

Mari Valdur

LECTIO PRÆCURSORIA

Life and Abortion: The Post-Biopolitics of Reproductive Health in Ulaanbaatar, Mongolia

18 November 2020, University of Helsinki

A lectio præcursoria is a short presentation read out loud by a doctoral candidate at the start of a public thesis examination in Finland. It introduces the key points or central argument of the thesis in a way that should make the ensuing discussion between the examinee and the examiner apprehensible to the audience, many of whom may be unfamiliar with the candidate's research or even anthropological research in general.

Madam Custos, Madam Opponent, ladies and gentlemen,

I'm very glad you have gathered here virtually and physically to the defence of my PhD thesis 'Life and Abortion: The Post-Biopolitics of Reproductive Health in Ulaanbaatar, Mongolia'. At the start of my fieldwork I was interested in a seemingly simple question: 'why is abortion in Ulaanbaatar often informal although legal?' Informal abortions are carried out at non-certified clinics, at state clinics without recording the abortions, and through self-medication with abortifacients.

Throughout this thesis I suggest that the answer to this initial question has more to do with the particular and gendered forms of governance involving healthcare rather than a general stigmatisation of abortion. As governance I understand the historical and otherwise specific ways in which outcomes are determined and shaped.

As the project belongs to the discipline of social anthropology, I carried out participant

observation but did also interviews, literary research, and some archival research. My fieldwork took place in Ulaanbaatar between May 2017 and August 2018, with a visit to Ulaanbaatar also in summer 2019. I carried out multi-sited ethnography, and many of the sites have either in a direct or more abstract sense contributed to formulating the chapters and the outline of this thesis. The topics I cover involve: the nation state and macropolitics rooted in the Mongolian former President Elbegdorj's speech; religion, medicine and kinship, largely drawing on what I learned at Mongolia's largest traditional medicine institution, which is a Buddhist institution; care and motherhood, drawing on the stories of various women, particularly one whom I here call Hulan; I also focus on sexuality and knowledge as part of a sex education YouTube video making process; reproductive biomedicine and doctors' work; and finally, the abortion medication market, also located in Ulaanbaatar.

My approach in this summary of my project and in the thesis, too, has been to move

from the more general toward the more specific, which also stands in correlation with the contributions this thesis makes.

One of the most prevalent analytical tools in disciplinary studies of reproduction and governance alike has been biopolitics. The thesis first suggests that the reproductive in Ulaanbaatar can involve elements of biopolitics, but calls for moving beyond this conceptual approach by exploring a broad range of its underlying assumptions through ethnography and studies of the everyday. Michel Foucault (1978: 139) outlines the concept of biopolitics as ‘the power over life’ that has two non-antithetical poles: the first where the body with its qualities is equated to a machine, and the second, which focuses on the body of the species. So it is important to note that there is an emphasis on an individual life and its contribution to some sort of a collective. This is relevant to keep in mind when I unfold four discourses for what abortion has come to stand for and be linked to in Mongolia. These are: population development, capitalism, legislation, and rights and freedom. On the example of the previous President of Mongolia, President Elbegdorj’s 2017 speech, which addresses the ‘problem that abortion has become’, I reviewed the political history of abortion in Mongolia and in this discourse found it to be defined as a crime against the nation, for its connection to the population size. ‘Life’ here appears as linked to a singular human life that is to contribute to the vitality or even ‘life’ of the nation as a whole. Claims on ‘life’ in that form on behalf of the state are fairly recent. Rather than one rupture or shift bringing about change (which, for example, in the biopolitical literature has been the emergence of the clinic), a number of these are reflected upon, and many of these (e.g. pre-socialist, pre-democratic) are sourced in projects to legitimate various claims.

It is also worth noting that in this discourse the ‘modern’ medical does not emerge as necessarily maximising ‘life’, as it could be seen to do throughout the socialist ‘biopolitical’ project: President Elbegdorj and others suggested that abortions take place because of ‘medicine’ and doctors’ work has become ‘business’, and that these were working against the population rise and national values.

I build on these themes of collective belonging and claims on embryos and fetuses by looking into a specific form of knowledge of Mongolian traditional medicine and kinship in its ‘ideal’ form. As I mentioned above, this draws on my work at a Buddhist institution in particular. Much of the discussion here revolves around motherhood, reproductive challenges, and abortion: namely that these matter, because women are to give birth to children for their husband’s lineage, even owing children to the kin group, and women being relational to their husband’s kin group through their children. Women, doctors, and others alike did not necessarily possess expert knowledge on when exactly ‘life’ as such would begin. Rather, the question seemed to be to whom ‘life’ belonged: was it the nation, family lineage, consciousness trying to reach enlightenment, or the pregnant woman and her body?

After this I was interested to look at ‘kinship’ and the making of ‘family’ in a very different setting to the overarching notion of how things ‘should be’, focusing on the perspective of young mothers, particularly a woman whom I call Hulan. She was not particularly close with her partner’s family. By proposing that motherhood is inherently linked to not only providing care to the children and the family overall, but also to the need to receive it, this part of my work shows how motherhood gives rise to gendered subjectivities and reflections towards the state and everyday life in the city when needing

to secure healthcare and education for one's children. This shapes parents', particularly mothers', encounters with 'the state' leading to the overall conclusion that there is no process of linear 'individualisation' happening. Instead, the patriarchal public discourse and macro-politics, the state as bureaucratic, and the city itself, with its limited services such as kindergarten places, seem to provide further shifts towards viewing maternal kin groups and other forms of relationality as relevant and potential sites of care. This chapter views the challenges women face when giving birth to children when they have migrated to Ulaanbaatar for higher education, and when they get pregnant and give birth to children away from their immediate family without having completed their educations. Although Hulan did not have doubts about carrying her pregnancy to term, it was an unplanned pregnancy.

This raises a question: why do unplanned pregnancies occur? To address this question beyond the apparent answer from both women's and men's perspectives, I followed the making of a sex education YouTube video. The video-making involved several steps, including a long discussion on contraception by a group of young professionals in their twenties and early thirties. The chapter outlines the informal nature of how knowledge about contraceptives is sought and the spaces to which this belongs: while family members would be a desired site for knowledge, it is mostly passed between peers and friends.

Yet, again, rather than resulting in individualisation or thinning of relations, reproductive lives involve specific forms of relation-making. For instance, the failures concerning undesired reproductive outcomes are assigned to one's broader social surroundings and not necessarily seen as a personal failure. Furthermore, the thesis proposes that there might be alternative discursive scales in addition

to that of 'freedom', which has been prevalent both in the biopolitical, and Eurocentric and/or Americentric approaches to abortion. Particularly, I point out how 'being responsible', which is generally seen as a masculine trait, is transferred to women, rather than approaching contraception as a matter of 'women's rights' or the 'right to contraception', with aims like men needing to become more aware and active concerning the use of contraceptives.

Emerging from both the video making and Hulan's experience, 'formal' healthcare is not where reproductive knowledge and advice are sought, and I also explore the reasons behind this. Here it is hugely relevant that the establishment of biomedicine in Mongolia has been a project of developing a feminine sector, and that the reproductive healthcare is largely synonymous with women's healthcare. And this is the part where I am more specific in suggesting conceptual approaches to governance myself.

The salaries of doctors in Ulaanbaatar remain below the national average and the state sector jobs are used as a source for various other means of income and benefits beyond the immediate salary, like establishing private clinics and directing patients there from state clinics or providing additional services like abortions. Emotion and affect shape people's experiences of healthcare and the outcomes, too. Care and attention which are required by the patient, are often considered to come extra to the state job position of a doctor, and yet care and attention are at the core of securing successful health outcomes.

I suggest that public offices, such as the job positions of gynaecologists, have become usufruct. Usufruct is temporally bound ownership that serves to deliver 'fruits' beyond its immediate properties (I particularly draw on Rebecca Empson's and Lauren Bonilla's work,

2019). It helps to think about what a doctor's job position involves on paper, but also how additional income, seniority or other 'fruits' linked to this job are secured. This section of the thesis explores in more depth what is 'additional' to the state gynaecologist's job, and how patients experience healthcare when accountability lies with people rather than institutions.

Abortions are informal in specific ways because the 'formal' in state healthcare is rarely found, and this is not only limited to abortion services.

Finally, I follow the notions of legitimisation and verification of reproductive knowledge and services through reliable contacts at another prevalent site of informal abortion at the market in Ulaanbaatar where the informal abortion medication were sold. Talking to former abortion pills saleswomen and women who have had an abortion, it becomes apparent how informality relates to other forms of informality being gendered and specific in their occurrence. I propose that informalities are not horizontal but incorporate specific power relations that make certain notions approximate and effective to one another across space and time, while keeping others apart countless their proximity or even encounters. In the case of informal abortion, I suggest that this 'keeping apart' is largely due to the 'middle' space of informality, such as usufructuary biomedicine and law enforcement. This contributes to why abortion is legal yet informal and often unsafe in Ulaanbaatar.

As explained earlier, abortion led to the question 'whom does life belong to?' and was

problematized through this. Women, however, pointed out how bringing up many children was difficult: careers, job opportunities, and other socioeconomic conditions needed to be taken into account, providing another notion of 'life'. This approach to life arises from what the former abortion medication saleswoman described when addressing the selling of abortion pills as a means 'to live'. This approach to 'life' is that of the everyday, making the best of it for oneself and one's loved ones from one moment to the next.

In all these discussions of abortion in Ulaanbaatar there are a range of notions of abortion and life that matter and not all of them can be framed as biopolitical. This thesis proposes that there are more nuanced and less all-encompassing concepts that can aid us in understanding the specific ways in which vulnerabilities and insecurities continue to emerge and shape lives.

REFERENCES

Empson, Rebecca and Lauren Bonilla 2019. Introduction: Temporary Possession. Theorising the Contemporary. *Fieldsights*, March 29. <https://culanth.org/fieldsights/introduction-temporary-possession>. <accessed 1 March 2021>

Foucault, Michel 1978. *The History of Sexuality, Volume 1*. Translated by Robert Hurley. New York: Pantheon Books.

MARI VALDUR, PhD
SOCIAL AND CULTURAL
ANTHROPOLOGY
UNIVERSITY OF HELSINKI
mari.valdur@helsinki.fi