perhaps no capacity to do so.”

There is a fundamental misunderstanding here. Reproductive justice activists do not argue that choice itself is irrelevant—indeed, choice and freedom are central in much writing on reproductive justice. Their critiques stem from the fact that much pro-choice discourse has conceptualized women’s ability to choose as primarily restricted by legal and bureaucratic barriers to accessing abortion—factors which are not the most pressing concern to many women—and tends to rest on the assumption that without state interference, all women would be perfectly able to exercise “free choice.” The problem here is not choice in an abstract sense: even feminist critics of pro-choice rhetoric have argued that the fact that choices are always grounded within a particular social framework does not nullify women’s moral capacity to make them. Rather, the problem is the actual ways choice has been conceptualized: in terms of freedom from state interference rather than in terms of the social conditions in which choices are made. Such an approach overlooks both the specific needs of women belonging to certain marginalized groups and the realities of the abortion decision-making process for all women.

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Notes on Contributor

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84 Ann Furedi, “Remaking the Case for a Woman’s Right to Choose,” spiked online, September 24, 2013, available online at: <http://www.spiked-online.com/newsite/article/13563#.VsVPrzfzF>To>.
85 See, for example, Chrisler, “Introduction.”