

**Abortion Policy -
Challenges and
Opportunities**

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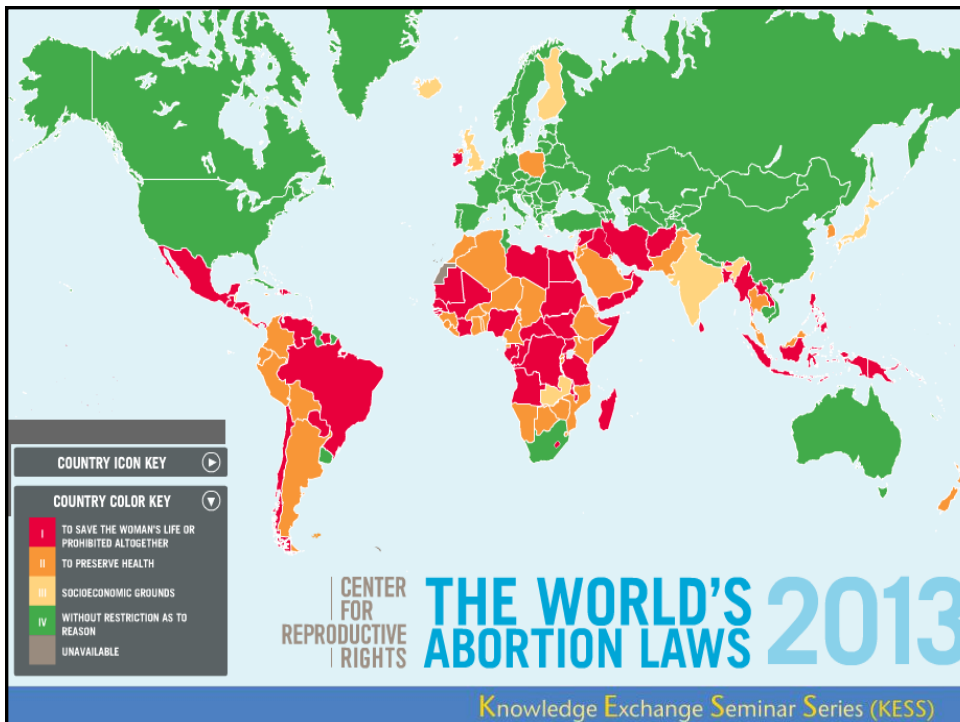
**Knowledge Exchange
Seminar Series
(KESS)**

...is a forum that encourages debate on a wide range of research findings, with the overall aim of promoting evidence-based policy and law-making within Northern Ireland

How a society legislates on abortion raises challenging and controversial issues. This presentation will consider preliminary findings from pilot work in this area to consider the contrasts in abortion policy globally, nationally and regionally.

Specifically we explore:

1. The international context, Great Britain (GB) and the Republic of Ireland (ROI)
2. Evidence related to the demand for abortion services
3. Policy development since the commencement of the Northern Ireland Assembly
4. Current debates on legislative reform within GB and NI



International Context

- Globally almost **800 individuals die** every day from causes related to pregnancy or childbirth.
- For **every individual who dies, 20 or 30 encounter complications** with serious or long-lasting consequences.
- **Unsafe abortions result in 47,000 deaths per year.**
- In countries where **safe abortion can be accessed legally induced abortion is markedly safer than childbirth**. In the USA the risk of death associated with childbirth is approximately 14 times higher than that with abortion.
- Making abortion illegal does not stop it happening – it results in unsafe abortion, self-abortion or displacement to another jurisdiction.
- The abortion rate is often higher in countries where abortion is illegal compared to countries where abortion is legal.

International Context

- In 1994, the United Nations (UN) Cairo Conference agreed a programme of action to: improve sexual and reproductive health.
- The UN states that individuals should be able to exercise control over their sexual and reproductive lives. This includes the rights to:
 - Reproductive and sexual health as a component of **overall health**.
 - **Reproductive decision-making**, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to the information and means needed to exercise voluntary choice.
- The World Health Organisation's Reproductive Health Strategy urges member states to: Achieve universal access to sexual and reproductive healthcare.
- **These positions are supported by UKs Department for International Development.**



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Legislation: 1967 Abortion Act

Statutory Grounds for abortion in England, Scotland & Wales:

Under GB law, an abortion can be lawfully carried out during the first 24 weeks of pregnancy as long as certain criteria are met:

- abortions must be carried out in a hospital or a specialist licensed clinic
- two doctors must agree that an abortion would cause less damage to a woman's physical or mental health than continuing with the pregnancy

There are also a number of rarer situations when the law states an abortion may be carried out after 24 weeks. These include:

- if it's necessary to save the woman's life
- to prevent grave permanent injury to the physical or mental health of the pregnant woman
- if there is substantial risk that the child would be born with serious physical or mental disabilities



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Current Debates on Legislative Reform: England, Scotland and Wales

- Provisions of 1967 Act increasingly out of touch with best practice in abortion care
- Changing social context of abortion
- Remove abortion legislation from the context of the 1861 Offences Against the Person Act
- Decriminalisation of abortion
- Regulation of abortion according to standards of best clinical care
- Clarification of conscientious objection
- Devolution of abortion policy in Scotland
- Extension of 1967 Abortion Act to Northern Ireland



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Legislation: ROI

- Abortion was historically governed by the **Offences Against the Person Act 1861**, a hangover from ROI's time as part of the British Empire (see also Sierra Leone which in December 2015 reformed its abortion law, setting aside the 1861 Act).
- In 1983, the ROI Constitution was amended to confer the **same rights on the foetus** as those of the mother from the moment of conception.
- Data on abortions have not been regularly published by the ROI government, although recent government hearings on abortion referred to around **30** legal abortions being carried out per year.
- In contrast in 2014 **3,750** travelled to England to access abortions.
- Several high profile cases have raised access to abortion as a matter of public debate.
- New legislation was introduced in 2013, **The Protection of Life During Pregnancy Act**, it has however been criticised.



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Legislation: Northern Ireland

- Abortion is governed by **the Offences Against the Person Act 1861**.
- Case law in NI allows abortion in circumstances where the **woman's life is in danger or the pregnancy poses a "real and serious, permanent or long term" risk to her health**.
- An average of **39** abortions per year are carried out in NI, in contrast an average of **1075** travel to England to access abortions.
- Those travelling cannot access NHS services and instead have to pay private clinics.
- Others access the abortion pill from providers such as Women on the Web and Women Help Women to self-abort at home (numbers unknown).



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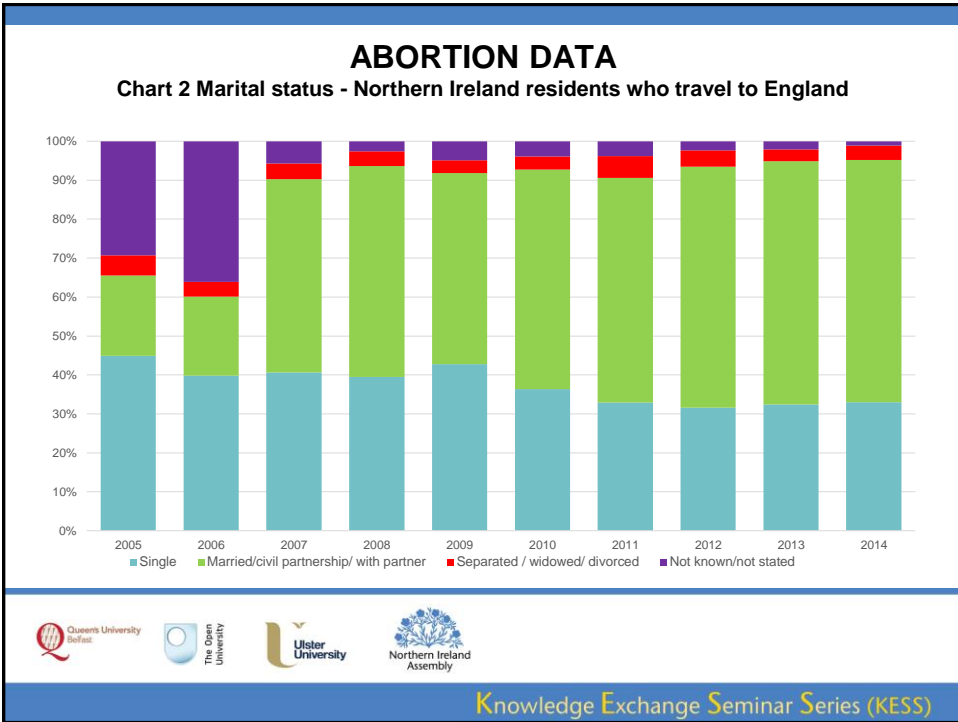
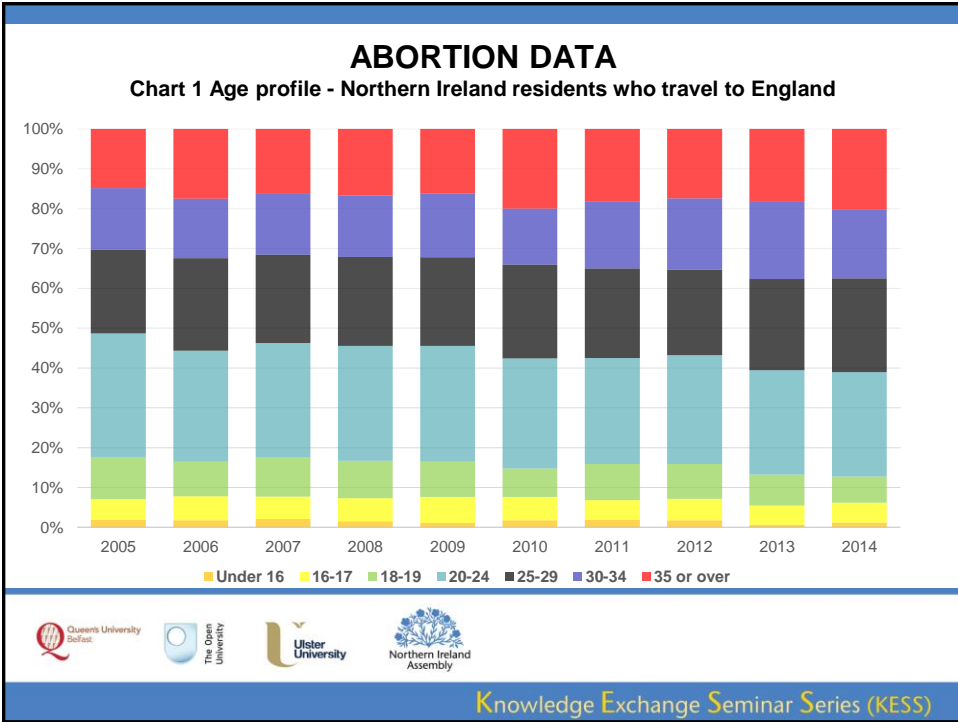
ABORTION DATA

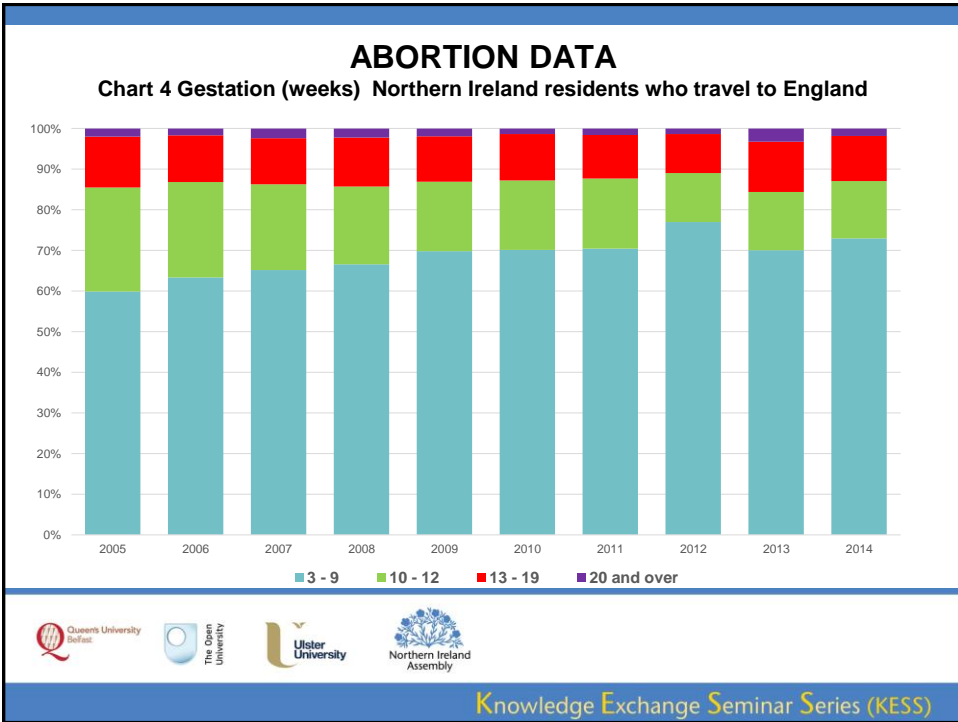
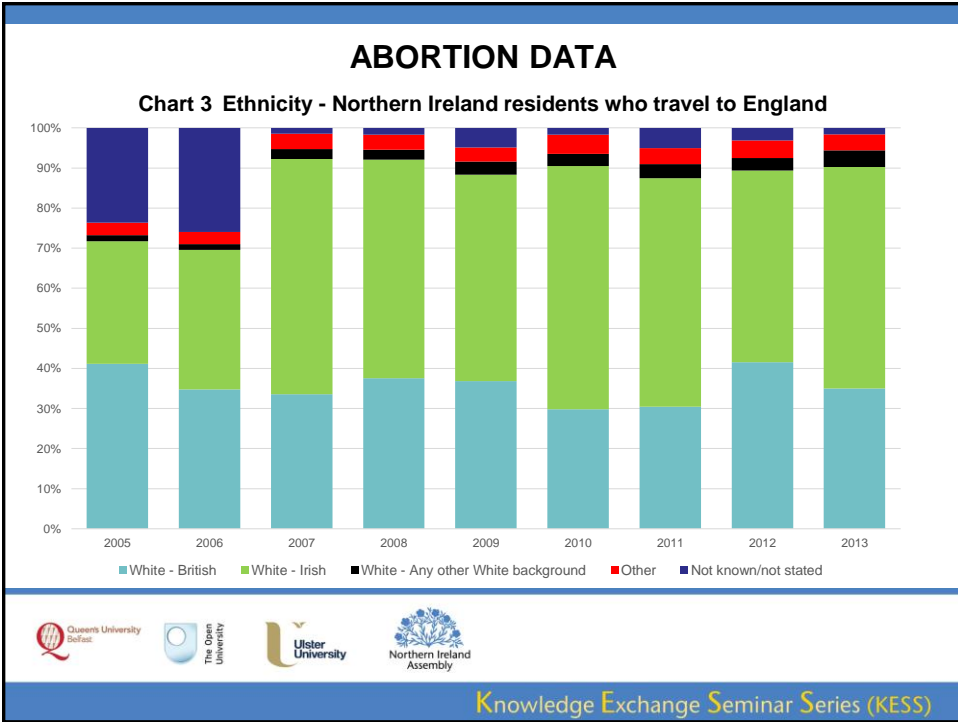
Age profile / NHS / Northern Ireland

| Year | 24 & Under | 25 – 29 | 30 & Over | Total |
|---------|------------|---------|-----------|-------|
| 2006/07 | 7 | 15 | 35 | 57 |
| 2007/08 | 12 | 9 | 26 | 47 |
| 2008/09 | 9 | 8 | 27 | 44 |
| 2009/10 | 6 | 9 | 21 | 36 |
| 2010/11 | 7 | 10 | 26 | 43 |
| 2011/12 | 8 | 4 | 23 | 35 |
| 2012/13 | 14 | 11 | 26 | 51 |
| 2013/14 | 4 | 8 | 11 | 23 |
| 2014/15 | 3 | 7 | 6 | 16 |



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Abortion Data – stories behind the numbers

Cases with later gestation times typically include those who have received a diagnosis of fatal foetal anomaly. Families supported by Abortion Support Network in these situations include the following:

“A couple who had received a diagnosis of fatal foetal anomaly, but could not tell their parents or anyone in their family about the pregnancy. The couple have a child with a genetic disorder and were terrified of having a second child with the same condition. The couple had no money but were able to borrow £150, the rest of the costs were donated by ASN.



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Abortion Data – stories behind the numbers

“A couple pregnant with twins with fatal foetal anomalies needed support. They tried everything to receive care in NI because they wanted to have a funeral for their babies and also because they were concerned about the possibility of an underlying genetic condition and wanted to bring the babies’ home for an autopsy so they could be aware for future pregnancies. This couple were very young and even though they had the support of their families they were barely able to raise £100” (author interview with ASN, 2016).

Families who wish to have an autopsy or burial after an abortion in England have to organise bringing the remains home, this might include using specialist services (at a cost of approx £400), a parcel courier or bringing the remains in their hand-luggage / car. As highlighted in the case in the Briefing paper pathways to obtain an autopsy are unclear.



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NI Guidelines for health professionals

| Year | Action/ Publication |
|------|---|
| 2001 | fpaNI launches Judicial Review requesting guidelines for health professionals to enable them to interpret the law on abortion on a consistent basis |
| 2007 | Guidance released for consultation |
| 2009 | Guidance published |
| 2010 | Interim guidance issued then withdrawn |
| 2012 | fpaNI launches Judicial Review |
| 2013 | Guidance reissued for consultation |

fpaNI argue that the lack of guidelines contributes to a lack of clarity in interpreting the law and also contributes to individuals seeking abortions outside of NI



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NI Current Debates on Legislative Reform

- The law on abortion in NI is regarded as vague, and (along with factors such as anti-abortion discourse and stigma) results in restricted access.
- The absence of guidelines for medical staff has resulted in the denial of abortions under legal circumstances.
- The draft guidelines in 2013 were widely criticised by health professionals and were linked to the denial of abortions on grounds of fatal foetal anomaly (FFA).
- These FFA cases later triggered proposed legal reform by the Department of Justice, this recommended allowing abortion on grounds on FFA.
- A judicial review decision concluded that abortion should be permitted on grounds of FFA and rape/ incest.
- The judge argued that having to travel caused additional stress and women from poorer backgrounds faced additional barriers.
- This judicial review has since been appealed by DOJ and Attorney General.



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NI Current Debates on Legislative Reform

Political Discourse

- Since its inception in 1998 until 2015 the Northern Ireland Assembly has held four major debates on abortion.
- These sessions have centred on the issue of legal reform or policy issues such as guidelines for medical staff.
- The use of evidence is largely absent from such debates. This includes high quality reliable data on: those who travel; research on preventing crisis pregnancies and abortion; and expert opinion from health providers.
- Instead debates exhibited examples of abortion myths, or made reference to vulnerable women and their need for protection.
- Very few contributions demonstrated understanding of the complex reasons why improved access to abortion is needed.
- (Bloomer and Pierson, research funded by British Academy)



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Conclusion

- This pilot study indicates there is evidence for the need to improve access to abortion in NI.
- Legal action has been taken to improve access though this will likely impact on only a small number of cases.
- The current law places a particular burden on those from low incomes, who have to fund travel and other costs alongside abortion costs if they travel outside of Northern Ireland.



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Conclusion

- Northern Ireland presents as a classic case of the restrictions on abortion not halting abortion, displacing it to another jurisdiction; and contributing to abortions being conducted away from a healthcare setting.
- To move forward research should inform: assessing access to and knowledge of contraceptives; provision of training for health professionals; guidance for health professionals; legal reform; and programmes to challenge stigma.



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Northern Ireland
Assembly



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