

Threat, Accountability and The Right to an Abortion

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ABSTRACT: *Several human rights are linked to the sexual and reproductive health of women, including the right to life and freedom from torture, as well as the right to health and privacy. Economic, social and cultural rights and gender-based discrimination committees have both made it clear that women's health encompasses sexual and reproductive health (SRH). Abortion-rights movements; birth control; freedom from coerced sterilization and contraception; the right to access high-quality reproductive healthcare; and the right to education and access so that women can make free and informed reproductive choices are some or all of the women's reproductive rights that may include. These rights may include the right to sexually transmitted infection prevention education, the right to menstrual health, and protection from harmful practices like female genital mutilation, among other. According to researchers, "we particularly want to target women since they make up 50% of the population." For some reason, being white alpha men doesn't help. Some patients believe we, as physicians, are blaming them for everything. Even though she may not be aware of it, a woman who is pregnant today will have an impact on her grandchildren's lives since the egg that will become that kid is growing in the uterus at this very now.*

KEYWORD: *Abortion, Health, Risk, Responsibility, Sexual.*

1. INTRODUCTION

With the publication of their book "Fetal Matrix" in 2004, there was a rush of popular media interest centred on "crucial new research" by New Zealand's own Professor Peter Gluckman of Auckland University's Liggins Institute and his colleague Professor Mark Hansen. Written for a general audience, 'Fetal Matrix' offered "new scientific evidence" that our pregnant "mothers" decide the beginnings of health and obesity by the quality of the womb environment. Researchers described this "crucial new study" in the Listener at the time the book was published, describing what would more properly be classed as a theory or hypothesis [1]. "How a fetus reacts to the nutrient supply it receives in the womb, and what kind of nutrient supply it receives are key factors in whether an adult will be susceptible to heart disease or prone to obesity," according to researchers, through a mechanism he calls "predictive adaptive responses," or PARS. "Pregnancy fat affects children," "Breakthrough in obesity battle," "Obesity a mother of a problem," "Junk food mums have fat children," "Why health at conception must be immaculate," and "They are what you eat" were some of the headlines in daily newspapers and popular magazines announcing the hypothesis described in the "Fetal Matrix."

Gluckman's status as a "global authority" in the growing area of scientific health study known as perinatal fetal physiology has undoubtedly piqued local media interest in his findings. However, in recent years, "new scientific evidence" concerning the dangers presented by women's reproductive choices has garnered a lot of popular media attention in Aotearoa New Zealand [2]. We've heard media stories linking a growing number of chronic illnesses, such as heart disease and diabetes, to fetal experiences in the "womb environment," as well as societal problems including attention deficit disorder, juvenile conduct disorder, and adult criminal offending.

The presentation of "new scientific findings" on reproductive hazards occurs in a social environment in which scientific information retains cultural authority as objective, logical, and empirical, and is seldom placed in its social and political settings. The mass media's presentation of new scientific and biological information is characterized by a focus on beneficence and a lack of critical criticism, which adds to the "unquestionable truth" of these knowledge claims and their translation into current certainty. This study is also being published at a time when public health policy and health promotion efforts are increasingly being seen as reflecting a neoliberal political mentality by emphasizing individual lifestyle choices as the primary determinants of health and disease.

The relationship between women's experiences of reproducing, including their understanding of their responsibilities and "risk management" practices, and the way meanings about reproductive bodies and

reproductive risks/responsibilities are socially constructed, was examined in this study, which was based on my experiences as a midwife. In my practice, I became increasingly concerned about the gendered implications of the intensifying scientific, public health, media, health professional, and popular discursive emphasis on individual women's pregnancy and pre-pregnancy health behaviors as risky to fetuses, as well as the effects on women of the now well established public profile of fetuses as the "unborn child," and the gendered implications of the intensifying scientific, public health, media, health professional, and popular discursive emphasis on individual women' I was interested in the circumstances that led to individual pregnancy health behaviors such as smoking and drinking during pregnancy, diet, hours worked, and stress management, as well as compliance with national antenatal screening programmes and other biomedical interventions, becoming public health policy priorities [3]. I saw significantly more social structural risks to fetal and maternal health in the region where I worked, particularly socioeconomic disadvantage, which included poor educational results, high unemployment, below poverty line assistance, and inadequate housing. My study focused on the meanings of reproduction and how it relates to health. I was curious in how these meanings came to be, who these meanings primarily serve, and how these meanings affect both individual women's pregnancies and efforts to individualize and gender common understandings of the origins and causes of health and disease[4].

1.1 Context:

Scholars that use poststructuralist and social constructionist views have repeatedly refuted the widely held cultural belief that science and biomedicine, with their objectivity, rationality, and empiricism, generate naturally unfolding authoritative knowledge. The body, and our perception of health and disease, are not biological givens, but rather creations of particular types of knowledge, discourses, and practices that are historically and culturally unique, and always part of a larger network of power relations, according to these views. If the body and its health and disease processes are to be viewed as the result of discourse, then scientific and biomedical knowledge claims become a critical site of investigation since they are social institutions that have shaped and continue to shape how we perceive the body.

Feminist analyses have looked at our understandings and treatments of women's physiological processes including menstruation, childbirth, and menopause, and have attempted to destabilize science and biomedicine's "objective" knowledge's and languages regarding these body processes. These analyses have revealed the gendered stereotypes and metaphors about women's bodies that are hidden within these knowledge's, as well as how they have contributed to the construction of women's body processes as deviant, faulty, or risky, requiring surveillance, management, and expert intervention.

For feminist studies, the social construction of reproduction has been a source of great concern. These studies have shown how scientific knowledge production, as well as its dissemination through popular culture, public health policy, and maternity care, has contributed to a widespread cultural understanding of reproduction as a conflict between two separate individuals, pregnant women and fetuses, each with their own needs and rights. These studies have shown how pregnant women have been isolated from their fetuses and their social surroundings in the common imagination, and as a consequence, have progressively been converted into a danger to "the unborn" and public health in general [5].

The development of fetal personhood and the naturalization of fetuses as social agents in their own right has been a crucial prerequisite for this change. We don't have to go far to see evidence of these changes in our own backyard. Images of fetuses abound: they seem as distinct creatures from the pregnant woman in whom they are found, "floating in space." They may be seen on anti-abortion billboards on the side of the road. They're on the front pages of newspapers and magazines, touting "promising new discoveries" in reproductive technology, health education materials, and glossy coffee table books depicting "how life started." However, fetuses are more than just images; they are increasingly speaking to us via anti-abortion demonstrations, public health campaigns urging women to alter their habits, and advice (even imperatives) offered to pregnant women by maternity caregivers, worried relatives, friends, and passersby.

Perinatal fetal physiology and fetal medicine are developing as fast expanding fields of scientific and biological study and competence in this societal setting. The media plays an important role in establishing new scientific findings as current knowledge. Scholars have studied media coverage of new scientific and biomedical knowledge and discovered that this type of reporting lacks critical coverage or commentary by

journalists, instead projecting a progressive and beneficial face of science, as well as the moral and urgent imperative to act on its findings. Researchers believe that the failure to acknowledge both the provisional character of scientific research and its political context is the consequence of this erroneous presentation of new scientific discoveries in scientific and health news media. Journalism often takes the role of a "institutional advertising" for new scientific discoveries, as the hybrid phrase "scientific journalism" suggests[6].

Building and legitimizing scientific and technical knowledge is accomplished via a social network, with the mass media serving as one of the primary actors, but which also includes public health policy, health promotion, and biomedical practice as important players. The work of Foucault has been used to examine the relationship between bodies as social constructs and what he termed the "bio politics" of neoliberal societies; that is, the ways in which state apparatuses or institutions such as biomedicine, public health, the media, the education system and the law seek to control the population through particularized constructions of individual bodies and bodily behaviour, ensuring citizens remain productive, self-regulatory, and law abiding citizens. He referred to this as disciplinary authority [7].

The infiltration of neoliberal politics and ideology into the operation of government over the past few decades has been documented by commentators, who have noted an increased emphasis on the role of the market in informing governance, a diminishing role for the state in the provision of health and welfare services, and a growing reliance on individual initiative and responsibility. As a result of a rising focus on self-governance and self-care as a rationale for decreased governmental responsibility and engagement in people's health and well-being, neoliberalism in health policy may be defined as follows:

New public health policies are implicated in this argument of decreased governmental responsibility for health in neoliberal society, which draws on "new scientific knowledge" regarding the origins of health and disease. As public health methods have evolved, an increasing focus has been placed on people's behaviour and the dangers to their health presented by every element of their "lifestyle." As part of the normalization tactics of public health, these risk discourses have led to the creation of a specific type of ideal neoliberal subject known as "the healthy citizen." A person who takes individual responsibility for managing and self-regulating the risks presented by their lifestyle behaviour, not only to guarantee their own health, but also the health of the country, is referred to as a "healthy citizen." They actively strive to maximize their health possibilities while minimizing the dangers to which they are exposed by taking proactive measures. In order to participate in activities that are in their best interests, they simply need direction and counsel from people with "expert" knowledge. They self-regulate their own behaviour as well as the behaviour of others. Individuals who fail to carry out these responsibilities and decrease health "risks" may be subjected to moral judgement, blame, and shame as a result of their health problems.

1.2 Monstrous Mothers and Good Mothers:

Pregnancy is created in these texts, both physically and textually, in ways that isolate the embryo or fetus from the pregnant mother, despite the fact that this is a biological impossibility in the first place. In its own right, the fetus is a sovereign person with wants and rights that are jeopardized by the decisions made by the expectant mother while she is pregnant. This personhood is conferred to the fetus regardless of its gestational age, and in certain cases, even before it is born into the world. It is possible to build the personhood of the fetus in two distinct ways. Pregnant women, who identify as "mothers," are drawn to the fetus as "unborn baby."

A vulnerable and dependent person, the "unborn baby" needs the protection of others if the pregnant mother fails to fulfil her parental duties to her child. While in the "womb environment," the fetus serves as a model for the future "healthy citizen," whose lifelong health is decided by the pregnant woman's actions and those of her unborn child. Pregnant women are held personally accountable for the health of society in the years to come. Prejudice against a "future citizen" comes at significant financial and societal expense, since it is possible that the fetus may not develop into a completely autonomous and self-regulating "healthy citizen [8]."

More, unborn people are emerging as the primary topic of pregnancy, and as the center of professional and public attention, while pregnant women are becoming increasingly invisible. While the personality and

sovereignty of fetuses are claimed, the personhood and sovereignty of the women who "house" them is undermined, and they are relegated to the margins of society. This is accomplished in a variety of ways across these books[9].

2. DISCUSSION

In the "maternal environment," the pregnant woman has been separated from her social context and reduced to her body's reproductive function, which is defined as "maternal." Women who are pregnant do not have a face or a voice, whereas fetuses communicate with us from "the womb." It is suggested that the pregnant body serves as a container or vessel for the fetus. Pregnancy should be organized in such a way that the "maternal environment" is prepared to accommodate the growing fetus. A poorly constructed container may be a very hazardous and poisonous environment for the unborn if it is not properly sealed. The "womb environment" is portrayed both physically and textually as an empty vessel inside which the unborn rests or floats, and which may become contaminated or poisonous as a result of the embryo's development. This model does not include any representation of the placenta or any other elements of pregnancy physiology [10].

According to these writings, a "good pregnant woman" is one who recognizes and embraces her individual and maternal duties for the health and well-being of her "baby" as well as for the health of society as a whole. She is willing to put her own "selfish" wants aside and will do everything she can to guarantee the safety of her "baby," regardless of the cost. Both self-regulation and consent to all suggested treatments, such as prenatal screening, are expected of the "good pregnant mother."

A little education on the dangers to a "good pregnant woman" is all that is required; after all, what "good mother" wouldn't react properly in this situation? In order to prevent stress on the fetus, the "good pregnant mother" will significantly reduce her work hours, be vigilant about her diet, refrain from smoking and drinking, be neither too young nor too old, maintain the "right weight," refrain from listening to loud music, undergo all available screening tests, and take all available supplements. This universalized subject, the "pregnant woman," does not belong to any particular society or culture, and she is not portrayed as a member of any particular family or group. The fact that males are not present in these texts as reproductive subjects or as reproductive hazards, nor do they have any reproductive duties, leaves us in the dark as to whether she is in a relationship with a man[11], [12].

In light of the overwhelming emphasis placed on pregnant women's individual responsibility for determining the health, and future health, of the fetus, fetal harm is increasingly understood as the failure of the pregnant woman to fulfil her "maternal responsibilities" or her societal responsibilities. The "monstrous moms" are very dangerous topics; they are unfit to be mothers and are irresponsible members of the community. They are under constant observation and moral judgement, and they can only be held accountable for their actions. In the event that concerned citizens believe that the pregnant woman's behaviour is putting the fetal subject in danger, they are urged to act on their behalf or that of the "unborn baby" or "future citizen." The "monstrous moms" express sorrow and guilt for what they have done. Their stories serve as a warning to other women about what may happen if they do not pay attention to the dangers and self-regulate their behaviour.

3. CONCLUSION

A short overview of my results from a study of public health materials and popular local media stories describing "new scientific research" targeted towards pregnant or "pregnant" women is given in this paper. Other researchers have concluded that we are seeing the development of a culture of animosity against pregnant women, which is based on the creation of embryonic personhood and the gendering of neoliberalism's "healthy citizen." My results corroborate these conclusions. However, although neoliberal health policy stresses the importance of individual lifestyle choices in determining health and places responsibility for one's own health on the person, my results suggest that not all people bear the same level of responsibility for their own health. It appears that pregnant women, who have been removed from their social contexts and implored, through appeals to "good mothering" and "scientific evidence," to take responsibility not only for their "unborn baby," but also for the future of the nation's health, are increasingly becoming the locus of responsibility.

Most pregnant women are anxious to protect the health of their unborn child and are willing to embrace the obligations that come with becoming a mother. Those women with the fewest financial resources are the least

capable of carrying out their duties as "pregnant healthy citizens," and they are therefore the most vulnerable to being held responsible and feeling guilty. This is a horrible injustice that should be addressed immediately. In the words of one scholar, "the whole goal of neoliberalism, both domestically and globally, is linked to a huge process of exporting the blame from the choices of the dominant classes onto the state and onto impoverished people." Health, when viewed as the duty of individuals or their mothers, does not need the expenditure of money and is no longer a gauge of a fearless and fair society. In order to address the social structural determinants of health, such as grinding cycles of poverty and marginalization's of all kinds, capital, state responsibility, and the application of social justice principles are required, and this is never going to be in the interests of a state that is guided by the ideology of neoliberal economics.

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