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Fiona Bloomer<sup>a</sup> & Kellie O'Dowd<sup>b</sup>

<sup>a</sup> School of Criminology, Politics and Social Policy, University of Ulster, Northern Ireland

<sup>b</sup> Trademark, Belfast, Northern Ireland

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## Restricted access to abortion in the Republic of Ireland and Northern Ireland: exploring abortion tourism and barriers to legal reform

Fiona Bloomer<sup>a\*</sup> and Kellie O'Dowd<sup>b</sup>

<sup>a</sup>*School of Criminology, Politics and Social Policy, University of Ulster, Northern Ireland;*

<sup>b</sup>*Trademark, Belfast, Northern Ireland*

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Access to abortion remains a controversial issue worldwide. In Ireland, both north and south, legal restrictions have resulted in thousands of women travelling to England and Wales and further afield to obtain abortions in the last decade alone, while others purchase the 'abortion pill' from Internet sources. This paper considers the socio-legal context in both jurisdictions, the data on those travelling to access abortion and the barriers to legal reform. It argues that moral conservatism in Ireland, north and south, has contributed to the restricted access to abortion, impacting on the experience of thousands of women, resulting in these individuals becoming 'abortion tourists'.

**Keywords:** abortion; abortion tourism; moral conservatism; Ireland

### Introduction

In an increasingly globalised society, access to medical services transcends domestic and international boundaries. Abortion tourism presents as a particular example of medical tourism, often linked to legal and extra-legal barriers that restrict access to what is, in fact, a common medical procedure (Sethna and Doull 2012). Little academic attention has been paid of late to abortion tourism, with studies in the last decade considering the evidence in Canada (Sethna and Doull 2012), Mexico (Grossman et al. 2012) and the Republic of Ireland (Best 2005; Rossiter 2009). These studies indicate that restrictions on access to abortion present a series of challenges to those seeking abortions, whether that is negotiating complicated approval regulations, reluctant doctors, costs and/or geographical distances. The resulting impact has a disproportionate affect on those from poorer households and minority groups, as well as asylum seekers without travel documents, who have less access to resources to overcome restrictions (Sethna and Doull 2012).

This paper considers abortion tourism in Ireland, both north and south, and how the moral conservatism present in both jurisdictions has impacted on attitudes and access to abortion. Drawing on several sources of evidence, including interviews with legal specialists, academics and activists, and a review of published literature, including journal articles, media reports and political debates, the study also presents data relating to the number of abortions obtained by Irish and Northern Irish women, documenting the trends in abortion tourism over a 10-year period.

Northern Ireland is a region of the UK (England, Scotland and Wales), separated from the Republic of Ireland by the Government of Ireland Act in 1921. It has a population of 1.8 million, the majority of whom classify themselves as belonging to, or having been brought up within, the Protestant or Catholic faiths (48 and 45%, respectively) (Northern

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\*Corresponding author. Email: [fk.bloomer@ulster.ac.uk](mailto:fk.bloomer@ulster.ac.uk)

Ireland Statistics and Research Agency 2012). The Republic of Ireland's population is 4.6 million and is predominantly Catholic in profile (85%) (Central Statistics Office 2011). The religious character of both jurisdictions has been closely intertwined in the literature to the moral conservatism within each society. Specifically, this moral conservatism is viewed as one of the primary barriers to achieving equality for women, steeped as it is within societal values, resulting in the continued stereotyping of women in traditional roles of mothers, home-makers and second-class citizens.

### *Northern Ireland*

The moral conservatism of Northern Ireland and its direct affect on women's citizenship has been considered by a number of commentators (Kitchin and Lysaght 2004; Ashe 2006; Smyth 2006). Smyth (2006) argued that moral conservatism was ever-present and that the highly sexist form of cultural politics in Northern Ireland served to undermine the citizenship rights of women and young people. In political terms, women's representation is restricted: internationally, the UK House of Commons ranks 58th in women's representation in national legislatures at 22.3%; the Northern Ireland Assembly women's representation is lower at 18.5% (Inter-Parliamentary Union 2012). These figures are far behind those of countries that are perceived to be still 'developing', such as Rwanda at 56.3% and South Africa at 44.5%.

Kitchin and Lysaght (2004) and Horgan and O'Connor (2014) both argued that citizenship, however, involves much more than the legal and political membership of a nation state. Citizenship should also provide respect, the right to be different and protection from violation. Using the example of Northern Ireland, they illustrated how citizen rights were compromised due to limitations in relation to reproductive rights. This argument was previously identified by Porter (1996), who declared that whether women need to access abortion or not, access to is an important part of citizenship and to deny this deprives women of their agency. Banyard (2010) also insisted that women need full access to their reproductive rights if they are to participate in daily life as citizens equal to men, noting that every day women have these rights challenged, denied and restricted Northern Ireland is cited especially as an example of restricted reproductive rights. This argument about equality and citizenship is prevalent in the campaigns of pro-choice groups in Northern Ireland, such as Alliance for Choice, who have been lobbying for reform over a considerable period of time.

The role of religious and political discourse in framing sexual citizenship in Northern Ireland has resulted in religion being mapped onto the social and political backdrop, with traditional conservative roles mapped out for men and women. This was highlighted by Kitchin and Lysaght in 2004, who stated that the religious and political discourse resulted in the limiting of sexual rights, such as expression of sexuality, access to contraception and abortion. Whilst some changes have occurred, there still remain contemporary examples of the limiting of sexual rights, including the debate on equal marriage, the denial of blood donations from gay men and the reaction to the opening of the Marie Stopes International clinic in Belfast in October 2012, which provides, amongst other sexual health services, early medical abortions, only within the boundaries of the highly restrictive law (Bloomer and Fegan 2013).

Northern Ireland society places significant social importance upon religion (it is one of the areas exhibiting the highest rates of religious affiliation and practice in the UK. It also continues to play a major role as an indicator of ethnic difference in Northern Ireland. Churches influence politics in Northern Ireland by being consulted by, if not negotiated

with, the British and Irish Governments on political issues (Mitchell 2004). In the past decade in Ireland, both north and south, religiosity has declined and the churches' moral high ground has been shaken by various reports into clerical child abuse in the Catholic Church (Hooper et al. 2010) and a recent government report outlining the injustice and cruelty experienced by women and young girls in the Magdalene Laundries (Department of Justice and Equality 2013). The Laundries were opened in 1922 and operated in both jurisdictions. They were used throughout the twentieth century as places to house women, often known as 'problem girls', affected by sexual abuse, pregnancy outside marriage, poverty and crime.

Despite such scandals, religious institutions continue to play a central role in the debate on equal marriage in Northern Ireland (McDonald 2013) and in the abortion debate. In a letter sent to all Westminster Members of Parliament (MPs) in May 2008, the leaders of all the main Northern Irish Churches asked MPs not to vote on a proposed amendment that might have seen the 1967 Abortion Act extended to Northern Ireland. The letter was also signed by all the four main political parties represented in the Northern Ireland Assembly. The letter stated that the leaders spoke for over 90% of the population, who did not want the Act extended to Northern Ireland and that to extend the Act would damage the peace process (Rossiter 2009).

The ideological alignment between religious and political leaders was evident in the period following the opening of the Marie Stopes Clinic in Belfast in October 2012. Its opening was seen as a test of the legal situation, providing an alternative to legal abortion on the NHS in the region and an option for those who met the grounds for legal abortion but who were unable to obtain one (Bloomer and Fegan 2014). The Catholic Church in particular was vociferous in its condemnation of the opening and urged political representatives to vote for an amendment to a justice bill that would have resulted in new legislation prohibiting legal abortions on all but NHS premises (NICCSA 2013). As discussed below, however, neither public nor professional opinion reflect church and political views.

The dominance of religious values in Northern Ireland has presented its own set of problems for feminists, with the roles of women in society being defined as those of wives, mothers and guardians of society's moral stability (Ashe 2006). Percy and Kremer (1995) argued that when feminism is perceived as a threat to family life and heterosexual relationships, this is in direct conflict to the demands of the roles of wife and mother, Percy and Kremer assert that it is a difficult concept for women in traditional societies, such as Northern Ireland, to fully embrace.

### ***Republic of Ireland***

The Republic of Ireland is seen as a morally conservative country: contraception was only made available in 1973, divorce was first legalised in 1997 and homosexuality was decriminalised in 1993. In the Irish national parliament, the Dáil Éireann, female political representation stands at 15%, placing the Republic of Ireland 74th in international rankings (Inter-Parliamentary Union 2012). One significant part of the moral conservatism in the Republic of Ireland lies in how the concept of motherhood has received specific attention within the construction of the Irish state. The Irish Constitution of 1937 (Article 41.2) placed women in the heart of the home in their primary role as mothers '... by her life within the home, woman gives to the State a support without which the common good cannot be achieved' (Bunreacht na hÉireann 1937, 55). Whilst on the one hand this can be argued to acknowledge the unpaid work that mothers do within the home, it also for many symbolised the role of woman as mother (García-del Mora and Korteweg 2012). Married

women's economic opportunities were also limited with the 'marriage bar' (the requirement that women leave paid employment on getting married) (1958–1973), which significantly restricting employment opportunities, particularly within the public sector (Connolly 2003). The Catholic Church has also institutionalised the role of women as mothers of the Irish Nation, with women's role in nation building reduced to one of procreation (Gray and Ryan 1998, 126, as cited in García-del Mora and Korteweg 2012). Since 1936, the symbolism of the Irish mother has remained at the core of Irish society, as too has the influence of the Catholic Church. Crowley (2013) argues that the Church dominated Irish cultural life throughout the twentieth century (obsessed with controlling the sex lives of the Irish, it framed sex as purely for the purpose of procreation: 'the idea that it could be a source of pleasure or fun was repressed and condemned. Sex was equated with sin and sin equated with sex' (12).

In the latter part of the twentieth century, women's agency in the Republic of Ireland began to change the social and political frameworks to bring about progress in society. Murphy-Lawless and McCarthy (1999) contend that the policy transformations with regard to access to contraception, information about abortion and the legalisation of divorce were a reaction to behavioural and attitudinal adjustments precipitated by the demands already being made by Irish women.

Murphy-Lawless and McCarthy (1999) argue that in the 1990s, the Women's Movement in the Republic of Ireland demanded that the state take seriously the aim of securing women's reproductive health and wellbeing, as well as embracing a broader vision of what is deemed family life. Latterly, this campaign has been driven by a collective of groups under the umbrella organisation the Abortion Rights Campaign. However, the State's response has been both slow and reactionary. In 1983, the Republic's Constitution was amended to confer the same rights on the foetus as those of the mother, from the moment of conception. This amendment contravened human rights conventions, which state that the foetus has no individual rights (Puppink 2013). After 30 years of ignoring the public desire for legal reform, the Irish Government is only now at the stage of legislating for abortion in highly restricted circumstances through the introduction of The Protection of Life During Pregnancy Act 2013. Following the 1992 referendum on access to abortion, amendments were made to the Constitution to allow information on abortion and the right to travel to be provided (IFPA 2013a). This demonstrates the State's attitude of acknowledging the need for abortion, but not within its jurisdiction.

Despite legal restrictions being placed on women in the Republic of Ireland, this did not deter them from travelling to access abortions. Luibhéid (2004) argued that the process of having to seek abortion outside of their own country was further evidence of the secondary citizenship that Irish women experienced: 'the continuing abortion trail is a product of a state-sanctioned heteronormative sexual regime' (as cited in García-del Mora and Korteweg 2012, 416), an argument that can also be applied to Northern Ireland.

The re-emergence of the abortion debate has also witnessed attempts by the Catholic Church to steer public debate in the Republic of Ireland. On the announcement in 2012 that the Irish Government would legislate for abortion in circumstances where the mother's life was at risk, the four Catholic Archbishops criticised the decision. In a joint statement, they argued that legislation would 'pave the way for the direct and intentional killing of unborn children. This can never be morally justified in any circumstances' (Irish Catholic Bishops Conference 2012, 1). Such arguments have been repeated by political figures, north and south. One politician from Northern Ireland, in commenting in a debate in the Northern Ireland Assembly, stated:

Surely the most vulnerable life in our society is the life of the unborn child. Those boys and girls have nobody to speak for them. ... Is it not a shame that, in our United Kingdom, the most dangerous place for a child is in its mother's womb? ... That is why we were right to protect life. (Hansard 2013, 23)

In response to the proposed legislation in the Republic of Ireland, the Irish Family Planning Association (IFPA) (2013b) argued that 'the inclusion of the maximum penalty of 14 years imprisonment for having or assisting in an unlawful abortion is ineffective, disproportionate and inconsistent with the State's obligations under the European Convention on Human Rights (ECHR), and international human rights law generally' (1). The IFPA has argued that ECHR have previously criticised harsh criminal sanctions in Irish law as a significant 'chilling factor' for both women and their doctors (1).

### Accessing abortion

Statistics show that, worldwide, abortion services are available to 60% of women of reproductive age (Boland and Katzive 2008). Those facing restrictions largely reside in developing countries (Sedgh et al. 2013), although some states in the USA have also sought to impose legislation to restrict or remove access (Kliff 2013). Other challenges in accessing abortion services have been observed in European countries such as Spain (Kassam 2013), Poland (Kramer 2009) and Portugal (Manuel and Tollefsen 2008). In Northern Ireland, access to abortion is governed by the Offences Against the Person Act 1861 (OATP 1861). Section 58 criminalises any woman who has an abortion, and Section 59 criminalises anyone trying to help a woman to abort. In both cases in Northern Ireland, the maximum sentence remains penal servitude for life.

Over the last century, case law has permitted abortion where the woman's life is in danger or the pregnancy poses a 'real and serious, permanent or long term' risk to her health (Bloomer and Fegan 2014, 111). The 1967 Abortion Act legalised abortion in certain circumstances in the rest of the UK (England, Scotland and Wales) and permitted abortions to be carried out through the National Health Service. The Act was not extended to Northern Ireland. This, combined with the lack of clarity from case law, has resulted in highly restricted access to abortion. The absence of guidelines for professionals who are required to operate under this law has led to uncertainty, with, for instance, no clear provision for abortion in cases of rape or foetal abnormality (Smyth 2006). The draft guidelines for health professionals that were issued for consultation in March 2013 (Department of Health, Social Services and Public Safety [Northern Ireland] 2013) resulted in a critical response from professional bodies such as the Royal College of Midwives and senior obstetricians, one of whom described the impact of the draft document as creating a climate of fear amongst health professionals (BBC 2013a).

Women who cannot access abortion in Northern Ireland must travel elsewhere to obtain one. Those who do travel must pay as private patients, despite being UK taxpayers. The cost of this ranges from £600–£2000, including travel and accommodation (Family Planning Association Northern Ireland, NIWEP and Alliance for Choice 2010). This cost creates a significant burden to women with low incomes, often leading them to borrow from backstreet lenders. The difficulties in obtaining funds can also lead to delays in obtaining an abortion, thereby increasing its cost. The challenge in providing an explanation for their absence from home in instances where the abortion remains a secret is faced by all women, but more so those from poorer backgrounds (Rossiter 2009). This inevitably leads women into vulnerable situations, which is not unique to Northern Ireland. Kaposy (2010), in commenting on barriers to access in Canada, notes that those most victimised by these barriers are also women who are particularly vulnerable and thus less able to overcome barriers.

Challenges such as these are mirrored in the Republic of Ireland, which, despite longstanding legal cases dating back to 1992 (the X case<sup>1</sup>) and, more recently, the ABC cases<sup>2</sup> in 2012, failed to bring forward legislation to clarify access to abortion in the Republic of Ireland (Bacik 2013; see also IFPA 2013a). The lack of progress was brought into sharp focus after the public outrage following the death of Savita Halappanavar in October 2012. Ms Halappanavar died from complications after a miscarriage following doctors' refusal to terminate the pregnancy. The death of Ms Halappanavar caused widespread international and national reaction. Ms Halappanavar's family assert that her death was avoidable. Her husband reported that after admittance to hospital upon exhibiting signs of a miscarriage, and a following a deterioration in her health she made repeated requests for a termination and she was told 'this is a Catholic country'. Doctors refused to terminate the pregnancy until the foetal heartbeat had stopped. While the Coroner did not explicitly refer to the Catholic ethos of the hospital as contributing to the refusal to carry out an abortion, he did refer to the fear and confusion of medical staff regarding the legality of an abortion being performed (Cullen 2013).

### Data on abortions

Restrictions on accessing abortions have resulted in a limited number of abortions being carried out legally in Northern Ireland. Data released by the Department of Health (Northern Ireland) indicate an average of 44 per year (Table 1). The Department, in releasing the data, note that it used the category of 'termination of pregnancy' to 'define any patient who has a live pregnancy terminated for Northern Ireland legally acceptable, medically approved conditions' (Department of Health, Social Services and Public Safety (Northern Ireland) 2012, para 3).

There is no comparable data available on abortions carried out legally in the Republic of Ireland, although recent government hearings on abortion referred to around 30 legal abortions being carried out per year (Oireachtas 2013, 55).

In contrast to the figures of legal abortions carried out in Northern Ireland, over 1000 women a year from Northern Ireland and thousands more from the Republic of Ireland have typically travelled to Britain to obtain abortions (Table 2), becoming what has been described 'abortion tourists'. This labelling does not in any way reflect the legal risks that women take in travelling to another country or to another region to access an abortion (Sethna and Doull 2012).

The numbers travelling to obtain an abortion are likely to represent an underestimate as they are based on data provided by abortion service providers to the Department of Health in England and extrapolated from the address provided by the client, who for various reasons may be unwilling to provide her real home address.

Table 1. Medical abortions and terminations of pregnancy: 2006/2007–2011/2012 (Northern Ireland).

Year	Medical abortion	Termination of pregnancy
2006/2007	76	57
2007/2008	76	47
2008/2009	71	44
2009/2010	64	36
2010/2011	73	43
2011/2012	56	35

Source: Health and Social Care (HSC) Board (as cited by Department of Health, Social Services and Public Safety [Northern Ireland] 2012).

Table 2. Abortions carried out in England and Wales with residence declared as Northern Ireland and the Republic of Ireland.

Year	Northern Ireland	Republic of Ireland
2002	1391	6522
2003	1318	6320
2004	1280	6217
2005	1164	5585
2006	1295	5042
2007	1343	4686
2008	1173	4600
2009	1123	4422
2010	1101	4402
2011	1007	4149
2012	905	3982

Source: Abortion statistics/data files Department of Health, England and Wales.

Over the last decade, the data indicates an overall decrease in those travelling to England and Wales. The downward trend in the number of abortions obtained by Irish women contrasts with findings of research carried out by the Health Service Executive's Crisis Pregnancy Programme in the Republic of Ireland. In a national survey, it found that abortion remained at the level of 2% during the period 2003–2010. In order to explain this contrast, the data were analysed in relation to the country travelled to. It was noted that 6% of respondents had obtained an abortion outside the UK, with anecdotal evidence suggesting that travel to EU countries was less costly than accessing abortion services in England and Wales (McBride, Morgan, and McGee 2012, 88). However, it should be noted that the number of respondents obtaining abortions was very small ( $n = 41$ ) and so caution should be used when making generalisations about these findings. No comparable data exists in Northern Ireland.

The Crisis Pregnancy Programme also obtained data from the Netherlands, which was the country more commonly travelled to after the UK. This data indicates fluctuating numbers in those accessing abortion over the time period of 2005–2011. The number travelling from the Republic of Ireland to clinics in the Netherlands was 42 in 2005, 461 in 2006, 451 in 2007, 351 in 2008, 134 in 2009 and 31 in 2010 (Health Service Executive 2012). This data suggests a downward trend in those travelling to the UK and the Netherlands. It is likely that increased use of the 'abortion pill' (Misoprostol, Mifepristone) by women in their own homes has contributed to such trends. This medication can be accessed from Internet sources such as Women on the Web, an international medical abortion service that helps women gain access to safe abortion pills, which can be used to nine weeks of pregnancy, in countries where access is limited. Whilst there is no data available for the Republic of Ireland and Northern Ireland, the Republic's Customs Agency seized over 1200 packets of abortion pills in 2009. More recent reports indicate the number of seized pills has fallen (670 in 2010; 635 in 2011). This is ascribed to easier access to the morning-after pill, reductions in resources targeting seizures and the possibility that packages are being sent via addresses in Northern Ireland (Gartland 2013). Northern Ireland's customs surveillance does not appear to pursue importing of this medication, with no comparable reports by UK customs of similar seizures.

Data from the Department of Health (England and Wales) also indicates changes over the last decade in the timeframe within which abortions are provided to women in the

Republic of Ireland and Northern Ireland. Improved information about accessing abortion is thought to contribute to earlier abortions. However, as noted in [Table 3](#), those obtaining abortions at 10 weeks-plus, has largely remained higher compared to those who reside in England and Wales. The lengthier time frame for those travelling could be attributed to a number of factors, including difficulty in gathering money to pay for the procedure, difficulties in organising travel, difficulties in organising child care/other caring responsibilities, time off work and so on.

It is evident from this data that thousands of women in Ireland, north and south, who require access to abortions are finding ways to achieve this, despite legal restrictions and extra-legal barriers. This raises the issue of why access to abortions remains so limited in these two jurisdictions, some 50 years after the United Nations stated that restrictive practice and cultural barriers to abortion had a detrimental impact on women's lives (Baker 2008).

Table 3. Gestation, abortions carried out in England and Wales with residence declared as Northern Ireland, the Republic of Ireland, England and Wales.

Year	Jurisdiction	Gestation (%)			
		4–9 weeks	10–12 weeks	13–19 weeks	20 + weeks
2002	N. Ireland	60	26	13	1
	Republic of Ireland	58	26	13	2
	England and Wales	57	30	11	2
2003	N. Ireland	57	29	13	1
	Republic of Ireland	57	27	14	2
	England and Wales	58	29	11	2
2004	N. Ireland	58	28	13	0
	Republic of Ireland	57	27	14	2
	England and Wales	60	27	11	2
2005	N. Ireland	60	26	13	2
	Republic of Ireland	63	23	13	2
	England and Wales	67	23	9	1
2006	N. Ireland	63	23	12	2
	Republic of Ireland	66	21	12	2
	England and Wales	68	22	9	2
2007	N. Ireland	65	21	11	2
	Republic of Ireland	67	19	12	2
	England and Wales	70	20	9	1
2008	N. Ireland	67	19	12	2
	Republic of Ireland	67	19	12	2
	England and Wales	73	17	8	1
2009	N. Ireland	70	17	11	2
	Republic of Ireland	68	18	12	2
	England and Wales	75	16	8	1
2010	N. Ireland	70	17	11	1
	Republic of Ireland	68	17	13	2
	England and Wales	77	15	7	1
2011	N. Ireland	70	17	11	2
	Republic of Ireland	68	16	12	3
	England and Wales	78	13	7	1
2012	N. Ireland	77	12	10	1
	Republic of Ireland	68	17	12	3
	England and Wales	77	14	7	2

Source: Abortion statistics/data Department of Health, England and Wales.

### International comparisons

Strickler and Danigelis (2002) document that institutionally in the USA, the Catholic Church has played a key role in opposing abortion rights, but conservative Christian religions also tend to oppose abortion, with the leaders of the 'pro-life' movement being increasingly drawn from conservative denominations. Scott (1998) argues that religion has a marked impact in the USA, the UK, Ireland, Germany, Sweden and Poland, with those who attend church most regularly being the least supportive of abortion on demand. In a comparative study of Brazil and South America, Kulczycki (2013) insists that the role of the Catholic Church in opposing abortion was significant, particularly in countries such as Chile, Colombia and Peru, where the ultra-conservative Opus Dei organisation counted amongst its members both bishops and politicians. Kulczycki declares that these 'patriarchal structures have made it easier to deny various reproductive rights and to maintain firm gender frameworks in terms of sexual behavior and double standards of sexual morality' (6).

In Sri Lanka, Catholic church leaders have suggested that moves to reform the highly restricted law were being led by a western conspiracy. Whilst the Catholic population is low in Sri Lanka (10%), the opposition from the church is still regarded as one of the barriers to reform (Kumar 2012). Whilst the overall trend worldwide is towards liberalisation of abortion laws, evidence suggests that resistance to reform is becoming increasingly global and co-ordinated. Recent developments in Italy around conscientious objection are forcing women to travel outside their country of residence to access abortion. Catholic organisations such as *Scienza e Vita* have been increasing their profile across Italy. They are providing support and legal advice to trainee gynaecologists and offer financial support and advice to women facing a crisis pregnancy. In May 2013, *La Repubblica* reported that the impact of the growing trend of conscientious objection had resulted in up to 50,000 women accessing illegal abortions, in contrast to the official figure of 15,000. This attack on liberal abortion laws is driving women back to unsafe, unregulated procedures, which were the primary reason why abortion was legislated for in the first place (Finer and Fine 2013).

Such trends are a reflection of the power of moral conservatism and religiosity, as witnessed in Ireland, which contrasts with public opinion. Repeated surveys have indicated that the majority of the population favour liberal reform of the legislation. In Northern Ireland, the most recent assessment of public opinion on the matter was conducted in 2012 and involved almost 1400 respondents in an Omnibus survey. The results suggest widespread support for limited reform of the law: 59% thought that abortion should be legal in cases of rape or incest, with 18% stating this should not be legal and the remaining 21% unsure (Rutherford 2012). Surveys in the Republic of Ireland provided similar results, with broad support for reform of the laws, particularly that the legislation should allow for abortion when the mother's life was at risk (McBride, Morgan, and McGee 2012). Surveys of professionals such as gynaecologists in Northern Ireland have also indicated general support for legislative reform (Francome and Savage 2011), as too have surveys of Irish general practitioners (Murphy et al. 2012).

### Discussion

The moral conservatism in the Republic of Ireland and Northern Ireland is apparent in the role of religious and political institutions. Both fail to acknowledge the repeated evidence of the public and professional support for abortion law reform and the evidence of the continuance of abortion tourism. Their comments on abortion demonstrate that they fail to

grasp the complex set of circumstances women find themselves in when faced with a crisis pregnancy. In denying women their agency, these comments reinforce perceived traditional feminine roles as fertile, caring and inevitable mothers, in effect forcing them into 'reproductive labour' (Salleh 2009). In doing so, political and religious leaders contribute to abortion stigma.

Reflecting on the Irish context, Boyle and McEvoy (1998) posited that abortion makes sex visible and so women who make it known that they have had an abortion also make it known that they have had sex. This can be problematic for women living in a society that views sex as something women do for procreation. A woman who seeks an abortion challenges stereotypical ideas of the moral order of the 'feminine' – essentially sex to procreate, inevitable motherhood and the nurturing of the vulnerable (Kumar, Hessini, and Mitchell 2009). Such stigmatisation is found to be more pronounced in countries with highly restricted legislation (Shellenberg et al. 2011).

The negative stereotypes of women who access abortion mask the fact that many abortions are undertaken to preserve the health and well-being of family members including other children, and that many women who access abortion services continue with other pregnancies. Silence and fear of social ostracism stop other women speaking out to support those who have availed of abortion, and discrimination against those who have accessed it completes the stigma process. Those who provide abortion services are stigmatised by names such as 'murderer', which contributes to the exclusion of pregnancy termination as part of reproductive healthcare by equating it to a crime (Webster 2013). The development of the idea of foetal personhood in which the notion that the foetus should be afforded the same rights as a person has increased over the past 10 years (Kumar, Hessini, and Mitchell 2009). Through the media, culture and art, abortion stigma has become embedded in popular discourse and equates qualities and autonomy of a baby with those of a foetus, which makes its destruction easy to portray as violent, unjust and morally wrong. As policy and law are reflections of the dominant ideology, abortion stigma can be found embedded in the core pillars of many societies. A recent study of abortion education in the UK found widespread evidence of bad practice in schools, including the provision of mis-information and distressing material to students. The authors challenged the Department of Education to promote evidence-based, impartial teaching on abortion in ways that are non-stigmatising (Education for Choice 2013). Other commentators point to the criminalisation of abortion in 69 countries in recent years as another indication of how gender discrimination and restricted reproductive rights can become enshrined in policy and law (Kumar, Hessini, and Mitchell 2009). These issues were highlighted in evidence provided to the United Nations Committee for the Elimination of Discrimination Against Women calling for an inquiry into the situation in Northern Ireland. Case studies were provided suggesting that some of those who travelled out of Northern Ireland could in fact have had a legal abortion in Northern Ireland but were unable to do so due to reluctance of medical staff (Family Planning Association Northern Ireland, NIWEP and Alliance for Choice 2010).

Extra-legal barriers to abortion services have also been identified elsewhere. Kaposy (2010), in reviewing access to abortion in Canada, found that, despite decriminalisation, instances remained of doctors refusing to make referrals, providing mis-information or using stalling tactics to ensure women were prevented or delayed from obtaining an abortion. Whilst some of these doctors may have been against abortion, it is also possible that a lack of experience and knowledge could also be a factor in their decision-making process. Medical students in Canada are typically provided with a one-hour session on abortion in a standard four-year curriculum. This is in contrast to up to nine hours spent on

training about Viagra (Kaposy 2010, 21). A similar survey of medical students in Northern Ireland (Steele 2009) found that teaching on abortion had not been adequately covered in their training, in direct contrast to students in Norway who took part in the same study.

How best to challenge prevailing moral conservatism and extra-legal barriers is a series of complex matters, which academics and activists continually debate. There is little agreement among feminist academics on the effect of rights-based arguments to further the cause of accessing abortion. Smyth (2002) and Lister (2003) argue that rights-based arguments can claim more ground in debates in the public arena surrounding access to abortion, whereas Porter (1996) and Petchesky (in Smyth 2002) assert that the debate can be altered to contextualise it with societal issues that include dimensions of care, health and social welfare. Rights-based arguments alone, in a morally conservative society where gender roles are limited to traditional interpretations, can be less effective. In Northern Ireland, a woman who was refused an abortion on the grounds of fatal foetal abnormality was brought to the media's attention in September 2013. This was followed by a debate that ignored rights- and agency-based arguments and focused on the lack of clarity to medical professionals due to flawed guidelines resulting in the individual concerned having to travel to England to terminate her pregnancy (BBC 2013b). This case and its contextualisation using the dimensions of care, health and welfare has helped alter the debate. It has thrown into the public arena some of the complex set of circumstances women find themselves in when faced with crisis pregnancies.

Kumar, Hessini and Mitchell (2009) assert that the fact that so many women choose to have abortions despite numerous barriers, indicates that agency and resistance remain vibrant on this issue. The decision to terminate a pregnancy and denying the frequency of the demand for abortion is essential to the perpetuation of stigma, which is common to the discourse in Northern Ireland. This recent case has helped to reframe the debate on abortion and could represent a 'tipping point', as it has in other countries with limited access to abortion.

The failure to extend the 1967 Abortion Act to Northern Ireland, legislation that operates in the rest of the UK, offers a prime example of the second-class nature with which women are viewed in this jurisdiction, though the extension alone would not necessarily ensure the accessibility of abortion to all women. Such change would be dependent on the need for an adequate number of medical professionals/midwives willing to refer women and/or carry out economically accessible abortions, and would also require a change in the wider cultural issues regarding women's position in society. Until then, abortion tourism is likely to prevail.

## Conclusion

Discourse on abortion in Ireland, north and south, has been dominated by moral conservatism, shaped by religiosity in both jurisdictions and a patriarchal view of females. Religious legitimisation in this discourse idealises motherhood and presents an oppressive framing of sexuality. This discourse has permeated both policy and legal frameworks, resulting in highly restricted access to abortion, forcing thousands of women to travel to obtain an abortion. Political institutions in Ireland, north and south, appear to tolerate this necessity, content that abortion tourism exists and that abortions are not taking place within their jurisdictions. The public reaction of the Churches to the recent abortion legislation in the Republic of Ireland, which was highly critical of the legislation, and the opening of the Marie Stopes International clinic in Belfast both provided prime examples of the role of religious bodies in attempting to shape public

and political debates on abortion and reinforce the second-class nature of women's citizenship in each jurisdiction.

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### Notes

1. In 1992 the Supreme Court ruled that a 14-year-old girl, known as X, pregnant as a result of rape, faced a real and substantial risk to her life due to threat of suicide and this threat could only be averted by the termination of her pregnancy (Bacik 2013).
2. Three cases (ABC) were brought before the European Court of Human Rights and it was argued that their human rights had been violated due to Ireland's restrictive abortion laws. The court found in favour of one applicant, C, on the grounds that her right to privacy in seeking information on whether she qualified for a legal abortion had been violated (Bacik 2013).

### References

- Ashe, F. 2006. "The Virgin Mary Connection: Reflecting on Feminism and Northern Irish Politics." *Critical Review of International Social and Political Philosophy* 9 (4): 573–588.
- Bacik, I. 2013. "The Irish Constitution and Gender Politics: Developments in the Law on Abortion." *Irish Political Studies* 28 (3): 380–398.
- Baker, M. 2008. "Restructuring Reproduction: International and National Pressures." *Journal of Sociology* 44 (1): 65–81.
- Banyard, K. 2010. *The Equality Illusion: The Truth About Men and Women Today*. London: Faber and Faber.
- BBC. 2013a. "Draft Abortion Guidelines 'Causing Fear among NI Health Staff'." 16 October 2013.
- BBC. 2013b. "Woman's Abortion 'Ordeal' Considered by NI Health Officials." 9 October 2013.
- Best, A. 2005. "Abortion Rights along the Irish-English Border and the Liminality of Women's Experiences." *Dialectical Anthropology* 29 (3–4): 423–437.
- Bloomer, F., and E. Fegan. 2014. "Failing Women and Failing the Professionals: Guidelines on Access to Abortion in Northern Ireland." *Critical Social Policy* 34: 109–120.
- Boland, R., and L. Katzive. 2008. "Developments in Laws on Induced Abortion: 1998–2007." *International Family Planning Perspectives* 34 (3): 110–120.
- Boyle, M., and J. McEvoy. 1998. "Putting Abortion in its Social Context: Northern Irish Women's Experience of Abortion in England." *Health* 2: 283–304.
- Bunrecht na hEireann. 1937. *The Irish Constitution*. Dublin: Stationery Office.
- Central Statistics Office. 2011. *Census Data*. Dublin: Central Statistics Office.
- Connolly, E. 2003. "Durability and Change in State Gender Systems: Ireland in the 1950s." *The European Journal of Women's Studies* 10 (1): 65–86.
- Crowley, E. 2013. "Sex in Ireland: Fifty Shades of Hypocrisy." *Irish Independent*, 2 June.
- Cullen, P. 2013. "Savita Halappanavar Jury Returns Unanimous Medical Misadventure Verdict." *Irish Times*. Accessed April 19. <http://www.irishtimes.com/news/health/savita-halappanavar-jury-returns-unanimous-medical-misadventure-verdict-1.1365716>
- Department of Health, Social Services and Public Safety (Northern Ireland). 2012. "Written Statement to the Assembly by Health Minister Edwin Poots – Wednesday 22 August 2012 – Abortion Statistics in Northern Ireland: Results of Audit on 2008/09, 2009/10 and 2010/11 Data." Accessed March 19, 2013. <http://www.dhsspsni.gov.uk/termination-statement>
- Department of Health, Social Services and Public Safety (Northern Ireland). 2013. *The Limited Circumstances for a Lawful Termination of Pregnancy in Northern Ireland: A Guidance Document for Health and Social Care Professionals on Law and Clinical Practice*. Draft. Belfast: Department of Health, Social Services and Public Safety.
- Department of Justice and Equality. 2013. *Report of the Inter-Departmental Committee to Establish the Facts of State Involvement with the Magdalene Laundries*. Dublin: Department Justice and Equality.

- Education for Choice. 2013. *Abortion Education in the UK—Failing our Young People?* London: Brook.
- Family Planning Association Northern Ireland, NIWEP (Northern Ireland Women's European Platform) and Alliance for Choice. 2010. *Submission of Evidence to the CEDAW Committee Optional Protocol: Inquiry procedure*. Belfast: Family Planning Association Northern Ireland.
- Finer, L., and J. B. Fine. 2013. "Abortion Law Around the World: Progress and Pushback." *American Journal of Public Health* 103 (4): 585–589.
- Francome, C., and W. Savage. 2011. "Attitudes and Practice of Gynaecologists Towards Abortion in Northern Ireland." *Journal of Obstetrics and Gynaecology* 31 (1): 50–53.
- García-del Mora, P., and A. C. Korteweg. 2012. "The Sexual Politics of Citizenship and Reproductive Rights in Ireland: From National, International, Supranational and Transnational to Postnational Claims to Membership?" *The European Journal of Women's Studies* 19 (4): 413–427.
- Gartland, F. 2013. "Fall in Seizures of Drugs that Induce Abortion." *Irish Times* 27: 8.
- Gray, B., and L. Ryan. 1998. "The Politics of Irish Identity and the Interconnections Between Feminism, Nationhood and Colonialism." In *Nation, Empire, Colony: Historicizing Gender and Race*, edited by R. R. Pierson, and N. Chaudhuri. Bloomington, IN: University of Indiana Press.
- Grossman, D., S. G. Garcia, J. Kingston, and S. Schweikert. 2012. "Mexican Women Seeking Safe Abortion Services in San Diego, California." *Health Care for Women International* 33 (11): 1060–1069.
- Hansard. 2013. *Official Report of the Northern Ireland Assembly*, Tuesday 12 March 2013, 83 (2): 47–82.
- Health Service Executive. 2012. *Irish Addresses at UK Abortion Clinics Decreases (Press Release)*. Dublin: Health Service Executive.
- Hooper, J., R. Butt, R. Carroll, and X. Rice. 2010. "Keeping the Faith: How Bleak is the Future for Catholicism?" *Guardian*, 5th September, 12.
- Horgan, G., and J. O'Connor. 2014. "Abortion and Citizenship Rights in a Devolved Region of the UK." *Social Policy and Society* 13 (01): 39–49.
- Inter-Parliamentary Union. 2012. *Women in Regional Parliamentary Assemblies*. Accessed November 7, 2012. <http://www.ipu.org/wmn-e/regions.htm>
- Irish Catholic Bishops Conference. 2012. *Statement on Abortion Legislation*. Accessed March 13, 2103. <http://www.catholicbishops.ie/2012/12/18/statement-archbishops-ireland-response-decision-today-government-legislate-abortion/>
- Irish Family Planning Association (IFPA). 2013a. *Briefing Document - Abortion in Ireland*. Dublin: Irish Family Planning Association.
- Irish Family Planning Association (IFPA). 2013b. *14 Year Prison Penalties in the Protection of Life During Pregnancy Bill is Inconsistent with the State's Obligation to Pregnant Women (Press Release)*. Dublin: Irish Family Planning Association.
- Kaposy, C. 2010. "Improving Abortion Access in Canada." *Health Care Analysis* 18 (1): 17–34.
- Kassam, A. 2013. "Spanish Government Backs Abortion 'Step Backwards'." *Guardian* 21 December.
- Kitchin, R., and K. Lysaght. 2004. "Sexual Citizenship in Belfast, Northern Ireland." *Gender, Place Culture: A Journal of Feminist Geography* 11 (1): 83–103.
- Kliff, S. 2013. "The Landscape of Abortion Bans, in One Must-See Map." *Washington Post*. Accessed March 28. <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/03/28/the-landscape-of-abortion-bans-in-one-must-see-map/>
- Kramer, A. 2009. "The Polish Parliament and the Making of Politics Through Abortion: Nation, Gender and Democracy in the 1996 Liberalization Amendment Debate." *International Feminist Journal of Politics* 11 (1): 81–101.
- Kulczycki, A. 2013. "A Comparative Study of Abortion Policymaking in Brazil and South America: The Salience of Issue Networks and Policy Windows." *Journal of Comparative Policy Analysis: Research and Practice*. doi:10.1080/13876988.2013.785669.
- Kumar, R. 2012. "Misoprostol and the Politics of Abortion in Sri Lanka." *Reproductive Health Matters* 20 (40): 166–174.
- Kumar, A., L. Hessini, and E. Mitchell. 2009. "Conceptualising Abortion Stigma." *Culture, Health & Sexuality* 11 (6): 625–639.
- Lister, R. 2003. *Citizenship: Feminist Perspectives*. Houndmills: Palgrave Macmillan.

- Luibhéid, E. 2004. "Childbearing Against the State? Asylum Seeker Women in the Irish Republic." *Women's Studies International Forum* 27 (4): 335–349.
- Manuel, P. C., and M. N. Tollefsen. 2008. "Roman Catholicism, Secularization and the Recovery of Traditional Communal Values: The 1998 and 2007 Referenda on Abortion in Portugal." *South European Society and Politics* 13 (1): 117–129.
- McBride, O., K. Morgan, and H. McGee. 2012. *Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010). A Survey of the General Population*. Dublin: Health Service Executive.
- McDonald, H. 2013. "Unionists Defeat Northern Irish Gay Marriage Bill." *The Guardian*. Accessed April 29. <http://www.theguardian.com/society/2013/apr/29/northern-ireland-gay-marriage-bill-fails>
- Mitchell, C. 2004. "Is Northern Ireland Abnormal?: An Extension of the Sociological Debate on Religion in Modern Britain." *Sociology* 38 (2): 237–254.
- Murphy, M., A. Vellinga, S. Walkin, and M. MacDermott. 2012. "Termination of Pregnancy: Attitudes and Clinical Experiences of Irish GPs and GPs-in-Training." *European Journal of General Practice* 18 (3): 136–142.
- Murphy-Lawless, J., and J. McCarthy. 1999. "Social Policy and Fertility Change in Ireland: The Push to Legislate in Favour of Women's Agency." *European Journal of Women's Studies* 6 (1): 69–96.
- Northern Ireland Catholic Council on Social Affairs (NICCSA). 2013. *Statement by The Northern Ireland Catholic Council on Social Affairs On the Proposed Amendment 11A: 'Ending the Life of an Unborn Child.' to the Criminal Justice Bill in Northern Ireland*. Accessed March 3, 2013. <http://www.catholicbishops.ie/2013/03/03/statement-northern-ireland-catholic-council-social-affairs/>
- Northern Ireland Statistics and Research Agency. 2012. *Census 2011—Statistical Bulletin*. Belfast: Northern Ireland Statistics and Research Agency.
- Oireachtas. 2013. *Heads of Protection of Life During Pregnancy Bill 2013: Public Hearings, Joint Committee on Health and Children*, Friday 17 May 2013, Dublin: Oireachtas.
- Percy, C., and J. Kremer. 1995. "Feminist Identifications in a Troubled Society." *Feminism and Psychology* 5 (2): 201–222.
- Porter, E. 1996. "Culture, Community and Responsibilities: Abortion in Ireland." *Sociology* 30 (2): 279–298.
- Puppink, G. 2013. "Abortion and the European Convention on Human Rights." *Irish Journal of Legal Studies* 3 (2): 142–192.
- Rossiter, A. 2009. *Ireland's Hidden Diaspora: The 'Abortion Trail' and Making of a London-Irish Underground, 1980–2000*. London: Iasc Publishing.
- Rutherford, M. 2012. "Just one in Five Believe Rape Victims should not be Allowed an Abortion." *Belfast Telegraph*, 30 August, 5.
- Salleh, A., ed. 2009. *Eco-Sufficiency and Global Justice: Women Write Political Ecology*. London: Pluto Press.
- Scott, J. 1998. "Generational Changes in Attitudes to Abortion: A Cross-National Comparison." *European Sociological Review* 14 (2): 177–190.
- Sedgh, G., A. Bankole, S. Singh, and M. Ellers. 2013. "Legal Abortion Levels and Trends by Woman's Age at Termination." *Perspectives on Sexual and Reproductive Health* 45 (1): 13–22.
- Sethna, C., and M. Doull. 2012. "Accidental Tourists: Canadian Women, Abortion Tourism, and Travel." *Women's Studies: An Interdisciplinary Journal* 41 (4): 457–475.
- Shellenberg, K. M., A. M. Moore, A. Bankole, F. Juarez, A. K. Omidéyi, N. Palomino, Z. Sathar, S. Singh, and A. O. Tsui. 2011. "Social Stigma and Disclosure about Induced Abortion: Results from an Exploratory Study." *Global Public Health* 6 (sup1): S111–S125.
- Smyth, L. 2002. "Feminism and Abortion Politics: Choices, Rights, and Reproductive Freedom." *Women's Studies International Forum* 25 (3): 335–345.
- Smyth, L. 2006. "The Cultural Politics of Sexuality and Reproduction in Northern Ireland." *Sociology* 40 (4): 663–680.
- Steele, R. 2009. "Medical Students' Attitudes to Abortion: A Comparison Between Queen's University Belfast and the University of Oslo." *Journal of Medical Ethics* 35 (6): 390–394.
- Strickler, J., and L. Danigelis. 2002. "Changing Frameworks in Attitudes toward Abortion." *Sociological Forum* 17 (2): 187–201.
- Webster, N. 2013. "Unsafe Abortion: Regulation of the Social Body Even Beyond Time and Space." *Culture, Health & Sexuality* 15 (3): 358–371.

**Résumé**

L'accès à l'avortement reste une question controversée à travers le monde. Au Nord et au Sud de l'Irlande, les contraintes juridiques ont eu pour conséquence le départ de milliers de femmes vers l'Angleterre, le Pays de Galles et plus loin encore, pour accéder à l'avortement, ceci au cours des dix seules dernières années; ou pour d'autres femmes, l'achat, via Internet, de la « pilule abortive ». Cet article décrit le contexte socio-juridique des deux juridictions, les données sur les femmes qui voyagent pour accéder à l'avortement et les obstacles à une réforme juridique. Il soutient que le conservatisme moral en Irlande – au Nord comme au Sud – contribue à l'accès restreint à l'avortement et a un impact sur le comportement des milliers de femmes en les transformant en « touristes de l'avortement ».

**Resumen**

El acceso al aborto sigue siendo un tema controvertido en todo el mundo. Debido a las restricciones legales existentes en Irlanda del Norte e Irlanda del Sur, durante la última década miles de mujeres han tenido que viajar a Inglaterra, a Gales o a destinos más lejanos para realizarse un aborto. Otras mujeres lo resuelven adquiriendo la “píldora abortiva” a través de fuentes en internet. El presente artículo examina el contexto sociolegal que prevalece en ambas jurisdicciones, los datos respecto a las que viajan para realizarse un aborto y las barreras que impiden el logro de reformas legales. Las autoras sostienen que el conservadurismo moral existente en ambas jurisdicciones ha contribuido a restringir el acceso al aborto, determinando que miles de mujeres se conviertan en “turistas del aborto”.