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The Multiplicity of Abortion Pills: Considering the Public Constructions of RU486 in Sweden

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Abstract

To this day, abortion pills are a contentious technology – used freely and legally in some countries while prohibited in others. Previous scholarship has shown abortion pills to be difficult to integrate into medical systems. Available since the early 1990s, little has been written on the early adoption of abortion pills in Sweden, one of the first countries to register the compound RU486 for use. This is remarkable if we consider what is at stake when introducing new abortion technologies – namely, the conditions for gender equality and the very tangible implications for maternal health. This article examines the Swedish process of acquiring RU486: mapping the varied actors invested in its use, and analysing the different constructions of abortion pills that were made in these networks. It argues that earlier reproductive research initiatives and their extensive press coverage helped to make registration possible for RU486 in the early 1990s. Comparisons between the constructions of RU486 in Canada and the U.S. illustrate a few key differences between the countries and show why, despite many similarities, Sweden was the first to officially acquire the drug.

Keywords

abortion pill – medical abortion – history of medicine – RU486 – Sweden

In many parts of the world today, abortion pills can be difficult to come by. Depending on where one lives, laws may prohibit their use or make them

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difficult to access. Abortion remains a contentious issue in many countries, as is illustrated by the recent attempt by a group of anti-abortion organizations to restrict the use of abortion pills in the United States.[1] In countries with restricted abortion access, unsafe abortions are a main cause of maternal deaths.[2] As is often said in response to draconian abortion laws, criminalizing abortion does not stop people from seeking abortions, it just makes abortions unsafe.

With the development and use of abortion pills, however, illegal abortion has the possibility to take on a new, safer form. Since the introduction of these drugs, reproductive activism has changed, being channeled through postal services where this conduit was previously not available.[3] In her work on abortion pills in the UK, Sally Sheldon has argued that abortion pills decentre the role of the physician and make illegal abortion less dangerous.[4] And while it remains the case that abortion pills are legally restricted in some countries, they are regularly and legally used in others. It is noteworthy that several European countries enabled early medical abortion at home, following social distancing restrictions put in place due to the Coronavirus pandemic.[5]

Three decades after the abortion pill was first introduced to international markets, it has brought about significant changes in the medical systems of some of the adoptive countries. Sweden was one of the earliest countries to adopt the technology, approving the abortion pill RU486 for use in 1992. While work has been done on abortion pills in other countries, such as the USA and Canada where abortion pills were approved in 2000 and 2017 respectively, little has been written about Sweden despite its quick adoption of the technology.[6] This is remarkable if we consider what is at stake when introducing new abortion technologies – namely, the conditions for gender equality and the

1 Mariana Lenharo, "Abortion-pill Challenge Provokes Doubt from US Supreme Court," *Nature* (26 March 2024), <www.nature.com/articles/d41586-024-00938-4>, accessed 24 May 2024.

2 Anibal Faundes and Iqbal H. Shah, "Evidence Supporting Broader Access to Safe Legal Abortion," *International Journal of Gynecology & Obstetrics*, 131 (2015), 56–59.

3 "About Women on Web," *Women on Web*, <www.womenonweb.org/en/page/521/who-we-are>, accessed 16 July 2024.

4 Sally Sheldon, "The Medical Framework and Early Medical Abortion in the U.K.: How Can a State Control Swallowing?" in *Abortion Law in Transnational Perspective: Cases and Controversies*, eds. Rebecca Cook, Joanna Erdman and Bernard Dickens (Philadelphia, PA, 2014), 193.

5 Jovana Stanisljevic and Neva Bojovic, "How the Pandemic Changed Abortion Access in Europe," *The Conversation* (8 June 2021), <https://theconversation.com/how-the-pandemic-changed-abortion-access-in-europe-161548>, accessed 24 May 2024.

6 Patricia Campbell, "Making Sense of the Abortion Pill: A Sociotechnical Analysis of RU486 in Canada," *Health Sociology Review*, 27/2 (2018), 121–135; Adele Clarke and Theresa Montini, "The Many Faces of RU486: Tales of Situated Knowledge and Technological Contestations," *Science, Technology, & Human Values*, 1/1 (1993), 42–78.

very tangible implications for maternal health. Previous research has also argued that international abortion contexts matter to national policies.[7] Having a better understanding of various national abortion frameworks will make it possible to examine how these contexts have influenced each other. And although the scholarship on anti-abortion sentiments in Sweden is thin, recent work has shown "the emergence of a political discourse that seeks to politicise abortion and to constantly debate it".[8] There is thus sufficient research material to help us better understand how abortion has been seen and treated in the Swedish context.

That being the case, this article examines an important turning point in abortion care in Sweden – the official introduction of RU486. How and why, exactly, was Sweden able to license RU486 in 1992? What did the process to acquire the medication look like? And who were the most prominent actors involved in this process? Using a mixture of media material, official documents, and scientific reports, this article examines different stakeholders in the Swedish abortion arena and complicates the widely held image of Sweden as simply a "progressive" and "sexually liberated" country. Piecing together a network of actors shows that there were many factors that helped to make the use of the early abortion pill possible. In particular, I emphasize the role of technological development in making new constructions of abortion, a perspective that has until recently been missing from the history of Swedish abortion.[9] In a tradition of science and technology studies (STS), this article examines different versions of RU486 that were made in these networks – illustrating how the presence of a new abortion technology contributed to different versions of what abortion could be.

Previous research on abortion pills has focused on RU486's introduction and integration into various medial systems, highlighting the contested status of the technology.[10] Scholars have analysed the many actors involved in bringing RU486 to different countries, demonstrating that it was not just

7 Heli Askola, "Dropping the Ball or Holding the Line? Challenges to Abortions Laws in the Nordic Countries," *Women's Studies International Forum*, 66 (2018), 25–32, at 29.

8 Ibid., 30; see also Ulrika Westerlund, "Nutida abortmotstånd i Sverige: en ideologianalys av inom- och utomparlamentariska aktörer" (Masters diss., Uppsala University, 2019), 18.

9 Various scholars have written comprehensive and rich accounts of abortion history in Sweden – see, for example, work by Lena Lennerhed, Maud Eduards, and Solveig Jülich –, but few have placed any emphasis on abortion technologies.

10 Clarke and Montini, "Many Faces of RU486"; Elaine Gale Gerber, "Deconstructing Pregnancy: RU486, Seeing 'Eggs,' and the Ambiguity of Very Early Conceptions," *Medical Anthropology Quarterly*, 16/1 (2002), 92–108; Campbell, "Making Sense of the Abortion Pill"; Carole Joffe and Tracy Weitz, "Abortion Attitudes and Availability," *Contexts* 9/2 (2010), 64–65.

anti- or pro-abortion sentiments that were involved in these processes.[11] Here, I show how this new abortion technology gave rise to a multiplicity of ways in which abortion came to be understood in Sweden. By studying the process of construction, I examine how actors described and emphasized different abortion pill qualities, making some more visible than others. When referring to abortion pills as a technology, I build upon work done in both STS and the history of reproduction.[12] In this context, technology denotes a physical object – specifically, a combination of pills – that impacts reproduction. In the same STS tradition, this article draws attention to the way a physical object is an important part of the network, emphasizing that change occurred due to its presence in the network and the way other actors interacted with it. As I will show, the appearance of RU486 in the Swedish context was not entirely novel, and this was reflected in the way in which abortion was re-imagined subsequent to its introduction.

I will compare constructions of abortion made in the Swedish network with the two other national contexts for which extensive network and construction analyses have been done, namely Canada and the United States. Though the scholarship on RU486 and historical work on abortion pills is sparse, such research as has been undertaken can show how a stigmatized and controversial technology becomes normalized. By comparison with similar work done in Canada and the United States, I show that Sweden was in some respects not unique, despite its having approved the use of RU586 much earlier than its North American counterparts. It can be argued, however, that earlier reproductive research initiatives and their extensive press coverage did make the adoption of RU486 easier in Sweden than in other national contexts.

First, I introduce the abortion compound RU486 (section 1), giving a brief overview of its development and initial entrance to international markets which shows the controversy that initially surrounded the technology. I then outline major events in Swedish abortion history (section 2), showing which actors and networks were relevant before RU486 was brought to Sweden. Next, I provide details about the process of officially adopting the abortion technology (section 3), introducing the various actors involved, and the main constructions of the technology. Finally (section 4), I analyze the unique

11 Gerber, "Deconstructing Pregnancy," 92–108; Clarke and Montini, "Many Faces of RU486," 42; Campbell, "Making Sense of the Abortion Pill," 121.

12 Jesse Olszynko-Gryn, "Technologies of Contraception and Abortion," in *Reproduction: Antiquity to the Present Day*, ed. Nick Hopwood, Rebecca Flemming and Lauren Kassell (Cambridge, 2018); Wiebe Bijker, "How is a Technology Made? – That is the Question!" *Cambridge Journal of Economics*, 34 (2010), 63–76, at 64.

network characteristics and constructions that made RU486 adoption less controversial in Sweden than in other contexts.

1 RU486 Background

In the early 1980s, the French biochemist and endocrinologist Étienne-Émile Baulieu began working with an antiprogestogen called RU486 – later known as mifepristone –, a drug that blocks progesterone receptors.[13] The compound was produced by the French pharmaceutical company Roussel-Uclaf and was intended for terminating early pregnancies.[14] The problem with RU486 as an abortifacient, however, was its success rate, which researchers could not get past 80 per cent.[15] Looking for solutions, Baulieu turned to the WHO, which had been running a reproductive research unit since the early 1970s.[16]

In 1983, Baulieu wrote to a medical officer at the WHO, asking for an update on another abortifacient compound – prostaglandins.[17] The WHO Research and Training Centre at Karolinska Institute in Stockholm had a Prostaglandin Task Force that had been active since the early 1970s.[18] Two Swedes, Marc Bygdeman and Nils Wiqvist, had been coordinating global clinical trials of different prostaglandin analogues. Hundreds of Swedish women had participated in these trials over the years at a testing site at Karolinska Institute's women's clinic.[19] The Swedish state had taken various measures to allow clinical testing of abortion pills, and the Swedish media had thoroughly reported the attempts to design a new reproductive technology.[20]

Now, more than a decade after the Swedes had begun their own abortion pill trials, French and Swedish attempts converged. Through the WHO, Baulieu and Bygdeman collaborated, combining RU486 with a prostaglandin analogue: RU486 blocked progesterone and made the uterine lining unsuitable for implantation; the prostaglandin analogue, administrated several hours later,

13 Étienne-Émile Baulieu, "Contragestion and Other Clinical Applications of RU486, An Antiprogesterone at the Receptor," *Science*, 245/4924 (1989), 1351–1357.

14 Clarke and Montini, "Many Faces of RU486," 46.

15 Étienne-Émile Baulieu and Mort Rosenblum, *The 'Abortion Pill': RU486: A Woman's Choice* (New York, 1991), 86.

16 Morag Ramsey, "The Swedish Abortion Pill: Co-producing Medical Abortion and Values, ca. 1965–1992" (PhD thesis, Uppsala University, 2021), 142–164.

17 "Letter from Étienne-Émile Baulieu to Patrick Rowe, June 30 1983," Special Programme HRP – Task Force on Prostaglandins for Fertility Regulation, Nov 1982–July 1983, June 30 1983, H 9/445/21, WHO archives.

18 Ramsey, "The Swedish Abortion Pill," 152.

19 Ibid., 117–118.

20 Ibid., 120–141.

increased uterine contractions. While RU486 on its own did not have as high a success rate as researchers had hoped, and while prostaglandins on their own had side effects that were too severe, their combination increased the success rate to 95 per cent and resulted in milder side effects.[21]

By 1988, RU486 with an accompanying prostaglandin analogue had been tested in 73 health centres across France.[22] The combination was deemed a success and RU486 was regarded as ready for mass production and distribution. Not long after RU486 was made available in France by the pharmaceutical company Roussel Uclaf, however, it was quickly removed from the market. Backlash from anti-abortion groups – who encouraged a boycott of the company, planned protests, and threatened pharmaceutical executives and their families – caused the pharmaceutical company to reverse its decision to sell.[23]

Two days after Roussel Uclaf pulled RU486 from the market there was an international outcry against their decision, with a petition signed by a thousand doctors who had convened in Rio de Janeiro for the Twelfth World Congress of Gynecology and Obstetrics.[24] The French government also intervened, with the French minister of Solidarity, Health and Social Welfare claiming that RU486 was "important for public health and that the drug was 'the moral property of women'."[25] As we shall see, this claim of RU486 as being "the moral property of women" was both supported and criticized by feminist groups, in a development that further complicated the narrative around the drug.

If Roussel Uclaf refused to sell RU486, the French Minister of Health could invoke French patent law and force Roussel Uclaf to transfer the drug patent to another company.[26] This law would only have effect in France, however, and the pharmaceutical company could still choose to limit distribution elsewhere. Anti-abortion groups, particularly in America, continued to create obstacles for the company, and the American president George H. W. Bush levied an import ban on RU486.[27] While the pharmaceutical company bowed to the pressure

21 Baulieu and Rosenblum, *The 'Abortion Pill'*, 35.

22 Louise Silvestre, Catherine Dubois, Naguy Renault et al., "Voluntary Interruption of Pregnancy with Mifepristone (RU486) and a Prostaglandin Analogue," *The New England Journal of Medicine*, 322/10 (1990), 645–848, at 646.

23 Clarke and Montini, "Many Faces of RU486," 47; R. Alto Charo, "A Biopolitical History of RU-486," in *Biomedical Politics*, ed. Kathi E. Hanna (Washington, D.C., 1991), 46.

24 Rebecca Cook, "Antiprogestin Drugs: Medical and Legal Issues," *Family Planning Perspectives*, 21/6 (1989), 267–272, at 268.

25 Ibid.

26 Rebecca Kramnick, "RU 486 and the Politics of Drug Regulation in the United States and France," *Cornell International Law Journal* (1992), 677–718, at 687.

27 Carole Joffe and Tracy Weitz, "Normalizing the Exceptional: Incorporating the 'Abortion Pill' into Mainstream Medicine," *Social Science & Medicine*, 56 (2003), 2342–2366, at 2355.

to make RU486 available in France once again, it did not automatically do the same for other countries.

It was not just anti-abortion activists, but also several feminist groups who were critical of RU486. The Institute on Women and Technology complained that the drug was not as safe or easy to use as some experts insisted.[28] They specifically brought up the use of the prostaglandin analogue, the side effects of which they considered to be problematic. In 1992, two members of the Feminist International Network of Resistance to Reproductive and Genetic Engineering, Renate Klein and Lynette Dumble, wrote an article that condemned the use of RU486. In addition to what they saw as the risks to individual women, Klein and Dumble were also worried about how the drug might impact the medical landscape, claiming that it made matters easier for doctors, not pregnant women.[29] Writing for *Science*, the journalist Michelle Hoffman wrote, "Now, for the first time, a split has occurred in the pro-choice forces with each side of the feminist lobby questioning the other's motives."[30] Being pro-choice did not mean accepting any new abortion technology. In the words of Chikako Takeshita, abortion pills were "versatile technologies" "adaptable to both feminist and non-feminist reproductive politics."[31]

The road to the mass marketing and supply of a new abortion technology was complicated by controversies embedded in reproductive topics. While Roussel Uclaf was hesitant to sell outside of France, a few countries – Sweden included – did succeed in acquiring the rights to RU486. So how exactly did this technology – criticized by actors on opposite sides of the political spectrum – find a home in Sweden?

2 Swedish Abortion History

As Adele Clarke and Teresa Montini maintained in their work, "[m]any of these constructions [of RU486] are historically embedded, reflecting the continuing controversial status of the reproductive sciences qua science as well as abortion qua practice."[32] Reproductive sciences and abortion have been controversial in

28 Michelle Hoffman, "Feminist Group Dissents on RU-486 Use for Abortion," *Science*, 254/5029 (1991), 199.

29 Renate Klein and Lynette Dumble, "RU 486/Prostaglandin Threats to Safe Pregnancy Termination," *Reproductive and Genetic Engineering Journal of Intersectional Feminist Analysis*, 5/2 (1992), 1–15.

30 Ibid.

31 Chikako Takeshita, *The Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies*, (Cambridge, MA, 2011), 3.

32 Clarke and Montini, "Many Faces of RU486," 43.

many contexts during the twentieth century, but understanding how they have been historically embedded in Sweden requires a closer look at an intricate network of specific movements, laws, and understandings of reproduction and abortion. While scholars have shown that the landscape in the United States during the 1980s was defined by an increasingly divisive abortion debate, the topic was not as polarized or violent in Sweden.[33] A closer look at some of the main events and processes that governed reproduction in Sweden will help to explain the network of actors invested in RU486 in the 1980s and the 1990s.

Throughout the twentieth century, reproduction was a key area of interest for the Swedish state. Reproduction impacted sexual education, medical services, and international aid, and was taken seriously by state actors. Abortion was an important part of reproduction policy and there were various laws guiding its use over the decades. In 1932, the Social Democrats were elected to power and brought in a series of reforms, including those that focused on housing, pensions, and health insurance, in a period that is often seen as the beginning of the welfare state.[34] During this time there were also changes in how reproduction was managed on a state level.

Concerns over a slow growth in the national population resulted in a governmental commission that examined the declining birthrate during the 1930s.[35] It was partly as a response to these concerns that the Contraceptive Act forbade the public spread of information on contraceptives in Sweden from 1911 to 1938.[36] There were those, however – groups and individuals –, who were fighting for expanded reproductive rights. One such individual was Elise Ottesen-Jensen, founder of the Swedish Association for Sexuality Education (RFSU). Opened in 1933, the RFSU advocated for contraceptives and sexual education.[37] While there were overarching reproductive initiatives led by the state, there were also non-state actors mobilizing around reproduction with opposing or conflicting views about how it should be managed.

During this time there were also state commissions into abortion. In 1938, Sweden legalized abortion in certain circumstances. Abortion could be

33 Johanna Schoen, *Abortion After Roe: Abortion After Legislation* (Chapel Hill, NC, 2015), 160.

34 Elisabet Björklund, "The Most Delicate Subject: A History of Sex Education Films in Sweden" (PhD thesis, Lund University, 2012), 13.

35 Maria Wisselgren, "Att föda barn – från privat till offentlig angelägenhet. Förlossningsvårdens institutionalisering i Sundsvall 1900–1930" (PhD thesis, Umeå University, 2005), 25–26.

36 Lena Lennerhed, "Sex Reform in the 1930s and 1940s: RFSU, the Swedish Association for Sex Education," in *Sex, State, and Society: Comparative Perspectives on the History of Sexuality*, ed. Lars-Göran Tedebrand (Södertälje, 2000), 392–394.

37 Ibid., 392.

administrated on medical, eugenic, and humanitarian grounds.[38] This meant that if a woman's life was in danger, if the pregnancy was the result of rape or incest, or if there were eugenic reasons to support the case for a termination, an abortion could be granted. Other scholars have shown that this abortion act was a result of new initiatives from the welfare state that focused on equality in their social reforms.[39] But while abortion was (in some instances) becoming a legal procedure, it was still a contested one, with opposition to the procedure often arising even within the medical community.[40]

The Abortion Act was amended in 1946 to include socio-medical grounds, which meant that if the birth of a child would negatively impact a woman physically or mentally, an abortion could be granted. Following the thalidomide scandal of the early 1960s, the act was amended once again in 1963 to include fetal damage.[41] A drug administrated to pregnant women to ease morning sickness, the use of thalidomide was discovered to sometimes result in fetal deformities; this was the outcome for 150 babies in Sweden.[42] The 1960s saw political activism among youth groups hoping to widen abortion services even further.[43] The Swedish state implemented another official investigation into abortion, eventually leading to the 1974 Abortion Act, in which abortion was made available to anyone before the eighteenth week of pregnancy.[44]

During this period, there were also various research initiatives that relied on the use of fetal tissue.[45] The development of Sweden's very own polio vaccine in the 1950s, for instance, used fetal tissue.[46] At the same time, there were also

38 Lena Lennerhed, *Historier om ett brott*: *Illegala aborter i Sverige på 1900-talet* (Stockholm, 2008), 38.

39 Lena Lennerhed, "Troubled Women: Abortion and Psychiatry in Sweden in the 1940s and 1950s," in *Transcending Borders*, ed. Shannon Stettner, Katarina Ackerman, Kristin Burnett and Travis Hay (Cham, 2017), 89–100, at 89.

40 Solveig Jülich, "Picturing Abortion Opposition in Sweden: Lennart Nilsson's Early Photographs of Embryos and Fetuses," *Social History of Medicine*, 31/2 (2018), 278–307, at 285; Annulla Linders, "Victory and Beyond: A Historical Comparison of the Outcomes of the Abortion Movements in Sweden and the United States," *Sociological Forum*, 19/3 (2004), 371–404, at 389.

41 SOU 2005:90, 44.

42 Kerstin Åsberg, "Neurosedynkatastrofen blev ett startskott," *Läkartidningen*, 48/108 (2011), 2486–2487.

43 Lennerhed, *Historier om ett brott*, 174.

44 Ibid., 185.

45 Helena Tinnerholm Ljungberg, "The Moral Imperative of Fetal Research: Framing the Scientific Use of Fetuses in the 1960s and 1970s," in *Medicine at the Borders of Life: Fetal Knowledge Production and the Emergence of Public Controversy in Sweden*, ed. Solveig Jülich (forthcoming), 238–259.

46 Ibid.; see also Per Axelsson, "The Cutter Incident and the Development of a Swedish Polio Vaccine, 1952–1957," *Dynamis*, 32/2 (2012), 311–328.

scientists working on reproductive research, experimenting with different hormones and hoping to develop new forms of contraception.[47] The mid-century overpopulation scare made the development of contraceptives just one part of a larger interest in family planning and foreign aid.[48] There were scientific reasons to support abortion legislation, alongside available infrastructure and sources of funding. Importantly for the case of adopting RU486, researchers in Sweden had for several decades also been trying to develop an abortion pill. As briefly mentioned, Marc Bygdeman, who collaborated with Baulieu in the 1980s, ran clinical trials on abortifacients at Karolinska Institute throughout the 1970s. The various abortion pill initiatives in Sweden had resulted in new legislation governing clinical trials, international collaboration with the WHO, and from the 1960s onwards there was media coverage of abortion pills in the Swedish press.[49]

From the 1930s, abortion was a state service, legally available under certain circumstances, and it continued to expand over the decades. While the procedure was still restricted and – at least prior to 1975 – difficult to access, doctors were still taught different abortion methods, fetal tissue was used in scientific studies, and reproductive research was conducted. The state, moreover, provided hospital spaces for the procedure, and continual investigations resulted in modifications of the laws determining who could legally be granted the right to an abortion. While women's rights were not at the forefront of many of these abortion reforms, new feminist movements in the 1970s were pushing for further liberalization of the abortion laws.[50]

Depictions of Sweden as a bastion of gender equality circulate to this day, and while there were real reforms that improved the material and social conditions for women during the mid-twentieth century – such as new parental leave laws and childcare programs –, abortion rights came about as a result of the activities of various actors and movements, not all of whom were necessarily motivated by the idea of furthering gender equality.[51] As we shall see, the adoption of a new abortion technology still raised issues in the 1990s, and there was anti-abortion and feminist criticism of abortion pills in the Swedish press. Public discussion of the technology prompted questions about

47 Ramsey, "The Swedish Abortion Pill," 59.
48 Ibid.
49 Ibid., 199.
50 Emma Isaksson, "Kvinnokamp: Synen på underordning och motstånd i den nya kvinnorörelsen" (PhD thesis, Stockholm University, 2007), 78.
51 Anita Nyberg, "Gender Equality Policy in Sweden: 1970–2010s," *Nordic Journal of Working Life Studies*, 2/4 (2012), 67–84, at 71, 73.

the point at which a new life can be said to have begun, whether abortion pills made the procedure "too easy," and other normative and moral inquiries.

3 Key Actors Making RU486 Constructions

As we have already seen, Roussel Uclaf was mostly unwilling to sell RU486 following an initial backlash from anti-abortion pressure groups. While the company had made efforts to begin the process of distributing RU486 to Sweden in 1988, anti-abortion action disrupted these plans.[52] The company then reasoned that if governments specifically requested the drug, they could be open to licensing it for use.[53] In Sweden, the licensing of RU486 needed to be done through Roussel Nordiska, the Nordic subsidiary of the pharmaceutical company. In July 1991, Arne Victor, the Department Head of the Pharmacotherapy Unit at the Swedish Medical Products Agency, sent a letter to Ursula Tengelin, CEO of Roussel Nordiska.[54] In the letter, Victor wrote that Great Britain had recently registered RU486 as an abortion method, indicating to Victor that it should be possible to also register the drug in Sweden:

> Within the Swedish Gynecology Union, there has long been expressed wishes for a Swedish registration of the preparation, which is perceived as an important complement to the current abortion methods. Against this background, I would like to state with this letter that we will, with the highest priority, consider any possible application for registration of RU486.[55]

According to the Swedish newspaper *Svenska Dagbladet*, he disclosed in an interview that this was the first time he had taken the initiative of sending a letter to a pharmaceutical company. He commented further that "we think it is important to come up with alternative abortion methods, and we know that both the Swedish Gynecology Union and RFSU are pressing to get the pill approved in Sweden."[56] The licensing of RU486 demanded a more intense involvement from the Medical Products Agency than the licensing of other

52 Charo, "Political History of RU-486," 78.
53 Ibid., 46.
54 "Letter from Arne Victor to Ursula Tengelin," Farmakoterapeutiska enheten, Läkemedelsverket arkiv.
55 Ibid.
56 Carina Johansson, "Läkemedelsverket vill få abortpiller godkänt," *Svenska Dagbladet* (24 July 1991).

drugs. But professional groups who provided reproductive health care were also invested in bringing RU486 to Sweden, creating further incentives for the Swedish Medical Agency. RFSU had long been an organization that was interested in developing and testing new contraceptive methods, and additionally, had employed physicians that had pursued abortion pill trials of their own since the 1960s.[57] The Swedish Gynecology Union was, and continues to be, the oldest union in the Swedish Society of Medicine, and had national working executive groups that studied different issues and produced reports with various recommendations.[58] Its members included physicians who had also been involved in testing abortion pills, including RU486.[59] The professional policy of the Swedish Gynecology Union, moreover, was that abortion was a medical procedure that physicians were obligated to provide.[60] As actors in the RU486 network, both the RFSU and the Swedish Gynecology Union were very much in favour of adopting abortion pills into their practices.

Tengelin issued a public and positive response to the Swedish Medical Agency's expression of interest in RU486, stating that it was likely that the company would make an application to have the drug licensed and registered in Sweden.[61] Tengelin's views notwithstanding, the process would be far from speedy.

By August, 14 Swedish obstetrics and gynecologists had sent their own letter (no longer extant) to Roussel Uclaf.[62] In a reconstruction of part of the letter, the doctors reportedly wrote that, "[t]he unwillingness of your company to provide mifepristone for scientific studies and to market the compound in Scandinavia is unacceptable."[63] While Tengelin had been positive about the odds of registering RU486 in Sweden, the process was perceived to be progressing too slowly. In her work, Alto Charo reasoned this could be due to worries about anti-abortion groups, and Roussel Uclaf's strategy of slowly rolling out the product, hoping to assess and thereby mitigate anti-abortion reactions in each national case.[64] That there was a Swedish state agency pressing for its distribution helped incentivize the company. The debate

57 Ramsey, "The Swedish Abortion Pill," 64.

58 "Om SFOG", *Svensk förening för obstetrik & gynekologi*, <www.sfog.se/start/om-sfog>, accessed 12 April 2024.

59 Ramsey, "The Swedish Abortion Pill," 64.

60 *Inducerad abort*. Stockholm: Arbets- och referensgruppen för familjeplanering, Svensk förening för obstetrik och gynekolog, 2006, 5.

61 Johansson, "Läkemedelsverket vill få abortpiller godkänt.".

62 Though this letter has not been found, one of the doctors who signed it, confirmed in an interview its existence: email correspondence with Marc Bygdeman (June 2020).

63 Baulieu and Rosenblum, *The 'Abortion Pill'*, 115.

64 Charo, "Political History of RU-486," 74.

around the abortifacient would also take place in the media, however, creating friction between individuals and simultaneously revealing arguments for and against the technology.

That summer, the potential adoption of RU486 was incorporated into Swedish national policy discussions. The year 1991 was an election year in Sweden and various political parties took it upon themselves to articulate a position on medical abortion licensing – the issue of RU486 became an overtly political one. This election pitched a left-wing bloc against another on the right: the left included the Social Democrats, the Green Party, and the Left Party (V), while the right included the Liberals, the Centre Party, the Moderates, and the Christian Democratic Unity (KDS). Political discourses after the passing of the 1974 Abortion Act had been mostly supportive of abortion, with criticism emerging only in the late 1980s.[65] Criticism of abortion in the early 1990s was couched mostly in Christian terms, with the issue being portrayed by Christian commentators as a conflict between women and fetuses, not between women and the state.[66] Among the political parties vying for support in 1991, KDS would take a prominent role in discussions of RU486, with the party leader, Alf Svensson, voicing his misgivings about the use of the compound.

The debate around RU486 was widely covered by most major Swedish newspapers, with several of them reporting that Svensson was "afraid that the abortion pill can lead to more abortions in Sweden."[67] Svensson was careful to state, however, that KDS did not want to change Sweden's abortion laws, but that they simply wanted to "safeguard life".[68] He also elaborated that, from a medical perspective, he was not opposed to new abortion technologies, outlining his position as follows:

> [...] it would be unreasonable not to want to have as little and few complications as possible for the women who absolutely need to have an abortion. Then the pill seems to be preferred.[69]

While KDS raised issues with RU486, they did not oppose making abortion easier for those who "absolutely" needed the procedure. The party did not want the number of abortions to increase, but they were also careful to avoid

65 Lenita Freidenvall, "In Pursuit of Bodily Integrity in Sweden," in *European Women's Movements and Body Politics: The Struggle for Autonomy*, ed. Joyce Outshoorn (Basingstoke, 2015), 118–152, at 133.

66 Maud Eduards, *Kroppspolitik: om moder Svea och andra kvinnor* (Stockholm, 2007), 119.

67 "Abortpiller oroar Alf Svensson," *Svenska Dagbladet* (25 July 1991); "Abortpiller bra alternativ," *Göteborgs-Posten* (25 July 1991) also reported on Svensson.

68 Carina Johansson, "Kds tvekar om piller för abort," *Svenska Dagbladet* (25 July 1991).

69 Ibid.

opening a discussion around new abortion laws. It was not simply a question of being anti-abortion or pro-abortion; Svensson introduced a range of other factors from which to oppose or support the adoption of any new drug. From the perspective of KDS, the introduction of a new abortion technology was an issue quite separate from the question of how abortion was legally governed.

Several individuals responded to Svensson in the newspapers, and these included the president of RFSU, Margó Ingvardsson. Ingvardsson was critical of political parties who remained silent on the potential availability of RU486 in Sweden, and posed the following questions:

> Is it because the abortion pill is unattractive to our politicians, or are there other reasons for the silence? Surely the politicians who care about the right to free abortion must also care about abortions occurring in the most painless possible way?[70]

Ingvardsson wanted transparency from political parties on RU486 and saw a tension between supporting the right to free abortion and not supporting the registration of RU486. Unlike, Svensson, Ingvardsson made a strong connection between the legal abortion terms and the introduction of a new technology: to support one, meant to support the other. Shortly afterwards, the Left Party (V) took a public position on the use of abortion pills. *Dagens Nyheter* reported that the party's vice leader, Gudrun Schyman, said that V welcomed the abortion pill and that they "reject all fears that it would be 'too easy to do an abortion'."[71] Schyman continued that it was never easy for a woman to choose an abortion, but if a woman had decided to abort, she should be able to do so herself. By contrast with Svensson, who was worried that the abortion pill would lead to more abortions, Schyman emphasized what she saw as the intrinsic difficulty of deciding to abort, and how women should be respected to make their own decisions.

Abortion remained a sensitive political topic in Sweden in the early 1990s, but it was not as polarizing an issue as it was in other countries. Since the 1974 Abortion Act, opposition to abortion had mostly come from religious and far-right actors.[72] In 1994, one of the parties in opposition, the far-right Sweden Democrats, published a manifesto that promised to limit the number of legal abortions granted to 'Swedish' women. Abortion, as they saw it, was directly linked to demographics, immigration, and population policies more widely.[73]

70 Margó Ingvardsson, "RFSU vill göra abort till valfråga," *Dagens Nyheter* (6 August 1991).
71 "V välkomnar abortpiller," *Dagens Nyheter* (16 August 1991).
72 Askola, "Dropping the Ball," 26; Freidenvall, "In Pursuit of Bodily Integrity," 133.
73 Askola, "Dropping the Ball," 30.

But more mainstream political parties did not share such extreme views. Parties such as KDS instead entered relatively carefully into a discussion on abortion technologies insofar as they made sure not to make any suggestions that would destabilize the existing legal framework. While KDS's history stretched back to the 1960s, they had not made a significant political impact on a national scale until the 1980s.[74] In this collaborative political climate, there were incentives to taking a moderate approach and not swinging to extremes on the issue of abortion.

While notable anti-abortion pill proponents in Sweden toed a careful line of not going after abortion directly, there was less restraint in the parallel Canadian and U.S. contexts. Anti-abortion actors in North America were concerned about how the pill could make abortion a more private act, less susceptible to the kinds of interventions that could be done by picketing abortion clinics.[75] In these contexts, abortion pills were constructed as removing the agency of anti-abortion protestors. Amongst advocates for RU486 in North America, there was some sentiment that the use of abortion pills could "shield women and doctors from wackos," by whom they could be physically accosted on their way into medical institutions.[76] This anti-abortion strategy was not employed in the same way in Sweden, and so constructions that cast RU486 as a technology that shielded women and healthcare providers from violent individuals did not feature in the Swedish networks.[77] Anti-abortion actors in Sweden instead focused on rising abortion rates and the ethics of abortion with regard to conception and questions about the point at which a new life can be said to have begun.

Various physicians wrote to the newspapers to air their diverging views on how this "life" question, fetuses, and RU486 were entangled. Jens Lunnergård, for example, wrote to *Svenska Dagbladet* about how the drug could harm the small percentage of fetuses that remained viable, describing risks of deformation.[78] Marc Bygdeman, the physician who had been involved with the development of prostaglandins as abortifacients, publicly responded to Lunnergård the following week. He said that Lunnergård was spreading false information about how RU486 worked.[79] The next month, Bengt Malmgren wrote an opinion piece for *Svenska Dagbladet* that discussed the exchange

74 Mats Kumlien, *Finns det ett kristet synsätt på abort?*, Working Paper 2012:2, 43–45.
75 Campbell, "Making Sense of the Abortion Pill," 126.
76 Ibid.
77 Ibid., 128.
78 Jens Lunnergård, "Kvinnorna sviks i svår situation," *Svenska Dagbladet* (21 September 1991).
79 Marc Bygdeman, "Abortpillret effektivt alternativ," *Svenska Dagbladet* (28 September 1991).

between Lunnergård and Bygdeman. Malmgren agreed with Lunnergård and wanted what he saw as a more ethical framework for the abortion law that would recognize life as beginning with conception.[80]

Following Malmgren's article, Barbro Westerholm, the parliamentary chairperson of the centre-right Liberal People's Party's Women's Federation, also wrote to *Svenska Dagbladet*. Westerholm criticized Malmgren, Lunngergård, and KDS for their position on RU486, writing that,

> The abortion pill that is now being criticized can be used for aborting pregnancy before the eighth week. The risk of bleeding and infection is estimated to be lower with this method than with those currently used. Anesthetic complications are avoided. These are the sort of improved methods that Bengt Malmgren wants to say no to. In what other area of medicine would one choose a more painful method of treatment than that offered by science?[81]

The deliberations around RU486 irritated Westerholm who saw these rather as prevarications, ignoring scientific progress. From her perspective, abortion was a part of medicine and should be treated as any other procedure. Arguments around "when life began" and "harming fetuses" were still being raised in the press by practising physicians, however.

As a doctoral student working under Marc Bygdeman, Kristina Holmgren conducted a study on women's experiences of early abortions, including the use of RU486. She was interested in whether women regretted having early abortions as this was a common fear among physicians and policy makers.[82] According to Holmgren, this was entwined with another fear – the fear that abortion was becoming too easy. Her study showed, however, that these fears were largely misplaced. Here, Holmgren wrote that,

> Women having a medical abortion reported more moral considerations than did the others, apart from more bleeding and pain. […] It appeared that women do not necessarily want to repress the fact they have undergone an abortion, as is sometimes presumed.[83]

80 Bengt Malmgren, "Stoppa nya abortpillret," *Svenska Dagbladet* (28 October 1991).
81 Barbro Westerholm, "Abortdebatten är reaktionär," *Svenska Dagbladet* (5 Novemeber 1991).
82 Kristina Holmgren, "Legal Abortion During Very Early Pregnancy: Women's Experiences and Ethical Conflicts" (PhD thesis, Kungl. Carolinska Medico Chirurgiska Institutet, 1994), 17.
83 Ibid., 46.

While even KDS resisted criticizing the existing abortion legislation, the sense that abortion was becoming "too easy" was repeatedly raised during the abortion debate as a general criticism. Holmgren showed to the contrary, however, that taking RU486 could often entail more "moral considerations" for women than other abortion methods. Having interviewed women who had received a medical abortion, a journalist for *Dagens Nyheter* wrote that, "the abortion pill is not a simple, easy-going method. On the contrary, it can mentally be a heavier decision to take a pill. The women feel that it is they themselves – not the doctors – who abort, and this leads to more moral considerations."[84] That women experienced more ownership of the abortion process somewhat exploded the ideas of those who said it made the entire process easier.

While RU486 was not officially on the market, it had been used in clinical trials at Karolinska Institute since 1983.[85] There was therefore media material featuring the direct testimony of women who had taken RU486. Unlike the accounts given by doctors or politicians, these reports often detailed the lived experience of taking RU468, including the pain, contractions, and bleeding. A trial participant was interviewed by *Aftonbladet* with the headline: The Abortion Pill Was the Worst I Have Gone Through.[86] In this article, she described her use of RU486, saying that the pain was worse than childbirth and that she could hardly get herself back to the hospital. The bleeding that she experienced lasted for six months. "The abortion with the pills was by far the worst I've ever been through," she concluded. "In addition, I was treated very nonchalantly."[87] Several other newspaper articles appeared which likewise raised concerns about the side effects of abortion pills.

A journalist from *Aftonbladet* was particularly critical of the new technology and wrote a piece called "Have you tried the abortion pill?" in which she invited women to be interviewed. The journalist wanted to find women who could describe taking the drug themselves. She wrote, "Is the so-called abortion pill as good as they say, old geezers? Oddly enough, it is mostly men – doctors, politicians etc. – that tell us how good it is. Good for who?"[88] The idea that new abortion technologies should not be whole-heartedly embraced by those who

84 Astrid Johansson, "Abortpillret bra," *Dagens Nyheter* (20 November 1991).

85 United States Congress, Committee on Small Business. Subcommittee on Regulation, Business Opportunities, and Energy, *The Safety and Effectiveness of the Abortifacient RU486 in Foreign Markets: Opportunities and Obstacles to U.S. Commercialization* (Washington, D.C., 1992), 28.

86 Niklas Bodell, "Abortpillren det värsta jag varit med om," *Aftonbladet* (4 December 1991).

87 Ibid.

88 Ingegerd Ekstrand, "Har du prövat abortpillret?" *Aftonbladet* (29 August 1991).

supported free abortion was prevalent in Swedish media coverage, just as it was raised in feminist groups abroad.

By contrast with these reports, several women who had taken RU486 also featured in newspaper articles praising the technology. In November 1991, a journalist from *Aftonbladet* interviewed a woman who had taken RU486, and was very satisfied with the procedure: "I am extremely positive about the abortion pill," she claimed; "[…] it was easy, didn't hurt, and went quickly. Directly afterwards I could have danced the cancan, no after-effects at all."[89] These articles typified the full range of reactions that appeared in the press; some women recommended RU486, while others warned against it.

It is important to remember that coverage of abortion pill development in Sweden was nothing new, but had been occurring in newspapers, radio and television segments since the 1960s.[90] Reproductive researchers and trial participants had spoken up about abortion pills – describing both their benefits and drawbacks. In 1970, a journalist excitedly reported on prostaglandin abortion research, claiming that abortion pills could redefine the procedure in more socially acceptable ways as women could take the pills when they had missed their menstruation and without knowing for certain if they were pregnant. This, the journalist argued, created a situation in which women did not even know if they were really aborting a pregnancy.[91] In different media forms, the reproductive researchers also stressed that abortion pills simply "restored a missed menstruation," and were vastly different from late-term surgical abortions.[92] Abortion pills had been touted as a special technology that changed the way abortion was considered from the 1970s onwards – from once being a surgical and invasive procedure, it had progressed to becoming simply a restoration of missed menstruation.

This was also not the first time women had been interviewed about their use of abortion pills. Since Bygdeman's prostaglandin trials in the 1970s, Swedish women had spoken up about their experiences of medical abortion in the press.[93] This created a more nuanced picture of the advantages and disadvantages surrounding the use of abortion pills, and forecast some of the discussions that would again arise with RU486. A notable example was a 1980 public television program, in which a young woman was interviewed in her

89 Magdalena Kvarning, "Det poppade ut en liten blåsa och sen var aborten klar," *Aftonbladet* (27 November 1991).

90 Ibid., 122.

91 Beatrice Glase, "Svenska forskare arbetar på en tablett som på en gång kan lösa abortfrågans både medicinska och sociala problem," *Vecko-Journalen*, 31 (1970), 6–7.

92 Insyn SR, TV1 (8 September 1971), 21:45–22:10.

93 Ramsey, "The Swedish Abortion Pill," 134.

kitchen and spoke about her abortion pill experience. Facing the camera, she sat beside her husband, and described the abortion pill as a good method, albeit one that required more participation from the patient and serious reflection about what it meant to abort a pregnancy.[94] She assured the interviewer that she did not see abortion pills as becoming a handy replacement for existing contraceptives.

There were also negative media depictions. In 1982, the newspaper *Aftonbladet* ran an interview with a 43-year-old woman who described her experience as follows: "I received an abortion pill and thought it would be simple and quite pain free. But for me it was just as painful as labour."[95] This article included descriptions of the abortion, including a list of potential side-effects such as fever, diarrhea, nausea, and pains similar to labour contractions. Media coverage had, for several years, exposed the public to varying physical reactions to abortion pill technology, so that the negative side effects of abortion pills were not entirely unknown or surprising. There were also feminist critiques of prostaglandin abortions – the journalist Barbro Larson, for example, wrote a newspaper article titled "Women as Guinea Pigs," in which she compared abortion pill trials to what she described as the high-risk contraceptive pill trials that had occurred in the 1950s. A range of reactions to abortion pill technologies had thus been presented in different media forms in the decades preceding RU486. The subsequent discussions over RU486 mirrored many earlier arguments about prostaglandin abortion methods and were not introducing topics that were new to the Swedish public.

While feminist criticism of RU486 was advanced in different national contexts in North America, the initiative was often taken by organizations, while in Sweden it was individual journalists or laypeople who led these campaigns. Feminist criticism of the side effects and risks in Canada came from the Federation du Quebec Pour le Planning Des Naissances.[96] In America, the National Women's Health Network produced a brochure on the pros and cons of the drug, the latter including cramps, bleeding, and hemorrhages.[97] In Sweden, it was the personal testimonials of those who had used RU486 that functioned in a similar manner, introducing to the public the possible severity of the compound's side effects. In North America, by contrast, in the early 1990s there was almost no media coverage from the perspective of women who had taken RU486. There was just one instance of a Canadian women sharing her

94 Magasinet – SVT, TV2 (9 December 1980).
95 "Det kom ett brev," *Aftonbladet* (22 February 1982).
96 Campbell, "Making Sense of the Abortion Pill," 127.
97 Clarke and Montini, "Many Faces of RU486," 59.

experience of the drug, while the scholars Clarke and Montini could find no cases of American women sharing their story of the use of RU486 in the press during the early 1990s.[98] Personal experience and first-hand constructions of RU486 were thus unique to the Swedish case, effectively capturing a range of reactions and bodily experiences.

Beyond physicians, politicians, journalists, and trial participants in the Swedish context, a few individuals took it upon themselves to write short declarations to newspapers, such as one man who wrote into *Svenska Dagbladet* insisting that everyone has the right to be born.[99] But these articles were few and far between. In 1991, there were at least 61 newspaper articles that covered abortion pill related matters in major newspapers; of these, only 14 were critical of the technology, including pieces written by politicians, trial participants and laypeople.[100] While there were prominent figures who spoke up against RU486, the public atmosphere was not as heated or as polarized as it was in other national contexts.

In December 1991, Roussel Uclaf approved the sale of RU486 in Sweden, and in September 1992 it became available. The process of acquiring the drug took longer than several stakeholders had wished, and its adoption was not unaccompanied by public discussion. Similar arguments were made in Sweden as were voiced in anti-abortion networks globally, such as debates around when "life" begins, and "harming fetuses," but importantly, the more vocal figures who questioned the drug differed from their international counterparts. KDS, for example, did not use the discussion around RU486 to question the merits of abortion as a legally protected procedure. Some, like Malmgren and Lunnergård, used the debate to criticize the ethics of abortion, but this was hardly done to the same scale as seen in other national discussions. Feminist critique in Sweden followed the same pattern as was found in international feminist networks, with criticism focusing on the burden and risk that the technology placed on women.

Those who supported the use of abortion pills emphasized how difficult it was for women to choose to abort. Abortion was constructed as intrinsically difficult, and there was an assumption, even among advocates for the use of RU486, that women would want to repress the experience. The contextualization of the act as difficult attributed to the procedure a deterministic quality and evoked gender essentialisms. In these networks, RU486 was not constructed

98 Ibid., 65; Campbell, "Making Sense of the Abortion Pill," 131.

99 Henrik Engholm, "Alla har rätt att födas," *Svenska Dagbladet* (2 August 1991).

100 This is based on the database from the Swedish Royal Library, using the keyword "abortpillret".

as increasing the frequency of abortions or as trivializing the key decisions it entails. In this way, various actors found common ground and similar constructions of RU486.

We have seen that the range of actors involved in bringing RU486 to Sweden included state agencies, a medical association, and a non-profit reproductive health organization; politicians, physicians, journalists, and laypeople contributed to public discussions about the drug, with the result that varying constructions of RU486 were made. Licensing RU486 was not a private matter confined to official stakeholders; moreover, the public constructions of RU486 mattered.

4 The Intersection of Private and Public Actors and Positive Press

RU486 was a controversial technology in the early 1990s, eliciting criticism from both anti-abortion proponents and feminists. The discourses and constructions of RU486 in Sweden were similar to those being made in other national contexts at the time. Yet, Sweden was able to license and acquire RU486 well ahead of other countries. Having used the existing scholarship to compare the Swedish constructions to the American and Canadian contexts, I here discuss the two main factors that made Sweden unique and which were reflected in the specific networks around RU486: namely, the history of abortion pill testing in Sweden, and the important role played by the media in these abortion pill networks.

As we have seen, Sweden had a long history of abortion pill testing stretching back to the 1960s. By the 1990s, the inclusion of pills in discussions on abortion was nothing new. Reproductive researchers, trial participants, and potential users had all formulated constructions of abortion pills over the years, describing how they worked, what they offered, their drawbacks, and positioning the technology in larger abortion debates.

Research has shown that mass media plays a pivotal role in shaping the public's opinion on abortion issues.[101] Policy makers and healthcare providers are no less susceptible to these influences.[102] In the UK and the USA, abortion

101 Carrie Purcell, Shona Hilton and Lisa McDaid, "The Stigmatisation of Abortion: A Qualitative Analysis of Print Media in Great Britain in 2010," *Culture, Health & Society*, 16/9 (2014), 1141–1155; Gretchen Sisson and Brenly Rowland, "'I Was Close to Death!': Abortion and Medical Risk on American Television 2005–2016," *Contraception*, 96 (2017), 25–29; Katie Woodruff, "Coverage of Abortion in Select U.S. Newspapers," *Women's Health Issues*, 29/1 (2019), 80–86.

102 Purcell et al. "Stigmatisation of Abortion," 1141.

has mostly been portrayed negatively in the mass media. An American study on television showed an exaggerated focus on risky abortion procedures and the long-term health consequences for women after abortions.[103] A recent study also showed that American newspapers more often use language that personifies the fetus rather than reporting from the perspective of women who have undergone abortions.[104] In the UK, media coverage of abortion has shown the procedure to be "unquestionably and perpetually 'controversial'."[105] These studies illustrate the importance of media in abortion networks. By contrast with the UK and the United States, the Swedish media conveyed measured takes for and against RU486, rather than being characterized by long-lasting and damaging press campaigns.

While negative press and publicity were a heavy deterrent to selling RU486 in the U.S. and Canada, this was not the case in Sweden, where much of the reporting had stayed neutral-to-positive, following media trends from the early 1960s which had seen high levels of trust in science and experts.[106] There was not the same reticence in Swedish discussions of abortion technologies as was seen in other contexts. In the late 1980s, a pharmaceutical representative from the Nordic branch of Roussel Uclaf told a reporter that there was no need to rebrand RU486 as a contragestion, an indirect term that Baulieu used to speak of the compound, because "here we can speak about abortion pills."[107] While there was opposition to the technology, there was also a sense that reproductive topics were not as sensitive in Sweden as they were in other countries. In the United States especially, there were fears of litigation, mainly in the form of lawsuits over the wrongful deaths of fetuses.[108] Most actors in the Swedish networks, by contrast, did not hesitate to construct RU486 as an abortion pill, rather than as another type of reproductive technology.

Among the many different constructions of abortion in the RU486 networks, RU486 was variously seen as making abortion easier, more accessible, safer, or freer in terms of personal responsibility; conversely, it could be seen as riskier, more morally arduous on women, and unnecessarily physically taxing. Since the mid-1970s the official and general culture around abortion had emphasized women's health and rights, but by the end of the 1980s and into

103 Sisson and Rowland, "I Was Close to Death!".
104 Woodruff, "Coverage of Abortion," 83.
105 Purcell et al. "Stigmatisation of Abortion," 1144.
106 Nico Stehr and Richard Ericson, "Introduction," in *The Culture and Power of Knowledge: Inquiries into Contemporary Societies*, ed. Nico Stehr and Richard Ericson (Berlin, 1992), 4.
107 Emily von Sydow, "Abortpillret klart 1988," *Svenska Dagbladet* (11 April 1987).
108 Clarke and Montini, "Many Faces of RU486," 56.

the early 1990s discussions of fetal personhood emerged.[109] Some criticisms of RU486 highlighted this shift, as various actors emphasized the sanctity of life. For those actors that supported the use of RU486, they usually underscored the inherent difficulty of deciding to abort a pregnancy, arguing that no technological development would erase the moral weight of the decision to use the procedure. Many of these constructions also took place in the American and Canadian contexts, but what these contexts lacked was the history of abortion pill testing and the particular media configurations of abortion via pill that had been circulating in Sweden for decades.

While reproductive researchers, physicians, politicians, and laypeople spoke up in the press about abortion pills, exceptionally, Swedish women also spoke up about their own experiences of using abortion pill technology. The public could then see a range of reactions to taking RU486, and these reactions echoed very similar experiences that had been reported with other abortion pills previously. Anti-abortion and feminist arguments against RU486 circulated in the Swedish media, but overall, the coverage was positive and the extreme ends of the debate did not exist in the same way as was seen in North America.

In Canada, for example, there was one instance of an anti-abortion actor approving the use of RU486 based on the view that the drug made the abortion process more difficult for women.[110] In the United States, there were discussions among anti-abortion actors about how RU486 made abortion guilt-free.[111] Assessments of responsibility and moral decisions were also brought up in Sweden, but not in a manner that looked to punish women for choosing to abort. Abortion was more clearly coded in Sweden as a gender equality and women's right issue, making it more difficult to blame and punish women.

Another important factor in the history of Swedish reproductive research was the ways in which the government had supported these endeavours. When faced with licensing RU486, there was already an official established utility in using and developing abortion pills, and the Swedish government was supportive of the acquisition of RU486. The Canadian government, by contrast, remained neutral and was not invested in bringing RU486 to the country.[112] The American president embargoed RU486, clearly opposing its adoption. While there were similarities and differences in the constructions of RU486 being made in these different national networks, the history of abortion

109 Freidenvall, "In Pursuit of Bodily Integrity," 133.
110 Campbell, "Making Sense of the Abortion Pill," 126.
111 Clarke and Montini, "Many Faces of RU486," 57.
112 Campbell, "Making Sense of the Abortion Pill," 130.

pill development, government support, and the extensive media coverage of these reproductive research affairs clearly played a significant role in making positive constructions of RU486 in Sweden.

5 Conclusion

Anti-abortion movements in Sweden have recently focused on the right to conscientious objection by healthcare workers and to limiting abortions only to those cases where there is some question over the viability of fetuses.[113] One noteworthy example is that of the midwife Ellinor Grimmark, who sued a Swedish county council in 2014 for discrimination after she objected to performing abortions and they rescinded her contract.[114] While we have seen a continuation of the trend begun at the end of the 1980s that saw increased anti-abortion discussion, the scholarship has shown that women's ability to access abortions in Sweden does not seem to be under serious threat.[115] This continues to be explained by the broad cultural understanding of abortion as being tied to gender equality and women's rights.[116] But the recent attempts to undermine abortion access indicate that the topic continuous to be controversial and that those who support abortion as healthcare need to continue advocating for it as such.[117]

Taking Swedish abortion politics and culture as self-evidently the result of a progressive nation does a disservice to the complex networks that have historically emerged in support of various abortion rights and technologies. As this article instead illustrates, the introduction of a new abortion technology – even in favourable contexts – does not take place without conflicts and tensions around its use. An understanding, moreover, of the nuances surrounding abortifacients as versatile technologies – technologies that can support both feminist and non-feminist uses – shows the variety of actors for and against them, and strips the debate of the one-side-for versus one-side-against dichotomies. Finally, this article has shown how abortion technologies have contributed to our having different constructions of abortion, changing discussions and attitudes to the procedure while also building on existing

113 Askola, "Dropping the Ball."
114 Ibid., 26.
115 Ibid., 29.
116 Ibid.; Adam Sydsjö, Ann Josefsson, Marie Bladh, Måns Muhrbeck and Gunilla Sydsjö, "Knowledge and Attitudes of Swedish Politicians Concerning Induced Abortion," *The European Journal of Contraception & Reproductive Health Care*, 17/6 (2012), 438–450.
117 Askola, "Dropping the Ball," 30.

cultural understandings. Abortion technologies are an important part of abortion networks, and examining how they have shaped abortion practices helps to explain our current positions on the medical procedure.

In this particular case of abortion pill adoption, I have argued that RU486 was easier to introduce into Sweden owing to specific historical constructions of abortion pills in Sweden. Media portrayals of Swedish abortion pill trials had already established for the public a range of strengths and weaknesses for this kind of new abortion technology. Sweden's history of abortion laws, services, and reproductive research had also invested the state in new abortion technologies, which contributed to the early registration of RU486 in Sweden.

RU486 was successfully registered in Sweden in 1992, and since then the country has gradually seen a shift in medical practices that favour medical abortion. As of 2019, the Swedish National Board of Health and Welfare calculated that 94 percent of abortions in Sweden were done by abortion pills.[118] Today, abortion pills have become a normalized part of Swedish medical procedure and are constructed as being an easier and a quicker abortion method for women in early pregnancy. The range of reactions to their use in the 1990s suggest that there will still be many versions of abortion pills depending on personal experience. Some people will have a positive experience of their use, while other people will not. Importantly, they should continue to be one of several available options and not the only solution for unwanted pregnancies.

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118 "Statistik om aborter 2019," *Socialstyrelsen*, 4, <www.socialstyrelsen.se/globalas-sets/sharepoint-dokument/artikelkatalog/statistik/2020-6-6806.pdf>, accessed 12 December 2020.