

During the past two years, the Irish Woman's Right to Choose Group has published a pamphlet entitled *Abortion – A Choice for Irish Women*, of which this is the second edition. We have organized several public meetings and have sent speakers to dozens of public debates, discussions and broadcasts. We have also established links with women's groups throughout the world, including the Boston Women's Health Book Collective and the International Contraception, Abortion and Sterilization Campaign.

Since 1967 (when abortion was legalized in England) more than 30,000 Irish women have gone to England for abortions. In the campaign to end the hypocrisy, and to secure for women the right to control their own bodies, you can play an important part. Your help IS necessary. Together, we can achieve our aims. We meet together every Wednesday, and anyone interested in getting involved is invited to telephone Dublin 787160/787664 for further information, or write to 3 Belvedere Place.

Our struggle for women's rights takes time and money. If you can't afford the time, then please send money which is very necessary for printing costs and for arranging public meetings.

**JOIN THE STRUGGLE FOR WOMEN'S RIGHTS NOW –
THE CAMPAIGN NEEDS YOU!**

I enclose £.....in support of the Irish Woman's Right to Choose Group. Add me to your mailing list – I enclose £5 for postage and printing. Send mecopies of *Abortion – A Choice for Irish Women*. (60p a copy + postage). I wish to join the Irish Woman's Right to Choose Group.

Name

Address

Send to: Irish Woman's Right to Choose Group, c/o IPCC, 3 Belvedere Place, Dublin 1, Ireland.

ABORTION

A choice for Irish women

60p

Abortion: The Invisible Export

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In a 1977 survey conducted among over two thousand Catholics in the Republic, 95.4% said that they thought abortion was wrong. In a survey conducted throughout the EEC last year (1981), whose findings are still being analysed, those taking part were asked whether they approved or disapproved of abortion under specific circumstances. These were (1) Where the mother's health was at risk; (2) Where likely child born was handicapped; (3) Where woman was not married; (4) Where married couple did not want more children. As would be expected a majority of the Irish respondents did not approve of abortion under these circumstances. However, one striking figure was the 43% in favour of abortion if the mother's health was at risk; and in the case of a child being born handicapped 23% were also in favour of abortion. This seems to point to a growing acceptance of the need for abortion in some cases and a rejection of the Catholic Church's absolute condemnation of abortion.

This would be confirmed by the growing numbers of Irish women who are going to England for abortions. In 1977, the same year in which 95% of those questioned said that abortion was wrong, 2,183 Irish women had abortions in England and Wales. The figure for 1981 is estimated to be 3,644 which is an increase of 8% over the figure for 1980. These figures come from the British Office of Population Censuses and Surveys (OPCS), and don't include women who give false names and addresses. Some sources estimate that if these women were taken into account the official figures would probably be about three times higher.

We used to consider that abortion was Ireland's invisible export. To a certain extent this is no longer so. Despite few women being prepared to admit publicly, or even wishing to tell their friends and families that they have had an abortion, the Church, the politicians and the news media are eager to discuss the subject. However, their idea of a discussion usually takes the form of a one-sided harangue about the sanctity of life, coupled with inaccurate photographs purporting to show foetal development, in order to highlight the rightness of their case and the wrongness of any woman who wants to decide for herself whether or not to continue with a pregnancy.

This pamphlet is an attempt to correct that imbalance. We want to discuss the legal and medical situation, who's having abortions and why, what it feels like and how to arrange for an abortion from Ireland. We want to bring abortion into the area of rational discussion away from hysteria and hypocrisy.

In June 1980 the Woman's Right to Choose Group established the Irish Pregnancy Counselling Centre, which is one of the few centres in Ireland prepared to discuss abortion as an option for a pregnant woman. The following are some statistics gathered from the first 1,000 women who consulted IPCC, and were subsequently referred to England for abortions.

Age		Marital status	
Under 18	2%	Unmarried	72%
18 - 21	33%	Married	19%
22-25	26.5%	Separated	7%
26-29	13.5%	Widowed	2%
30-33	10%		
34-37	7%	Area of country	
38-41	5%	Dublin	62%
over 41	3%	Other large town	12%
		Rural area	23%
		Address unknown	3%

Occupation of woman		Time of pregnancy	
Clerical/Secretarial	31%	Under 10 wks	66%
Homemaker	16%	10-13 wks	25%
Manual workers	10%	14-16 wks	4%
Nurses	10%	17-20 wks	3.5%
Professional	12%	more than 20	1.5%
Students	11%		
Unemployed	10%		

Contraception used		Failed methods	
Never used any methods	36%	Safe Period	28%
Used various methods	64%	Condom	28%
Using a method when conception took place	48%	Withdrawal	10%
No assessment was made as to whether pregnancies were as a result of 'User failure' or 'Method failure'		Billings Method	6%
		Diaphragm	11%
		Pill	11%
		IUD	6%

Fertility history		Reasons given for considering abortion	
Never previously pregnant	63%	Quality of life for self and family threatened	27%
Previous pregnancies	37%	Concern over parents	18%
Mothers with children living with them	68%	Circumstances unfavourable	18%
Child/children adopted	12%	Too young	18%
Previous abortion(s)	18%	Worried about health	5%
Previous miscarriage/stillbirth	2%	No relationship with putative father	11%
		Previous pregnancy ended in adoption, prospect intolerable	3%

These figures show that the stereotype of the irresponsible teenager who just wants to have fun and get rid of the results is far from the truth. Any woman of child bearing age, whether married or single, with children or without, living in an urban or a rural area, is a candidate for an abortion. These figures show that, far from an abortion being a selfish act, the majority of women who choose to have one are doing so out of concern for others – usually parents or other children. The fact that 36% of the women had never used *any* form of contraception further highlights the hypocrisy of the groups who are campaigning for the “Pro-Life” Amendment. They would be better employed trying to ensure that contraceptive education is widespread, and that contraceptives are available all over Ireland, not just in the urban centres.

The government too must take responsibility for the failure of the Family Planning Act (1980) to provide an adequate contraceptive service on a national level. It is apparent that, eighteen months after the Act came into operation, it is virtually impossible to obtain contraceptives anywhere other than Dublin, Cork, Limerick and Galway, where family planning clinics are in existence. This must account for the large numbers of women who resort to withdrawal or the “safe period” as a means of contraception. The Family Planning Act should be abandoned and replaced by a measure which would supply contraceptives freely to all regardless of marital status.

Above all the figures from IPCC show that women who have had abortions are not wicked murderers, promiscuous or even unusual. They are merely people who have opted for a particular alternative in a difficult situation in which, to start with, the legal, moral and social odds are already stacked against them.

What is the law in the Republic on abortion?

The legal position concerning abortion in the Republic is governed by a 19th century piece of legislation, the “Offences Against the Person Act, 1861”. According to this any woman who is pregnant and who administers to herself any poison or other “noxious thing”, with intent to procure her own miscarriage, or unlawfully uses any instrument or other means whatsoever for the same intent is liable for prosecution and life imprisonment. Also, any person who gives to a woman any poison etc to procure her miscarriage, or uses, unlawfully, any instrument to procure a miscarriage is also liable for the same sentence.

Under Section 59 of the same Act, it states that any person who obtains “a poison, noxious thing, instrument” knowing that it is intended to be used to procure the miscarriage of a woman is liable for a sentence of between 2 and 5 years.

Therefore, according to the terms of the Act, not only the woman who

has the abortion, but also anyone who helps her to do it, is liable for considerable penalties.

However, there is a certain confusion legally over this at the moment because the vast majority of Irish women who choose to have an abortion do so in England which is outside the legal jurisdiction of the Republic. If the Government did decide to prosecute anyone, they might not, in fact be able to obtain a conviction because of this.

There are only two other countries in the EEC with similar laws to the Republic — namely Belgium and the Netherlands. In Belgium there is a strong law against abortion, but it is not enforced, and although abortion is illegal in the Netherlands, approximately 70,000 are carried out there annually.

Northern Ireland, too, is still subject to the Act of 1861, and also the Criminal Justice Act (Northern Ireland 1945) which permits abortion to save a woman's life if she is more than seven months pregnant. Under certain limited circumstances (for instance, a woman with serious medical or psychiatric problems; a mentally sub-normal woman; a woman who has been in contact with German measles in early pregnancy, or where there is a substantial risk of having a handicapped baby) a woman may have an abortion in Northern Ireland under the National Health Scheme, but in practice the delays can be prohibitive and most women go to England to private clinics.

The Family Planning Act, which took effect at the beginning of November 1980 does not change the legal position with regard to abortion. However, it does stipulate that Family Planning Clinics which do abortion referral will not be given a licence to operate. (In practice, the government allows at least one such clinic to operate illegally. So much for the law of the land!)

It can be seen that both the 1861 Act and the Family Planning Act 1980 directly discriminate against women by curtailing their ability to control their own fertility, and subjecting them to the fear of imprisonment if they attempt to do so.

In spite of the severity of the law in regard to abortion, there is an organization, the Society for the Protection of the Unborn Child, which maintains that it is not comprehensive enough. They argue their position on the basis of a British legal case generally known as 'the Bourne case'.

S.P.U.C. while quoting the Bourne case do not provide any information about the circumstances in which it arose; hardly surprising as there can be few people who would not agree that in this instance their absolute condemnation of abortion shows a callous disregard for human life which hardly agrees with their own so-called 'pro-life' philosophy. What happened was that in 1938 a London gynaecologist named Mr. Aleck Bourne, a member of the British Abortion Law Reform Association, openly performed an abortion on a 14-year-old girl who was pregnant as a result of being raped by two soldiers. Bourne presented himself to the police for prosecution under the 1861 Offences Against the Person Act and pleaded not guilty. In the summing up, Mr Justice MacNaghten

referred to the 1929 Infant (Life) Preservation Act which allows abortion where it is done in good faith to preserve the life of the woman. He interpreted this to mean not just the preservation of life from immediate death but also where the consequences of continuing the pregnancy would be 'to make the woman a physical or mental wreck'. He went on to say 'If the life of the woman can be saved by an operation and a doctor did not perform it because of his religious views he would be in great peril of being brought before this court on a charge of manslaughter for negligence'. He also referred to the use of the word 'unlawful' in the 1861 Act and interpreted this to mean that the life of the woman should be preserved and it must be proved that the abortion was not done in good faith in order to convict. Mr. Bourne was acquitted, and the judgement became case law.

In order to prevent any possibility of such an abortion (where a young girl has become pregnant as a result of rape) being performed and found to be lawful under the 1861 Act here in Ireland, (and in spite of the absence here of any legislation similar to the British 1929 Infant (Life) Preservation Act) S.P.U.C. have lobbied intensively for a referendum to be held to introduce an amendment to the constitution which would uphold the rights of the foetus over the rights of a woman. They do not propose an exact wording, as their original suggestion that the constitution should enshrine the 'absolute right to life' of the foetus was found to be impossible. None of us has an absolute right to life under the constitution.

What they do want is a constitutional amendment which would prohibit abortion in all circumstances — with two exceptions; where the woman's life is endangered by an ectopic pregnancy or by cancer of the uterus. As Father Brendan O'Mahony of University College, Cork said recently in a paper on medical ethics, the 'Pro-Life' Amendment Campaign are specifying what they have decided are the permissible parameters of abortion, and they 'happen' to be those exceptions traditionally recognised by the Catholic Church.

This makes nonsense of the claims of S.P.U.C. and other self-styled 'pro-life' groups that they are not influenced by any religious denomination and demonstrates conclusively that the proposed amendment is a sectarian one. Now, when the government is not in a strong position in the Dail and a few votes could bring it down, it has given in to the pressure of a small lobby, with sectarian and anti-woman views, and has announced its intention of holding a single-issue referendum later this year on the so-called 'pro-life' amendment to the constitution.

Who are the anti-abortionists?

In 1967, when it became apparent that the law on abortion in Britain was to be changed, an organization was set up called the Society for the

Protection of the Unborn Child. It was set up initially to do everything in its power to prevent the law being passed. When the 1967 Act was passed it went on to campaign for the amendment of the act, and has given its support to the three attempts so far to do so. Some members of S.P.U.C. set up another organization called Life whose aim was the repeal of the 1967 Act and opposition to abortion 'root and branch'. They often share the same meetings and campaign tactics. In 1980 S.P.U.C. set up a branch in Ireland, and were followed in 1981 by Life, calling itself 'Life Ireland'.

These organizations claim to be non-denominational and non-sectarian. However, their position is that abortion in all circumstances is wrong, except in cases of uterine cancer, or ectopic pregnancy; these are the exceptions recognised by the Catholic Church. The Catholic Church has conspicuously supported them. For instance, they are given access to second-level schools to give talks, and as one biology teacher complained recently, they are given time during school hours to give the children information on reproduction which conflicts with the facts taught in the biology class. The Catholic Church has also set up an organization called Cura similar in its methods to Life. It runs shelters for single pregnant women with the explicit intention of preventing them going to England for abortions.

The position these organizations adopt is the official Catholic Church position. In recent months other religious denominations have stated their positions on abortion, and for these, as for many Catholic individuals, abortion is not such a black and white issue – they see it as permissible in some circumstances where it may be the lesser of two evils.

If these anti-abortionists were motivated solely by rational opposition to abortion, where would be the need for the false claims they make about it, the faked pictures, the lies about foetal development? One of their ploys is to play on people's emotions by talking about the foetus experiencing pain during the abortion; as an organization which includes doctors and gynaecologists, they must know that since the brain is not developed, or indeed in early abortions not present at all, what they are claiming is an impossibility. If the facts speak for themselves, why need they make such extraordinarily conflicting claims about rape that, on the one hand, women rarely become pregnant as a result of rape; and on the other hand, a woman who wishes to terminate a pregnancy resulting from rape should be prevented from doing so under fear of life imprisonment.

Characteristic of the anti-abortionists is their anti-feminism. A common theme in their literature is the depiction of women who have had abortions or who are considering one, as young, irresponsible and incapable of making rational decisions. They are seen as weak and inadequate, in face of overwhelming evidence to the contrary. Their literature ignores or belittles the thousands of women who choose abortion every year in Ireland, women who often have made difficult and painful decisions.

What is an abortion?

The word abortion means the ending of a pregnancy before the foetus can live on its own outside a woman's body. An abortion can be spontaneous or induced. When people speak of abortion, they generally mean induced abortion.

The most important thing to remember about methods of abortion is: the earlier, the safer and less traumatic. The usual method of abortion in the first 12-14 weeks of pregnancy is the vacuum suction method. A vacuum suction termination involves the dilating of the cervix – that is the widening of the entrance to the womb – to allow a tube to be passed into the womb. This tube is connected to a suction apparatus which frees the foetal and uterine tissue from the wall of the womb and pulls it through the tube and out of the body. The uterine tissue is what comes away every month when you have your menstrual period. The clinic staff check the tissue removed to ensure that the foetus has been removed. This procedure, usually done with a general anaesthetic, takes about ten minutes, and 80% of abortions in Britain are carried out using this method.

If you are between 12-16 weeks pregnant, you may need to have Dilation and Curettage (D & C), rather than a vacuum suction abortion. Once again the cervix is dilated and a curette, a surgical instrument shaped like a spoon with a long handle, is introduced into the womb, and removes the pregnancy. D & Cs are done for many reasons, in particular to correct very heavy or painful periods. It is a very safe and simple method which takes about 10 minutes to perform, and is usually done under general anaesthetic.

In the few cases where abortion takes place after 16 weeks, the preferred technique is to cause the woman to go into labour so that the abortion occurs through the natural process of uterine contractions and cervical dilation; this process is comparable to miscarriage. A needle is inserted through the lower abdominal wall into the uterus, to remove as much amniotic fluid surrounding the foetus as possible. The amniotic fluid is then replaced by a substance called Prostaglandin. This is a chemical substance manufactured synthetically which is identical to a natural hormone found in the body when a woman goes into labour. It is injected directly into the uterus together with Urea. The combined effect of these drugs is to ensure that there is no foetal life and to induce uterine contractions.

Contractions usually begin 10 to 15 minutes after the Prostaglandin is given. The contractions become stronger and stronger until the cervix is sufficiently dilated to allow the natural expulsion of the foetus. On average the total procedure is completed within 10 hours, and if the woman has experienced childbirth the procedure often takes less time.

This procedure is much more physically painful and emotionally disturbing than an abortion by the other two methods. However there are

times when it is necessary to go through this because of the circumstances in which a woman may find herself. This is particularly so for Irish women who often have difficulty in finding out information about abortion, and organizing the finances for the trip to Britain.

The length of time a woman has to stay in hospital depends on how early the abortion is. For a pre-16 weeks abortion, a 24 hour stay is sufficient. For a later termination, a stay of 2-3 days is necessary.

What are the risks?

Physical

The risks associated with a vacuum suction abortion are five times less than having your tonsils out. Even the risks of a later abortion are less than those of continuing pregnancy to term and going through childbirth. Anti-abortionists try to frighten women by talking about sterility and frequent miscarriage in later life due to the stretching of the cervix. This is scare-talk and no more. Remember a vacuum suction abortion stretches the cervix *less* than the D & C method with which many young women are treated in Ireland for painful or irregular periods and in a later abortion, the cervix dilates naturally as in labour.

In the *Irish Times* of 15/5/82, Mrs Patsy Buckley, public relations officer of the anti-abortion group, the Society for the Protection of the Unborn Child, was reported as saying, 'abortion has serious medical consequences for the mother, not least being an increase in the tendency to miscarry subsequent pregnancies'.

The World Health Organization (WHO) does NOT agree with Buckley's claim. A study of 7,197 women who had vacuum suction abortions in the first three months of pregnancy, conducted by WHO and reported in the journal, *Family Planning Perspectives*, August 1978, showed that early abortion does NOT increase the chance of miscarriage, premature births or low-weight infants in subsequent pregnancies. (The study was performed in seven European countries and Singapore).

As for Buckley's overall assertion that 'abortion has serious medical consequences for the mother', a study of 20,248 women, who had abortions in the first three months of pregnancy, found that only 187 of these women had complications of any kind. This study was carried out by Jane E. Hodgson, M.D. from the Preterm Clinic, Washington D.C. and reported in the journal, *Advances in Planned Parenthood*, Vol. IX, Nos 3 & 4, Excerpta Medica, 1975. There were no maternal deaths in the sample of women surveyed. The most frequent post-abortion complication was characterised by bleeding, fever and cramps. These symptoms were noted by 135 women. Foetal tissue retained in the womb, and infection, were involved to a greater or lesser degree in each case. (Ninety of these 135 women were treated by means of a D & C and the remaining 45 by means of medication). Of the remaining 52 cases of complication, 25 women suffered uterine perforations (in some cases requiring surgery),

11 required blood transfusions between 1 and 28 days after the abortion, and 16 suffered from continuing pregnancies.

Although infrequent, the risk of complications of any kind occurring, demonstrates the need for proper aftercare for any woman who has an abortion. If you have an abortion, try to get enough sleep afterwards and don't push yourself or do strenuous physical exercise for a few days. You will probably have a bloody discharge like a menstrual period for several days and you may have mild 'period' pains a few days after the abortion as the uterus contracts to its normal size. Your next period will be 4 to 6 weeks after the operation.

If you have any excessive bleeding, vomiting, fever, bad cramps or foul smell from your vagina, go to your nearest family planning clinic or sympathetic G.P. and ask them to check you out.

To avoid infection, do not use tampons or have sexual intercourse for 3-4 weeks after the abortion and don't forget to have a complete medical check-up within 6 weeks (as you would with any operation). If your family doctor is not approachable, the family planning clinics will help you.

Even if you think 'I'm never going to have sex again', go to the family planning clinic and find out about methods of contraception. If you were using contraceptives when you became pregnant, find out what went wrong and how a repeat can be avoided, or ask for a more effective method. Make sure you go as soon as possible.

Psychological

Anti-abortionists claim that depression often follows abortion. Many studies have been done investigating mental illness and emotional disturbance following abortion. Colin Brewer, a lecturer in psychiatry at Birmingham University, reported in the *British Medical Journal* 1977, i, 476, on mental illness following abortion and childbirth. With 20 other psychiatrists he checked on the histories of all women who were admitted to psychiatric hospitals over 15 months in the mid-seventies. Among 3,550 women who had had their early pregnancies terminated, there was only *one* case of mental illness following abortion – and that woman had a history of two such episodes after earlier normal pregnancies. On the other hand, there were seven cases of mental illness among 4,110 women following childbirth.

Another study is that of the social scientist, Judith M. Levey, Ph.D. who presented a paper on emotional reactions to early abortion at the Seventh Annual Conference of the American Society for Psychosomatic Obstetrics and Gynaecology (in San Antonio, Texas, January 24-26, 1979). In her study, she asked 600 women to describe their emotional reactions following early abortion. It was found that 64% of the women expressed positive feelings such as relief/happiness; 13% expressed depression/guilt/worry/sense of loss and 23% expressed a combination of these feelings.

Although the negative feelings of depression, guilt, worry and sense of loss are classified together, the statements of the women concerned re-

flected a wide range of response that was lost in statistical analyses. For example, women who expressed 'worry' were concerned about money, about parents finding out, about possible infection, etc. Women who experienced 'depression' made statements such as 'my depression was slight and temporary'; 'I felt bitterness because of the pain and being rejected by the man responsible for the pregnancy which in turn caused depression and total feelings of rejection and worthlessness'; 'I was depressed because of financial problems'.

Levy concludes that in the 13% of women in her study who expressed negative feelings, their abortion was by no means the sole cause of their subsequent emotional disturbance. Her study supports the overwhelming conclusion of abortion outcome research, as well as clinical and personal experiences, that for the vast majority of women, abortion is *not* an emotionally debilitating event.

Post-coital contraception

In the future, abortion as we know it, may become unnecessary as more and more people learn about post-coital contraception, and techniques for bringing about early abortion becomes more widespread. There are already several methods of post-coital contraception and techniques for early abortion which have been developed and are available, and some of these are discussed here as follows.

MORNING AFTER PILLS

If you had sexual intercourse without using contraception; or the method of contraception you were using failed then the simplest solution for a 'slip-up' of unprotected intercourse (according to gynaecologist Professor John Newton of Birmingham University) is probably 2 double doses – 12 hours apart – of certain brands of familiar oral contraceptives, namely Ovran 50 or Eugynon 50. *It is crucial that action be taken within 48 hours of intercourse.* A Canadian researcher, Dr. A. Yutzpe who gave patients what was in effect two Ovran 50 or two Eugynon 50 pills, followed 12 hours later by another two, published results (Yutzpe A.A., *Lancet* 1977; 28: 932-6, Yutzpe A.A., *Int J. Gynaecol. Obstet* 1979; 16: 497-501) which showed that, of 608 women, only one became pregnant. Others have followed this study with similar results and the method is spreading.

This is not a once-a-month pill, researchers stress, but an emergency treatment for isolated cases of unprotected intercourse. If the method does not work, a conventional early abortion should be the next move, it is believed.

How the 2 double doses of oral contraceptives work is not certain. The method could work by preventing ovulation, if this has not taken place at the time of the unprotected intercourse. If it has taken place, the double dose may make the lining of the womb inhospitable to a fertilized ovum. Therefore, this form of post-coital contraception should only be given between presumed fertilization and presumed implantation time of a fertilized ovum (i.e. not after day 18 in a 28-day cycle and within 48 hours of unprotected coitus).

There are side-effects to this treatment – 6% of women are reported to suffer severe nausea and/or vomiting. If pregnancy is not prevented, then there could be a danger of damage to the foetus, by the hormones taken. (This method of post-coital contraception is inadvisable in women with a history of thrombosis, liver or heart disease, hypertension, or treated carcinoma of breast or uterus).

The double-dose post-coital pills appear to offer many advantages. Although doctors stress that they must be given under medical supervision, and that they are for emergency use, it is also argued that in the long run they might well prove a satisfactory method of birth control for those whose sex life is intermittent. Women would take fewer hormones this way than through taking oral contraceptives continually.

In Ireland, you are most likely to obtain post-coital pills through a family planning clinic or from your own doctor, if sympathetic and knowledgeable. However careful people are, and however good the contraceptive, some will still have unprotected intercourse. Most at risk are those who are least sexually sure of themselves, or those who are unassertive about birth control.

VITAMIN C

Some women have been experimenting on themselves with vitamin C. These women recognised the possibility of pregnancy quite early, often before missing a period, and took massive doses of Vitamin C either before or during the time of the next expected period. The dosage taken by most of them was 6000 mg. or 6 grams of Vitamin C per day for 5 days up to or at the time of expected menstruation. (The normal daily requirement of Vitamin C for an adult woman is around 45 mg).

One possible side-effect of taking large doses of Vitamin C is diarrhoea. This can be avoided wholly or in part by taking it in 1000 mg tablets or capsules or pure powder form, rather than in 500 mg or 250 mg tablets. The latter contain more 'filler' which can be irritating to the digestive tract. It is not clear if Vitamin C produces long-lasting or permanent effects on the body. Any excess of this vitamin is, for the most part, excreted in the urine or faeces. This does make additional work for the kidneys and bladder, but this seems to be potentially harmful only in the case of someone with a history of kidney or bladder trouble.

The possibility that Vitamin C is an effective method or back-up method of birth control is still under investigation. One idea about the way it works to prevent pregnancy is that it affects the mucus which is

present in the cervical canal during ovulation and which is believed to aid in the transport of sperm into the uterus. Therefore some women use high doses of Vitamin C around the time of ovulation and in conjunction with their diaphragms. Ovulation usually occurs about 14 days before your next period is due.

COPPER-CONTAINING INTRAUTERINE DEVICES

(Also known as 'coils')

Insertion of a copper-containing IUD, the Copper-T, has proved to be an effective postcoital contraceptive. When inserted within 5 days of unprotected coitus, no pregnancies were reported in one series of 97 women (in a study conducted by the American researchers Lippes, Malik and Tatum). The copper-T is the preferred IUD because it is easy to insert in the womb of women who have not previously given birth.

As with any IUD there may be problems at the time of insertion, and afterwards. Pain and bleeding may occur at the time of insertion and may be either transient or persistent. Other potential problems for either postcoital or ongoing contraception include increased risk of pelvic inflammatory disease, which has been shown to be as much as nine times greater for IUD users compared to non-users. However, a Copper IUD inserted to prevent pregnancy after unprotected intercourse offers advantages over other postcoital methods, such as hormone containing pills, by, in general, the avoidance of unpleasant gastrointestinal effects (nausea, vomiting etc).

The contraceptive action of the IUD occurs by preventing implantation of a fertilized ovum in the womb. There is a five-day gap between fertilization and implantation. This allows the IUD to be used as postcoital treatment if inserted within five days of unprotected intercourse and it has the added advantage of providing continuing contraception for the future.

PROSTAGLANDIN SUPPOSITORIES

Japanese researchers have reported the development of a new vaginal suppository that can induce abortion without serious side-effects in approximately 90% of women when administered as early as 2 weeks after a missed period. The prostaglandin-derived drug, known as Ono 802, aborted 86% of volunteers who had missed their period for 12 to 37 days. Bleeding usually began within 6 to 8 hours after administration of 3 to 5 suppositories inserted singly at 3-hour intervals. Abortion occurred within a week. Further information about this treatment is available in the journal *Drug Therapy*, June 1978.

MENSTRUAL ASPIRATION

Menstrual aspiration or extraction is defined as vacuum extraction of the uterine contents up to 14 days after the expected date of a missed period. Basically it is a form of early abortion, which can be done in 10 minutes by a qualified doctor, without any need for an anaesthetic. The

method is as follows.

The woman's history is taken and she is examined internally. She is asked to lie on her back and her legs are supported by stirrups. Her vagina and cervix are washed with an antiseptic solution and, if the woman wishes, she can be given a local anaesthetic at this stage. Each step of the process is explained to the woman. The size and lie of the woman's womb is checked before the insertion into her womb of an instrument called a cannula, which is basically a long, narrow plastic tube, open at the womb end and attached at the other to the vacuum source, which may be an electrical suction pump, a specially adapted 50 ml syringe or a converted Malmstrom vacuum apparatus.

When the products of conception are removed, the doctor checks to ensure that the abortion is complete. This may be an uncomfortable process for the woman. Sometimes it is necessary to further curette the womb. Finally the instruments are removed, the vagina swabbed out and the woman allowed to rest for a short while before going home. Further details of this process are available in the journal, *Fertility and Contraception*, Vol 3, No 1, published by The Family Planning Information Service, 27/35 Mortimer Street, London WIN 7RJ, Telephone 031-636-7866.

What does it feel like?

We taped three women talking about their experience of having an abortion, and one woman who talked about having a miscarriage. We changed their names but these are their own words.

Siobhan:

Well, John and I had decided before I even got pregnant that if I ever did, we'd abort it, because neither of us want a child within the next three years, but we didn't take any unnecessary risks. It was just an unfortunate accident — the first one in 10 years, and when I found out I was pregnant, I got my results as quick as possible, on a Tuesday I think, and the following Saturday I had the abortion — it was all done very quick. And there was no trauma or anything, neither of us felt that we were doing anything wrong. This was after I'd had two children. We said if we ever wanted to have another child, it'd be in about five years time and anyway, just the pace of life we have at the moment, it'd be unfair on the four of us.

So we arranged it all here in Dublin. We went over on the ferry, and we spent five days in London. I had to stay overnight, I think it's common procedure — the whole thing took eleven minutes. All I can remember is when I woke up afterwards I was laughing. I was four or five weeks pregnant. This is what I'd tell anyone who says they think they're pregnant — find out as quick as you can, and then make your decision, because the sooner you have an abortion, the easier it is. There were some women

there who were three months pregnant, and it was much harder for them than it was for me.

I think if I'd never had a child, I probably would have been very cut up about it, because I can remember how I felt when I was pregnant with the first child; I mean, even though it was a mistake – it was a pregnancy that shouldn't have happened, I still really wanted to have a child, and I'm sure most women feel like that about their first one. But this one – I knew exactly what having a baby entailed – in terms of my life and work, and the child and what it needs and everything – so in that way I had no qualms at all about not having this child.

My second child was planned, and that makes a big difference I think, when your children are ones that you want, not ones that are mistakes. If I ever have a child again it'll be a planned child. But I'd say it is harder to have an abortion if you haven't had any children.

Afterwards I just felt this tremendous sense of relief. I was expecting all these terrible things, but none of them happened.

The thing is too, when we have a child, if we do have another one, we'll have it properly, like the way we'd want to have a child, not right in the middle of these few years when we're working hard to try and get a house together and things like that. I mean, a lot of the reason was financial, may as well be blunt about it.

Jill:

Well, I got pregnant accidentally, and I was just going back to College to do my second year, and I didn't have any money, and I was twenty-two and I didn't want to have a child. So when I found out – in fact, I went to my family doctor in Dublin, and he immediately said did I want to go to England and he gave me the BPAS phone number in Liverpool and told me to ring. So I rang up, and I went over – my mother came with me – and in fact it was an absolutely horrible experience – I hated every minute of it, I felt incredibly alienated, I felt I was treated really unpleasantly by the people in the clinic. The nursing staff were rough – when they were taking blood the nurse had the cuff so tightly round my arm that she couldn't get any blood into the needle, she kept trying and trying and I was lying there nearly having hysterics, because I hate giving blood anyway, and it was only when the doctor came in, and she said to her 'I can't get any blood', and the doctor said 'Well, it's hardly surprising, because you have the thing tied so tightly round her arm'. I felt really . . . having to answer, I had to fill out this huge questionnaire all about who was the father and everything, and I felt really, you know, violated, having to do that, which is probably irrational, but I did anyway. Before we actually went in to have the . . . it, done, there were about eight of us sitting in a tiny little room, waiting for our names to be called, and it was really . . . everybody was absolutely terrified, you know, it was a really stress-filled situation. When my turn came, I said to the nurse, 'I think it's really unkind of you to leave everybody like that', and she said 'Oh! ridiculous, if you didn't like it you could have walked out'.

And afterwards, I felt very unhappy and upset, and although I didn't actually regret having it done as such, because I knew I wouldn't have been able to cope with having a baby at the time, I was very depressed for quite a long time afterwards, and in fact got pregnant about a year later with Rachel, which I think probably had something to do with it.

I had lots of people I could talk to about it, and my mother, you know, was really good, and she was completely behind me all the way, and I think she paid for about half of it. If I'd decided to have the baby, she'd have supported that too, but she certainly felt it was the best thing to do, because the father was a vague acquaintance who was living in France anyway – he contributed £25 towards it. The abortion cost £65 and the BPAS thing was something like £12, plus the fare of course, so it was about £100 all together.

I didn't feel anything about what I was doing to the foetus, I mean I was only, at the most about four weeks pregnant, in fact when I went to the BPAS, when the doctor examined me, he said to me 'Are you sure you are pregnant.' I said my pregnancy tests were positive, but he said he couldn't feel anything. When I missed my first period, I had one of those pills that you take to bring on your period if you're not pregnant – those ones they say now cause birth defects – and they didn't work, so I then went back to my doctor and he did a pregnancy test, which was positive, and then I had another pregnancy test in Liverpool, which was also positive.

But I can never work out *why* I thought it was such an unpleasant experience, because, although I didn't feel I was particularly *well* treated in the clinic, I wasn't badly treated. I had a general anaesthetic and they did a D & C. I was in this kind of ante-room, and, you know, they put a needle into your arm, ready for the anaesthetic, and I could hear the doctors and nurses talking about a barbecue they were going to have, and the nurse was saying something like 'And I'll bring the sausage rolls' and the doctor was saying 'Yes and I'll bring a barrel of beer', and you know, I was lying there feeling like death.

I actually had mine in Birmingham. The Liverpool clinic was full up, so I went to this place in Birmingham.

But I felt very much that anything I felt about, feeling bad about it, was to do with me personally, not about the fact of having an abortion, or you know, I didn't feel guilt that I'd 'destroyed a life', or anything like that. I just felt that, because of a particular set of circumstances it was upsetting *me*.

Mary:

I got pregnant completely by mistake, getting drunk at a party and not using anything. I was very distressed about another bloke and I just went off and I didn't know what happened, my memory was just a blank till I woke up in bed with this guy next morning. I was sure I was pregnant, and I was, and I was absolutely sure when I got car-sick which never usually happens to me. I was actually sick, oh Jesus – so I was sure I was,

and of course I was.

I just had it done under a local anaesthetic in a private clinic. I was abroad at the time. It wasn't legal — I assume I had a 'back-street abortion' but it was a very posh clinic. I mean, only rich people could afford to have abortions — well, that kind of abortion — and it cost about £70, the same as it would here. It was very well done. I had a local anaesthetic and a D & C. I just walked out. I saw it all, you know, I always describe it as being like having a tooth out. It was no more uncomfortable than one of those internal vaginal examinations. I didn't feel sore afterwards, I just had heavy bleeding for about a day, but I remember walking out, that afternoon I walked up to the nursery to get my child at five o'clock. I was feeling, a bit, you know, shaky, obviously, because it was a bit nerve-racking particularly as it was illegal and that some people who might have supported me weren't around, but there were people who did support me. Only a few people knew, very few people, and . . . oh, it was just a tremendous relief and I just went off and got on with things and I never regretted it an instant.

I regretted it in the sense that I still do want to have another child, and it would have been the ideal time to have one because it was just when my daughter was about two, you know but the circumstances I got pregnant in were so repugnant, in that I had no relationship with the bloke, it was just a one-night stand, and it was a complete accident. I just couldn't have contemplated having a baby in those circumstances. He paid for it, and he wanted to get rid of it too. Anyway, I had very little money. I was living off about £30 a month at the time.

Theresa:

I knew I was pregnant almost immediately. I'd never had longer than a 29-day cycle and when it went 30 days and more I knew I was pregnant.

I've known for some years that I would have an abortion if I became pregnant. I don't want to have children, and I see no reason to bring an unwanted child into the world just because I accidentally became pregnant. So I immediately planned to have an abortion. I rang a friend living in London who I thought would be able to tell me where to go.

By the time I got a positive pregnancy test it was about 4 weeks later — the first one I had was negative and I had to wait another week for another one. I was going to have the abortion the following week but 2 days after I got the positive result I had a miscarriage. I was 6 weeks pregnant — it was actually 8 weeks since my last period so I suppose it would be called 8 weeks.

It was a Saturday and I woke up with a dull ache in my stomach like the beginning of a period pain. When I suddenly woke up and realised that it couldn't be a period, I shot out of bed. I was so excited, I couldn't believe my luck. I had heard of people being recommended bed-rest for threatened miscarriage so I stayed up, hardly sat down at all, for fear it would stop. I had hardly bleeding at all at this stage. As the morning wore on, the pain got worse and the bleeding heavier, like a period, and then

for about three quarters of an hour the pain was really bad and the bleeding heavier than any period I'd had. I didn't know how long it would go on and I was afraid to take even an aspirin in case it would cure me. It was a strange feeling, doubled up with pain and at the same time thrilled that it was over so easily without any medical intervention or having to take the trip to England. Anyway round lunchtime the bleeding got a lot heavier and the pain much worse and then suddenly it was over.

I looked at what had come out to make sure I had actually had a miscarriage, but even though I knew what to look for — that it would be very tiny and transparent, I couldn't find it. There was just a lot of blood, messy and clotted. I went to see the doctor 2 days later, and she examined me and said it was complete. You know, any romantic notions I might have had of tiny unborn babies I'd have lost them then, I couldn't tell the foetus from the rest of what came away.

Afterwards I was so pleased and exhilarated, and it lasted for weeks. There had already begun to be changes in my body, and I was conscious of the pregnancy almost all the time. I just wanted it over as soon as possible, and when it was over I felt great.

... but isn't abortion murder?

The issue of abortion raises many questions with a lot of heat and emotion. Those opposed to the Right to Choose declare 'abortion is murder' and many women are stunned and frightened by such a statement. But is this really true?

In our society we define murder as 'the killing of a human being with malice aforethought'. Generally we disapprove of killing. However there are cases at present where, in law, killing is found to be acceptable. Killing in self-defence is permissible. Killing in times of war, is permissible. And in the Irish Republic, the state itself is licensed to kill some criminals. So killing is not always unlawful in the Republic.

At present, abortion is a crime in the Republic of Ireland. But it is not an offence in most other European countries. In fact the law regarding abortion has never been consistent in any country down the years. Historically, in many societies in Europe and in the U.S.A. abortion was used as one of the only dependable methods of fertility control. Even the Catholic Church took the view that abortion only became a crime when the foetus had a 'soul'. The foetus was deemed to have a soul 40 days after conception for a boy and 80 days after conception for a girl.

English and American common law, dating back to the thirteenth century, shows a fairly tolerant acceptance of abortion up until quickening, the moment sometime in the fifth month when the woman first feels the foetus move. Most of the laws making abortion a crime were not passed until the 19th century. In 1869, Pope Pius IX declared that all abortion was murder. In the 1960s in Britain and Ireland, legislation

was introduced which outlawed all abortions except those 'necessary to save the life of the woman'.

The Woman's Right to Choose Group believe that abortion should be a lawful choice for Irish women in Ireland. We believe that there are justifiable exceptions to the rule that 'killing is wrong', and abortion is one such exception. We do not accept that abortion is equivalent to the killing of an adult human being.

When does life begin?

Obviously something unique happens at conception. A sperm meets an ovum and fertilizes it. The fertilized ovum takes around 4 days to travel down the fallopian tubes to the uterus, where after 1½ to 2 days it implants in the uterine lining and develops through the next 9 months into a baby. So a form of human life comes into being at conception.

Among women who know they are pregnant, about 1 in 4 miscarry. About 75% of miscarriages occur in the first 14 weeks of pregnancy and these are usually the result of a failure of the fertilized ovum to undergo its initial chromosomal divisions correctly. The fertilized ovum dies, and in the 2nd or 3rd month of pregnancy, the woman's body expels this blighted form of life. Depending on the woman, a miscarriage can be a fortunate or an unfortunate event. But either way, nobody makes any funeral arrangements. The contents of the uterus may be flushed down a lavatory pan, sent for incineration or sometimes are sold to research laboratories.

The foetus does not have an absolute right to life. A woman's body may expel a fertilized ovum/foetus that is abnormal. In some women, the fertilized ovum develops outside the uterus – in a fallopian tube for example. In such a case of ectopic pregnancy, because the fertilized ovum cannot develop normally and a woman would possibly die if the ovum were left to develop there is no question about the fertilized ovum being removed surgically. Even anti-abortionists accept that in such a case, the fertilized ovum/foetus does not have an absolute right to life and must be removed from the woman's body.

Is a foetus a person?

The anti-choice lobby argues that a foetus can be equated with a person. But biological and social facts deny that this is so. An 8 week foetus for example is about the size of an adult's thumb nail. While in the womb the foetus cannot breathe and is totally dependent upon the maternal blood supply for oxygen and every component of its growth. It has none of the higher mental capacities which distinguish human beings from other animals. Like all mammalian foetuses, it develops a heart beat, circulatory system and brain. But that doesn't make it a person.

What is it that we value about human life? No doubt you will think of important things like friendship and family ties, maybe the wonderful feeling people sometimes have, simply of being alive. You may think of various kinds of enjoyable and fulfilling experiences. But nobody can say

that a foetus experiences the joys of friendship and human society. In a technical sense, a foetus is a human (as opposed to some other species) and it's living (as opposed to dead) – so in some sense there's human life in a pregnant woman's womb. But isn't it obvious that it has none of the things which we consider important or valuable about human life, that make life worth living?

We would never deny that a foetus is *potentially* a person, but this does not mean we should lose sight of the difference between our rights as women and the potential rights of the foetus. The humanity it has is abstract, and cannot be compared with that of the pregnant woman without devaluing her life, her needs and her aspirations.

When is the foetus viable

Anti-choice campaigners who realise it is impossible to convince people that a 12 weeks foetus is a person often use 'viability' arguments to confuse women. The foetus is considered to be 'viable' when it can exist independently of the mother. Abortion after viability (at present considered to be 28 weeks in England) must, they say, be considered to be 'murder of the unborn child'. Less than 1% of abortions in England take place after the 20th week of pregnancy and the majority of these abortions are for medical reasons to preserve the life or health of the mother or because the foetus is badly deformed.

It is very difficult to determine an exact point at which a foetus, usually with the aid of extensive life support systems, can exist independently of the mother. Medical science may in the future enable the foetus at any stage to exist outside the womb. Some people now use this argument as a deterrent to abortion at any stage in the pregnancy. But we would argue that women, whatever the circumstances are better able than the medical profession or the church to make a decision about our pregnancies. We should not let unproven theories of foetal viability dissuade us from insisting on the fundamental right to control our own bodies.

The arguments are used to frighten us into submission. We have definitions, theological and medical, on what is and isn't 'human life'. Most women would not choose to have late abortions, if abortions were available and possible at an earlier stage. These 'viability' discussions indicate a complete lack of confidence or respect for our ability to make decisions for ourselves. Our commitment is to ensure that women's lives are controlled by women themselves.

We would also argue that doctors should not have the right to choose whether or not to perform an abortion. The fact that people are trained in medicine (and perhaps in the course of that training taught a minimal and entirely conservative code of 'medical ethics') doesn't give them any moral authority. Of course they ought to try to preserve the foetus in an ill or injured pregnant woman, just as they ought to try to preserve any threatened part of her body, but it isn't their right to decide that a woman should have an abortion, any more than that she shouldn't – it's the woman's right.

Human reality

Before waxing indignant about the wasted potential of unborn lives, let's look at the wasted potential of those already born. What about battered babies, children and wives? What kind of lives do they lead? What about the thousands of children in care? What about the social factors in health and education so that working class people die earlier and achieve less educationally than middle class people? What about the third world which because of our greed and our priorities strangles in starvation and malnutrition? That's wasted potential.

People with a real concern for human life would surely turn their attention to these and similar problems. It must surely also be human to help women deal with the fears and despair of unwanted pregnancy and to offer abortion as an option to be considered, especially in view of the inadequacy of current contraceptive methods. It is surely pro-life to fund research into a really safe and universally acceptable contraceptive, and to make abortion as safe a procedure as possible.

Abortion and women's health

It is not uncommon for the anti-abortion groups to come out with straight-forward lies such as: 'Even in the first three months at least twice as many mothers die from legal abortion as from childbirth'. The Lane Report (1974) – the report of the Lane Committee set up in 1971 to review the workings of the 1967 Abortion Act in England – published the actual figures. 'In 1971, the rate of death from termination at 12 weeks gestation or under was 3.4 per 100,000 operations whereas the rate of maternal mortality was 18 per 100,000 births'. (Today the comparable figures are 1 death per 100,000 abortions and 10 deaths per 100,000 births).

Abortion in the first three months of pregnancy is up to 10 times safer than childbirth and more than 80% of abortions in England take place during this period. It is important for women to know the risks to their health of having an abortion, and it is important to press the medical profession to develop safer methods of abortion. But if a woman does know the risks and still thinks it's more important to her to end rather than continue her pregnancy, shouldn't it be her right to make that choice.

Some anti-abortionists assert that women suffer severe guilt and psychological problems for years following abortions. Various studies, as indicated previously in this pamphlet, dispute this assertion. Why should a woman who has had a legal abortion feel guilty? She has not committed an unlawful act. Only the woman herself can judge whether what she did was right or wrong for her. People only feel guilty when they've done something they think is wrong. And most women having abortions don't think that it's wrong.

Another assertion made by anti-abortionists is that with the availability of abortion some women are pressurized into having abortions, which they later regret. It would be easier to take this objection seriously

if it didn't come from many of the same people who condemn unmarried mothers and who are responsible for the very poor financial support for one-parent families, the absence of free day-care facilities, etc. In any case it is completely implausible to suggest that the pressures on women to have unwanted abortions, where abortion is available, are as great as the pressures on women to have unwanted children, where abortion is unavailable.

What really underlies the anti-abortionists' position is their objection to women's sexual freedom. Many of those against abortion as a choice for women, see abortion at the deepest psychological level, less as a taking of human life than as a practice threatening to existing social patterns and customs in families, marriages and sexual relations. The Woman's Right to Choose Group believe that society should be changed so that women are able to control their own fertility by freely and easily available access to contraception and to abortion when necessary. The state should be providing these services, and it's up to the members of Dail Eireann to see that legislation is introduced now to bring these services into being.

Abortion and respect for life

The number of abortions performed in England on women from the Republic has been rapidly increasing since the 1967 Abortion Act and shows no sign of declining. [Figures for the last 5 years are as follows – 2,183 (1977); 2533 (1978); 2,767 (1979); 3,380 (1980); estimated 3,644 (1981)]. One in twenty of all pregnancies in the Republic is now terminated. Many would argue that the increasing abortion rate is directly linked to the fact that contraception is still not freely and easily available to all fertile women in Eire.

Surely the availability of contraception and abortion show respect for life in that they allow people to have as many children as they can look after. A Swedish study of children of women denied abortion 20 years earlier revealed them to be (as compared to a control group) in poorer health, with histories of more psychiatric care, and with a higher rate of alcohol use. (See Hans Forssman and Inga Thuwe, 'One Hundred and Twenty Children Born After Application for Therapeutic Abortion Refused', *Acta Psychiatrica Scandinavica*, 42 [1966], pp. 71-88).

Many families would break up if they were forced into unwanted child-bearing. And the Catholic Church in Ireland have recognised this fact by introducing a rule last year (April 1981) that all couples wishing to get married in Catholic churches will have to give three months' notice to their parish priest, the reason being that the bishops are gravely concerned at the increase of marital breakdown, and in particular about situations where pre-marital pregnancies can lead to families putting intolerable pressure on young couples to get married.

But what are the alternatives to the 'shot-gun' wedding? Many of those seeking abortion and birth control help are single. They are not 'anti-life', rather they are waiting until they are ready in terms of having a good

relationship or the necessary financial and home situation to bring up their children in the best possible conditions.

Anti-abortionists often try to frighten us into thinking that having a choice about abortion will lead to general moral decay. But there have always been abortions and there always will be until a perfect contraceptive is discovered. While better education and birth control would reduce the numbers of abortions, they will go on increasing while anti-choice people oppose birth control and sex education in Irish schools.

Another common argument used by the anti-abortionists is to try to call abortion 'convenience killing' and then suggest this might be used against old people, the handicapped – even the unemployed. This argument linking euthanasia with abortion plays on all our deepest fears about the deteriorating conditions in our society and the predicament of the old, mentally ill and the handicapped. Along with talking about the 'sanctity of life of the foetus', the anti-choice lobby conjure up visions of an even more inhuman society than the one in which we already live, in order to turn people's justified concern about living standards against those who argue for the right to abortion.

It is not women who threaten other people's lives but the inhumanity of our society. Any government which can allow health and social facilities to deteriorate, which can allow electricity, gas and food prices to go so high that people suffer malnutrition and die from hypothermia is to blame for a lack of respect for life, not women who want the choice whether or not to have an abortion. It is precisely a concern for real, living people – our lives and the lives of our children – that motivates women to seek abortion.

Population control

There is a basic flaw in arguments that try to show the link between population and economic and social problems. In India, forced sterilization has been implemented to solve the pressing problems of poverty and malnutrition. In Europe countries such as France and West Germany are concerned about a declining birth rate and how this will have a 'drastic effect' on their economics. In both situations women are the pawns. Both arguments are irrational – they leave out the real factors which determine a country's growth and development.

The anti-choice lobby's basic belief is that it is a woman's primary duty to bear children to make the country great. They do not see women as individuals and see only their biological function as worth preserving. Therefore little effort is made to enable women to return to the workforce after childbirth. Few or no creches or day-care facilities for children are provided. Most women are discriminated against when it comes to finding employment that also allows them to care for their children adequately. Thus women, provided with few resources by governments, are forced into poverty and/or dependence on men, with the likelihood of further pregnancies adding to their problems.

In conclusion

Housing conditions, poverty, productivity, creativity and human progress have no relation to arbitrary numbers of people. These things are determined, for good or bad, by the material and human resources of the community and the good to which those resources are distributed and directed. Where the arguments for or against abortion are based on some ideal notion of population, they totally disregard women as *individuals*. Governments must not compel women to fulfil breeding quotas in the so-called interests of the nation – this is totally anti-life.

Through legislation partly, governments control people. At present in the Republic, abortion is illegal, but law is not the ultimate authority of what is morally right. Legislators and judges determine what you can and cannot legally do – and good legislators and judges make good laws. But even good people make mistakes, and on a morally controversial question like abortion, you can't rely on the law to tell you what's right. On the contrary: you have to work out what's right first, and then use that to judge the law.

When looked at carefully, the moral arguments against abortion are very weak. Why then, should they seem to be so strong, and should it seem so clear that abortion is wrong, that it's murder, that it must have bad effects? The answer is not hard to find: it is that these views are part and parcel of an entire moral outlook which operates against women in many ways. The taboo on abortion comes out of the same stock of moral teaching that has denied women the right to contraception, that has made wives the property of their husbands, that has narrowly constricted the lives and prospects of generations of women. So it's not surprising that this teaching also denies the right to choose abortion. And this underlines the point that there aren't any convincing arguments against abortion: it is simply a case of men exercising power over women.

Whose right to choose?

Among other things, this pamphlet has tried to show that at the moment women in Ireland do not have the basic civil and legal right to choose from among all the alternatives open to them when they are confronted with an unwanted pregnancy. As the law stands, we can keep the child, foster it out or have it adopted. The fourth viable alternative, abortion, is denied us by the legislators, doctors, clerics and moralists – most of whom are men. This points to one of the most reactionary areas of modern Irish life: the fact that men in this country still retain their traditional and absolute right to the control of women's fertility and that this right is reproduced at every level of Irish society through the continuing collusion of the state and the official church. This is a situation which must be changed now. The right to choose is a woman's

right and one which should lie with the woman alone. The reasons why this is the case are relatively straightforward.

Firstly, women are the people who get pregnant and bear children, not men. For all of us who may want to carry a pregnancy through to term there are those of us who don't and whose reasons are equally valid. Contrary to popular belief, Irish women are not brood mares. We are intelligent human beings who are capable of making decisions for ourselves. Deciding to have an abortion is not usually easy or entered into lightly. That many of us can and have made this decision however, is witnessed by the statistics available in connection with abortions performed upon Irish women in England. We feel that this fact merits recognition in Irish law. We neither need nor want men to tell us what we may do with our bodies. We are furthermore tired of being placed in the position of having to sneak off to England to have unwanted pregnancies terminated. What we want is the right to exercise control over our own bodies and fertility through the availability of a full and legal range of choice here, in our own country.

Secondly, women are usually the people who take on the main part of the responsibility for bringing up children. Given the appalling absence of nursery facilities in Ireland, very few women with young children go out to work. What this implies is that many of us are spending most of our time in the company of children. Again, this situation should be one of choice, not of necessity imposed upon us by men. Every child should be a wanted child and not a burden or a point of resentment. This can only be achieved when women have the right to choose whether or not to go through with a pregnancy at any specific point in time.

Finally, it should be pointed out that having the right to choose is not a moral issue even though Irish anti-abortionists have attempted to turn it into one. It is very easy to hypothesise around statements like 'If women didn't sleep around' and 'If contraception and advice about contraception were freely available in the Republic', but this is not the reality. We do have sexual intercourse and many of us do have unwanted pregnancies and that is the reality with which we have to deal. In an ideal world, a large proportion of us might choose to go through with pregnancies that we hadn't planned for, but this also evades the issue. Even in this ideal world, where women and children were not discriminated against, financially and socially there would still be women who just did not want to have children they had not planned for. Men do not get pregnant. They never have to face the emotions that a pregnant woman goes through. But at the moment it is mostly men who are the priests, lawyers, doctors and politicians who proclaim on the rights and wrongs of what women should do about their bodies, their sexuality and their capacity to reproduce.

This should not be seen as an attack on men, but rather as an attack on male power. Obviously, in individual cases it is better if women feel they can discuss the various alternatives with the man concerned and frequently men are in a position to provide a great deal of support in a

very difficult situation. However, the ultimate decision should lie with women. Whether we decide to have the child or terminate the pregnancy, it's our bodies and our lives that are principally involved. On this basis the right to choose should be an inalienable right for women and is one that we demand now.

Methods of contraception

Birth Control Pill (Combination Pill)

When you are pregnant there is a higher level of oestrogen circulating in your bloodstream, which acts on the pituitary gland in the brain, preventing the release of FSH, the hormone that triggers the maturation and release of an egg, from one of your ovaries each month. The pill imitates pregnancy by the use of synthetic oestrogen. Some of the side effects are like those of early pregnancy – nausea and sickness, breast tenderness. The pill also contains progestogen (synthetic progesterone). This gives added protection from becoming pregnant by making the mucus around the cervix become thick and dry making it difficult for sperm to get into the uterus and by altering the uterine lining so that the egg cannot implant itself.

The pill comes in packets of 21 or 28 pills (sometimes 20 - 22 pills). 21 day pills are taken once a day for 21 days and then stopped for 7 days when your period will come. 28 day pills are taken continuously. They contain 21 pills of hormones and 7 different coloured pills which contain no drugs at all. Your period will come during these 7 days – useful if you have trouble remembering to take the pills.

Progestogen only Pills (Mini Pills)

These pills contain no oestrogen. They are taken continuously without stopping during a period. These pills increase the mucus around the cervix making it hard for sperm to get through. Slightly higher chance of becoming pregnant than with the combination pill.

Side Effects

Greater risk of blood clotting, heart attacks, increase in blood pressure especially if you are over 35 years old. Tendency to feel irritable and depressed, increased vaginal discharge quite common and possible susceptibility to thrush. Possible weight gain (with progestogen only pills), skin changes, gum inflammation.

Advantages

Almost complete protection against unwanted pregnancy. Periods are regular and lighter. Relief of pre-menstrual syndrome in some women. Fewer or no menstrual cramps. New enjoyment of love making now the fear of pregnancy has gone.

THE PILL IS STILL AN EXPERIMENT: If you suffer from headaches, sudden loss of vision, 'seeing stars', leg and chest pains, coughing for no apparent reason, irregular or missed periods, stop taking the pill and see your doctor.

Intra Uterine Device

This is a small white plastic device placed inside the uterus. One or two strings are attached to it and extend down into the vagina so that you can check that it is still in place. An IUD must be inserted by a trained person – most GPs are not trained to fit them. Replaced every five years if using Lippes Loop or Saf-t-coil. Two years if using Copper 7. Women should not be fitted with the Dalkon Shield and those who still have them should get it removed at once.

The IUD gives a low grade infection which prevents the egg from implanting properly. This infection can clear up if you are taking a course of antibiotics for something else, and increase the risk of pregnancy. Safety rates for Lippes Loop and Saf-t-coil approximately 97%. Copper devices have not been tested extensively. If you do become pregnant 25-50% of pregnancies end in miscarriage when the IUD is removed.

Side Effects

Perforation of the uterus occurs in 1 out of 1,000 women – *always check the strings and go to the doctor if you can't find them.* Possibility of tubal pregnancy, possible pain and heavier periods. (5-20% of IUDs are removed because of pain and bleeding).

Diaphragm (CAP) and Spermicidal Jelly or Cream

The diaphragm must always be used with a spermicidal jelly or cream. It is made of soft rubber in the shape of a dome with a flexible metal spring rim. Fits snugly over the cervix, behind the pubic bone preventing sperm from getting into the uterus. The cream or jelly will kill the sperm. Taken out eight hours or more after love making. Can be as effective as the IUD if used carefully. Failures do occur about 3% of the time even when the diaphragm is properly used. Always check for holes and change it after a year.

No side effects or dangers.

Condom (Sheath)

A condom is a sheath. Seven and a half inches long made of thin strong latex rubber which is unrolled over the man's penis before intercourse. The tips of the condom should be squeezed as it is put on to leave the

teat empty of air. Otherwise the condom may tear or burst. Always buy condoms which are tested to British standards. If you are allergic to rubber there is an allergenic brand. Good quality condoms should be 97% effective but more usually they are 80-90% depending on the care taken. Increase protection by using a foam, cream or jelly with them. Check that your spermicide does not damage rubber.

Spermicides

Marketed as either creams in tubes, foams in aerosol containers or tablets and pessaries (vaginal suppositories) and used in conjunction with the cap or condom.

Don't use a spermicide on its own, you are likely to become pregnant even if the manufacturer claims that no further precautions are necessary. Reactions to the spermicides include rashes, itching, burning and cystitis. Problems can be solved very often by changing the brand.

Family planning clinics & other contacts

Family Planning Centre, 10 Merrion Square, Dublin 2. 767852

Family Planning Clinic, 10 Patrick Street, Dun Laoghaire. 803206

Family Planning Services, 67 Pembroke Road, Dublin 4. 681108

Irish Family Planning Association, 15 Mountjoy Square, Dublin 1. 744133

5 Cathal Brugha Street, Dublin 1. 727276/727363

59 Synge Street, Dublin 8. 682420/688697

Natural Family Planning Clinic, 19 Lr. Mount Street, Dublin 2. 331300

Well Woman Centre, 63 Lr. Leeson Street, Dublin 2. 789504/789366

60 Eccles Street, Dublin 1. 728051/728095

The Women's Centre, 53 Dame Street, Dublin 2. (Over Nico's Restaurant, entrance in side street). 710088

Dublin Rape Crisis Centre, PO Box 1027, Dublin 6. 601470

Cherish, 2 Lr. Pembroke Street, Dublin 2. 682744/682184

Navan Family Planning Centre, Trimgate Street, Navan. 046 21143

Cork Family Planning Clinic, 4 Tuckey Street, Grand Parade, Cork
021 52906

Galway Family Planning Centre, Ryan Building, 16 Merchant's Road,
Galway. 091 62992

Limerick Family Planning Clinic, 4 Mallow Street, Limerick. 061 42026

Northern Ireland Family Planning Association, 47 Botanic Avenue, Belfast
7. 25488.

Ulster Pregnancy Advisory Service, 336a Lisburn Road, Belfast BT9 6GH.
667345

Northern Ireland Abortion Campaign, c/o Women's Centre, 16-18 Donegall
Street, Belfast 1. 433633

Bibliography

- 1 OUR BODIES OURSELVES by the Boston Women's Health Book Collective. (British edition by Angela Phillips and Jill Rakusen), Penguin 1978, £5.63. A comprehensive manual on all aspects of woman's health, it includes sections on contraception, abortion, sexuality, pregnancy, childbirth and menopause.
- 2 THE BIRTH CONTROL BOOK by Howard Shapiro, Penguin 1980, £2.44. A good comprehensive guide to all aspects of contraception with chapters on the reproductive system, the Pill, IUDs, caps, spermicides and condoms, withdrawal and the rhythm method, post-coital contraception, abortion, sterilization, hysterectomy etc.
- 3 FROM WOMAN TO WOMAN by Lucienne Lanson, Penguin 1980, £2.44. A female gynaecologist answers questions about the female body.
- 4 THE SINGLE WOMAN'S GUIDE TO PREGNANCY AND PARENTHOOD by Patricia Ashdown-Sharp, Penguin, £1.67. The options available are discussed and the book provides useful addresses and telephone numbers.
- 5 BIRTHBOOK by Sheila Kitzinger, Penguin 1980, £4.32. A week by week guide to thoughts and feelings about pregnancy and childbirth.
- 6 TREAT YOURSELF TO SEX by Paul Brown and Carolyn Faulder, Penguin 1979, £1.88. A guide to good loving.
- 7 ONCE A MONTH by Katharina Dalton, Penguin 1978, £1.88. Understanding the menstrual cycle, its problems and their treatment, with a section on the menopause.
- 8 WOMEN AND THE CRISIS IN SEX HORMONES by Barbara and Gideon Seaman, 1979, £2.44. A comprehensive examination of the entire contraception field, with chapters on menopause, money, depression and remedies.
- 9 FOR HER OWN GOOD:
150 YEARS OF EXPERTS' ADVICE TO WOMEN by Barbara Ehrenreich and Deirdre English, 1978, £4.50. Exposes the unscientific basis of 'scientific' expertise used to control women. Contains important lessons for women everywhere about the functions of the professionals in modern societies, including - medicine, childrearing, nutrition, etc.
- 10 IRISH WOMEN'S DIARY AND GUIDE BOOK, published by IFI, 1982, £1.50. A guide to the subjects women would want to know about - like childcare, social welfare, crisis centres, the law, housing etc.

- 11 ABORTION ON DEMAND by Victoria Greenwood and Jock Young, Pluto 1976.
- 12 ABORTION - THE EVIDENCE. A report from the Tribunal on Abortion Rights, January 1977. NAC, NCCL.
- 13 A NEW WORLD FOR WOMEN: STELLA BROWNE SOCIALIST FEMINIST, by Sheila Rowbotham, Pluto 1977.
- 14 COPING ALONE by Clara Clark, Arlen House 1982, £4.75. This book brings together the legal, social welfare, housing, childcare, financial and other issues concerning single parents - separated, widowed, unmarried - in Ireland. It outlines Church, State and other anomalies as well as the practical, emotional and social aspects of single parenting.

*The above books are available (or can be ordered) from:-
Books Upstairs, 25 Market Arcade, Great Georges Street, Dublin 2.*

This pamphlet was written by members of the IRISH WOMAN'S RIGHT TO CHOOSE GROUP, which was formed in 1980 to fight for our right to control our own fertility. We stand for:

- Legalized Abortion
- Open access to abortion facilities for all women in Ireland
- Full, easily available information on all methods of birth control
- Free, safe, legal contraception on demand
- Comprehensive services and benefits for all pregnant women
- No more discrimination against unmarried mothers and their children

We run the IRISH PREGNANCY COUNSELLING CENTRE which is the only full-time counselling service willing to discuss all the options open to pregnant women. The centre receives no money from the Government or any other agency, and is totally independent of the clinics to which it makes referrals. I.P.C.C. is at:-

3 Belvedere Place, Dublin 1.
(just off Mountjoy Square)
Phone: 787160/787664

Title: Abortion: A Choice for Irish Women

Organisation: Irish Woman's Right to Choose Group

Date: 1981

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