



# Building the nation's body: The contested role of abortion and family planning in post-war South Sudan



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## ABSTRACT

This paper offers an ethnographic analysis of public health policies and interventions targeting unwanted pregnancy (family planning and abortion) in contemporary South Sudan as part of wider 'nation-building' after war, understood as a process of collective identity formation which projects a meaningful future by redefining existing institutions and customs as national characteristics. The paper shows how the expansion of post-conflict family planning and abortion policy and services are particularly poignant sites for the enactment of reproductive identity negotiation, policing and conflict. In addition to customary norms, these processes are shaped by two powerful institutions - ethnic movements and global humanitarian actors - who tend to take opposing stances on reproductive health. Drawing on document review, observations of the media and policy environment and interviews conducted with 54 key informants between 2013 and 2015, the paper shows that during the civil war, the Sudan People's Liberation Army and Movement mobilised customary pro-natalist ideals for military gain by entreating women to amplify reproduction to replace those lost to war and rejecting family planning and abortion. International donors and the Ministry of Health have re-conceptualised such services as among other modern developments denied by war. The tensions between these competing discourses have given rise to a range of societal responses, including disagreements that erupt in legal battles, heated debate and even violence towards women and health workers. In United Nations camps established recently as parts of South Sudan have returned to war, social groups exert a form of reproductive surveillance, policing reproductive health practices and contributing to intra-communal violence when clandestine use of contraception or abortion is discovered. In a context where modern contraceptives and abortion services are largely unfamiliar, conflict around South Sudan's nation-building project is partially manifest through tensions and violence in the domain of reproduction.

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## 1. Introduction

War unquestionably harms people's health and health infrastructures. Maternal mortality, one of the most important indicators of the performance of health systems, for example, is elevated during armed conflict (UNFPA, 2015). War can also accelerate social change capable of sustaining, fostering or subverting national, cultural and gender identities (Grabksa, 2014;

Hammond, 2004). Such extreme circumstances put cultural systems at risk of seismic change, and reveal the implicit assumptions and contradictions underlying previously unquestioned power relations (Ginsburg and Rapp, 1995). In moments of crisis, the ways people struggle to deliver and access healthcare can be interpreted as projections of their disparate views of the nation they are struggling to construct (Baines, 2003; DiMoia, 2013; Wick, 2008). In this paper, we analyse public health policies and interventions targeting unwanted pregnancy (family planning and abortion) in contemporary South Sudan as part of wider 'nation-building' after war. We understand national-building as a process of collective identity formation which projects a meaningful future by redefining existing institutions and customs as national characteristics

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(von Bogdandy et al., 2005).

Reproduction, in particular, provides a terrain for imagining new cultural futures. Children are born into complex social arrangements through which legacies of property, positions, rights and values are negotiated over time. When mothering is viewed as women's primary social role, women are not only biological reproducers but also key cultural 'transmitters' (Yuval-Davis, 2003). Reproduction is therefore "inextricably bound up in the (re)production of culture" (Ginsburg and Rapp, 1995, 2) and integral to identity formation when cultural ideals are at the core of conflicts, as in South Sudan.

So as to assert this identity politically, groups in conflict tend to suppress heterogeneity to speak of their hardship in a homogeneous voice and to represent the true 'essence' of their culture (Yuval-Davis, 2003). In ethnic-based conflicts, it is common for gender identities to become hardened (Erten, 2015; Malkki, 1995; Shiffman et al., 2002) or essentialised (Grabksa, 2014). Women are transformed into boundary-makers in upholding ethnic purity, reified as the reproducers of the ethnic group and therefore in need of protection (Yuval-Davis, 2003). Masculinities become militarised, with men enjoined to kill enemy men and defile enemy women to deliberately disrupt the ethnic purity and cultural continuity of the other group (Einhorn, 2006). Armed movements from Serbia, Rwanda, Burundi, Japan, Palestine, and Turkey to South Sudan have therefore called for women to bear babies 'for the nation' (Einhorn, 2006; Erten, 2015; Malkki, 1995; Shiffman et al., 2002).

While war exaggerates femininities and masculinities, plenty of women and men resist enacting such singular visions of their bodies (Baines, 2003). War can also empower and emancipate people. Displacement over international borders can liberalise gender relations through encounters with global humanitarianism or host communities, as it did for South Sudanese in Kenya and Uganda (Edward, 2007; Grabksa, 2014), Burundians in Tanzania (Malkki, 1995) and Afghans in Iran (Piran, 2004). After conflicts, however, many nations seek to reassert cultural norms to impose the ethnic ideals for which a war was fought (Abramowitz and Moran, 2012; Einhorn, 2006; Mclean-Hilker, 2014). Repatriation of displaced populations therefore often involves a difficult period of reconciling cultural differences (Grabksa, 2014; Hammond, 2004). Returnee women, in particular, are often perceived as agents of social transformation that threaten established gender relations (Grabksa, 2014).

Those seeking to uphold patriarchal norms of 'the nation' during and after war thus often monitor or police women's behaviour – through the legal systems, public shaming, violence and threats of violence – to ensure that they enact their allotted roles (Baines, 2003; Einhorn, 2006). 'Reproductive control' (Moore et al., 2010) or 'reproductive coercion' (Miller and Silverman, 2010) – men's attempts to promote pregnancy in their female partners through verbal pressure and threats, contraceptives interference or sabotage, and coercion related to pregnancy continuation or termination – may help explain why intimate partner violence is often associated with reduced contraceptive uptake and abortion (Adjiwanou & N'Bouke, 2015; Coyle et al., 2015). Women's access to economic power and cultural ideologies about what they can achieve also influence women's own willingness to limit their births (Browner, 2000). Women's susceptibility to reproductive coercion and the gendered meanings they assign to their reproductive behaviours are thus highly dependent on the local politics of reproduction (Browner, 2000; Ginsburg and Rapp, 1995).

International organisations and foreign governments, in contrast, commonly see the end of war as an opportunity for bold interventions that mark a break from a nation's chaotic past (Cometto et al., 2010; Percival et al., 2014, 1). Seemingly technical

projects like funding health programmes and formulating health policy serve the ambitious goal of promoting state legitimacy and peace-building through the delivery of strong health services (Kruk et al., 2010; von Bogdandy et al., 2005). Public hospitals thus become overtly political spaces, the sites of presidential ribbon-cutting ceremonies, protests, and even mob justice (Radio Tamazuj, 2015; South Sudan News Agency, 2014).

As studies from other post-conflict settings make clear, encounters with fertility control technologies are "not simply an issue of a technological object in isolation but rather an entire cultural package and the sets of values and aspirations associated with it" (DiMoia, 2013, 9; Erten, 2015; McGinn, 2000; Shiffman et al., 2002). Family planning, in particular, is proposed as an antidote to war, capable of empowering women to participate in peace talks and reduce fertility to ward off a demographic 'youth bulge' that contributes to future conflicts (Potts et al., 2015). Below, we examine how family planning and abortion become particularly poignant sites for the enactment of reproductive identity negotiation, policing and conflict, configuring reproduction in relation to the idea of the nation, at a time when populations are mixing, institutions reorganising, and identities shifting.

Specifically, we describe conflicting discourses about control of women's reproduction promulgated by customary institutions, the Sudan People's Liberation Army/Movement (SPLA/M) and international donors with the Ministry of Health (MoH). Following Macleod et al. (2011), we understand discourses as coherent systems of meanings that support institutions, are located in history, and produce power relations and ideological effects. We also acknowledge that people do not develop oppositional positions independent of categories in the dominant culture (Ginsburg and Rapp, 1995). While customary institutions in South Sudan uphold marriage traditions that promote many children and post-partum abstinence, the SPLA mobilise pro-natalist ideals and reject post-partum abstinence and modern family planning technologies for military gain and for nation-building after the war. Meanwhile, international donors and domestic technical officers within the Ministry of Health have re-conceptualised control of pregnancy through family planning as a legitimate and modern post-war nation-building project. We analyse how these competing discourses and associated interventions have given rise to a range of societal responses, including tensions that erupt in violence between women, men, and health workers in healthcare institutions. As parts of South Sudan have returned to war (2013-present), these tensions have come to a head in the confined spaces of United Nations (UN) camps where interventions require less negotiation with the government but war still shapes women's power. Here, what we term 'reproductive surveillance' limits women's use of accessible family planning services and leads to intra-communal violence when clandestine abortion is discovered. We conclude that, in a context where modern family planning and abortion services are largely unfamiliar, conflict around nation-building is partially manifest through violence in these domains.

## 2. Methods

Our analysis is based on ethnographic research conducted by JJP between 2013 and 2015, as part of a multi-country study of reproductive health policy change designed and led by KTS. JJP conducted critical review of policy and media documents; monitoring of social media discussions; and observations in the capital, Juba during visits to four reproductive health facilities (public and private), a UN Protection of Civilians camp, and a women's organisation network event on South Sudan's ratification of the 'Maputo' Protocol on the Rights of Women in Africa. At the time of field work, there were more than 100,000 people living on UN

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