

Wendy Clarke

A WOMAN'S RIGHT TO CHOOSE

The demand 'A woman's right to choose' is the most revolutionary demand to come out of the women's movement in this country. It deals not only with a woman's right to obtain an abortion as and when she wants, but also raises the critical question of the control of women's reproduction and sexuality in all its aspects. The choice for women to have access to free and safe abortion on demand questions the role of women as mothers, as reproducers of human life, and it is precisely over this aspect that politicians and moralists huddle together in fright. The spectre of women enjoying sex without the fear of unwanted pregnancy, of living a pleasurable life autonomous from men, sends shivers down their backs and froth to their lips. That women should have power to choose not to be mothers, or to be mothers in the conditions of their choice — good housing, adequate income, provision of community controlled nurseries — denies men and the capitalist order their most important stick with which to beat women into subjection and dependency. It's in this context that the question of abortion has to be seen.

In a society where the care of children is firmly allocated to women except in exceptional circumstances, *all* women are expected to conform to a particular role of a loving, nurturing, selfless object, who is also sexy, a good cook and housewife — the perfect mother of the Omo and Oxo adverts. Women are expected to bear a particular man's child. Women are not expected to have children on their own or live collectively or with a lesbian lover. The whole apparatus of the law works against women wanting to enjoy motherhood on their own terms. The stigma of illegitimacy, the difficulty of living on social security as an unmarried mother under constant harassment and supervision of her lifestyle from the state, the near impossibility of a lesbian mother retaining custody of her children after a contested divorce are aspects of the social, economic and moral control exerted over women.

Women who choose to do other things with their lives than bear and rear a child are scorned, ridiculed, sometimes pitied and usually feared. There is either something wrong with them or they have not met Mr Right. Rarely, is it assumed that perhaps they had other things to do with their lives, and could even enjoy support themselves without either children to look after or men to support them. The word lesbian is hurled with venom and iciness at women who seek alternative lifestyles, often undermining or destroying them whether they are gay or not. "To have borne and reared a child is to have done that thing which

patriarchy joins with physiology to render the definition of femaleness ... 'Childless' women have been burned as witches, persecuted as lesbians, have been refused the right to adopt children because they were unmarried. They have been seen as embodiments of the great threat to male hegemony: the woman who is not tied to the family, who is disloyal to the law of heterosexual bearing and rearing." (*Adrienne Rich. "Of Woman Born"*)

But in order to be able to make that choice *not* to become pregnant, not to become someone's wife or someone's mother, women have had to take chances with unsafe, unreliable contraceptives, dangerous abortifacients, risky backstreet abortions, or choose celibacy.

The history of forms of contraception and abortion, although usually passed on by word of mouth, is as old as the history of women. In the last century —

"Illegal abortion is notoriously difficult to quantify, for only those that fail become statistics. It is possible that abortion — sometimes euphemistically called miscarriage — was more a common feature of working class women's lives than commonly imagined. Against the stereotyped image of the sinister quack luring women to have unwanted abortions for large sums of money, the picture which emerges from the Interdepartmental Committee of 1938 is for women who aborted themselves or relied on someone known or trusted within the community.



ANGELA PALIN'S (C&L)

Drugs were obtained from herbalists, chemists or stalls in the markets. Women heard of them by word of mouth or advertisements in booklets — one of which was called 'The Shadow of the Stork'. Women passed enema syringes around in the village or round the factory." (Sheila Rowbotham, 'A New World for Women')

No doubt one of the most widely tried forms of contraception for women was abstinence, although many women, however hard they tried they could not avoid 'conjugal rights'. Abstinence is not a satisfactory form of contraception: there is always the possibility of not being able to avoid sexual relations. And if abstinence is the only known reliable form of contraception when a woman *does* want to have sex, the choice is minimal. Either nothing, or a sexual experience where it is impossible to relax for fear of unwanted pregnancy.

It is only in the last few decades that contraception has become more widely available in this country and relatively reliable. But it is still not one hundred percent safe and for many women there are side effects ranging from discomfort to death. The pill, while preventing pregnancy, also dampens many women's sex drive. It is no choice at all to be caught between not enjoying sex because of the side effects of the pill and not enjoying sex because of the fear of pregnancy. *Only the development of free, safe abortion on demand can by-pass the twin evils of fear and danger and enable women to discover and enjoy their sexuality.*

The battle to make contraception widely and freely available has been long and hard; and so far has been won only to a limited extent. Technology has changed to make contraception and abortion more widely available, but even where research, which is male-dominated, has been developed, it is not always immediately applied in a way that would allow women to control their fertility. The tradition of Christianity in particular has always condemned pleasure in sex as evil and has viewed pain in childbirth as the 'wages for sin'.

The application of medical technology to childbirth has been a limited advance for women. The medical profession as a whole has a minimal interest in *women's* experiences in childbirth and is more concerned with taking control of the process, streamlining and rationalising it. Obviously, it's true that modern medical practice is an advance on the primitive, but the crucial question is that of who controls technology. Why are more and more women forced to have children in hospital? Why is it a battle to have a child at home with a midwife in attendance? These questions can only be answered by understanding the development of midwifery and obstetrics, and the subservience of medicine to multinational drug companies and state control.

Before the development of modern medicine it was in fact women who controlled knowledge of medicine and curing. In "Witches, Midwives and Nurses", Ehrenrich and English outline how in the Middle Ages peasant women organised and passed on knowledge about abortion, contraception and midwifery and obstetrics. For many centuries these women were persecuted as witches, whilst the legal exclusion of women from the universities prevented women from entering the ranks of the emerging male medical profession.

Despite developments in medical science, women retained control of midwifery until the nineteenth century when male doctors increasingly came to intrude on what had been a female profession. The use of forceps in delivery is an example of the development of doctors' technical control over the process of childbirth. Its *routine* use by doctors subjects women to technical domination by the medical profession rather than giving confidence and support that would enable the woman herself to have greater knowledge and control over the delivery.

Dear Editor,

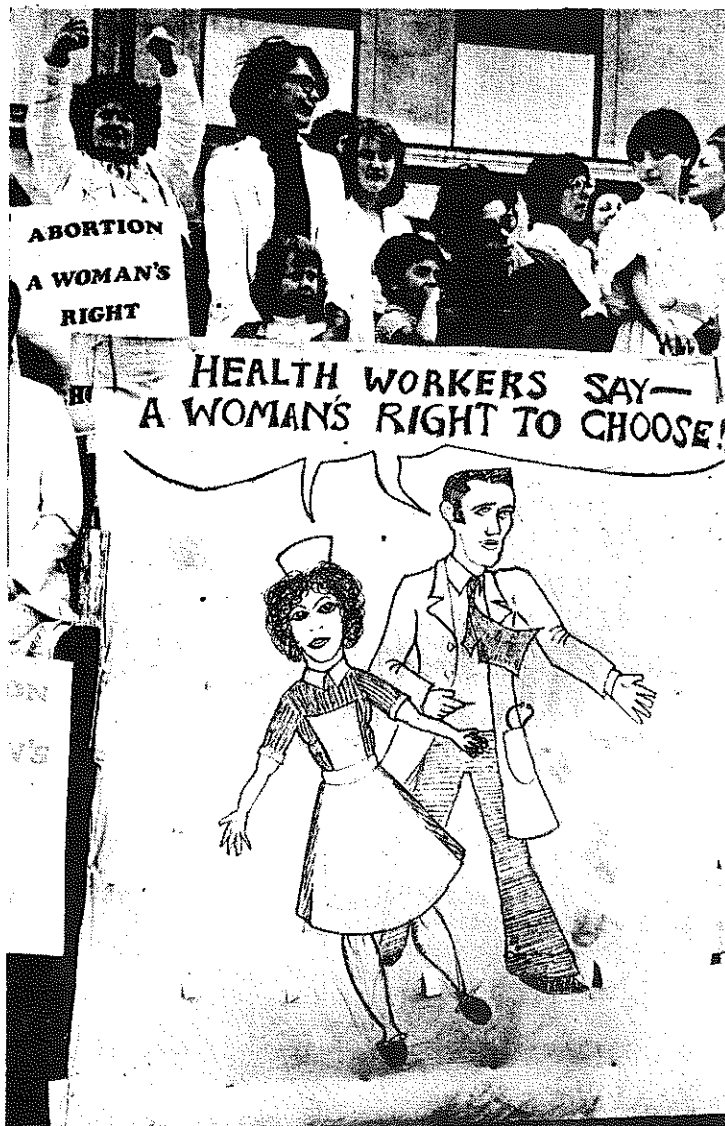
I would be interested in some comments from the collective and readers of *Womens Report* concerning current methods of childbirth in hospitals.

I have just completed a six week course lecturing on child development at a local college — my first session being on pre-birth growth and development, culminating in birth. I showed the Leboyer film on 'Birth Without Violence' and presented my lecture as accurately as I could regarding the present methods used in hospitals.

Amongst my audience were two male medical students, one nursing sister and one midwife. They claimed that my comments were false, that doctors were kind and only think of the mother's and child's welfare. They felt that Leboyer's film and method was purely a 'fashion' of the moment and that it was uneconomical to change to his methods. I pointed out that there were in fact some state hospitals which had already turned over one or two wards to his method — notably in London and Hertfordshire — also that there are some midwives in Kent who agree with the alternative method."

(Letter to *Womens Report*)

The mystique which surrounds the medical profession undermines a woman's judgement of her ability to understand her body's needs in labour. Assembly line deliveries through induction and the use of forceps tend to speed up childbirth and make it labour-saving on hospital staffing. These are



Chris Davies (Report)

probably not the conditions in which women want to give birth. Whilst there is an increasing interest in 'natural' childbirth it is often difficult to fend off a nurse waving an injection of pethedine, or to insist on sitting up rather than laying down so that it is easier to push and control the birth. Yet thousands of women want painkillers before they know they will need them, and opt for a speedy delivery in which the doctor controls the process, not themselves. *'Alienated labour' takes on added meaning when the practice of childbirth in Western capitalism is taken into consideration!*

Fear is the other face of ignorance, and in our society women are systematically denied an understanding of their bodies and their sexuality. It is this that the women's movement, and within it the women's health movement in particular, are trying to overcome.

WE HAVE THE TECHNOLOGY. . . BUT WHO HAS THE CONTROL?

The battleground has shifted over the last century from one in which a few individuals tried to campaign publicly about the availability of contraception and how to use it to one in which large numbers of women demand the availability of and easy access to abortion provision as an integral aspect of contraception. This shift has happened because technology has opened up new possibilities for women to control their lives. The existence of the women's liberation movement means that women no longer have to rely on a few educated feminists to fight their battles for them when there are possibilities for mass action on the streets and involvement of working class women in local campaigns around healthcare.

In the past, it was generally upper and middle class women who had access to information about contraceptive devices and abortifacients. The issue for feminists and socialists has been to make them more widely available to women in general. Underpinning many of the struggles around abortion and contraception is the question of whether abortion and contraception are used to *control the lives of women* or whether *women should use them to control their own lives*.

Some of the early advocates of birth control took the former position as a means of assaulting the reproductive capacity of the working class. Malthus, an early 19th century economist, believed that the population of Britain was growing faster than its economic resources and feared that the working class, because it bred faster than the ruling class, was producing an 'inferior stock' of human beings. This problem was highlighted during the Boer War, when army recruits were found to be too undernourished even to serve as cannon fodder. As a result, many socialists felt that the demand for mass availability and abortion appeared to be advocating class suicide and playing into the capitalists' hands.

"I'd rather swallow the whole druggist's shop and the man in it than have another kid."

She used to boil 20 herbs together mixed with gin and salts, and take a glass every morning before breakfast.

(Spare Rib No. 64)

A feminist analysis was the only way out of this impasse, but few women came forward with a theory that clarified the relationship between the sexual division of labour and class exploitation, and the importance of women's choice over reproduction. If contraception and abortion are seen only as a women's issue, population control can be used to suit the aims of the most reactionary governments. The fascists in the 1930s saw birth control policies as integral to the building of a master race. In the same way, today thousands of women in the third world are being sterilised (eg. India, Bolivia) or having unsafe contraceptive methods practised on them without their knowledge (eg. Puerto Rico). It is no answer for women to have compulsory contraception, abortion or sterilisation, when the criteria for the 'unfit' mother are defined by the personal morals of the doctor or the prevailing ideological standard of the ruling class.

The Malthusian arguments for birth control and population control were countered by socialist feminists of the revolutionary left and the Labour Party after the First World War. The most notable campaigner was Stella Browne. Unlike Marie Stopes who supported birth control for working class women because overcrowding in towns meant Britain was 'breeding revolutionaries', Stella Browne understood the links between feminism and socialism.

"As communism is the only explicit political and economic creed which advocates complete sex equality or sex solidarity, I trust you will allow me to point out that birth control for women is no less essential than workshop control and determination of the conditions of labour for men. . . *Birth control is women's crucial effort at self-determination and at control of her own person and her own environment.*"

(From Rowbotham: "A New World for Women")

In 1924, feminists in the Labour Party formed a Workers' Birth Control Group to oppose the eugenic current in the Birth Control Movement. They wanted birth control to be provided by the state and not by private bodies. They looked particularly to revolutionary changes taking place in Russia for inspiration. They campaigned for nursery provision, a national health service, maternity provision, better housing, legal changes regarding divorce and separation, alongside abortion and contraception.

Some of these demands have been met. Contraception is available free on the NHS. There is a limited provision for abortion under the 1967 Act. Women have maternity allowances and social security benefits. There is a National Health Service. Divorce laws have changed. We have the Employment Protection Act and Sex Discrimination Act. So why has all this still not been enough?

Basically, the post-war capitalist state managed to change itself so that some women's demands could be met and incorporated within the system. The establishment of the welfare state, now under threat with successive government cutbacks, managed to integrate changes in attitudes towards women

within its social planning. Smaller, more mobile family units suited the needs of post-war economic development. Sex without procreation became accepted and a distorted form of sexuality was used by the advertising media to encourage the consumer goods boom — which was needed to stimulate home demand in the economy. All this happened in the absence of a broadly-based feminist movement.

“HEW estimates, is not ashamed to estimate, that 250-300 women will die every year as a result of the Hyde amendment and that 25,000 women will be hospitalised with serious medical complications as a result of illegal abortions. They talk about right to life. Whose life? Clearly not the rights of the poor, Third World women to life. The fetus fetishists get all teary-eyed and sentimental about the right of every embryo to live. They say that abortion is murder but they will be responsible for the murder of countless women if the Doyle-Flynn bill is passed. Babies and human life are not their concern at all but the oppression and control of women. They know that when woman is in control of her reproduction she is in a much better position to control and make decisions in other areas of her life.”

(Barbara Smith. Speech given at a demonstration in Boston USA, Aug. 1977)

THE FIGHT FOR ABORTION TODAY

Stella Browne wrote in 1935:

“Abortion must be the key to a new world for women, not a bulwark for things as they are; economically or biologically. Abortion should not be either a prerequisite of the legal wife only, or merely a last remedy against illegitimacy. It should be available for any woman, without insolent inquisitions, nor numerous financial charges, nor tangles of red tape. **FOR OUR BODIES ARE OUR OWN**”.

These sentiments are the starting point for the National Abortion Campaign. Though the demand for abortion *appears* to be related only to the question of women's fertility, in practice it raises the central problem of women's oppression under capitalism.

The National Abortion Campaign is an integral part of the women's liberation movement, along with the consciousness raising groups, women and health groups, anti-rape groups and the Women's Aid Movement. Out of the richness of ideas and experiences the present women's movement has developed a clearer, stronger, feminist consciousness, theory and practice which contains a recognition that the personal is political.

But whilst the struggle around abortion has been central to the development of the women's movement in France and Italy, NAC in Britain has tended to distance itself from the rest of the women's movement. This is because it has been run as a single issue campaign and has not concerned itself with the related concerns of women's health and sexuality. As such, it has been dominated by members of left groups and has attracted few feminists.

The National Abortion Campaign has also suffered a polarisation in its activities over whether to conduct a national campaign or to campaign locally for abortion provision. Concentration on abortion legislation, whether fighting anti-abortion bills or proposing positive legislation has forced the campaign into a defensive position. At the local level, however, there is more scope for an offensive and broad-based campaign. This can be achieved by raising the issue of sexuality, child- and health-care and fighting for daycare abortion clinics within the provisions of the 1967 Act.

Whilst it is now possible to give women the means with which to control their reproduction, it is clear that only limited progress can occur under capitalism. It is only through a revolutionary transformation of society that women will have the space to make and win demands for the total control of their reproductive capacity without interference from the church or the state. Moreover, the experience of revolutions in the Soviet Union, Eastern Europe and China demonstrates that patriarchy will not be abolished unless the liberation of women is made an integral part of the revolutionary programme and not a secondary issue which will 'automatically be solved by the the abolition of class exploitation'.

The demand for a woman's right to choose is a demand



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which questions the exploitation of women under capitalism. It is not simply the choice between having or not having a child, but a question of the conditions in which children are brought up, the quality of housing and healthcare, the availability of nursery facilities, a woman's choice of work inside and outside the home, of women's enforced financial dependence on men. As such, it raises the demand for communal responsibility for childcare; that it should not be done by women alone. The only way whereby women can lead an independent life, free from the sexual division of labour is by the state itself financing the reproduction of the labour force. This, it should be stressed, does not imply the mass introduction of state-controlled nurseries, healthcare and old people's homes and the shutting off into compartments of these sections of the population as under capitalism, but community control and integration.

“Abortion on Demand” and “a Woman's Right to Choose” are revolutionary demands. They are class issues not just because because working class women are more affected by cuts in NHS abortions or because, through the abortion struggle, women can become involved in broader and more political issues. Abortion is a class issue because it cannot be separated from the fight over money, housing, health and nursery facilities — the fight for working class control over society.

BIBLIOGRAPHY

- “Midwives, Witches and Nurses” — Barbara Ehrenreich and Deidre English. *Glass Mountain Pamphlets*, New York.
- “Their Bodies Themselves” — article by Jill Rakusen in *World Medicine*, Sept. 1977.
- “Of Woman Born” — Adrienne Rich, *Virago*, 1977.
- “Hidden From History” — Sheila Rowbotham, *Allen Lane*.
- “Women, Resistance and Revolution” — Sheila Rowbotham, *Pluto Press*.
- “A New World For Women” — Stella Browne, *Socialist Feminist* — Sheila Rowbotham, *Pluto Press*, 1977.
- “I'd rather swallow the druggist's shop and the man in it than have another kid.” — *Spare Rib* #4. 1977.