

Equality, Democracy, Solidarity: The Politics of Abortion

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The protests in Ireland and Poland, along with international solidarity protests, against restricted access to abortion services, have revitalised the campaign for reproductive rights and women’s rights and sent a challenge to conservative politicians that a new movement for women’s rights is on the political agenda. More than 30,000 marched in Dublin on September 24th 2016 for the 5th annual ‘Rise and Repeal March for Choice’ organised by the *Abortion Rights Campaign* with solidarity protests in more than 20 cities around the world. This more than tripled the numbers from the year before, which itself had at least double the numbers from the year before that. More than 65 groups making up the *Coalition to Repeal the 8th*, including women’s rights and reproductive rights groups, civil and health rights advocates, trade unions and left-wing political parties, actively supported and promoted the march, but the size of the crowd, its youth, enthusiasm and determination surpassed most people’s expectations. Predominantly young and female, on a miserable rainy day, the marchers called for a repeal of the 8th Amendment, passed in 1983 before any of the marchers under 33 years old was even born and before any under 51 had been entitled to vote.

The March for Choice was a march demanding a right for women to have the choice to either decide to have an abortion or to decide to have a child. In the centenary year of the 1916 rebellion against imperial tyranny, the march organisers focused on getting rid of the effective block on abortion posed by the 8th Amendment inserted into the constitution in 1983, hence ‘Rise and Repeal’. The variety of banners, slogans and chants on the march that day showed that something new was happening, with new perspectives, opinions and visions unappreciated and largely unexpressed in the mainstream press and media.

The next Saturday, October 4th, follow-

ing the Dublin march, a National ‘Women’s strike’ in Poland across more than a hundred towns and cities involving hundreds of thousands of protesters resulted in the shock, landslide defeat of the proposed total ban on abortion there, which had already comfortably passed the first stage in Parliament. On October 6th the Polish Parliament voted 352 to 58 against the bill including 186 of the 227 right-wing, governing Law and Justice party, who had all solidly supported the bill before the protests. Abortion has been heavily restricted in Poland since the 1993 law restricted access for 99% of the women who wanted an abortion, with more than 100,000 travelling to countries such as neighbouring Germany for abortions or taking abortion pills illegally at home. The unexpected defeat of a majority government in Poland gave hope and confidence to activists in Ireland that concerted pressure on the smug but weak Fine Gael government and their Fianna Fáil and Independent backers, could yield victory. Also encouraging was the success over the past year of campaigns and marches for an extension of the UK 1967 Act to Northern Ireland, forcing court judgements on the injustice of restrictions on abortion there, while the ban on the abortion law stayed in place.

On October 7th the *Irish Times* reported: ‘*Irish Times* poll: Majority want repeal of Eighth Amendment’ and revealed that 74% were in favour of repeal with 18% against and 8% undecided.¹ The *Irish Times* didn’t publish the figures excluding the undecideds, as they usually do to indicate likely voting patterns, even though these are easily calculated: 80.4% for repeal and 19.6% against, predicting a landslide victory for repeal if a referendum were held that day. If one looks at the overall trend for 2016 by including the two earlier *Irish Times* Ipsos/MRBI polls this year, on

¹Stephen collins (2016a)

February 23rd² and July 8th,³ we see support of 64% (72%) rising to 67% (76%) and then 74% (80%) respectively for repeal (excluding undecideds in brackets) with opposition to repeal falling from 25% (28%) to 21% (24%) and then 18% (20%). Despite the evidence of overwhelming and rising support for repeal the paper emphasised that of the 74% in favour ‘only’ 19% favoured ‘UK-style Abortion’ and 55% ‘limited abortion’ and argued that:

However, if the introduction of a strictly limited regime is opposed by those who support the current prohibition and those who favour a liberal abortion regime band together a referendum could be a close-run thing.

How this ‘banding together’ might occur, the article, by columnist Stephen Collins (who has been, accurately, described as a ‘de facto government spokesman’⁴), did not say, but suggested a tactic of splitting the support for repeal on the basis of the planned level of restriction connected to the referendum. Neither did he explain why those who favour fewer restrictions on abortion did not in his opinion favour a ‘liberal regime’ when it had to be more liberal than the 99% restriction of the current 2013 Protection of Life During Pregnancy Act (PLDPA) and certainly more liberal than the effective total ban on legal abortion under the previous 1861 Offences Against the Person Act. Collins as the spokesperson for, or advisor to, the government, seemed to be suggesting how the democratic will of the people to repeal the 8th amendment might be defeated, or at least, practically diverted along lines of internecine conflict to give cover for ongoing delay and deferral by a weak government. However, the July poll in the *Irish Times* showed that Fine Gael voters were overwhelmingly in favour of repealing the 8th Amendment by a margin of 66% (73%) to 24% (27%). A tactic of deliberately complicating the repeal referendum in

order to draw out negotiations and deny a clear victory to the prochoice movement is of course clear, when the discussion of restriction could easily be had afterwards with the severely restrictive PLDPA in place, and this tactic of kicking the can down the road is a mirror image of the one taken with water charges. So when the right-wing politicians of Fine Gael and Fianna Fáil claim this is a ‘moral issue’ we can rest assured that there is no evidence of morality in their tactic of ducking the issue. This notion of uncertainty about winning a referendum, prevalent in the mainstream media, in the face of opinion poll evidence to the contrary, seemed to affect supporters of repeal also, with Labour’s then Minister, Aodhán O’Riordáin saying after the 2015 March for Choice:

If [the Referendum] happened in the morning, it would be lost and it would be trounced and it would be 20 years before we can return to it...But it’ll happen, I would imagine, quite late towards the end of the [next] government because we’re nowhere near winning it.⁵

Labour’s role in government in introducing the 2013 PLDPA legislation showed that supporters of liberalising abortion laws could tolerate criminalising legislation, with certification procedures involving up to 6 doctors to access abortion services, resulting in 99% of women being denied access to abortion in practice. Fianna Fáil and Fine Gael continue to use the language of unreasonable ‘extremes’ and a reasonable ‘middle’ to muddy the waters of the debate. With 80% of the public likely to vote for repeal it is unclear who this excluded middle is. Unexplained also is why the prochoice ‘abortion on request’ position is extreme, as it accommodates both women who disagree and women who agree that abortion is the best option in their personal circumstances and is the position most in keeping with international standards of safe medical practice.

²Stephen collins (2016b)

³Pat Leahy (2016)

⁴Julien Mercille (2015)

⁵Sorcha Pollak, Carl O’Brien (2015)

The antichoice position is in fact a candidate for the ‘extreme’ label in that it advocates avoiding a democratic vote on an issue, for fear that the opinion of each pregnant woman might be taken into account instead of a minority conservative religious and right-wing political ideology. Fianna Fáil and Fine Gael are happy to continue to pander to the conservative antichoice lobby while pretending to be sympathetic to improving access to abortion and they will do whatever they can to obscure the debate and delay any decision so that the most restrictive possible outcome is obtained. It becomes important then to put pressure on the government to hold a referendum without preconditions and to put pressure on those who claim to support the Repeal the 8th campaign to support bills or motions to put the 8th Amendment to a referendum vote. We need more democracy to win more equality.

Why Repeal the 8th?

The right to choose whether or when to have a child is a right that has been greatly advanced and facilitated by advances in technology: barrier methods such as condoms or coils, the oral contraceptive pill, the morning after pill, the abortion pill and various early and late surgical methods. ‘As early as possible, as late as necessary’ is a rule that applies to the full spectrum of forms of birth control including abortion. In all other areas of healthcare access to treatment is ethically restricted by the consent only of the person undergoing the treatment, unless their capacity to do so was in question.

The lack of equality in this denial of women’s capacity to consent is not covered by any plausible suggestion as to who should decide instead. Restricting access to birth control, including abortion, tends towards more abortions in general and later abortions in particular. As with any other treatments in healthcare, only the person receiving the treatment should make the final decision and give consent and for birth control that is the woman who wants to avoid pregnancy or the woman who is pregnant and deciding if she wants to give birth. The

only man who should have the final say in an abortion decision is a pregnant transgender man, and that view is strongly and widely supported in the new movement.

Abortion is a healthcare issue, restriction of abortion is a political issue and not an abstract ethical one. The control of birth control is a political issue. Controlling women’s decisions about birth control means controlling an intimate detail of their lives, possibly the most intimate. Splitting the population as a whole and the working class in particular is a well-worn strategy of the ruling class of politicians, clergy, senior civil servants and big business. While the ruling class are increasingly in favour of birth control they give up control of it only with a struggle. That struggle has resulted in women’s rights being advanced in many countries, but, while often acknowledged in court rulings or legislative changes, change has always been won by mass movements on the streets. The Roe Vs Wade ruling in the US and the 1967 Abortion Act in the UK were victories recorded in official documents, but that resulted from decades of struggle for sex education, contraception and abortion alongside fights on a wide range of fronts. The ‘Liberation’ movements of the 1960s in the US were inspired by the black civil rights and antiwar movements and spread questions about legitimate authority and human rights to the areas of women’s rights, gay rights and the rights of disabled people. Advances in civil liberties were not handed down gently from a benign, benevolent ruling class but had to be fought for over decades and with political organisation and development, coordination and disagreement, but ultimately, only by struggle.

In Ireland, fearing the spread of these advances and the demise of the catholic church’s stranglehold from the 1960s onwards, with the legalisation of contraception and moves to legalise divorce, conservatives planned to take a stand on abortion by inserting a clause into the constitution that would block efforts to improve access to abortion. In 1982 Fianna Fáil, under Charles Haughey, passed a bill in the Dáil with a wording for a new amendment

to the constitution. Fine Gael, under Garret Fitzgerald, suggested an even more restrictive wording that would ensure a continuing absolute ban on abortion, similar to the recent Polish proposal, but this was defeated. Fianna Fáil's wording for the 8th Amendment would add a new subsection to Article 40 section 3 of the Irish constitution. The new Article 40.3.3 stated:

The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.

The leaders of Fianna Fáil, Fine Gael and Labour, without consulting their party members, agreed the wording, and the subsequent Referendum in 1983 was passed by a two-to-one majority. Fianna Fáil and Fine Gael hid behind the conservative Catholic hierarchy and the Pro-Life Amendment Campaign (PLAC) while the forces of the Left campaigned as the Anti-Amendment Campaign. The pattern of a coalition between conservative nationalists in Fianna Fáil and Fine Gael with the Catholic church hierarchy was heavily damaged by the scandals of corruption in the building and meat industries that rocked Fianna Fáil and the scandals of institutional abuse in residential homes and the covering up and hiding of paedophile priests that seriously undermined, including for previously loyal ordinary churchgoers, any notion of moral integrity, especially in the area of sexual morality, in the catholic hierarchy. Anti-choice groups such as the Life or Iona institutes increasingly try to take the place of the discredited hierarchy but lack the reach of the traditional church or the wealth and fundamentalist base of their US counterparts. Their use in deflecting the debate from the social and political issues of women's rights and their role in giving cover to the mainstream right of Fianna Fáil and Fine Gael is still relevant. Calling Fianna Fáil and Fine

Gael directly to account can help to sideline these minority organisations and more directly address the issues of travel and abortion pill use. Identified barriers to travel include being too young too sick or disabled, too poor or impeded by detention in prison or the direct provision system. Barriers to using the pill are largely the uncertainty of support and follow up by the health service and the threat of arrest and imprisonment under the draconian PLDPA.

Opposition by church hierarchies and Antichoice groups to abortion has not been confined to the Catholic church nor has it been consistent in history, changing particularly in the 19th century. For example, the 1861 Act which was the relevant law in Ireland until 2013, was passed in a British Parliament where the predominant religion was not catholic but overwhelmingly protestant. Furthermore, the Catholic Church teaching was not consistent over time either. As Patsy McGarry reported:

Up to [1869] Catholic teaching was that no homicide was involved if abortion took place before the foetus was infused with a soul, known as 'ensoulment'...In 1591, Pope Gregory XIV determined it took place at 166 days of pregnancy, almost 24 weeks.⁶

The change allowed the catholic church support laws that criminalised abortion as murder without having to draw distinctions about term limits that would have been difficult to implement at the time. The modern arguments about abortion as murder and the need for term limits or restrictions on selective abortions deny both the lack of consistency in church teaching but also the failure to ethically support having an alternative source of decision-making to the woman, that is, why even a consistent moral view of a church institution should be deemed superior to the moral view of the actual woman involved.

⁶Patsy McGarry (2013)

Term limits

Abortion, particularly early abortion, is one of the most common and safest procedures in medicine. As modern societies increasingly reject the dogmatic and inconsistent teachings of religion that abortion is the same as murder, opponents of a woman's right to choose have changed tack and tried to argue that abortion is dangerous to the woman concerned. False claims of greater risks to life or health than the alternative choice of giving birth have been repeatedly debunked.⁷ No greater risk of mental or physical health problems is taken by choosing an abortion than by choosing to continue a pregnancy and the antichoice movement just cannot get any health experts to support them outside of antichoice doctors or organisations. The other more traditional antichoice approach is to focus on the foetus, to equate the foetus to a baby or child by using the prefix 'unborn' and to emphasise a foetus as an independent entity with independent rights. As pregnancy proceeds and the foetus develops, it attains features increasingly resembling a full-grown foetus, which if portrayed, especially visually, separately from the woman carrying it, as antichoice portrayals usually do, seems to support the notion of an independent human person that might have rights of its own. Many prochoice supporters, unfamiliar with later abortions, do not know how common or rare later abortions are, and can also easily forget the key factor in access to abortion: who decides? The reality is that in a developed health service with well-developed abortion services such as in the UK, abortions become rarer as pregnancy advances. The vast majority of abortions, in countries with developed health services, are accessed early. In round figures: 90% happen before 12 weeks gestation, more than 99% are carried out before 20 weeks and more than 99.9% are carried out before 24 weeks. So, fewer than 1 in 1,000 abortions are carried out after 24 weeks and abortions after 28 weeks are almost unheard of.

One antichoice argument is that a less re-

strictive abortion regime without term limits would increase the number of later abortions, but in fact, restricting access to early abortion is an identified cause of increasing the number of later abortions because of the delays caused by restrictive practices. Restrictions including term limits will increase later abortions not decrease them, especially when concessions lead to encouraging anti-choice legal and legislative measures to bring about even more obstacles to early access rather than fewer, all often in the name of better care for women.

The truism that abortions should be carried out 'as early as possible, as late as necessary' is a starting point rather than a conclusion of a consideration of later abortions. In general, 'earliest is best' seems an overarching general rule on its own but it is not a practical one for several reasons. The earliest avoidance of unwanted pregnancy is either through abstinence, the rhythm method or the varying forms of barrier and pharmacological contraception and the 'morning after pill'. However, choosing between these methods depends firstly on being informed about how they work, their safety and effectiveness, but also in having access to them. We also have to take into account the relative success of each method, including our own human failings in correct use or remembering to use them in a timely way, as well as the brutal circumstances of rape, where the need for contraception is not foreseeable. The failings at each level is why unwanted pregnancies will always occur and abortion will always be required as an important and valuable method of birth control.

However, the use of early alternatives to later abortion (ie the morning after pill in the first 5 days of pregnancy, safer medical and surgical abortion techniques earlier in pregnancy) are also often delayed and missed due to lack of availability; delayed diagnosis of pregnancy or fetal anomaly; or a change in a pregnant woman's circumstances involving social, physical or mental health factors. One study concludes:

Bans on abortion after 20 weeks will disproportionately af-

⁷E. G. Raymond and D. A. Grimes (2012)

⁸Diana Foster (December 2013)

fect young women and women with limited financial resources.⁸

While some of these delays are avoidable by better information and better access to health services, particularly for young, poor or otherwise vulnerable women, there are nevertheless several situations which will continue to arise late in pregnancy. The late diagnosis of pregnancy or of fetal anomalies as well as significant changes in social or health status are such examples. The contradictions of the antichoice focus on later abortions are that the restriction of access to abortion increases the number of avoidable late abortions and that this only causes the imposition of more suffering on an already distressed woman. It is a fact that abortion is more common, as well as later and more complicated, where access to abortion is restricted. Ireland is a good example of this, where women present for abortions later, due to delays in accessing the information, money and supports necessary to travel abroad or to obtain an abortion pill, and these women suffer more unnecessary complications as a result. Women whose pregnancy is diagnosed with a fetal anomaly often experience delays in diagnosis because of restricted access to proper maternity and reproductive health services. It is for this reason that antichoice arguments about viability, fetal pain and the unpleasant nature of late abortion are at the very least hypocritical, given their responsibility for increasing their number. The argument around ‘viability’ also ignores the consequences of severe disability, not just the likelihood of survival, that even a prospective parent has to struggle to consider after a spontaneous miscarriage. The arguments for alternatives of adoption, perinatal hospices or bringing up the child following delivery cannot be forced on women but in any case these suggestions ring hollow, coming as they usually do from right-wing political organisations, like Fianna Fáil and Fine Gael, that are most associated with systematic cuts in health, welfare and childcare services.

While many factors can influence a woman’s decision whether or not to have an

abortion, there is nothing about the circumstances of late abortion that supports the notion that imposing a restriction on it will improve the situation in terms of numbers or outcomes. The opposite is the case. The argument for limits is aimed ever downward with, for most antichoice activists, the aim being to ban all abortions, and for many of them to ban sex education, artificial contraception and the morning after pill too.

The young rape victim in the Y case who was forced to give birth to an extremely premature infant at very high risk of disability, by caesarean section without her consent, when she had consented to an abortion at 8 weeks of pregnancy, is both a clear example of how restricting access to abortion, in this case for a young, poor, migrant, rape victim, can lead to a later abortion, but also, how not honoring the decision of the woman who is pregnant, at any stage of pregnancy, can lead to a level of barbarity that is truly shameful.⁹

Selective Abortion

The focus on women’s reasons for having an abortion often ignores the fact that not wanting to be pregnant is often based on many factors and not just one. Forcing women to justify their decision is unique to abortion as a medical treatment. In her book: *The Moral Case for Abortion*, an excellent review of the arguments around abortion care, Ann Furedi comments:

Any laws and regulations that insist on grounds, or specific reasons, that limit when a woman can choose abortion, or when a doctor can perform one, underscore that a woman’s decision is not sufficient. And when mandatory regulations insist on a certain level of medical care, it implies that abortion is risky, and that abortion doctors cannot be trusted to base the level of care on their knowledge and ethics. No special laws or regulations govern when a doctor can repair

⁹See Kitty Holland (2014) for a timeline of this travesty of healthcare

a hernia, or set a fractured arm; the existence of special laws for abortion begs the question: ‘why is abortion different?’¹⁰

As Furedi outlines this situation of requiring a justification for a decision to consent to treatment, only occurs in the context of restrictive legislation which allows abortion only when an eligible reason for it has been certified by a professional, usually a doctor.

However, the use of information about the foetus regarding gender or impairments, from scans or blood tests, to inform a decision to have an abortion, has led to concerns that abortion access should be restricted in these cases. Gender disparities in countries such as China have led to calls to ban selective abortion on gender grounds as it is usually female fetuses that are selected for abortion. It is worth noting that practices such as abandoning female infants and infanticide mean that restricting selective abortion, as with restricting abortion generally, will not necessarily reduce the identified problem, in this case gender prejudice or sexism. It is also the case that a state policy of putting pressure on parents through a system of fines for having more than one child, is a system that is antichoice and should also be the focus of reform.

Similarly, for fetal anomalies, there is a concern that having an abortion, on the basis that a foetus has a physical anomaly, is disrespectful to disabled people and an example of eugenics, that is, a discredited social policy, aiming to improve the health of a human population by selective breeding and, at its extreme, the killing of disabled people. Central to eugenic ideas is a denial of the social causation of poverty and disability where instead individuals and their physical make-up are blamed, in particular their genetics and ethnicity, and targeted for eradication, that is, it is an antichoice philosophy.

Even though non-directive counselling should prevail in abortion services, disability is often portrayed as something equivalent to

the reported impairment, rather than as the result of social discrimination against people with impairments. There are also pressures on a pregnant woman to consider the cost of childcare and any additional or longer-term commitments to care that should be socially supported but are not. A woman deciding to have an abortion in this context is not the same as a deliberate, antichoice social policy of reducing the birth rate of infants with congenital impairments and in particular is not equivalent to eugenic policies of forced contraception, forced sterilisation or forced euthanasia where the person involved does not consent and constitutes serious assault and murder respectively. Many people, following genetic counselling, whose family members suffer from an inheritable condition, deliberately restrict their family, by contraception and abortion, to avoid having more affected children. This is not eugenics and should not be an argument against giving the information from medical tests or that the parent does not value the lives of their affected family members.

Antichoice social policies including eugenics need to be sharply distinguished from people using birth control methods including abortion to avoid giving birth to children with impairments. What selective abortion only demonstrates is that many people do not believe that a foetus is equivalent to a human being and that abortion is not equivalent to murder. Restricting access will not improve the situation for women, disabled or otherwise. As one study noted:

The literature indicates that the reproductive rights of disabled women are constrained by: the assumption that disabled women are asexual; lack of reproductive health care, contraception, and sexuality information; and, social resistance to reproduction and mothering among disabled women. Disabled women are at risk for a range of undesirable outcomes, including coercive sterilization, abortion or loss of child custody.¹¹

¹⁰Ann Furedi (2016), Kindle Location 1321-1325

¹¹Virginia Kallianes and Phyllis Rubinfeld (2010)

Disabled women should have the right like any other woman to choose when or whether to give birth, including in the case of a fetus with an identified impairment, without being coerced either to give birth or to have an abortion. In selective abortion, resistance to sexism and disability prejudice will not be advanced by removing the right of a woman to access information about her pregnancy and make an informed decision about whether to give birth or have an abortion. It is most poignant to suggest that the way to prevent women being pressured to adhere to a particular social prejudice is to force them to adhere to a different one. Resolving discrimination against women or disabled people will not be advanced by restricting a woman's right to choose. As with later abortions it is the same right-wing politicians who slash budgets for disability, mental health, maternity, childcare or schools who will pretend to be interested in the welfare of women or disabled people when it comes to restricting access to abortion.

Legislation and the Citizens' Assembly

It follows from the argument for a 'Woman's Right to Choose' that restrictive laws are unjustified morally and politically. They are also unjustified medically as causing harm through delay and diversion to unsafe services to avoid criminalisation. Medical consensus up to World Health Organisation level is that abortion is a safe procedure carrying less risk than childbirth and that restricting abortion leads to illegal, unsafe abortion and causes 5,000 deaths and 5 million disabilities globally on an annual basis.¹² The view that the foetus is a separate 'patient' requiring separate arrangements for consent is not a medical view but a political and religious one. Since the UK 1967 Act and the 1992 amendments to the Irish Constitution on information and travel, the risks of harm in Ireland from restrictive laws have been hugely reduced and related to those women unable to travel for reasons including

poverty, age, health, disability or detention.

Canada stands as possibly the only country that has removed abortion from the criminal law, because it was deemed an unconstitutional restriction on civil liberty. Legislation that starts by criminalising abortion and then allowing exceptions is restrictive legislation where the proportion of abortions carried out legally can range between: less than one percent (Ireland), one to two percent (Poland) to almost 100% (UK). This approach both medicalises, stigmatises and restricts access to abortion services.¹³

This means that the presumption that abortion is a social good and a valuable part of health care and birth control is precluded, and women have to justify their case by giving reasons that fit the acceptable medical criteria. When the level of restriction is high, as in Ireland this means that 'exceptions' such as Fatal Fetal Abnormality (FFA), rape or incest will have to be 'proven' in order to be 'certified' with unspeakable traumatic consequences, not to speak of unnecessary delays for the women involved. In this context the question of 'which women will be denied access?' is worth asking. Those excluded will include those whose experience meets the criteria but who do not have the evidence to prove it? Those women who decide early, in the first 12 weeks to have an abortion because they are not in a position to have a child for various reasons, are particularly vulnerable. Restrictions such as only allowing FFA or rape would exclude the vast majority of these women, as would 'risk to health' as a criterion of eligibility. As we have seen abortions in the first 12 weeks constitute the vast majority of abortions (over 90% in the UK an ever increasing majority of which involve the use of the abortion pills). This majority will either be excluded and diverted elsewhere, or have to rely on an argument of the 'mental health risks' of having an unwanted pregnancy, of being forced to give birth. Most will probably avoid the humiliation and delay and go online to access abortion pills and carry out their abortion at home supported by helplines and their GP or Emergency De-

¹²World Health organisation (2016)

¹³Ann Furedi (2016), *Kindle Locations 1287-1290*

partment in the rare event of complications requiring medical assistance. This is currently a powerful trend and likely to continue and intensify. Any current legislation restricting access, such as the PLDPA 2013 and Regulation of Information Act 1995, need to be repealed and abortion included with all other forms of healthcare. Criminal sanctions already exist for healthcare procedures, for example for severe negligence, and recourse to civil law in terms of loss or damage short of criminal negligence. Relevant regulations already exist for healthcare such as arrangements for conscientious objection or the ability to sanction doctors for poor practice and only require to have abortion included. The only form of justifiable legislation is legislation to ensure funding of services so access is real. This does not necessarily require specific criminal sanctions and could be part of a much needed campaign to improve access to healthcare generally such as NHS-style legislation with abortion specifically included to avoid discrimination.

However, the often missing political context of legislation is the pressure on right-wing political forces to balance their desire to control women and appease their social conservative supporters with conceding rights to abortion under increasing public pressure. The second contextual issue is the pressure on left-wing political forces to do the same. There is a responsibility on parties claiming a left political perspective, such as Sinn Féin, to move on from an apologetic and often obstructive stance on abortion to promoting and developing a Prochoice position.

Talk of ‘better access’ or ‘medical complexity’ in theory can give cover to restriction in practice and hide political ambiguity and cowardice. There is an important difference between compromise and collaboration. Preparing legislation that is more restrictive than their party’s policy, and without membership support, is precisely what the Labour Party has done in preparation for the repeal of the 8th Amendment, with restrictions that are unsupportable, and allowances such as in the case of rape, that are practically unimplementable. Further con-

sideration of the lack of medical or legislative justification of an alternative to a ‘Woman’s Right to Choose’, through a Citizens’ Assembly or by other means, serves only to delay taking action to decriminalise abortion and improve access, but also serves to give cover to politicians who do not wish to confront the unjustifiable control of women’s decisions about their own bodies or to address the inadequacy of healthcare provision of abortion, or indeed access to good health and welfare services generally.

Conclusion: Solidarity

As we have seen in this discussion of the political issues around abortion, the ongoing criminalisation of abortion is not justified in terms of safety, healthcare, civil liberty or any consistent morality. Restriction of access to abortion is a political issue that only facilitates unjustifiable social control. A prochoice position of a ‘Woman’s Right to Choose’ respects the decision of any individual to decide whether to have an abortion or not and should raise also the political issue of access to services that facilitate either decision. The choice of abortion requires access to a range of reproductive health services including access to abortion, while the choice to have a baby requires a range of maternal and child health and welfare services that are sorely inadequate in Ireland today. The antichoice position respects neither position and its political advocates in Fianna Fáil and Fine Gael have a track record in opposing health and welfare services that would facilitate either choice. Katha Pollitt in her book *Pro* shows the antichoice position of the US right-wing Republican Party, like Fine Gael and Fianna Fáil here, is riven with hypocrisy:

The party that claims to care about babies cuts government programs that benefit pregnant women, infants, and children, including the seriously sick and disabled children they want to force women to bear. The party that claims people don’t need government to tell them

how to live thinks women cannot be trusted with the decision of whether or not to continue a pregnancy. And of course, the party that claims to care about 'life' is tightly allied with the National Rifle Association. Guns don't kill people, pregnant women kill people.¹⁴

The fantastic victory of the Marriage Equality referendum in 2015 signalled a major change in social attitudes to sex and sexuality in Ireland, and many of those who were part of that campaign will also support a 'Woman's Right to Choose' and the repeal of the 8th Amendment and other restrictive legislation. However support for the fundamental importance of sexual freedom evident in LGBTQI rights does not automatically transfer to support for a 'Woman's Right to Choose'. While the issue of the freedom to decide when and whether to engage in sexual relations certainly raises the issue of the right to decide when or whether to have a child resulting from sexual relations, the centrality of the control of women and the class divisions between women in terms of access to birth control and public services mean a more fundamental challenge to the capitalist system. The economic advantages of birth control, for a capitalist class of large scale employers who require more women in the workplace with smaller families and planned births, is offset by the political loss of control entailed in allowing the freedom of a 'Woman's Right to Choose' as well as the prospect of encouraging further political demands and struggles for better health and welfare services.

The politics of abortion then have to do with differing political strategies to support or oppose women's oppression, class oppression and political control under capitalism. The socialist tactic of the United Front, will involve solidarity, uniting on common ground with other forces on the left such as women's groups, trade unions, health and civil liberty advocates as well as other pro-choice forces, to fight for greater personal freedom and access to services. A socialist strategy will also draw on the wider lessons of the fight against capitalism and its systematic exploitation and oppression of the vast majority, and the power of working class solidarity, to challenge the system as a whole:

Too often activists on the left make the mistake of thinking that you must choose between a focus on fighting oppression or ignoring oppression because it divides workers, and instead focusing on questions of class. However, the only way to effectively challenge oppression, and ultimately to destroy it, is to link the struggle against oppression with the struggle against capitalism. That is why Marxists argue that the struggle for women's liberation is not separated out from the wider struggle against the capitalism system. It is also why it is vital that we make our struggles reflect women's aspirations and demands and make these demands part of the wider struggle against capitalism.¹⁵

References:

- Collins, Stephen (2016a), 'IT Poll: Majority want repeal of Eighth Amendment', *Irish Times*, Oct 7, 2016. <http://www.irishtimes.com/news/social-affairs/irish-times-poll-majority-want-repeal-of-eighth-amendment-1.2819814>
- Collins, Stephen (2016b), 'Majority for repeal of Eighth Amendment, poll shows'. *Irish Times*, Feb 23, 2016. <http://www.irishtimes.com/news/politics/majority-for-repeal-of-eighth-amendment-poll-shows-1.2544564>
- Foster, Diana (December 2013), 'Who Seeks Abortions at or After 20 Weeks?', *Perspectives on Sexual and Reproductive Health*. 45 (4): 210\T1\textendash218.doi:10.1363/4521013.
- Furedi, Ann (2016), *The Moral Case for Abortion*, Palgrave Macmillan UK, Kindle Edition.

¹⁴Katha Pollitt (2014), p.133

¹⁵Sinéad Kennedy (2013) p.16

- Holland, Kitty (2014), 'Timeline of the Y Case', *Irish Times*, Oct 4, 2014. <http://www.irishtimes.com/news/social-affairs/timeline-of-ms-y-case-1.1951699>
- Kallianes, Virginia & Phyllis Rubenfeld (2010), 'Disabled Women and Reproductive Rights', *Disability and Society*, published online 01 Jul 2010, <http://dx.doi.org/10.1080/09687599727335>
- Kennedy, Sinéad (2013) 'Marxism and Feminism in an Age of Neoliberalism', *Irish Marxist Review*, Vol 2 No7, 2013. <http://www.irishmarxistreview.net/index.php/imr/article/view/79>
- Leahy, Pat (2016), 'Majority support repeal of Eighth Amendment, poll shows'. *Irish Times*, July 8, 2016. <http://www.irishtimes.com/news/politics/majority-support-repeal-of-eighth-amendment-poll-shows-1.2714191>
- Major, Brenda; Appelbaum, Mark; Beckman, Linda; Dutton, Mary Ann; Russo, Nancy Felipe; West, Carolyn, 'Abortion and mental health: Evaluating the evidence'. *American Psychologist*, Vol 64(9), Dec 2009, 863-890. <http://dx.doi.org/10.1037/a0017497>
- McGarry, Patsy (2013), 'Catholic Church teaching on abortion dates from 1869', *Irish Times*, July 1, 2013. <http://www.irishtimes.com/news/social-affairs/religion-and-beliefs/catholic-church-teaching-on-abortion-dates-from-1869-1.1449517>
- Mercille, Julien (2015), 'Beware Of Pundits Crying Chaos', *Broadsheet.ie*, September 28th, 2015. <http://www.broadsheet.ie/2015/09/28/beware-of-pundits-crying-chaos/>
- Pollak, Sorcha and Carl O'Brien (2015), 'March for Choice hears call for abortion referendum', *Irish Times*, Sept 26, 2015. <http://www.irishtimes.com/news/social-affairs/march-for-choice-hears-call-for-abortion-referendum-1.2366549>
- Pollitt, Katha (2014), *Pro: Reclaiming Abortion Rights*, Picador. Kindle Edition
- Raymond, E.G. and D.A. Grimes (2012). 'The comparative safety of legal, induced abortion and childbirth in the United States'. *Obstetrics & Gynecology*, 119(2 Pt 1), 215– 219.
- World Health Organisation (2016), *Preventing Unsafe Abortion; Fact Sheet*, Updated May 2016, <http://www.who.int/mediacentre/factsheets/fs388/en/> ;accessed October 21 2016.