


Ireland & Abortion: Where Next?

Saturday 8 May 2021, by [KENNEDY Sinéad](#) (Date first published: 6 May 2021).

On 25 May 2018, the Irish electorate voted to remove the notorious eighth amendment - Ireland's ban on abortion - from the Irish constitution. The scale of the victory was enormous, with 66.4% of people voting "yes" to replacing Article 40.3.3° of the Constitution with an Article stating provision may be made by law for the regulation of termination of pregnancy. The Repeal campaign, thirty years in the making, saw grassroots activists from every corner of the island come together to build an energetic and transformative movement that foregrounded the stories and experiences of pregnant women.


For a State whose foundation was built upon the control and regulation of sex, and women's bodies and sexuality in particular - the history of which was shrouded in silence and shame - this was remarkable. While these conversations may have begun with what was colloquially referred to as "hard cases", it quickly evolved to include the everyday experiences of women who travelled abroad for abortions; those who clandestinely took the illegal abortion pill; women who, due to their own particular set of circumstances, simply did not want to be pregnant. These stories, unique in the history of the Irish state, transformed the abortion "debate" from its previous stubborn focus on abstract medicolegal issues, to where it belongs, concentrating on questions of women's agency and decision-making. It was clear to anyone who campaigned on the ground that these stories formed the basis of the enormous groundswell for "Repeal" and transformed attitudes to abortion and "choice".

However, the abortion law designed by the government after Repeal clearly falls short of the demand for change that so many people desired. While we cannot state with absolute certainty what was in the minds of people when they voted for Repeal, the RTÉ Exit poll does offer some insight into voter motivation. When asked what factors influenced their vote, 43% cited people's personal stories covered in the media and 34% the experiences of people they knew. When asked to name which factors were most important to them in making their decision, 62% of people stated that it was "the right to choose". [1] This suggests the electorate were far more "pro-choice" than the majority of politicians are willing to accept. It also reveals the government's decision during the Oireachtas debate to rigidly stick to its pre-amendment proposal of a highly restrictive legal framework and their refusal to accept any of the amendments to the new law, particularly those that would alleviate the most burdensome aspects of the restrictions as seriously troubling. The amendments against strict term limits, the three-day waiting period and criminalisation and seeking the protection of socio-economic rights, did not come out of left-field; they had all received strong endorsements during earlier stages of the legislative process at the Citizens' Assembly (2016) and the Oireachtas Committee (2017).



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Post-Repeal abortion in Ireland is regulated by the Health (Regulation of Termination of Pregnancy) Act 2018 which determines the conditions under which abortion services can lawfully be provided, and came into effect on 1 January 2019. Essentially, women are now permitted access to abortion under four strict conditions: firstly, when the pregnancy is less than 12-weeks and subject to a three-day waiting period; secondly, where there is a risk to life, or of serious harm to the health of the pregnant woman; thirdly, in cases of emergency where there is an imminent risk to the life or of serious harm to the health of the pregnant woman; fourthly, where a condition is present that is likely to lead to the death of the foetus either before or within 28 days of birth. In practice, this means that abortion in Ireland is readily accessible, to most, but, by no means all pregnant people, in the first trimester (<12 weeks), subject to a three-day waiting period. After 12 weeks, abortion becomes highly restricted with the majority of these abortions occurring following a diagnosis of a fatal foetal anomaly. The three-day waiting period is of particular concern. It holds no medical purpose serving only to create an unnecessary obstacle to obtaining medical care. [2] It means that a woman or pregnant person must make two visits in order to obtain an abortion creating additional burdens for many people who need to arrange for time off from work or caretaking duties and disproportionately affects women who are most vulnerable. Service provision is uneven across the country and outside of urban areas many women struggle to access abortions in their local area. For example, there is no provision in Sligo so a person needing an abortion could face two round trips of up to 100 km, to Donegal or Roscommon, to visit a GP twice, three days apart, with the possibility of a third visit if a scan is required. Hospital provision is only at 50%, with half of maternity hospitals refusing to provide abortion services. The criminalisation of doctors continues to create a chilling effect, resulting in conservative interpretations of the law, especially post-12-weeks.



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Figures for 2019 show that 6,666 women and pregnant people accessed abortions in Ireland. The majority of these abortions (6542) occurred under 12 weeks; post-12 weeks there were 100 terminations in cases of fatal foetal anomaly and 24 in cases of serious risk to life/ health. [3] These figures represent an important achievement in the struggle for abortion rights in Ireland. In previous years women and pregnant people in need of abortions would have either travelled abroad

for abortions, or accessed the abortion pill illegally online, or would have been forced to continue their pregnancy against their will. What Irish abortion data doesn't reveal is the number of people who either have been unable to access an abortion here or, who have been refused treatment because they did not satisfy the legal criteria. Statistics published by the UK Department of Health and Social Care reveal that 375 women travelled for abortions to England and Wales in 2019. [4] A significant percentage (37%) of women forced to travel in 2019 were under 12-weeks pregnant and almost 9% of women with Irish addresses who travelled to Britain identified as Black, Asian or Chinese. [5] These figures suggest that there remain significant barriers to accessing abortion care in Ireland, even when abortion should be readily accessible and particularly if you are a migrant or person of colour. So, despite Repeal, at least one woman/person is still forced to travel every day for an abortion. We know from many years of experience in Ireland how the anxiety of an unintended pregnancy is compounded by the difficulties of accessing an abortion in another state, in an unfamiliar city and often without family support. Not all women and pregnant people are able to exercise the freedom to travel. Disabled women, marginalized women, such as asylum-seekers, migrants, and those living in poverty, may find themselves trapped in Ireland and unable to travel. These difficulties will only be compounded by the travel restrictions in place due to Covid-19. This is certainly not what people campaigned and voted for in 2018.



The geographer Sydney Calkin argues that when thinking about designing abortion provision we should begin with the most marginalised in our society asking ourselves what kind of barriers do they face: to transport, to visas, to health systems, to systems of support? She writes: "A system designed by thinking about those least able to access care would certainly result in a system that decriminalised abortion and centred on the autonomy of pregnant people, rather than one that instituted requirements for multiple visits and points of medical control over decision making." [6] As Marxists, we understand that access to abortion cannot be separated from wider social and economic questions. Too often, mainstream discussions on abortion, frame the question exclusively in terms of individual rights, isolating abortion from the broader questions of social and economic inequalities, matters which directly affect an individual's decision-making process and which are inextricably linked to gender equality. Restrictions and obstacles created either by the law or uneven provision of services always disproportionately affect the most marginalised and vulnerable sections of society. People with financial means can navigate around restrictions and have a number of alternative options open to them. For example, access to an early medical abortion is of little help if you are homeless or live in a direct provision centre and don't have a safe, private place to have your treatment and recover. Therefore, we need to think about abortion and reproductive health as part of a wider struggle for social change in Ireland; the fight for housing, proper education, healthcare, and access to support. As socialists, we understand that the right to have an abortion is fundamental, but so too is the right to have a child, and to raise and care for that child in a fair and equal society where no one is left behind.

Sinead Kennedy

Notes

1. RTÉ exit poll was conducted by Behaviour & Attitudes referendum day - 25 May 2018 - involving 3779 voters at 175 polling stations with a margin of error of +/- 1.6%. See static.rasset.ie/documents/news/2018/05/rte-exit-poll-final-11pm.pdf
 2. See WHO (2012) Safe Abortion Guidance: Technical and Policy Guidance for Health Systems, 78.
 3. 2019 Annual Report on Notifications under the Health (Regulation of Termination of Pregnancy) Act 2018.
www.gov.ie/en/publication/b410b-health-regulation-of-termination-of-pregnancy-act-2018-annual-report-on-notifications-2019/
 4. Department of Health & Social Care UK, National Statistics: Abortion statistics for England and Wales: 2019. Available: www.gov.uk/government/statistics/abortion-
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