



## **Abortion Activism and Feminism in the 21<sup>st</sup> Century**

**Research Question:** *How has feminism impacted access to abortion in Ireland within the last decade?*

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Finally, this project is dedicated to all the women who are still fighting, we will not give up until everyone can access equal abortion healthcare.



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## **2- ABSTRACT**

Irish feminism has made significant progress in recent decades, this last decade has been no different. The fight for abortion and bodily autonomy in Ireland being the key focus of feminist movement in this period. This project focuses on Irish feminism and abortion activism leading up to the 2018 referendum and subsequent enactment of the Health (Regulation of Termination of Pregnancy) Act 2018; the project highlights the key gaps in the abortion legislation that result in women having significant difficulty in gaining access to abortion in certain situations, in particular those who may be marginalised or in vulnerable positions. It is the goal of this research project to conduct a documentary research project, aided by elite interviews to gain an insight into the issues that need attention moving forward with regard to accessing abortion in Ireland, and to consequently offer short-term and long-term solutions that may abortion activists may focus on in the coming years.

### 3- DEFINITIONS

Women	Throughout this research project the term women is used in two ways, it is important to note that the usage of women in regards to accessing pregnancy terminations is used as an umbrella term for all pregnant individuals including transgender, nonbinary, and gender non-conforming individuals.
Abortion Activism	Abortion activism is a term used throughout this research project. The phrase is used by the author in place of abortion health activism, as the abortion is not just healthcare, but a human right. The author believes that they are isolating a widespread human rights issue to just a healthcare issue by using the phrase ‘abortion health activism’; hence the choice of generating a separate term.
Repeal/ 2018 Act	Throughout this document the full title ‘Health (Regulation of Termination of Pregnancy) Act 2018’ is utilised many times, whilst in other situations ‘repeal’, or ‘2018 Act’ is used in place of the formal title to ensure a more smooth and comprehensive read.



#### **4- INTRODUCTION**

Feminism has evolved throughout the last century to fight for women's rights, one significant battle in recent years of note is the fight for access to abortion in Ireland. This thesis will ask the question 'how has feminism impacted access to abortion in Ireland within the last decade?'. Branching from this research question, this research topic will bring forth the sub-questions; 'what is feminism?', 'How have understandings of feminism in Ireland impacted upon women's access to abortion?' and finally, 'In what ways has feminist action impacted upon women's access to abortion in Ireland?.' This research project aims to explore the future of access to female reproductive healthcare, by examining the evolution of feminism in the last decade as well as examining the impact of feminism on Irish policy. This project is significant as women's access to abortion in Ireland is a reasonably new contingency, with many barriers still preventing certain individuals from accessing abortion. The abortion debate is of high socio-political significance, it being one of the central feminist debates of the twenty-first century in Ireland. The goal of this project is to contribute to the existing literature by researching the impact of feminist thought on organisations that campaigned in favour for access to abortion in the years leading up to the 2018 Abortion Referendum in Ireland. By examining these feminist organisations and evaluating the policy documents and case reports in the last ten years, this research project aims to present observations of the changes within the legal realm of political policy on abortion, and what issues moving forwards need to be further examined.





## **5- LITERATURE REVIEW**

On October 28th, 2012; a young woman died of sepsis after she was refused an abortion on legal grounds, her premature death sparked outcry amongst the Irish nation, bringing forth mass demonstrations and a repealing of the 8<sup>th</sup> Amendment to the Irish Constitution. Savita Halappanaver's death turned the international spotlight on Ireland's restrictive abortion regime, provoking national outcry and protest, reigniting and reinvigorating abortion rights activism in Ireland and beyond (Quilty, Kennedy, and Conlon, 2015:12). Feminism is not a new concept, feminist ideas have been around for centuries, however it was not centrally politically conceptualised upon until the mid- 19<sup>th</sup> century. Feminism is not a simple ideology to define, however Barbara Arneil (1999) attempts to do so. Arneil offers a preliminary working definition of feminism as "the recognition the, virtually across time and place, men and women are unequal in the power they have... and the corollary belief that men and women should be equal; the belief that knowledge has been written about, by and for men and the corollary belief that all schools of knowledge must be re-examined and understood to reveal the extent to which they ignore or distort gender" (1999, 3-4).

### **5.1 Feminism**

Feminism at its core is a movement that attempts to bring about equality between men and women, when attempting to review the historical lineage the movement one can identify three waves of feminism throughout the last century. The first wave of feminism emerged in the late 19<sup>th</sup> century and early 20<sup>th</sup> century, more commonly acknowledged as the suffragette movement. This first wave of feminism secured an access to voting, ownership of property,



and secured full citizenship for both women and men above the age of twenty- one. The second wave of feminism emerged in the mid- late 20<sup>th</sup> century. This second wave of feminism turned a focus onto equality within fundamental rights, in Ireland this second wave of feminism secure access to contraceptives, divorce, a dropping of the marriage bar, and important gains on issues pertaining to violence against women. This second wave of feminism sparked a debate of women’s reproductive rights, some debates of which were necessary to lay a basis for the third wave of feminism in Ireland. This second wave of feminism held a liberal feminist ideological view in Ireland, Liberal feminism is embedded in the individualism philosophy (Heywood, 2017). The Third wave of feminism is the current contemporary wave of feminism. Much has changed between the second and third wave of feminism, the third wave of feminism adapting from the idea of equal rights and universalism to a more post-modernist approach of feminism. Heywood writes that third-wave feminist thinkers go beyond the strands of feminism that was conceptualised by second-wave thinkers, instead these third-wave feminists put emphasis on the differences between men and women (Heywood, 2017: 240). Theorists Lister and Pia explore this change in the ideological aspect of feminism between the first- wave and second-wave of feminism. The classical idea of feminist citizenship; that rights and responsibilities of both women and men should be equal, is rejected by Lister and Pia. Instead, Lister and Pia argue that this universalism serves to oppress women. Lister and Pia expand on the idea of a more intersectional conceptualisation of feminism considering individual group identities rather than that of just sex. Essentially proposing that female’s rights and responsibilities are inherently different to that of a male's responsibilities and ergo should be reflective in the contemporary third-wave feminist ideology (Lister and Pia, 2008: 32- 44). Judith Lorber further proposes this shift in ideology to reflect the intersectionality of womanhood,



progressing this third wave of feminism to include the importance of the intersect between social class, race, and ethnic status; and sex, sexuality, and gender (Lorber, 2012: 326- 329).

### 5.2 Abortion

Abortion was prohibited in Ireland by the UK Offences against the Person Act 1861. The Eight Amendment was added in 1983 following worry that the prohibition of abortion could be found unconstitutional based on the previously implemented right to privacy act. Zampas contributes the implementation of abortion laws to the socio-political realm of the period as well as influence of the Catholic and Orthodox churches. Arguing that these “misleading demographic arguments have fuelled calls to restrict access to abortion and created barrier to accessing abortion” (Zampas, 2017: 24). Zampas (2017) further writes that these barriers were justified by the prejudiced views that these barriers were protecting women’s health, when truly these barriers were deeply reinforcing female oppression, limiting the woman’s role to the private sphere of the home.

Following the implementation of the Eight Amendment in 1983 there were two failed constitutional amendments in 1992 and 2002. Between 2014 and 2018 abortion in Ireland was regulated by the Protection of Life During Pregnancy Act 2013 for cases wherein abortion was essential to save the life of the woman. In 2014 the United Nations Human Rights Commission criticised the discriminatory impact of the state's approach to abortion, noting that the “highly restrictive abortion laws fail to meet human rights standards and expressed concern at the continuing criminalisation of women and their doctors” (Quilty, Kennedy, and Conlon, 2015:13). Abortion in Ireland is permitted under that Health (Regulation of Termination of



Pregnancy) Act 2018, under strict regulation during the first twelve weeks of pregnancy, or in any cases later wherein the pregnant individual's health is at risk, or the foetus is suffering from fatal foetal abnormality. This act came into action on January the 1<sup>st</sup> 2019 following a landslide referendum of 66.40% in favour of the introduction of a new abortion legislation (Gov.ie, 2019).

### 5.3 Abortion Health Activism

Abortion Health Activism focuses on enabling access to abortion in situations wherein it may not be permitted. The Irish abortion activists have historically operated outside of the Irish state, providing escort and means for women to gain access to abortion in alternative countries in Europe such as England. Approximately 4,500 women had to travel to the UK each year for abortion treatment before the change of legal status in Ireland (British Pregnancy Advisory Service 2018). Deirdre Niamh Duffy (2020) summarises the work of Abortion Health Activists as “been careful to emphasise that their movements were made up of political activists working to disrupt the borders of reproductive governance”, this disruption transcending variety of forms across socio-economic boundaries, supporting self-care and normalising abortion access (ibid).

Following the success of the 8<sup>th</sup> amendment there has been a minimisation of gendered activism. The primary goal of abortion activists was obtained, as a result a minimisation and de-politicisation of sorts has occurred. Minimisation of activism following political change is not unheard of, however it can be harmful for an activist group when attempting to further enact change. Duffy (2020) writes that this combined with the presentation of abortion activists



as apolitical actors following the implementation of the 8<sup>th</sup> Amendment success is extremally harmful as it historicised the efforts of abortion activists and minimises abortion activism from the ongoing project of reproductive justice. Such as campaigning for equal access to the now legalised abortions. Considering this depoliticization of abortion activism it is important to quantify where feminist abortion activism is moving. Duffy (2020) argues that pre-2018 the abortion activist ideology reflected feminist anarchy, but since the repeal the activists have moved into more decolonising works. Feminist anarchy focused on opposing the laws through direct action, arguing for equal grounds between all genders. The Feminist anarchy that is discussed by Duffy in relevance to gaining access to abortion can be observed as being like the aforementioned universal conceptualisation (Lister and Pia, 2008), (Lorber, 2012). The idea of a united woman, of gaining access to abortion under an umbrella feminism. Whilst this decolonialisation that Duffy refers to is reflective to the idea of an intersectional "people's" feminism referred to by Lorber in third-wave feminism. The idea that there are more barriers to abortion than that a stereotypical straight, white, middle-class, middle-aged woman experience have not been fully reflected in the 2018 amendment, this is the work that the abortion activists are interested in further progressing following the success of the 2018 repeal the 8<sup>th</sup> Amendment movement.

Feminism is a concept that is constantly shifting adjusting to the times, adapting from a concept of universalism to an intersectional "people's" feminism. Abortion health activism in Ireland throughout the last decade is reflective of this aforementioned shift in feminism. The depoliticization and minimisation of abortion activism has however brought forth the question of how abortion activism will move forwards in the goal of ensuring equal access to abortion



to all women in Ireland of all socio-economic standing regarding race, sexuality, age, social class, and economic standpoint.



## **6- METHODOLOGY**

To conduct the research necessary to examine the changes within political policy on abortion and explore the issues moving forwards in a post-repeal Ireland two methods of research will be utilised in this study. The research conducted will primarily be of a documentary study method; this study will be further aided by an elite interview with a specialist in the field of abortion activism in the Irish state in the last decade. The particular decision to adopt a dual approach to this particular research project is centrally to aid the search for a deeper understanding, and for the elite interview to provide complementary analysis to the documentary study. The documentary model of research will be utilised in this research project as it ensures access to a large narrative to explore abortion activism; as well as allowing the researcher to identify the gaps within the policy domain regarding the intersectional approach to feminism when investigating abortion access. As previously highlighted, the role of the elite interview in this particular study is to compliment to analysis divulged from the documentary research. Documentary research is described by Burnham (et al, 2008) as an extremely diverse method of research. Often documentary research is divided into three separate distinctive classifications; primary sources, secondary sources, and tertiary sources. Primary sources are records of events from first hand perspectives, often written in the period of the event as the events occurred. Original information and accounts offered without analysis. Secondary sources offer analysis of these primary sources, offering an added value. Tertiary sources are sources that index primary and secondary sources, offering a summary of ideas and information often without new analysis added. Burnham (et al, 2008: 208) writes that documentary studies “offer great opportunities for political scientists to develop novel accounts and interpretations



of significant events”. That being considered there may also be some limitations to the documentary method of research. Burnham discusses these limitations as primarily being related to that of quality control; essentially identifying authenticity, credibility, representativeness, and meaning as being the most common limitations. The limits identified that may impact this particular project circulate around access and reliability. Firstly, the issue of accessing documents necessary may arise due to the 30-year closure period on state documents. This issue may be overcome by including both secondary and tertiary documents in the analysis of feminist abortion activism and abortion policy in Ireland. The secondary form of research adopted for this project was Elite interviews. An interview is a conversation with an individual with the purpose of gathering information. There are two forms of interviews; elite interviews and regular interviews. The particular decision to conduct elite interviews was centrally based upon the decision to conduct a documentary research; the elite interviews offered a balance between the knowledge gathered from the documentary research, and the expertise of the interviewee. The interview conducted was a highly structural interview, with questions laid out in advance, guided along by the conversation as it progressed. Burnham (et al, 2008: 246), that elite interviewing in particular is an extremely useful method of research to gauge individuals perceptions of the world...and how they construct it. This is the core reasoning behind selection of this method of supplemental research. Alike many other forms of research there are limitations to elite interviewing; Burnham (et al, 2008; 247) highlights that the researcher conducting the interview must be open to new interpretations and ideas; as well as being flexible to adjusting questions in each individual interview accordingly in order to gain access to deeper knowledge. Elite interviews, when handled correctly, can gather a wide





range of in-depth and highly useful data that can deeply contribute to the research being conducted.

When deciding on what sample of documentary data to analyse one must consider a wide array of factors, with specific regard to the lens of this study the decision was made early- on to include a selection of primary, secondary, and tertiary sources as to avoid falling short of an accurate and affective analysis. The data chosen to be analysed has been split into two separate categories; the first being centrally primary documents regarding policy and legislative papers. These primary documents of key value for understanding the current situation in regards to feminist abortion activism. This category aims to set up the discussion on the second category of data, which is centrally secondary and tertiary data of a wide variety, including papers by academics in this field and newspaper articles discussing the primary documents. The reasons for including a multifaceted approach to different sources of data is designed to ensure a fully in-depth coverage of data throughout the chosen documentary period.

The specific scope of time-frame chosen for this project is primarily the past ten years; whilst this is a long time in terms of research, it is particularly important for this topic to understand this period. The majority of documents chosen for this study focus on a post- 2018 repeal timeframe; however to eliminate the events leading up to the 2018 repeal the 8<sup>th</sup> referendum, including the passing of Savita Halappanaver and the subsequent movement that rapidly emerged would consequently eliminate an essential context that is vital to this documentary study. When choosing which form of interviews to progress forwards with a number of factors were essential to consider, including the ethical boundaries and sensitivity of the topic. As a



result of this, utilising an interview method as the primary research method was not possible. Therefore, it was identified that an elite interview with a specialist in the field of Irish abortion campaigning would be the most suitable and effective method to gain a more in- depth understanding of the years preceding the 2018 repeal the 8<sup>th</sup> referendum.



## **7- RESULTS**

The results yielded from the chosen research methods proved to provide a hugely valuable and provided a rather intriguing insight into the progression of research that those who advocate for a higher level of abortion activism are interested in. In order to accurately portray the results of the hybridised dual form of research conducted the results for this section will be separated into two categories; the documentary research, and the elite interview methodology of research that was conducted. This will provide for a clear exploration of each individual research methods yielded data, while simultaneously allowing for an in depth comparative exploration of the results and data collected in the discussion segmentation of this research project.

### **7.1- Documentary Study Results**

The documentary research conducted for this research project was an extensive examination of a wide range of research from a wide range of fields. This study focused centrally on primary sources of research, however also delved into secondary and tertiary sources to explore the true depth of the issues surrounding the current positioning of the legal texts on abortion in Ireland, and to unravel the direction to which the future of abortion activism in Ireland will venture

#### **7.1.1- Constitutional Writing**

The legislative writings that changed in 2018 provide are perhaps one of the most important piece of legislative papers to evaluate as part of this documentary research, as it is from this piece that the rest of the documents are in relevance to. In 2018, article 40.3.3 of the Irish Constitution was amended. The current constitution states; “Provision may be made by law for



the regulation of termination of pregnancy” (Article 40.3.3). In order for this to be implemented it was required that the Dáil passed the legislative pieces by a majority of two-thirds. The vote ultimately passed, approving the introduction of the amendment; and thus the Health (Regulation of Termination of Pregnancy) Act 2018 was drafted and signed into law.

#### 7.1.2- Health (Regulation of Termination of Pregnancy) Act 2018

The Health (Regulation of Termination of Pregnancy) Act 2018 is the next legislative writing that was studied in depth. This 2018 Act not only changed section 40.3.3 of the Irish Constitution, but impacted a number of Acts; section 16 and 17.1 of the Censorship of Publications Act 1929 was repealed; as well as section 7(b) and 9.1 (b) of the Censorship of Publications Act 1946, were repealed. Section 10 of the Health (Family Planning) Act 1979; The Regulation of Information (services outside of the state for termination of pregnancies) Act 1995; and the Act of 2013, were also similarly repealed to allow for the provision of abortion in Ireland under the 2018 act to be implemented. The 2018 act leaves many gaps in the legislation that is causing an increasingly pressurised environment in the socio-political abortion activism realm.

#### 7.1.3- Newspapers

As part of this documentary study a review of ten articles published in The Irish Times and the Irish Independent between a time period of 2018- 2023. The findings from these articles confirm that there are significant gaps in the abortion services in Ireland. According to a 2023 article it was identified that more than 8,500 women had accessed abortion in 2022; as well as that 11 out of 19 maternity hospitals were providing full abortion services; many hospitals



citing that conscientious objections amongst healthcare staff as being one of the key reasons to the delayed implementation of pregnancy termination services (Ní Aodha, 2023). The article centrally discusses the Minister Stephen Donnelly’s findings on the abortion services; despite the continual delays and issues within the abortion service sector, Minister Donnelly denies that the abortion healthcare system could collapse due to demand (Ní Aodha, 2023). Furthermore, a 2023 article Taoiseach Leo Varadkar argued that he would be “uncomfortable to make any major legislative changes so soon after the referendum” despite reports emerging in the previous month highlighting barriers and the failures of the abortion healthcare services in Ireland (Riegel and O’Reagan, 2023). In a 2022 article, following the overturning of Roe Vs Wade in America; anti-abortion activism received a sense of hope. Niamh Uí Bhrianian, a pro-life activist refers to the overturning of Roe Vs Wade as a beacon of light for pro- life activists in Ireland (Bielenberg, 2022). Whilst the majority of pro-life and pro-choice activists hold opposing beliefs on abortion access in Ireland, one thing held in common amongst both forces is that legislation should be brought in to help women in crisis pregnancies, to offer them support. What is perhaps most important to draw from this is that women should be able to support a child with support by the state if they do so wish, whilst abortion activists’ campaign for this choice to have a child with the support of the state, or to access pregnancy termination services without barrier if they so wish.

#### 7.1.4- Abortion Working Group (NWC)

The National Women’s Council of Ireland chairs an Abortion Working Group, which was established in 2019; this working group is a collective of abortion related groups, organisations, and healthcare professionals concerned with driving forwards the future directions of abortion,



and requesting of a reform of the Health (Regulation of Termination of Pregnancy) Act 2018 to generate a more accessibility. The working group expresses a keen willingness to work in collaboration to deliver rights-based and women centres abortion reforms. It is found that there is a collective strong agreement that the Health (Regulation of Termination of Pregnancy) Act 2018 has not achieved what it set out to do. This is further exhibited with a collective agreement that the act has not been operated well upon on a multifaceted approach, which certain parts leaving much to be desired by pro-choice organisations and the Abortion Working Group. There are a number of key areas highlighted in this report by the Abortion Working Group in regard to access to abortion in Ireland; these are as follows;

- Section 23 of the Health (Regulation of Termination of Pregnancy) Act 2018- Criminal Liability: Section 23 of the 2018 Act disproportionately affects doctors by stating that it is an offence to provide an abortion outside of the specific terms of the act; meaning that healthcare professionals have to police their own judgement on criteria, leaving them in a uniquely vulnerable position and ultimately may deter some medical professionals in certain situations from providing abortion care. The Abortion Working Group recommends a removal of this criminalisation of abortion so that doctors may use their judgement freely without fear of prosecution.
- Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018- Three Day Wait Period: The Abortion Working Group report cites the World Health Organisation, stating that “mandatory waiting periods can have the effect of delaying care, which can jeopardise women’s ability to access safe, legal abortion services”. The World Health Organization further underlines that wait periods are discriminatory and medically unnecessary. The Abortion Working Group suggests



repealing the three- day wait period to align with international best practice standards.

➤ Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018- Twelve Week Gestational Period: The twelve week gestational period has been identified as generating a time limit which especially affects women from marginalised groups or young adolescents who may not be aware of their options. It also poses an issue that arises when early medical abortion fails, women are on a pressing time limits. The Abortion Working Group recommends a repeal of the 12 week gestational period so that abortion is available up to the point of foetal viability, this ensures equal and safe access to abortion and prevents women from having to travel abroad to access abortion after the 12 week time period is exhausted.

➤ Section 22 of the Health (Regulation of Termination of Pregnancy) Act 2018- Lack of Monitoring of Conscience-Based Refusal to Provide Care: The current Health (Regulation of Termination of Pregnancy) Act 2018 allows for medical practitioners to refuse abortion care on the grounds of conscientious objection except for in the case of emergencies. In certain cases the Abortion Working Group found that there was a 19% refusal by medical practitioners to provide abortion care and further referrals. The Abortion Working Group recommends four steps to combat this issue:

- a. Replacement of the phrase “conscientious objection” with “conscience-based refusal to provide care”.



- b. The act should replace the phrasing “as soon as may be” to “immediate” referral to an abortion provider.
  - c. A repeal should be made to include a clause requiring all medical practitioners to preregister as an objector to provision of abortions and to disclose the reasons for such so that the women seeking abortions may review this in advance.
  - d. All medical practitioners, whether or not they accept or refuse an abortion request, should record all requests so that the Irish Medical Council can monitor failures and ensure compliance to regulations.
- Section 12 of the Health (Regulation of Termination of Pregnancy) Act 2018- Delivery Through Telemedicine: There is an inherent geographical barrier to accessing abortion services throughout Ireland, the Abortion Working Group acknowledges this as another isolated issue to be addressed. With regards to remote consultations the working group recognises Minister Stephen Donnelly’s recognition of this as a new model for abortion services that has emerged from the Covid- 19 Pandemic. The Abortion Working Group believes that this remote consultation method should be maintained and further progressed upon so that women may avail of an online service and pill delivery if preferred.
- Regional Barriers: As previously highlighted with regards to the telemedical remote consultations, the Abortion Working Group identifies regional barriers as a prominent isolated issue that causes deep issue for marginalised women and individuals from rural areas. There is poor nationwide coverage of abortion providers. Furthermore, the World Health Organisation is particularly concerned by





the travel barriers having a negative impact of women in rural Ireland and Direct Provision centres from gaining access to abortion providers. There are two suggestions made by the Abortion Working Group:

- a. Adequate early abortion care needs to be guaranteed in every county across Ireland.
  - b. Maternity hospitals should not be permitted to conscientiously object to providing abortion services.
- **Safe Access Zones:** Anti-choice campaigners that gather at abortion service facilities has a traumatic effect on people as they access their healthcare providers. The Abortion Working Group implores the Irish Government to support and swiftly progress The Safe Access to Termination of Pregnancy Bill 2021.
- **Marginalised Communities:** Migrant communities and transgender/ non-binary individuals often find accessing abortion service more difficult due to a factor of reasons. The migrant community in Ireland faces additional obstacles to accessing abortion, the Abortion Working Group suggests that the requirement of a PPS number and an Irish address should be removed to ensure equal access to abortion for all women and pregnant individual in Ireland. With regards to gender non-conforming pregnancies, it is suggested that the language is rephrased to generate a more inclusive abortion service and law in Ireland.



### 7.1.5- Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018

The final piece examined for the documentary research is a 2023 published review which recently emerged across the media causing an uptake of articles to be written, once again bringing attention to the inequalities and issues surrounding the 2018 act. The Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018, by Marie O’Shea. The article was published on the 28<sup>th</sup> of February 2023, the review is an independent review commissioned by the Department of Health under requirement of Part1 Section 7 of the Health (Regulation of Termination of Pregnancy) Act 2018. A vast array of issues were outlined in the report that was submitted the Minister for Health Stephen Donnelly for consideration (O’Shea, 2023). The core issues identified include:

- **Infrastructural challenges:** Geographical barriers prevent women from gaining access to abortion provisions easily, this including the location of medical practitioners that provide abortion services. Individuals from rural areas also find this to be a common issue with regards to the 3-day wait period (to be further drawn upon). Further, the article highlights that service providers cite the lack of spaces to carry out termination procedures as another issue arising. To combat this issue the HSE has established a working group to address the deficits present in the maternity provisional services.
- **The 3- day wait period:** The wait period is a problematic issue, it is the topic of much contestation and debate in recent years. O’Shea writes that the 3-day wait period has “compounded the issue” of uneven distribution and shortage of services. Simultaneously it generates issues for women from rural areas to arrange



transportation, or women who are on time constraints due to the short window of current access to termination services. O'Shea proposes that the current required three day wait period be made optional.

➤ **Conscientious objection and misleading information:** The issues of conscientious objection and misleading information are two major issues that somewhat overlap. These issues surround healthcare providers refusing to provide services and/or providing incorrect or purposefully confusing information in order to prevent the accurate termination of a pregnancy. O'Shea highlights that medical practitioners have both a legal and an ethical obligation to make arrangements for the transfer of a pregnant woman to a termination provider.

➤ **Criminalisation:** Criminalisation poses an issue that deters healthcare professionals from providing the provisions to terminate a pregnancy due to how abortion is framed by criminal law. O'Shea identifies that this is because medical professionals do not feel protected by the law as a result of the current stance of abortion within this criminal law. O'Shea proposes that in order to amend this issue there needs to be a removal of medical practitioners from the scope of section 23 of the Health (Regulation of Termination of Pregnancy) Act 2018.

### 7.2 Elite Interview Results

As previously mentioned the decision to compliment the documentary research with another data collection method was with the aim of gaining a deeper understanding of the potential ways to move forwards in accordance with those interviewed. Further, the decision to conduct elite interviews provided an opportunity to gain a valuable insight into not only future direction



of abortion activism, but a specialist insight into the issues at hand. The questions asked and responses provided the specialist insight that reflected much of the data collected from the documentary study conducted. The questions asked are as follows:

Question One	What is your current professional role?
Question Two	What role did you have during the repeal campaign?
Question Three	What do you think of the outcome of the 2018 Irish repeal the 8 <sup>th</sup> referendum?
Question Four	Can you describe your organisation’s approach to the repeal campaign, and why was this approach chosen?
Question Five	What key areas of abortion activism do you think needs attention moving forward?
Question Six	<p>With specific regard to the access to abortion and women's sexual healthcare in Ireland, what key areas going forth do you (r organisation) believe need to be focused upon?</p> <p style="padding-left: 40px;">a. With regards to this question, verbal prompting may be used to further conversation with regards to an intersectional direction</p>

	(e.g.- asking for a further explanation should the interviewee mention asylum seekers accessing abortion etc)
Question Seven	For organisations only: How did you find working with other Irish and International active organisations throughout the repeal campaign? (Verbal prompting to follow with regards to the clashing of ideologies and demands that may have occurred due to separate organisations cooperating)
Question Eight	What is your view on the Health (Regulation of Termination of Pregnancy) Act 2018?
Question Nine	What barriers to abortion and women's sexual healthcare do you identify as arising following the implementation of the 2018 Act?
Question Ten	How do you view abortion activism's relation to politics following the referendum?
Question Eleven	Ideologically, what direction do you view abortion feminism moving in following the



	2018 Referendum? / What do you see as the future of abortion and feminist activism now?
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*\*Throughout the following sections the data and quotes from elite interviewees will be marked by [int] \**

As previously brought to attention; the elite interviews conducted drafted a large portion of data, the data collected reflected that of which was found in the documentary study, whilst additionally providing context for the future directions of abortion activism in the coming years. The interview results are as follows:

The first and second question regarding professional roles and roles during the repeal campaign yielded a interesting results; the response highlighted that many involved in the repeal campaign did so as an additional undertaking to that of their standard academic careers, having been heavily involved in academia and campaigning for the previous 20 years. Many of the individuals involved in the campaigning similarly did so on a voluntary basis, being passionate about the cause and wanting a better law to protect women. The interviewees did not hesitate to highlight the victory for the momentous achievement it was, however a 100% of those interviewed found that the law that was imposed did not live up to the promise of repeal [int]. The current law continually puts barriers in place for women hoping to access abortion. Further stating that “there is a difference between negative laws and positive laws, and this was a negative one” [int]. Abortion in Ireland has been described by an interviewee as “not a universal even access to abortion” [int]. The women who need access to abortion were identified as being unable to access abortion fairly and on an even level due to the barriers in



place in Ireland. Rurality, vulnerability, the 3-day waiting period, the criminalisation aspect, term limits, and a compounding of all aforementioned barriers at once are identified as the barriers preventing this non-universal access to abortion in Ireland [int].

Further than this, interviewees identified a change in abortion activism's relation to politics following the 2018 referendum; the attitude of the centre right has been recognised as a "done and dusted" attitude [int], which makes it difficult for feminist organisations to advocate for a changing of the legislation in order to generate better access to abortions in Ireland. Abortion advocate's feel that the current positioning of the campaign has been a return to the early 2013 stages of the campaign, with a lack of governmental interest and motivation to better the policies and infrastructure to generate equal access accordingly [int].

Interviewees stressed the direction of the future of abortion feminism as needing a multifaceted approach in order to properly ensure a comprehensive and equal plan is procured. The interviewees identified the following as directions that they hope to see the future of abortion and feminist activism to move in:

- A focus on ensuring the law is brought up to scratch
- Reproductive justices
- The choice and the right to have a child or to not have a child, i.e.- the freedom to have a child referring to availabilities of appropriate provisions (homes, education, and healthcare)

[int]



The results of the elite interviews conclusively present an argument in favour of reforming the current Health (Regulation of Termination of Pregnancy) Act 2018 to one wherein a breaking down of barriers and provision of equal accessibility to abortions is available without limitations.

### 7.3 Over-All Results Evaluations

The collection of data recovered from the chosen research methods have uncovered a valuable range of data informing the issues and gaps within abortion access legislation in the years following the 2018 repeal the 8<sup>th</sup> referendum. The data gathered from the elite interview method, the evaluation of the Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018, and the report by the Abortion Working Group in particular provided invaluable information regarding the future steps needed to that for abortion activism in the coming years in order to generate equal access to abortion services in Ireland. While the newspaper articles locate political perceptions of the movement and feminist ideologies moving forwards.





## **8- DISCUSSION**

The research conducted draws forth a convoluted presentation of suggestive progressive movements to make in this post-repeal feminist movement. As stated in the interview segment “it is not just abortion feminism, it is feminism itself” [int]. To fully evaluate the depth of the data collected in reference to the future of abortion activism and feminist theories in this post-repeal the 8<sup>th</sup> referendum, the socio-political era this discussion of findings section will be split into three segments; an abortion moving forwards section, and a feminist ideological approaches to the future of abortion section, and finally a section exploring the future of abortion activism. This splitting of the analytical discussion is to ensure a clear understanding of the data collected.

### **8.1: Abortion Moving Forwards**

It is quite clear from the research presented throughout this project that there are still huge steps that need to be taken to ensure that the barriers to abortion are broken down. Whilst abortion is permitted in Ireland under the Health (Regulation of Termination of Pregnancy) Act 2018, the strict regulations in place are, with the World Health Organisation describing aspects of the current abortion healthcare system in Ireland as discriminatory. Despite the repeated calls for reform the government remains reluctant to reform the regulations, citing that the safeguards in place such as the three-day waiting period and conscientious objections are an important part of Irish abortion regulation (Riegel and O’Reagan, 2023). This severely contrasts the 2023 report published by Marie O’Shea; The Independent Review of the Health (Regulation of Termination of Pregnancy) Act 2018, wherein O’Shea highlights that these safeguards are



both discriminatory and undermining women’s bodily autonomy and authority to make their own individual decisions. The Abortion Working Group’s report and Marie O’Shea’s report on Irish abortion access were both submitted to the state for consideration. Drawing from these reports, it is that immediate action needs to be taken to ensure women can access abortion equally and easily within the Irish state.

There are a number of immediate steps that need to be taken to ensure accessibility to safe abortion for women in Ireland. The first one is the criminal liability clause, section 23 of the 2018 Act can be discouraging for medical providers from providing abortion care in certain situations as they may be held legally liable if they do not judge the situation correctly. Due to the interpretive nature of “health” of the mother and foetus on certain cases, as well as the self-policing aspect of medical practitioners provision of abortion, many may feel discouraged from providing care where the mother should be able to access it as they feel legally vulnerable as they can be held criminally liable for a simple misinterpretation (National Women's Council of Ireland Abortion Working Group, 2023), (O’Shea, 2023). To amend this a number of solutions have been made, the central conclusion of which is that section 23 of the 2018 act should instead protect doctors by decriminalising abortion healthcare provision. Further work should be carried out on this; specialists in the area of abortion activism have said that the law itself is poses a limitation in the medical field and to women; the 2018 act essentially states that abortion “is illegal but here are the circumstances in which you can have abortions” [int]. That ultimately no other medical procedure or field has a criminal provision, drawing attention to the question of why are women’s bodies and healthcare subjected to this criminal provision [int]? Additionally, the concept of conscientious objection is a huge barrier to women’s access



to abortion healthcare in Ireland that needs to be better regulated immediately. There is a lack of regulation and responsibility in abortion healthcare in Ireland, the Abortion Working Group suggest that a system be brought in wherein medical practitioners are required to record every abortion request, this ensures that women are not slipping through the cracks of abortion healthcare (National Women's Council of Ireland Abortion Working Group, 2023). Furthermore, only 11 out of 19 maternity hospitals in Ireland provide abortion care, this is highly limiting to women seeking abortion in a medical setting post 10 weeks (when a medical procedure is required rather than the abortion pill). The hiring and training of medical professionals across the other 18 maternity hospitals to provide abortion care is essential to erase barriers immediately. The question of marginalised groups access to abortion is the final issue that needs immediate attention; it is requirement to have an Irish address and a PPS number to access abortion services in Ireland, often it is the women that cannot access abortion that are most vulnerable [int]. The introduction of telemedical services that boomed during the Covid-19 pandemic have been acknowledged by Minister for Health Stephen Donnelly, this telemedical service should be further developed for the purpose of remote abortion services for those who may be in remote areas or in vulnerable positions. Similarly, the removal of the requirement for a PPS number and an Irish address as a requirement to access abortion also ensures that asylum seekers and immigrants can access the abortion service.

There are also a number of long-term steps that need to be taken may need to be further debated and/ or held via a referendum, however this does not mean they are not issues of great significant, and they should be addressed as such with speed. The core long-term focus should be the three-day waiting period, this period is causing extremely time critical issues for women



seeking abortions in Ireland. This time sensitive issue also undermines female autonomy and decision-making over their own bodies by granting them a period to consider if they want to go through with an abortion. There is debate over what is the best solution to this three-day wait between appointments, in order to align with the best international practice the three-day wait would have to be removed completely. However, other scholars argue for this three day wait to be made optional for women, providing them more autonomy over the abortion process [int], (O’Shea, 2023).

### 8.2: Feminist ideological Approaches

Ideologically, feminism has shifted significantly in the post-2018 referendum years. This contemporary third wave of feminism is prioritizing of an inclusive universalist feminism. Judith Lorber’s (2012) writings suggest that feminism has shifted to a be more inclusive of different aspects that influence the modern woman, shifting to be more inclusive of the intersectional nature of race, ethnicity, gender, sex, sexuality, and social class (Lorber, 2012: 326- 329). This has become apparent in Ireland in relation to the abortion activism movement’s feminist ideology following the 2018 repeal of the 8<sup>th</sup>. The Health (Regulation of Termination of Pregnancy) Act 2018 revealed a number of barriers that negatively impact pregnant people in various ways depending on their race, ethnicity, gender, sex, sexuality, and social class. Women who are in more vulnerable positions often are often on the barriers of abortion healthcare [int]. Feminist organisations in Ireland have taken to drawing attention to these barriers in recent years to ensure that all women are equal.



Furthermore, contemporary feminists in Ireland are advocating for not just abortion, but have begun campaigning for sexual and relationship healthcare as a whole. Feminists are interested in reproductive issues, menstruation, and relationship and sexuality education. In September 2022 the contraceptive pill became free for women aged 17-25; similarly a scheme has been brought out to provide free menstrual sanitation products to those in need of them in Ireland, however this scheme has been slow in roll-out, and feminists bringing attention to the fact that some males too will need these contraceptive and menstrual products [int]. Drawing forward from this point, the need for inclusive language often being one of the key factors highlighted by feminists. Finally, feminists are interested in reproductive issues, campaigning for a different type of society [int]. Since 2019 the National Council for Curriculum and Assessment has been working to progress the Relationships and Sexual Education (RSE) course in primary and post-primary education. The Committee on the Elimination of All Forms of Discrimination Against Women (2018) called for Ireland to review the RSE courses and to generate a new compulsory curriculum that includes a comprehensive relationship and sexual health education; this new curriculum was to focus on inclusivity, responsibilities and preventing early pregnancies (NCCA, 2019: 71). This suggestion led to a 2019 NCCA review of the previous RSE programme, which was described by students as “too little, too late, too biological” (NCCA, 2019: 72). The new programme is to be student centred, holistic, and inclusive (NCCA, 2019: 72).

### 8.3: Abortion Activism Moving Forwards

Abortion activism moving forwards is in the midst of a review campaign of sorts. Now that reviews and working groups have been set up to identify the issues with the Health (Regulation



of Termination of Pregnancy) Act 2018 reports are beginning to emerge. Since Marie O’Shea’s 2023 Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018 began to gain momentum in the media a wave of further abortion healthcare access debate and social commentary has begun to emerge. With minority and marginalised groups still facing barriers to accessing abortion the focus of abortion activism too is shifting to the aforementioned universal conceptualisation of abortion activism (Lister and Pia, 2008) (Lorber, 2012) (Duffy, 2020); which prioritises the idea of an intersectional access to abortion [int]. The work to eliminate the limitations that come with the Health (Regulation of Termination of Pregnancy) Act 2018, such as geographical barriers, inclusive language, and PPS and Irish address barriers; have become amongst some of the key priorities that have been identified in the preceding research that have been highlighted by academics and elites [int], (O’Shea, 2023), (National Women's Council of Ireland Abortion Working Group, 2023).

The concept of minimization and depoliticization on Irish abortion activism presented by Duffy (2020) is present by the fact of Taoiseach Leo Varadkar’s commentary deriving that he was reluctant to remove the safeguards, conscious objections, and waiting periods; despite multifaceted reports and academic papers suggesting that these “safeguards” were barriers to women gaining equal access to abortion in Ireland (Riegel and O’Reagan, 2023). The World Health Organisation going as far to say that the three-day waiting period was discriminatory. The reluctance to rapidly amend legislation and protect women is reflective what was identified in an interview as a return to the 2012/ 2013 political situation “nobody wanted to hear from you... you were always being fobbed off” [int]. The interview process in particular truly



magnified the attitude of politicians that the abortion has been achieved and that there is nothing left to do [int]. In the final year of the campaign many of politicians found it politically harmful not to be showing support of the campaign, “in some essence they had to be seem to get involved, now that it is achieved they don’t want anything more to do with it” [int]. The effects of this depoliticization mentioned by Duffy (2020) has had a negative effect on abortion activists as they try to campaign and lobby for more inclusive and intersectional abortion legislation to protect individuals seeking pregnancy termination services in Ireland.



## **9- CONCLUSION**

The study thus conducted was an examination of Irish feminism throughout the last decade. The study offered an analysis of feminist ideology through the lens of abortion activism, focusing on the period following the 2018 Repeal the 8<sup>th</sup> referendum, to which the subsequent Health (Regulation of Termination of Pregnancy) Act 2018 was enacted. Despite the monumental work by abortion activists in the years leading up to the referendum, significant progress is still needed. This research study outlined the barriers present to individuals attempting to access abortion care in Ireland, as well as the future directions for abortion activism. The project also aimed to locate this post 2018 form of feminist ideology in the ever-changing socio-political climate of feminism. By utilising a combination of a documentary research and elite interviews the research gathered accumulated into a vast array of data that uncovered a detailed examination on the ways forwards for what is defined by Lorber (2012) as a universal and intersectional feminism for all. The decision to use the elite interview method of research to compliment the documentary research offered an in-depth understanding of the documents collected, as well as allowing the researcher to tailor questions to delve into more detail on specific areas of interviewee specialities. As explored by Burnham (et al, 2008: 232), elite interviews are uniquely valuable to those completing archival or documentary research for this exact reasoning, gaining an expert's perspective to a documentary research in this particular project has opened up other areas of documents and data that previously were not considered or available.





Feminism has far progressed the abortion case in Ireland, however the data in this research project shows that there is many more areas of policy that need deep attention, in some cases a further referendum may need to take place to attain these necessary demands. There are several directions that this research project identifies as being core to the immediate future of abortion access in Ireland, these include decriminalizing section 23 of the Health (Regulation of Termination of Pregnancy) Act 2018; regulation and responsibility of conscientious objection, meaning that all request for an abortion should be recorded in a medical facility whether or not an abortion was provided, to ensure that an individual seeking an abortion may be attended to immediately; the importance of abortion for those living in vulnerable or marginalised communities is a vital area that needs immediate attention, introduction of telemedicine to aid accessibility is important, as well as removal of the requirement for a PPS number and Irish address is core to ensure those who are unable to give these can still access abortion in Ireland. One of the critics of Irish abortion activists and the World Health Organisation is on the Irish clause in the Health (Regulation of Termination of Pregnancy) Act 2018 is the 3 day wait period, this has been described by the World Health Organisation as being medically unnecessary and undermining of women’s bodily autonomy. Due to what Duffy (2020) describes as a depoliticization and disinterest [*int*] of Irish politicians in abortion there has been a reluctance to make progress and remove these “safeguards” (Varadkar, 2023). Nonetheless Irish abortion activist persist in campaigning and raising the issues in reports and articles, these have further drawn attention from the public the issues surrounding abortion in Ireland despite the political climate on such.



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## **11- APPENDIX**

### *Interview Consent Form:*

#### **Special Topics Consent Form 2022-23**

Thank you for agreeing to take part in my assignment for my special topics module in the department of Sociology and Politics at Maynooth University. *My research is designed to explore the impact of Feminist Ideologies on access to Abortion in Ireland in the past 10 years, and the directions that Abortion Activism is taking Post-2018 Repeal of the 8<sup>th</sup> amendment.*

This interviewing process will take up twenty to thirty minutes of your time and with your permission I would like to tape record the conversation. A copy of the interview tape recording will be made available to you afterwards if you wish to hear it.

All of the interview information will be kept confidential. I will store the tapes/notes of our conversation safely i.e. promptly removed from mobile devices and kept in a secure file. Your identity will be kept confidential, and I will anonymise your interview data. Neither your name nor private information will appear in the final research project.

Your participation is voluntary. You are free to refuse to take part, and you may refuse to answer any questions or may stop at any time. You may also withdraw at any time up until the work is completed.

If you have any questions about the research, you may contact me at

Email: [aislingmcgee.am@gmail.com](mailto:aislingmcgee.am@gmail.com) or [aisling.mcgee.2021@mumail.ie](mailto:aisling.mcgee.2021@mumail.ie)

Phone: 0831438783

"I have read the description above and consent to participate."

Signed \_\_\_\_\_

Date \_\_\_\_\_

*If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact my supervisor at: Nessa Ní Chasaide, email: [nessa.nichasaide@mu.ie](mailto:nessa.nichasaide@mu.ie); ph: 01 4747168. Please be assured that your concerns will be dealt with in a sensitive manner.*



Interview Questions:

1. What is your current professional role?
2. What role did you have during the repeal campaign? /Were you involved in the campaign for Repeal? If so how?
3. What do you think of the outcome of the 2018 Irish repeal the 8<sup>th</sup> referendum?
4. Can you describe your organisation's approach to the repeal campaign, and why was this approach chosen?
5. What key areas of abortion activism do you think needs attention moving forward?
6. With specific regard to the access to abortion and women's sexual healthcare in Ireland, what key areas going forth do you (r organisation) believe need to be focused upon?
  - a. With regards to this question, verbal prompting may be used to further conversation with regards to an intersectional direction (e.g.- asking for a further explanation should the interviewee mention asylum seekers accessing abortion etc)
7. For organisations only: How did you find working with other Irish and International active organisations throughout the repeal campaign? (Verbal prompting to follow with regards to the clashing of ideologies and demands that may have occurred due to separate organisations cooperating)
8. What is your view on the Health (Regulation of Termination of Pregnancy) Act 2018?
9. What barriers to abortion and women's sexual healthcare do you identify as arising following the implementation of the 2018 Act?



10. How do you view abortion activism's relation to politics following the referendum?
11. Ideologically, what direction do you view abortion feminism moving in following the 2018 Referendum? / What do you see as the future of abortion and feminist activism now?



*Interview Transcript: Carried out in person and recorded digitally on 05 April 2023*

**A= INTERVIEWER**

**B= INTERVIEWEE**

B-It has a booster on it.

A-Yeah.

B-So it gives transcript as well, doesn't it transcribe it?

A-Um not this one. But it's easy enough to transcribe. So, I will just pop it there. I just have a few questions.

B-Sure

A-I sent them on to you, um.

B-Yeah, yeah, I didn't have a to look at them. Yes, yep yep.

A-No no you're grand I just wanted to send them on in advance so that you have them yourself if you did.

B-You did. Very professional. Thank you. Sorry I just uh I'm I'm heading away tomorrow and I'm just uh trying to kind of jam everything in so. Yeah.

A-No your grand. Emm, heading anywhere nice?

B-Yeah, Yeah Just to (inaudible). Yeah. Just a break.

A-Oh lovely. (inaudible)

B-Yeah, yeah kind of yeah just out of there. Yeah just walks and peaceful. Bit of reading books that kind of thing.

A-Oh nice and peaceful.

B-Yeah. That sort of thing.

A-Can't go wrong, can't go wrong.





B-Yeah absolutely.

A-Well the first question is what is your current professional role? but I think-em-

B-OK. So yeah, well I mean I suppose actually, I was like my professional role is in academic in the [CENSORED] but I, um I campaigned for what. Well over 20 years let's just leave it at that on abortion and I'm continuing now with that work. I'm a member of the [CENSORED] working group on abortion. So, we're continuing to kind of monitor the implementation of the abortion law and to campaign for better a better law that we've always been very critical of the law that have so it's not completely adequate but I'm sure we'll come to that.

A-Especially with the article Monday, I know I was really excited when it came out.

B-Yes, yeah.

A-Kind of sparked a bit of a conversation.

B-Yeah yes yeah yeah yeah.

A-Um What would have been your role during the repeal campaign?

B-Um kind of...

Well I suppose the two roles one was I was with [CENSORED] we set up together the coalition em she was the convener I was the national secretary of that and then the coalition sorry the coalition to repeal the 8th amendment, and then the coalition was one of three organizations that came together to form together for yes. So it was the coalition to repeal the 8th amendment the national woman's council and the abortion rights, and each group had two people and I was one of the two, one of the two people for the coalition were on the national executive of the campaign and then I was also head of research for the campaign, for the together for yes.

A-Together for yes. Um So what do you think of the outcome of the repeal the 8<sup>th</sup>?



B-Well I mean lots of ways I mean I suppose sometimes that we forget what an enormous victory it was what an important victory it was you know and we're coming up now it's 4 1/2 year almost five years would be five years in what two months.

A-Yeah

B-Um so it is important I think to remember the victory and how important that was and the fact that it was won by such a majority like a 2/3 majority showed that people were firmly in support of the idea of women controlling their fertility so in that sense I think it's really really positive. The law unfortunately I don't think lives up to the kind of promise of repeal, um and you know the the government will say "oh well this is what people voted on", well they didn't actually vote on that OK? And in many ways like many of the cases that the very strict timewhich was one of the kind of key features of the campaign was the experiences of women and pregnant people, couples with fetal fatal anomalies, and the way that the legislation is written means that many of those women many of the women who travel now are often cases like that those cases that form such an important role play such an important role in repeal and are often the people that are continuing to travel so the legislation unfortunately hasn't lived up to that and I think there's a lot of work for us to still do. So I would say that there's it's overwhelmingly positive but unfortunately I think we could have gotten a better law it seemed to me that the spirit of repeal was that people voted to allow women to make decisions for themselves; to make abortion legal in other words. But the way the law is written- but I think this for me is is what's wrong with the law the law says rather than the law saying abortion is legal here's how you get abortion; the law says abortion is illegal but here are these circumstances in which you can have an abortion so it ends up putting all of these barriers in place to almost stop women having abortions rather than writing a positive law there's



difference I suppose between a negative law and positive law. So writing a positive law that says yes you can have an abortion and here's, here are the ways in which you can have that abortion. So I think that's, that's a problem and I think in that sense it goes against the spirit of repeal.

A-Yeah

B-And the the other issue is, is that abortion continues to be, for doctors anyway, a criminal offence, like that's the real issue as well we sometimes forget about that one but that's important. Because no other- no other area of medicine has special, has a special criminal provision. So yes, doctors have to obey the law but why is woman's healthcare subject to a separate criminal provision.

A-Em, kind of drawing a bit onto that it's kind of mainly covering up but would you have anything else to say about specific regard to access to abortion and women's sexual health care in Ireland like going forward what to focus on.

B-Yeah well.

A-Will there be anything else to mention or sorry you may have covered it would you have anything else to say?

B-Well I mean I suppose no no but I'll go through it because yeah there are a lot of there are a lot of issues I mean first of all I suppose the fact that women now under 25 can access free contraception I mean that took a while, but that was rather delayed and that's come in. But I think you know contraception should be available to all women regardless of age you know and it's often a huge barrier often kind of for poorer women particularly like, who um like woman in their late 20s and early 30s , 40s who need who need contraception and you know given you know the the- the fact of a doctor's visit and the monthly fee that is a huge barrier to



to to access. So that's a good start and it needs to be I think rolled out rapidly. Secondly, you know, the fact that the figures are let's say we don't know Steven Donnelly's figures that he in response- he responded yesterday saying 8,200 women that abortion so I think that's a good number I think that's that is that showing that women can access the care. it would be probably you know in the last kind of the last couple of years the numbers have maybe been a little uneven and part of that is to do with COVID and some of the kind of obstacles that that would have put it put it em in in place for care but I suppose you are seeing um the anti-abortion saying it's really, really high numbers. Well yes and no; they're not really that high because you know there was if you if you count the number of women who were taking the abortion pill legally women who were traveling and not giving Irish addresses. So all we would have had from abortion figure was when they were traveling to Britten, to England and Wales the figures that we had and we might get some figures from the Dutch healthcare office as well so that's where where all those figures beforehand; but a lot of women wouldn't have given Irish addresses. So I think it's a good- it's a number that's saying that a lot of most of the women I assume need care can access it. But just because most women can access it doesn't mean that there aren't.

a-All woman.

b-That all women can exactly and that there are two barriers. What it inevitably means is that the number of the smaller number of women who can't access it are probably the most vulnerable probably the people who need it more than anybody in many ways or, or, or need easy pathways to care. So we know that there are issues about the three-day waiting period for example. Now I think some of that been alleviated with the introduction of telemedicine ok so



that the second appointment or the from the first appointment or depending one of those appointments will be held over, em online you know ...

A-Zoom?

B-...yeah zoom. So I think that alleviates the fact that if your doctor and especially if you're outside an urban area. If you're in parts of the country like we know that on the northwest that is an area which there are not many doctors. In some counties have no doctors providing abortion care. So that couldn't necessitate a round trip of anything you know 50 /70 miles and in order to find a doctor was going to give you the care and having to do that twice. We all will know the difficulties in traveling in rural Ireland, not a great public transport system again if you're vulnerable you're probably going to have less access to public transport less access to car all of those things so it make- it compounds all of those obstacles . If you're vulnerable, are poor, if you have a disability, if you're living in direct provision all of the people who are already marginalized by our society are going to face those obstacles so they're not being universal care and an even access of care across the country. The fact that still all- it's only a little over half of maternity hospitals that are providing care so why not like I mean we still don't have an adequate answer as to why all maternity hospitals- all maternity- maternity care is public. There is no it's not like you know there's no two-tier healthcare here. So why all the maternity hospital to public so why are up all maternity hospitals providing that care? If they don't have the doctors who are willing to do it, well then they need to hire doctors who will do it. That is not as sometimes we're told about discriminating against doctors who have conscientious objection, and I don't call that I don't like that term conscientious objection, I think conscientious obstruction in many ways is a better term but it's about saying that um hospitals routinely advertise for specific areas, they don't just advertise for doctors they



advertise for a Doctor who has a specialist specialism in vascular surgery or something up so why not advertise for a Doctor who is a specialism in obstetric care for women in need of terminations? It's not that difficult. So there's so there's that there's the decriminalization aspect that that doctors are still subject to discrimination. So, I think that you know we talked a lot about that during and during the repeal campaign about the chilling effect that man has on doctors. Particularly we're talking about cases of fatal fetal anomaly and that clause in the legislation which it's again it's not made like the three-day waiting period there's no medical necessity for these. OK they're just there really as a solve to the anti abortion (inaudible). And so you know that the doctor will certify in the case of fatal fetal anomaly that the Fetus or the baby will die within 30 days OK. many conditions it's just not possible in good faith to say that because maybe it's 45 days but having that kind of um

A-Yeah

B- Written into the legislation and saying that if you sign that and you're in it's found to be untrue you are subject to criminal prosecution. That has a huge effect doctors and how doctors treat women Instead. You know and increasingly there's the direction which medicine is going it's not the idea of the doctor just kind of making decisions that are doctor is supposed to make decisions in cooperation and discussion in conversation with their patient, The woman, the pregnant person. Again, that's- the 3 day waiting period, criminalization. The strict 12 week- the term limits yeah the term limits 12 weeks. So the 12 week the way it's dated it's dated from your last menstrual period. A lot of woman don't know that they're pregnant as well so, and you know sometimes they need time to make these decisions. Therse also the issue for example in some cases this dose happen, we've seen from research that was commissioned from the department of Heath itself, um that sometimes the abortion pill doesn't work. The medical



abortion doesn't work so you would have to start again but the problem with that is right so you you go in you're let's say you're 9 weeks pregnant, ok you got you're 9 weeks and four days right so you're 9 weeks two days OK so you go in and need to wait three days for your um for your um first appointment or 3 days until you take the pill that puts you at 9 weeks and five days OK so you're coming up on the 10 week period. The ten week period Is important because um GPS won't perform um an abortion over 10 weeks in the surgery so you have to go to hospital. So say your 9weeks and three days you could end up going over into hospital territory if it doesn't work you have to go back you have to start again and then that point you are into the ten week. So, what do you do now you can't go back to your doctor and start the whole process again with the three-day waiting period ok? You have to go and make an appointment in the hospital already know how over-stretched the hospitals are. And you're coming up on that 12-week limit all the time and you're all of the pressure all off that time, rather than just allowing women to make things decisions and that you know to say well once they've initiated the attempted abortion care at nine weeks they should be allowed to see it through; rather than this kind f constant clock ticking and MMonitoring of woman and again all of the fear and anxiety that that produces. It doesn't make for a good patient centered form of care that puts the patient at the center in consultation with their doctor. That is the direction that medicine is going and Ireland had an opportunity I think to write a really progressive good law, and instead it shows this kind of punitive model and that as all sorts of consequences I said a few minutes ago. Disproportionately those consequences, those negative consequences are borne by the most marginal, most vulnerable.

A-Especially with the moving forward writing..

B-Yeah



A-not the moving forward. Writing, when they were writing the legislation they had UN support behind them.

B-Yeah yeah exactly yeah yeah

A-They could have written a really progressive one as you said there,

B-yeah, and they had some there was some good models out there, you know,

A-yep. Em sorry just check eh some of the questions I have I think have been asked.

B-Sorry long-winded answers.

A-No no it's brilliant I love it.

B-You'll have to try and stop me...

A-Nothing worse than doing an interview and getting one or two sentence answers and you try to prompt a (inaudible) and you're just kind of like.. (inaudible)

B-There's no issue there when I am talking about abortion anyway.

A-There is absolutely nothing wrong with that. Em ... how do you- how would you view abortion activism's relation to politics following the referendum?

B-Well I think we're in a- we're a little bit like where we were in kind of 2013/2014 so we set up myself and [CENSORED] set up the coalition in September 2013; and that was almost a year after the death of Savita Halappanavar and it was with the aim of like kind of building a campaign towards repeal. And at first like it nobody want nobody you know nobody wanted to hear from you nobody want anything really to do with you and lots of players you're always getting fobbed off you know so nobody really wanted to talk to you and you kind of know like The funny thing about it was how we ended up ,I I still laugh to this day, on that on that 26th of May the day after we are in Dublin castle and this kind of stage there's really for the media





actually and all the politicians are there and literally you could not move lest you'd get an elbow from a politician wanting to kind of get their face out there yeah.

A-Their faces yeah

B-Yeah, everybody was people were calling in to HQ where we were the last few weeks everybody wanted a piece of the repeal campaign needs where they personally you know what do you call it were campaigning for it for decades you know and you know often people who would run the other direction two or three years ago.

A-Where wanting to.

B-yeah yeah yeah...like let's not forget Leo Varadkar in December 2017 still hadn't figured out where he stood on the issue you know and then all of a sudden here he is like kind of claiming victory over this you know. But what was interesting I suppose was in that last year 2017 we got to the we got to the place where it politically- it was political- it was politically harmful for them not to come out in favor of repeal. I don't think we're there we're there in relation to reform of our abortion law as far as politicians are concerned, and I think in many ways one of the reasons they get away with it is because I think most people think that as well that as well, that a repeal is done and dusted we're done you can have an abortion there are no problems. And it's only I think and people begin to seek care but they see the kind of- excuse me- the obstacles to it right so politicians are a lot of specially the kind of center right as far as they're concerned we did it and I do not want we do not want to touch it with a barge pole OK they just want they want to to keep away from it. And I think that's part of the explanation for the delay in that review reports coming out because it's going to the research is going to show that it's going to ask for a substantial changes but no politicians- the main the the politicians in government let's say, do not want to go there. And they I think understand that in some ways



this is a kind of gift to the opposition in lots of ways. so we have like I would like to see us get back to that position where it would be harmful to them politically not to be taking the issue of abortion seriously. But I think we have a job of work to take not least because as I said a minute ago people think it's done and dusted you know people think that you know they don't know you know if you say to, you know if you're trying to do any sort of campaign why you do this it's over you want and we go well yes we did but we didn't really; we didn't you know. So a lot of people don't understand the kind of nitty gritty of it. Especially around for example termination so there are those issues. .yep yeah yep.

A-Go through just check really quickly I kind of bounce between them all so I just want to make sure I've covered them all.

B-Yep yeah, We've loads of time left, take time, yep absolutely.

A- Gonna bounce to them just- How did you find working with the other organizations, you said with the coalition?

B-Yeah, well we set up a coalition which was really about kind of building momentum and bringing people together so when you do something like a coalition. Em, you end up having to do it's kind of depending on the organization so it is it was trying to kind of bring people along and kind of build momentum and sometimes, especially in the early days people were very cautious around it's a long history around abortion in Ireland and in many ways it was kind of seen as a toxic em, a toxic subject so you went from kind of being people being hesitant to then everybody kind of wanting to be on board you know. Em but so it is about it's about building trust it's about kind of bringing people along with you so you can't always you um you can't always kind of like I would say personally and [CENSORED] and lots of other people who were involved would say personally I believe that abortion should be a private matter in



which a woman makes a decision if she wants a woman or a pregnant person, saying that's important as well, makes the decision if they wish in consultation with the doctor. OK I don't think a doctor should be a gatekeeper right. So I think it's a private matter, I think it's a I think it's an issue about healthcare. Um I don't believe in abortion laws ok? I think it should be like any other form of healthcare right. Now you're not going to build a coalition on that basis, ok. So you have to think you have to kind of strategize and you have to sort of say well what what can what can people agree with. You know so we came up kind of building a statement what what are we asking people to sign up to. So to you know to repeal the 8th amendment and to um to you know so you you we weren't going, like the abortion rights campaign, admired them an awful lot you know, they're kind of tagline was free safe and legal OK we and and I think they built an incredible campaign very radical campaign of young people and that was absolutely essential work. I think we were like maybe at a slightly different, pitching it slightly differently to bring kind of larger groups and organizations on board because you needed them. My politics are more similar to the or the abortion rights campaign but it is about kind of bringing people along and thinking about the conversations that you want to have so that's what coalition building is it's slow work. um and it it's about building trust it's about building connections with people it's about bringing people along till you get them to the place that you know maybe they're not signing up to free safe and legal as a slogan but essentially that's what they're kind of saying. so like when it came to the poster for the together for yes campaign, so awful lot of discussion back and forth about this and it was very hard to come up with a poster because I- I'm- I- I don't know if you remember the you were probably very young of the campaign but em, straight away the anti-abortions have their posters up babies bouncing 6 month old babies don't kill me don't repeal me, you know sometimes kind of more graphic



issue photographs of fetus in utero and you know that. And the problem is there isn't really a pro-choice/ pro-abortion equivalent of that ok? Because the, the thing that was often missing from these pictures if you ever look at them is the woman where is the woman she's not she's nowhere she's usually just the pregnant person is is nowhere all you see is the fetus either you see a baby alive living independently or you see the fetus in utero and the woman is completely erased, erased from that so there isn't a visual equivalent of that and we really kind of struggled with that so um I you know and the the I'm quite sure I really liked it or not but anyway, it kind of was the one that kind of reflected a suppose what we were trying to say. It wasn't maybe the best slogan you've ever come up with but it was the idea sometimes "a private decision needs public support". And that's what we kind of ended up with because it kind of in some ways summed up what we were asking people to do so we were not asking people to vote on their personal position on abortion. We weren't trying always to convince people to say that I personally believe in free safe and legal abortion that's not what we were trying to do yeah what we were asking people to do was say this prohibition did not belong in the constitution and this is a private decision that people need to be allowed to make themselves. So I always used to use my mother and her friends as a kind of barometer of of how things were. Because my mother is not um uh you know, she's not pro-choice you know she's kind of Catholic, and she's Catholic kind of. She's Catholic. You know she's kind of traditional and um you know she doesn't believe in abortion, but she did vote for repeal and her friends who were kind of similar also voted for repeal, and was quite enthusiastic about her voting for repeal and I don't think that means that if she's changed her- her own personal opinion on abortion but she has sort of said well yeah it's not up to me to decide. I think that's where we ended up with lots of people so it's not always about changing people's minds about abortion; because it is a private thing



sometimes it's a religious thing. It's about saying do you think that just because you think that, that you have the right to impose that view while other people and I think that's where that was one of the important things that we did in the campaign.

A-I think that was the kind of direction a lot as well I went to really Catholic school.

B-yeah .

A-and yeah but I think it was only 3<sup>rd</sup> year or TY and all this is happening yeah and that would have been a lot of our friends and stuff we would have bounced those ideas back and forth

B-yeah yeah

A-It was around the time we were still like 16 or something and we were like why can't we vote on this?

B-yeah yeah

A-So we all started getting really enthusiastic about it.

B-Yeah Yeah exactly. Like anybody, it was good affect you exactly you know in the coming years you know

A-Yeah. Thats a whole other question though of what people should be able to vote on, ages. um yeah so kind of just like one more really left then it's kind of more of a vague. What direction would you view abortion activism as moving on in the 20 following the 2018 referendum.

B-Well I think .

A-or abortion feminism! Sorry.

B-Um well like I mean the practicalities of it are like what I was talking about earlier in terms of like ensuring that the law is up to scratch, there's a lot of work to do on that so you know we're working on that for the last couple of years so I think we're we're kind of focusing on that



in terms of the kind of practicalities but you know I was always somebody who felt that it's not just abortion feminism it's kind of feminism itself, is that abortion was just one aspect of it and that you know while you know I'm not someone who like, I ok I've ended up spending a lot of my time campaigning for abortion but that's just because I happen to live in a country where abortion is illegal or it was illegal for most of my adult life and most of my life but I always believed, and I still do, that you should have the right to have a child and the right not to have a child. The right to have a child is is is an important, is for me as an important as the right not to have a child. so I think you need to think about what want to you need, I mean that's why I think we kind of talk about sometimes feminists for rep- like I'm part of a group called academics reproductive justice so thinking about reproductive justice which is kind of looking at that kind of it's a debt we owe to kind of African American feminists and often kind of feminist from from the global South, who kind of you know encourage us to think about abortion in the totality of reproductive life in terms of, so one of the things that always kind of strikes me about and anti abortionist is that they they don't care about the baby once the baby is born .

A-Yeah.

B-But like what do you need in order to have a child?, to make a decision? Because in many ways one of the like in the you know I spent a lot of work a lot of my time trying to help women when abortion was illegal trying to help women have abortions. And often some of the most kind of difficult and tragic situations that you would encounter women who would find themselves pregnant but really wanted the child.

A-Yeah.



B-So especially after the kind of economic crisis of 2008 you would see an awful lot who say well I have two children I always wanted a third but I can't afford it. So you know and and now you see people as I'd like a child but I'm about to be evicted, or you know so like the freedom to have a child, the ability to have a child, involves an entire apparatus a better society. it needs, a child needs many things it needs it needs an education it needs healthcare it needs a house if it's a home it needs to set a sense of permanence and stability; all of those things are necessary if you want to have a child...

A-Yeah.

B- ...It's an increasingly there are things that our society is not providing so we have an entire generation and generations even almost you could say who cannot even aspire to owning their own home. You know 8, we're looking at 8,000 people going to be evicted within the next month and how many of those are pregnant? Um like what does that you know we now, we know that there are. You know I forget the number exactly but they're I think they're about 3,000 of the homeless figures; 3,000 of those are children living in emergency accommodation. It's not speculative we know that that will damage those children that that is currently damaging their mental health we know this. EM and like how can you talk about living in a society that is you know that you want to bring in a child, and you you have all of these obstacles and you know. people not being able to afford a home as those as those very ages you know kind of let's say we know that the average woman- pregnant person giving birth is around late 20s early 30s that's give it as an in any some- like there that's the generation and even older who are locked out of house buying. Like it's now been up to I think 39 is the average for people who can afford a home but we also know that the average um just speakers that came out this week I think the average income of somebody who drew down a mortgage was 71,000 the average



industrial wage is about 45 I think what's changed slightly but I'm not sure it's about 45, so that's like where does that other kind of 25,000 come from. um there's all of these issues so I think as feminists and you who are introduced interested in reproductive issues, it's about campaigning for the whole lot it's about campaigning for different type of society. So I, for me it's not just about abortion, abortion is a big part of my politics but it's also about a lot of other things and that's why I spent a lot of my time doing a lot of other things not just abortion.

A-That's all my questions is there anything else did you want to add.

B-no nothing I want to ask.

A-Thank you very much.

B-No worries. Happy to help. What is your what is your project on?

A-I'm just gonna pause this, this really quickly.



