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Cultural Constructions of Abortion

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ABSTRAK

Pembentukan realiti pengguguran di kalangan wanita di Malaysia berbeza daripada yang timbul di kalangan wanita barat. Di Malaysia, penekanan diberikan kepada proses pembersihan dan kawalan aliran haid. Penamatan kehamilan melalui intervensi seperti penggunaan bahan herba, pil dan suntikan hormon dan juga cara-cara lain untuk mengawal haid sedia digunakan untuk pengguguran. Terminologi pengguguran tempatan di Malaysia berbeza mengikut keturunan etnik. Di kalangan wanita Melayu, penggunaan perkataan "cuci" dan "buang" seringkali digunakan sebagai deskripsi penamatan kehamilan. Wanita Cina pula selesa dengan "la sum bo lai" (haid tidak datang lagi) ataupun "say ginna" (cuci anak) apabila mengemukakan permintaan supaya kandungan itu digugur. Wanita India menggunakan perkataan "vayiru kaluvanum" (saya perlu basuh perut, haid saya tidak datang). Adalah tidak tepat jikalau proses pasca pengguguran itu dilihat di kalangan sesetengah wanita di Malaysia sebagai satu bentuk penundaan kelahiran.

ABSTRACT

Malaysian women's constructions of abortion suggest differences from their counterparts in the West. Malaysian women place importance on the cleansing and regulating aspects of triggering menstrual flows. Pre-pregnancy termination interventions such as taking herbs, pills, hormonal injections and other private attempts to bring on menstruation underscore the menstrual regulating aspects of abortion. Local abortion terminology varies by ethnicity. Most Malay women use the terms "cuci" (cleanse) and "buang" (discard) to describe having pregnancy terminations. Many Chinese women use the terms "la sum bo lai" (my period has not come) or "say ginna" (wash child) when requesting pregnancy terminations. Indian women might say "vayiru kaluvanum" (I need stomach washing, I have no period). Additionally, post-pregnancy termination healing processes suggest that some Malaysian women view abortion as a form of interrupted childbirth.

INTRODUCTION

This article is based on a study of women who have had abortions in a clinic in a large city in Malaysia (Siti Fathilah 1995). It examines the language of,

meanings ascribed to and social constructions of abortion as they occur in the Malaysian context. In addition, pre-pregnancy termination interventions are also included as part of the way in which cultural constructions of abortion are framed in Malaysia.

Malaysia is fast developing economically with semiconductor assembly and manufacturing providing much of the impetus for this growth. Penang, the city in which the study took place, is one of the principal manufacturing centres for the electronics industry. Consequently, its population has a high concentration of formerly rural Malay women who now work in urban factories. In addition, the city has a majority Chinese population.

The fieldwork for this study was limited to a single clinic sample of primarily Chinese, Malay and Indian women from all social classes who had pregnancy terminations during a period of three months in 1993 in Penang. Thirty-nine women were interviewed on their abortion experiences. Of these, 19 (49%) were Malay, 11 (28%) were Chinese and nine (23%) were Indian. Four were between the ages of 15 and 19, 15 were aged between 20 and 29, 18 were between 30 and 39 years and two were between 40 and 44 years old. Thirty-six were from working-class and three were from middle-class backgrounds, as determined by either their occupation or the occupation of their spouse. Many of the Malay women in the study sample tended to be married factory workers.

From statistical records gathered over a six and a half year period, the profile of women who have had abortions at this clinic in Penang indicates that they tend to be Chinese, in their late twenties, married, having their first abortion, and claim to have used contraception in the past. There is a trend towards an increasing rate of Malay women and younger women of all ethnicities coming to this private clinic for abortions, menstrual regulations or "washouts" as they are locally called.

MATERIALS AND METHODS

I used both qualitative and quantitative methods of data collection and analysis. Prior to my field research, I visited a women-centered abortion clinic in northern California twice for a total of three days, to observe how counseling techniques and pregnancy termination procedures were handled in an American setting. My field research was carried out at a family-planning services clinic in Malaysia where I worked for three months doing educational counseling.

The methods I used in this research study were participant observation, open-ended interviews, document analysis, computerized data analysis, and library research.

Participant Observation

"Participant observation is especially appropriate for scholarly problems when little is known about the phenomenon, there are important differences between the views of insiders as opposed to outsiders, the phenomenon is somehow obscured from the view of outsiders, and... the research problem is concerned with human meanings and interactions viewed from the insiders' perspective" (Jorgensen 1989: 12-13). It is particularly appropriate for exploratory studies, descriptive studies, and studies that attempt to generate theory.

Being at the clinic for about seven hours a day allowed me to become a part of its daily work routine. I had easy access to the doctors and nursing staff at the clinic. I sat behind the reception desk so that I could view clients in the waiting area and they could view me. I was able to see who came to the clinic, what means of transportation they used, whom they brought with them and how they interacted with the people they came with and with clinic staff. In this way, I could record details of clinic routines as well as establish my credibility as a staff member through my presence at the front desk.

Occasionally, I would go upstairs to the recovery room and talk to the staff nurse on duty. This also gave me a chance to observe women as they recovered from their procedures. If it seemed appropriate, I would talk to some women at their bedside, asking them how they were feeling and offering them contraceptive and after-care information if they indicated an interest in such matters. Not only was this a part of counseling care but I hoped that these actions would help women feel that they could trust me if, later on, they decided to participate in the study.

Open-ended Interviews

Open-ended unstructured interviews constituted the essence of the research study. Thirty-nine clinic clients were interviewed on their abortion experiences, for the qualitative part of the study. The sample was self-selected from women within the clinic population who agreed to be interviewed.

About a third of the women were interviewed primarily during their follow-up visits a week or two after their pregnancy terminations. Others in the clinic sample were interviewed during their admissions counseling sessions, while waiting in the staging area outside the operating theater or later in the recovery room. All these women were requested to talk about their experiences from the time they learned about their pregnancy until the time of the interview. Few women agreed to be audiotaped. Written notes of interviews, case histories and demographic data were gathered on all clinic participants.

Because of the randomness of clinic client participation and my own inability to speak Chinese and Indian dialects, the study sample was necessarily biased. It tended to be divided into two sub-samples of 20 English-

speaking women from middle and working-class backgrounds, and 19 Malay-speaking working-class women.

Document Analysis

Clinic clients had their case histories written up on paper forms before they were entered as data into a computerized system. This gave me the opportunity to scan the forms before the data entry procedure was performed. The information on the forms was useful in allowing me to track actual case histories of clients, many of which had histories going back several years.

The clinic also had written administrative procedures that were publicly displayed to staff members on bulletin boards. This allowed me to trace the work methods and work flows employed by clinic staff in the performance of their daily routine, which were not immediately obvious to a non-medically-trained researcher like myself. For example, duty rosters indicated how work was batched so that each doctor was assigned up to a specified number of clients to maximize efficiency.

Computerized Data Analysis

The client records system consisted of a customized computerized database management system called DBASE that ran on a network of personal computers housed at the back of the clinic. In 1993, there was five years' worth of data on-line since the system was installed in October 1988. Prior to that, all records were kept manually and, although they were stored in an adjoining house, were not accessible for purposes of computerized analysis.

Using computerized data, I developed a client profile in consultation with the clinic director and shared the results with him. The profile generated a clear demographic picture of who came to the clinic and also provided data for trend analysis over a five year period. A follow-up visit two years later extended this analysis to a six and a half year period. These quantitative results have been described in detail elsewhere (Siti Fathilah 1997).

Library Research

Prior to, during and after the field research was carried out, I collected primary and secondary material on abortion as it occurs in Malaysia and in other countries from academic libraries both in the United States and Malaysia. Newspaper and magazine articles were also collected during the research project from local sources. Interestingly, during the time I was in Penang in 1993, the subject of abortion was brought up as a public issue in the national newspapers as part of an attempt by medical specialists to address its wide-

spread use and availability. The focus on abortion in the national media lasted for a few weeks and then quietly died down.

BACKGROUND

Interviews and observations with a subset of clinic clients during a period of three months in 1993 raised issues on the meanings of abortion for the women, and how it relates to their familial, economic, employment and cultural situations. Abortion constitutes a gray area, both legally and socially, in Malaysia. The terminology used locally by clients and clinic staff reflects this ambiguity.

There are at least four sources of constructions of abortion found in this study: the clinic staff, clients, cultural traditions and the politicized society at large. These constructions should be seen in the legal and historical contexts of abortion in Malaysia. Constructions of abortion coming from the politicized society at large tend to reflect religious and moral values. Abortion is restricted in its practice in government hospitals, but is in effect performed on request by a number of private practitioners under the legal guise of menstrual regulation.

Consequently, Malaysia is labeled as a "lapsed law" country in that anti-abortion laws are not enforced except in the most public (politically visible) domains. Menstrual regulation, which may have begun as a way of bringing on delayed periods of up to four weeks without prior pregnancy testing, has over time become the umbrella term to cover pregnancy terminations of up to twelve weeks or more in some cases. For those cases where menstruation has been delayed beyond four weeks, a confirming pregnancy test will have been performed prior to termination.

One of the more interesting features of the study was the use of local terminology to describe the pregnancy termination process. The term "abortion" was rarely, if ever, used by clinic staff or clients. In the larger society, the term abortion is used in English-language newspapers and by people who are familiar with abortion as a western feminist issue (Petchesky 1990) but is rarely used in other domains. The clinic which performed these pregnancy terminations was called a family-planning clinic and women's health was the official discourse within which menstrual regulation occurred.

The languages spoken in the clinic were English, Hokkien (a Chinese dialect), Malay and Tamil (the language of south Indians). The Chinese nurses were trilingual, speaking in English, Malay and Chinese. The Indian nurses spoke all four languages, which was fairly unusual. There are English, Malay, Chinese and Tamil-language medium schools in Malaysia. Depending on social class and type of schooling, most people speak one or more languages. The language spoken at home, however, usually reflects ethnic background. Since Penang is majority Chinese with Hokkien in fairly wide usage, the Indian

nurses at the clinic could speak Hokkien. By doing so, a nurse could interact with any client except with a Tamil-only speaker, who would be taken care of by an Indian nurse.

Language and meaning are important because language does not merely serve as a vehicle of expression. It has the power to construct rather than merely to convey meaning (Barrett 1992: 203). The language used to describe pregnancy termination and the diversity of this language in the Malaysian context richly illustrates the relative meanings given to abortion. Furthermore this relativity appears to be shaped by gender, ethnicity, class and region, among other factors.

The power to construct and not merely to convey meaning in the context of Malaysian women's words for pregnancy termination comes across most strongly both amongst the clinic staff's and clients' usage of local terms. There is no clear legal or social sanction of pregnancy termination and this ambiguity is reflected in the women's local constructions. Furthermore, since sex is a taboo subject, local terminology also appears only indirectly to refer to the sexual reproductive processes of which pregnancy termination is a part. There appears to be a distancing through language of the actual clinical procedures women have chosen to undergo. What follows is a description of local definitions or constructions of abortion.

LOCAL ABORTION TERMINOLOGY

When conversing with English-speaking clients, clinic nurses would always use the term "washout" to describe the procedure the clients sought. Most likely, this term is a direct translation from the Malay, Hokkien and Tamil colloquial terms for abortion. More rarely the English word "washoff" was used. When talking with each other, nurses and doctors used the abbreviation "MR" for menstrual regulation, the term that was used for official and legal purposes in client records to describe the pregnancy termination process.

One client from the capital city, Kuala Lumpur, used the abbreviation "D & C" to describe her process of pregnancy termination. This stands for "dilatation and curettage" which involves enlargening the cervical canal with a series of rods or dilators, removing the contents of the uterus with a small ovum forceps and scraping the remaining tissue out with a curette (Tietze Henshaw 1986: 85).

The most common technology used for pregnancy termination at the clinic consisted of a vacuum aspiration. For a pregnancy up to eleven weeks, a woman's cervix was first dilated using plastic rods. Then a flexible plastic Karman cannula was inserted into the uterus to dislodge its contents from the uterine walls. The contents were then suctioned out using a hand-held plastic pump attached to the cannula. For pregnancies between twelve to fifteen weeks, the woman's cervix was first softened and dilated by the insertion of Dilapan,

an artificial form of laminaria. She was also given a prostaglandin to stimulate uterine contractions. After the vacuum aspiration, a curettage would be performed to ensure complete evacuation of contents from the uterus.

When I questioned the clinic nurses who were primarily Chinese on the origins of the term washout, they told me that this was the term that had been used during their on-the-job training as nurses at the clinic. The clinic director asserted that washout was the term he had heard other nurses use during their academic training. When I asked a clinic nurse if she knew which language the term washout was probably translated from, she said that it was probably from Chinese and specifically from Hokkien, the dialect most commonly used in Penang. The Hokkien word for washout is *say*, and the word for abortion is *loh*.

Chinese-speaking clients had various ways of telling the nurses what they wanted. Frequently, they would say "*la sum bo lai*," which means "no period" or "my period has not come." They might also say "*loh kea*" (abort son) or "*say ginna*" (wash child). Technically, there does not seem to be a Hokkien word for baby or fetus. The closest in meaning to the word "*kea*" is "child" or "son." Other terms of reference were "*keng ki bo lai, boey say*" (no period, I want a washout), "*boey pak chiam*" (I want a hormone jab to induce my period), "*boey cheaak eoh*" (I want hormone tablets to induce my period), or "*boey giam jeo*" (I want a urine test). Other Hokkien terms used outside the clinic are "*loh sin*" (abort a body) for abortion and "*ka lowh sin*" (drop a body) for miscarriage.

According to anthropologist AiHwa Ong (Personal communication, 1995), there is a further distinction in the terminology Chinese women use. The term *loh kea* connotes what one can do for oneself spontaneously or naturally, implying perhaps a miscarriage. Washing, on the other hand, implies a medical, usually western, intervention where a hospital or clinic visit would be required.

Malay-speaking clients, and nurses speaking to them, would usually use the word *cuci* which means to cleanse, to wash or to get rid of something unwanted. In one instance, a Malay client I counseled asked me the difference between *cuci* and *gugur*, meaning to miscarry, which seemed to imply that she actually made a distinction between induced and spontaneous abortion. I was unsure of how to answer her since my understanding was that both terms were interchangeable. Yet a third word, *pengguguran*, is the term used in Malay-language media to discuss an induced abortion as a phenomenon in Malaysian society.

Nurses also told me that Malay women would sometimes tell them that they would make a decision on whether to keep the pregnancy or not depending on the size of the fetus as seen via ultrasound: "*Kalau kecil lagi buang, kalau besar simpan.*" (If it's still small, I'll throw it away; if it's big, I'll keep it.) *Buang* (to throw away) was another term by which the pregnancy termination procedure was labeled.

Another social construction of abortion among Malay women was seen in the wish to "bring on" menstrual flow (*turunkan haid*). Like the Chinese women, the Malay women too seemed to place a great deal of importance on the regularity of menstrual periods. When they discovered that their periods were late, some Malay women would drink mixtures of herbs obtained from the local village midwife or healer or they would go to a local health clinic to get injections or tablets to "bring on" their menstrual flows. Menstrual flow was also perceived as not to be stopped once begun. This may be one of the reasons why contraceptive methods which can result in irregular, light or no flows such as IUDs and DepoProvera are not very popular among Malay women (Clinic director: Personal communication, 1993).

The underlying elements of traditional concerns with menstrual regularity appear to be both avoidance of potential pregnancy and faith in the belief that regular periods indicate continuing good physical health. Such health monitoring may be the primary ways in which some Malaysian women retain control over their reproductive lives. In other words, because they may lack control over contraception due to spouses' unwillingness to use any and refusal to allow their partners to use any, monitoring the regular periods may be the only means by which women may exercise control over their own bodies and lives. This explanation is, however, speculative in nature since women in the study were not asked and did not explicitly talk about the reasons for their need to have regular periods.

Tamil-speaking south Indian women were less likely to use the word *karuthadai* (abortion) than *vayiru kaluvanum* (I need stomach washing, I have no period) or *pillai kalaikiruthu* (I want to wash baby) when they were at the clinic. According to a Tamil-speaking nurse at the clinic, some Indian women were also likely to say that they were coming for a "tummy wash" or to describe their pregnancy termination experience by saying "I had it washed," implying that they were completing what could have been a spontaneous abortion or miscarriage.

It is worth mentioning that even in the English language, there are many words for abortion which can actually obscure what is actually happening to a woman. According to Tietze Henshaw (1986: 5);

> The two major categories of abortions are "induced" and "spontaneous." Induced abortions are those initiated voluntarily with the intention to terminate a pregnancy; all other abortions are called spontaneous, even if an external cause is involved, such as an injury or high fever... Such diagnostic categories as "inevitable," "imminent," "incomplete" and "complete" abortion describe stages in the process of abortion, whether spontaneous or induced, and are significant only in relation to a specific point in time.

The terms miscarriage and therapeutic abortion are sometimes used to mean spontaneous abortion and legal abortion respectively. D & C may be

used to describe the technology used in the performance of a therapeutic abortion as well as to describe the act of having had a pregnancy termination. Having had a D & C leaves open the question of it having been medically necessary or intentional pregnancy termination.

ABORTION AS A CLEANSING PROCESS

Some inferences may be drawn from this discussion of pregnancy termination terminology. First, the language used to describe the phenomenon employs imagery associated with water and the washing out of the uterus as a cleansing process. Water as a symbol of purification and ablution figures significantly in Islamic tradition and in the Malay women's lives. When used in the context of cleaning or the washing out of the uterus, the term *cuci* can be connected to a cleansing process that also symbolizes psychic purification or ablution. Washing, cleansing, cleanliness and purification thus become connected. The symbolism of water as a purifying agent may also be found in certain Buddhist traditions for the Chinese women. Alternatively, women of other ethnicities and religious backgrounds may have carried this construction over into their cultures through proximity with Malay Islamic traditions.

There is a salience given to washing that applies differently across ethnicities or religious groups. Islamic prescriptions for cleanliness are quite specific and ablution with water is a common symbol of psychic purification. Clinic nurses informed me that they had observed that Malay working-class women in general have better personal hygiene than Chinese or Indian working-class women. This was based on their physical and vaginal examinations of clients. They believed that running water and soap were used with greater frequency for body-washing in Malay households than in those of other ethnic groups. Malay women also tend to keep their reproductive tracts in better physical condition because, according to local sources, Malay men like their women "tight." A number of Malay women exercise to keep their vaginal muscles firm and they ingest special herbs and foods they believe will keep their vaginas healthy.

Second, the ambiguity of the language used to describe pregnancy termination may also point to the ambiguous position of abortion legally and socially within Malaysian society itself. The taboo nature of sex and sexuality together with the clandestine nature of pregnancy outside marriage serve to marginalize or render invisible what are essentially public consequences of private acts. One effect, however, is to expose a double standard of patriarchal morality: unregulated sexual activity occurs despite sanctions against it. However, women are usually left to deal with the consequences of their acts, while men are not.

The use of "keep" or "throw away" terminology by Malay women may also be seen as constituting a callous disregard or disrespect for fetal life (if

such life is believed to exist). This conclusion may, however, reflect a middle-class bias. Malaysian working-class women are oftentimes more direct and blunt in the way they speak while middle-class women tend to speak more politely and indirectly, especially when talking about sex or bodily functions.

Finally, translating terms from Malay to English itself may well obscure the various shades of meaning applied to these terms. Keep or throw away, leave in place or wash, retain or discard are only some of the possibilities that inherently come to mind. The underlying motivations of Malaysian women for using such terms can only be surmised here. Language may well serve to mask what is happening rather than to clarify women's motivations or actions.

Conceptualizations of Menstruation and Menstrual Blood

Further implications can be drawn concerning the local constructions of abortion. The "wash" or "cleanse" terminology conjures up images of wanting to wash away something unclean or unwanted. This may be symbolically connected to menstrual blood which, in both Islam and Hinduism, is seen as unclean and polluting. A Malay word often used by clinic nurses to describe menstruation is *kotor* (dirty), a word understood but rarely used by Malay clients. Malay women prefer to use the Arabic word *haid* (Roziah 1992) for menstruation, while the value-laden kotor seems to be the Malay word used both within and outside the clinic by non-Malays and Malay men to describe menstruation. When asked why they used the term kotor, both clinic doctors and nurses did not have an explanation other than that it was commonly used. Hence the constructions of abortion can be very local, even part of a specific organizational culture.

There also needs to be a distinction drawn between Malay custom (*adat*) and Islamicization of Malay culture, a thesis made explicit by Wazir Jahan (1992). According to Wazir Jahan (Personal communication, 1993), Malay *adat* treats menstruation as a health issue in that it sees women being physically weakened by it, whereas Islam casts a polluting metaphor over this physiological process. In neither construction is menstruation considered healthy or normal.

In contrast, according to Roziah (1992: 81), in the Malaysian state of Melaka, rural women see menstruation as natural and an important dimension of being women. Younger women between the ages of 16 and 26 especially kept track of the regularity of their periods for health reasons and to predict the onset of ovulation (Roziah 1992: 82). To them, irregular or scanty flows meant the inability to know when they were ovulating. One possible implication is that women may have been using some version of the "safe period" as their contraceptive method.

At the same time, these women did not interpret menstruation as weakening or polluting. They used *datang bulan* (the coming of the moon) or *uzur*

(sick) to describe menstruation, while the men mainly used *datang kotor* (the coming of defilement or dirt) to describe it (Roziah 1992: 80). Even though women used the word uzur to describe their condition while menstruating, they did not exempt themselves from work in the fields or at home on that account. Despite the proffered "definition of the situation" where the Islamic and male view attempted to portray menstruating women as polluting, these women resisted that definition with an alternative construction of the body and its functioning.

In a further allusion to the pollution metaphor (Ahern 1975; Douglas 1966; Faithorn 1975; Peletz 1996), a clinic nurse mentioned that some Malay male partners of the clients refused to enter the clinic, wait for or fetch their partners from the clinic because, in their eyes, the entire clinic structure was polluting or kotor.

In Hinduism, the connotation of menstrual flow as impure or unclean carries over into the restrictions on female activity during menstrual periods. Menstruating women cannot carry *kavadi* (a ceremonial burden carried on the shoulders) during the Hindu festival of *Thaipusam* or attend temple services.

Although Buddhism itself does not see menstruation as unclean or polluting and places no behavioral restrictions on women, similar connotations of menstrual blood as impure or unclean seem to hold for many Chinese women. Local interpretations of Buddhism inhibit women from praying in temples during certain festivals while they are menstruating.

According to Ahern (1975), the term *la sum* is used to describe ordinary dirty things by Chinese women in Taiwan. Menstrual blood and other bodily fluids women possess are seen as dirty or unclean partly because they are bad for the body (Ahern 1975: 194). Both menstrual blood and postpartum discharges that accumulate in the body are seen as polluting, superfluous and need to be replaced by ordinary, good blood.

Ahern makes the association between menstrual and birth fluids, and dangerous power. In her study of Chinese village women in rural Taiwan, menstrual blood is viewed as powerful because it is responsible for creating the flesh and bones of babies. The souls of developing fetuses are also seen as being created from the blood present in women's wombs.

> The escape of blood, any blood, from a living body seems to be associated with power. The life force in this power can be harnessed to produce a child, to please the gods with a potent offering, or to protect a person threatened by an evil spirit. At the same time, the destructive force in the power of blood portends death and danger to the newborn child...
>
> The association of blood with both beneficial and destructive power may derive in part from the involvement of blood in both life and death. Blood is necessary for the development of a new life, but the menstrual blood that flows when a woman is not pregnant is, in a sense, a dead fetus. In earlier times, too, childbirth itself and the

accompanying blood flow were all too often associated with the death of the mother, the child, or both (Ahern 1975: 198).

The power of women can be symbolized by their powers of menstruation and birth, or by their potential life-giving and life-taking capacities. It would appear that all major ethnic groups in Malaysian society allow men to express their fear of women's power by defiling and denigrating female reproductive powers. By ascribing impurity or uncleanness to menstruation and other bodily fluids associated with reproduction, these actions serve to diminish women's capacities in perhaps the only arena men have little control over. To the extent that Malaysian women resist these ascriptions and definitions, they exercise some level of self-determination over their bodies, body images and power in relation to men.

ABORTION AS MENSTRUAL REGULATION

In Chinese culture, "old blood" is seen as bad blood which needs to be washed away. The emphasis on regularity appears to be related to health as well as to the avoidance of potential pregnancy. A delayed period is considered abnormal and a cause for concern since the blood that is stored up has to be washed away. It has become common practice in Malaysia for doctors to issue hormonal injections and tablets to induce the late periods of women in general but those of Chinese women in particular, hence the term "menstrual regulation" (Ngin 1985: 35).

There are also traditional methods of menstrual regulation known to and primarily used by Chinese women. According to Ngin (1985: 33), these indigenous methods include:

> eating pineapple with beer, stout, or wine; the various brands of Chinese menstrual induction pills; crocus; *da yeukh* (the Chinese term for abortifacient, usually made up of many herbs); "bone-setting pills"; drinks made from jellygrass; mung bean soups; water chestnut drink; barley water and other "cold" food items; *lok-san* pills (a common Chinese over-the counter pill for sore throat); and aspirin.

Since Chinese women have traditionally placed great importance on having regular periods, their construction of the pregnancy termination process places heavy emphasis on bringing about a period through whatever means to restore regularity. The history of menstrual regulation itself in Malaysia and some other countries where it is legal suggests that initially doctors were allowed to prescribe hormonal tablets or injections to induce a delayed period without first confirming if a pregnancy had occurred. Thus, over time, the demarcation between menstrual regulation and abortion has been deliberately or unintentionally blurred. Traditional concerns with regularity were seemingly key elements in subsequent developments.

By foregrounding the regulation of one's menstrual period and not the possible existence of a fetus, these constructions de-emphasize the abortifacient consequences of "washing." Further, the director of the clinic that I studied maintained that in Malaysia, abortion is a social practice, not a politicized debate on the sanctity of human life. However, there are growing indications in the national media that this viewpoint is slowly being challenged by some fundamentalist Christians. There may indeed come a time when the issue of abortion might become a political and public debate, and women may have to interpret the meaning of abortion in a different social context and cultural climate.

For the time being, however, pregnancy termination is constructed as a health issue, i.e., women focus on regaining their health and stability through medical means in order to function effectively as wives, mothers and workers. There is a cultural and personal avoidance of a discourse on the fetus per se and a blurring of distinctions and definitions of what is happening to women's bodies. These constructions allow women to manage their bodies while simultaneously providing a space for some measure of power and agency in determining what is happening to them.

ABORTION AS INTERRUPTED CHILDBIRTH

For some women, the way they constructed their pregnancy termination experience appeared to me to be related to how pregnancy termination seemed to fit within the experience of childbirth. This phenomenon became apparent when some women began asking me while in recovery how they should take care of themselves in order to return to normalcy. They wanted to know if there were dietary, bathing and exercise restrictions to be followed, apart from what they had been told to do by clinic staff.

This seemed to follow along the lines of post-partum healing beliefs and practices from Chinese, Malay and Indian indigenous healing systems. Some nurses said that they encouraged clients to think of their pregnancy terminations as missed periods, rather than in terms of delivery. Nevertheless clients persisted in asking how to regain their health in terms of inadequately understood traditional post-partum healing processes.

Some Chinese women were concerned with replenishing and rejuvenating their blood supply because of their belief that loss of blood needed to be replaced immediately, because otherwise their bodies would be weakened. Chinese women believe that after a washout or miscarriage, the body becomes weak (*leng*). The blood also becomes weak and the blood supply needs replenishing. According to a clinic nurse, certain tonics are taken (*cheaak por*) to help women rebuild the strength and energy within their bodies lost during pregnancy.

A slew of beliefs under the umbrella term of *Tong Kwai* is relevant here. Tong Kwai refers to the overall treatment of gynecological problems women typically encounter. Such problems might include menstrual cramps, irregularity, delayed flow and weakness during menstruation. The treatment might also relieve various symptoms of menopause and pre-menstrual tension. It usually consists of a nutritive tonic that is believed to purify the blood, restore hormonal balance, reestablish menstrual regularity and cleanse the entire system.

Red wine was believed to have strengthening qualities and would normally be taken. However, the clinic specifically prohibited the intake of alcohol for at least a week after pregnancy termination, and discouraged the use of strong wines such as "Dom" and "Wincarnis" which were locally popular. Other Chinese healing system beliefs for women in postpartum recovery centered on restoring balance and harmony within the body. Ginger was eaten primarily to get rid of excess wind.

Many Malay women followed certain dietary restrictions to heal the bones of the body which were believed to have opened up during pregnancy and childbirth and which would let "cold air into the body." Warm or heaty foods were to be eaten, such as green vegetables, spinach, and cucumber. There are numerous taboos (*pantang larang*) associated with pregnancy and childbirth (Laderman 1983) which some women followed, while others did not.

Some Indian women followed post-partum restrictions on bathing and wetting their hair. However, not as many Indian women talked about this aspect of their healing process as did women of other ethnicities. According to an Indian clinic nurse, hot spicy foods called *rasam* were usually eaten at home post-partum and after a pregnancy termination.

It appeared that working-class women of each ethnicity were more likely to conform to their ethnic healing system beliefs than were middle-class women. Either these aspects of healing were less important to middle-class women or they were more westernized in their approaches toward recovery from their pregnancy terminations. The literature on post-pregnancy termination care handed out by the clinic staff and written in English, Malay or Chinese emphasized rest, staying away from heavy work and the use of pain-killers when necessary.

PRE-ABORTION INTERVENTIONS

A second interesting and perhaps unique aspect of the experiences of women who came to this clinic centered on the types of interventions they encountered prior to the pregnancy termination procedure itself. It appeared that intervening in the reproductive cycle was not unusual in the Malaysian situation and that a climate of intervention was by and large sanctioned legally, medically and even, in some cases, fostered by religion. For example, injections to delay the

onset of menstruation may be prescribed for Muslim women making their pilgrimage to Mecca since it is believed that menstruating women are "impure" (Clinic director: Personal communication, 1993).

Menstrual regulation meant that some doctors or obstetrician/gynecologists would prescribe pills or give progesterone injections to initiate menstrual flows from delayed periods. Some doctors would simply provide placebos. For some women, the sequence of events before arriving at the clinic included: 1) an initial visit to a doctor to find out the reason for her delayed period; 2) a request for pills or injections to initiate menstruation; 3) if menstruation did not result, other private attempts made to bring on her period; 4) a second visit to the doctor to request a pregnancy test; then, 5) if it was positive, the decision to terminate her pregnancy.

After having ingested pills or receiving hormone injections, the decision to abort may be partly based on whether women are willing to risk birth defects or other unknown side effects as a result of these earlier physical interventions. In other words, the interventions performed before pregnancy is confirmed may be the deciding factors in the decision to abort because of the possible unknown effects to the health of a child carried to term. It may also provide a justification for termination since children with birth defects are not especially desired. No doctor is willing to guarantee zero birth defects in such cases.

One English-speaking working-class Indian woman, married with two children, whose husband accompanied her to the clinic, informed me that she wanted the child, but had taken Panadol for a headache and was afraid that something would be wrong with her baby. She did not remember if she had taken the medication before or after she had found out that she was pregnant.

Another 37 year old Indian mother of four mentioned that she had had three previous pregnancy terminations. Initially, she had been on the Pill, but stopped after gaining weight. Her use of the rhythm method had failed. Now she seemed desperate for any effective method of contraception and was willing to try the IUD. The clinic she had visited about three years ago in a smaller town had not offered injections or pills. All this implied that she was familiar with the interventions and had been expecting them.

Even Malay women not particularly concerned with menstrual regularity were aware of and had used medical intervention to either bring on or delay their periods. A single Malay woman, aged 23, who did not work outside the home had gone for an injection to "make it come out, but it didn't come out." She had been on oral contraceptives for a year, but did not renew her supply when the prescription ran out and as a result became pregnant. She had had one prior pregnancy termination, for which she had unsuccessfully used village herbs trying to bring on her menstrual flow. Another married Malay woman tried both injections and tablets to *turunkan haid* (bring down her menstrual flow). Both attempts were unsuccessful.

Muslim women who go on the haj, or pilgrimage to Mecca, are able to obtain a special injection given by doctors and sanctioned by religious authorities. This injection delays their period for a month because it is locally believed that impure or bleeding women may not go on the haj (Clinic director: Personal communication 1993). In this instance, the climate of intervention has been established for stopping menstruation by medical fiat, with medicine being the handmaiden of religion.

There are also ethical questions involved in these interventions. If there is to be responsibility attached to the medical dispensation of pills and injections to bring on menses, where does it lie? Should women be given the option of medical intervention before pregnancy is determined when such intervention appears relatively ineffective in preventing pregnancies but relatively profitable for doctors? Nurses at the clinic were of the opinion that women in these situations were desperate for any means of preventing pregnancy, and that doctors were merely accommodating these needs. Some doctors would issue placebos such as sugar pills instead of hormonal pills so that there would not be any untoward effects on the possibly pregnant women. The morality of this "false treatment" is clearly problematic.

CONCLUSIONS

Cultural constructions of abortion are therefore extremely varied and context-specific. Whereas in the western context the moral and ethical aspects of fetal life help construct the pro-choice versus anti-abortion debate (Ginsburg 1989; Petchesky 1990), in Malaysia these aspects are de-emphasized or backgrounded. The regulation of menstruation through the metaphor of washing or cleansing is foregrounded by all major ethnic groups, with the possible exception of Catholic Christians.

Within the Malaysian context, interventive strategies for bringing on menstrual flows are commonly practised both in the private (home) and public (medical) domains. These strategies are undertaken before pregnancy is verified. After the pregnancy termination has occurred, post-partum healing processes are usually followed as part of completing the pregnancy termination experience.

The terms "washout" and "MR" reveal that abortion is considered a cleansing process as well as a method of menstrual regulation. It is also reflective of a social situation where women's control over their bodies is circumscribed by their limited power within Malaysian society. Contraceptive options and information on contraception may be limited by religious views, patriarchal values, and lack of access to sex educational materials. This lack of access to efficient and effective contraception may result in abortion being used as a primary method of contraception by some women.

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