



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



Dr Fiona Bloomer (Ulster University) and Dr Claire Pierson (Manchester Metropolitan University)

Morality policy under the lens - evidence based policy making on abortion versus myth-usage

Abstract

- This paper considers global trends in abortion policy using the framework of morality policy to consider how controversy over abortion policy restricts legal reform, resulting in legislative lacunae and non-decision making.
- Using evidence from a British Academy funded analysis of political debate and policy analysis in the Northern Ireland Assembly during the period 1998 to 2016, we demonstrate how such trends are visible in the Northern Ireland context.
- This analysis demonstrates how morality based policy making which does not take account of systematic scientific evidence can be problematic for effective policy making.



Introduction

- Morality policies are those which focus on matters such as same-sex marriage; euthanasia, reproductive technologies and abortion and which typically pit religious positions against secular positions.
- Examining how morality policies are developed and implemented sheds demonstrates how evidence can be disregarded.
- The literature on morality policies offers insight into exploring the multifaceted nature of abortion policy and law including consideration of: government structure; politics and party system configuration; health providers; lobby groups; as well as cultural norms and values.



Introduction

- Whilst commonality in matters such as political party systems exists, variation in cultural and institutional factors occurs within different jurisdictions.
- In the face of dealing with contentious morality policies politicians will be mindful of re-election, and the predominant value base of their constituency.
- This consideration may result in a *policy non-decision*, followed by actions such as the setting up of commissions or working groups as a stalling mechanism.
- The Citizens Assembly in the Republic of Ireland and the Fatal Foetal Abnormality Working Group in Northern Ireland have both been criticised by campaigners for this very reason.



International Perspective

- In western society religious positioning typically stems from the Christian Right, comprising the Catholic Church and evangelical Protestantism.
- Both have played a key role in international debates forming ‘unholy alliances’ with unlikely partners.
- Historically the anti-abortion policy of the Christian churches has not always been so stringent.
- The American Protestant evangelical movement held liberal views on abortion until the 1960s. A liberal stance was also evident in the Republican Party’s position until the 1970’s.



International Perspective

- At the United Nations level morality policy is influenced through the lobbying of faith based organisations (n=300).
- Many have significant resources, the three largest having an estimated annual budget equivalent to \$6 billion, and bring with them to the UN significant influence.
- Faith based organisations can be grouped into two main types, those that are conservative and those that are liberal.
- The conservative grouping, under the banner of 'family values' comprises – Mormons, Catholics, Protestants, the Russian Orthodox Church and conservative Muslims .
- The liberal grouping is an alliance of those whose value base is centred on a women's right to choose, with organisations such as Catholics for Choice arguing that it is immoral to restrict access to abortion.



International Perspective

- Conservative groupings seek to restrict policy and resource allocation to programmes which improve access to abortion.
- An example is the absence of 'reproductive health' as a theme in the 2001 Millennium Development Goals (MDG).
- Whilst this was reversed in 2005, the lack of focus on reproductive health resulted in an absence of resources for associated programmes and led to delays in progression on the MDG targets including childhood poverty and HIV rates.



Northern Ireland Policy on Abortion

Our research addresses how the framework of morality policy can be applied to Northern Ireland and considers how international trends are replicated in the region. Firstly we consider the policy context to establish if there is evidence of hostility to and misinformation about abortion in policy documents. Specifically we consider guidance documents on termination of pregnancy for health professionals and consider the terminology used in the guidance and factual inaccuracies.



Northern Ireland Policy on Abortion

- Departmental responsibility for providing policy guidance to health professionals on abortion is held by the Department of Health.
- After legal action initiated by the FPA, draft guidelines were issued in 2007 and published in 2009. The guidelines were subject to legal challenge and eventually withdrawn in 2010.
- Draft guidelines were issued for consultation in 2013, on the eve of a further judicial review by the FPA.
- The 2013 draft guidelines were widely criticised by professional bodies, the most senior gynaecologist in Northern Ireland stated that they created fear amongst health professionals.



Northern Ireland Policy on Abortion

A series of flaws are identifiable in the 2013 draft guidelines:

- Inappropriate phrasing - ignoring common medical terminology.
- States that abortions were ‘highly exceptional’ - ignoring readily available data.
- States that counsellors who provide advice on accessing abortions do so at their own risk as this is a “grey area” and has not been “tested by the courts”. Ignores ECtHR judgement from 1992.
- States that 2 doctors consent is needed – not applicable under NI law.



Northern Ireland Policy on Abortion

- March 2016 - revised guidelines issued.
- Markedly different from 2013 version - largely reverting back to the tone of the 2009 document.
- However, it fails to take into account a Judicial Review decision from December 2015.
- The 2016 guidance notes the availability of the abortion pill from online providers - first time the Department of Health has acknowledged that women in Northern Ireland are self-aborting at home.



Northern Ireland Policy on Abortion

- Policy context over the last 15 years provides evidence of a reluctance by the state to take action to provide clarity on the law on abortion and how it can be interpreted in practice.
- The legal battle over the guidelines has resulted in lengthy periods of time where health professionals had no guidance to enable them to interpret the law or had guidance which was inherently flawed.
- Symbolic of an anti-abortion position.
- The implications of this are that the absence of guidelines, and the stigma surrounding abortion generated by state institutions has resulted in the denial of legal abortions.



Political Discourse

- In the second phase of our research we conducted analysis of five political debates in Northern Ireland on abortion between 2000 and 2016. Analysed through both quantitative and qualitative content analysis.
- A series of themes were identified: Northern Ireland exceptionalism, religiosity, use of terminology with regard to abortion and factual inaccuracies about abortion.
- Today we concentrate on the use of factual inaccuracies, referred to in the academic literature as abortion myths.
- Specifically three common myths: (1) abortion is unsafe, (2) restricting access to abortion reduces demand, and (3) women who seek abortions are particularly vulnerable.



Political Discourse

Myth 1 Abortion is unsafe

- Myths exist with regard to the after effects of abortion, both to physical and mental health.
- Systematic scientific reviews have shown that 'post-abortion' syndrome does not exist, the syndrome is neither recognised by the American Psychiatric Association nor the Royal College of Obstetricians and Gynaecologists.
- Systematic reviews of scientific literature have concluded that there are no differences in the long-term mental health of women who obtain induced abortions as compared to women in appropriate control groups. (Charles et al, 2008; National Collaborating Centre for Mental Health, 2011).

Political Discourse

Myth 1 Abortion is unsafe

- The link between abortion and breast cancer has been robustly rejected by a plethora of international health bodies including the WHO, the National Cancer Institute, the American College of Obstetricians and Gynaecologists and the Royal College of Obstetricians and Gynaecologists.
- In terms of future fertility or ability to carry a pregnancy to full term historically whilst there may have been a limited risk associated with some methods for termination, advancements in medical knowledge have improved the safety of abortion procedures, with several large scale studies noting no increased risk.
- In a study in the USA of legally induced abortion Raymond and Grimes (2012) found evidence that the risk of death associated with childbirth is approximately 14 times higher than that with abortion.

Political Discourse

Myth 2 Restricting access to abortion reduces the demand for abortion.

- Making abortion illegal does not stop women seeking to access abortion.
- The rate of abortion is often higher in countries where abortion is illegal compared to countries where abortion is available.
- On average, 39 abortions are carried out in Northern Ireland per year on the NHS, in contrast an average of over 1000 women per year travel to England. Others access the abortion pill online from 'Women on the Web' or 'Women help Women' to self-abort at home.
- It is evident that restricting abortion does not stop women seeking abortion, rather it displaces the activity elsewhere whether that be self-abortion at home or travelling to other jurisdictions.



Political Discourse

Myth 3 women who seek abortions are particularly vulnerable

- There is a growing propensity, in line with the ‘woman-centred’ anti-abortion discourse, to assume that those women wishing to access abortion are in some way ‘vulnerable’ or ‘at risk’ and in need of protection.
- This positioning allows for the argument that women’s mental health will be compromised by having an abortion or that they will experience regret.
- Research indicates that women who have already visited an abortion provider for information rarely struggle with the choice of having an abortion (Ralph et al., 2016).

Conclusion

- This policy briefing has considered the language used in abortion policy and political discourse in Northern Ireland.
- The research highlights that abortion mythology and misinformation is common in Northern Ireland and results in legal challenges to restrictive policy guidelines, the denial of abortions which would be legal under the current law and stalling of legislative reform mandated by the High Court.
- Northern Ireland is not unique and presents a classic case study within morality policy whereby moral arguments are valued over evidence based policy and law making.
- The outcome of this policy is not to restrict abortion but to displace a healthcare procedure to another jurisdiction and move women outside of the NHS system.



Northern Ireland
Assembly



Queen's University
Belfast



The Open
University



Ulster
University

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