The *other* Irish journey

A survey update of Northern Irish women attending British abortion clinics, 2000/2001

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Executive summary

Research objectives

The survey update of Northern Irish (NI) women attending British abortion clinics had five aims:

1. To update Helen Axby's 1994 survey for Marie Stopes International (MSI);

2. To seek additional relevant information;

3. To contextualise the findings by interviewing NI women, and non-NI women based in Britain, requesting abortions at the same clinics;

4. To contrast NI and non-NI abortion seekers' experiences in a number of key areas;

5. To highlight the difficulties involved in NI abortion seekers' journeys to Britain.

To achieve these aims, four categories of information were solicited from respondents. Firstly, a personal profile. Secondly, details of the consultation and the referral process. Thirdly, the attitudes of individuals concerned, their partners, families and friends, as well as those of professionals, such as GPs. Finally, particular emphasis was placed on ascertaining the difficulties travel to Britain presented.

Key findings, quantitative and qualitative

(Findings, both quantitative and qualitative, refer to NI women unless otherwise stated).

- 95% support the extension to Northern Ireland of the British 1967 Abortion Act under which they accessed their abortion in Britain

- 95% would have preferred to have their abortions in Northern Ireland

- while awaiting progressive legislative change in Northern Ireland, 28 out of 30 NI interviewees expressed the wish to have their abortions in Britain funded by the National Health Service (NHS)

- some non-NI women reported difficulties in obtaining an NHS-funded abortion

- there was widespread mistrust of GPs. One in three (34%) NI women consulted GPs about their abortion choice. Some non-NI women also reported an unwillingness to approach their own GP

- those who did consult their GP were often dissatisfied. Some women felt they qualified for an abortion in Northern Ireland, but found their GP confused about their rights under the law

- abortion is accessed across a wide age spectrum in Northern Ireland, from teenagers to women aged 40+ (52% were under 25 and 48% between the ages of 25 to 40+)

- those in employment accounted for 63%; those in education for 24%; those unemployed (including full-time home workers) accounted for 13%

- a wide range of sources was tapped for information, including fpaNI (Family Planning Association) (29%), the Yellow Pages (27%), friends and relatives (15%), the internet (5%), and women's centres (1%)
- more than half (55%) discussed their abortion decision with others, primarily their partners, friends and families, belying the 'secrecy tag' applied to Irish women. Non-NI women displayed similar patterns
- two out of three (68%) NI women said they knew of others' abortions
- 61% of NI women referred themselves to the clinic
- almost half (44%) had to borrow money. Non-NI women who financed their own abortions also had to borrow
- daycare abortion services for NI women are a mixed blessing. The benefits to those with work and childcare constraints do not necessarily extend to those unable to afford the high fares often charged for day return flights. Those from rural areas needing late-night public transport are similarly disadvantaged.

Methodology

One hundred and fifty-five questionnaires were completed by NI abortion-seekers in a six-month period from October, 2000 to March, 2001. Of these, 50 were completed at the fpaNI in Belfast following clients' consultation and prior to the journey to clinics in Britain. The residue (105) was completed at MSI centres in London and Essex just prior to clients' abortions.

To supplement the quantitative research, interviews of 30 NI women who had completed questionnaires were conducted at MSI centres. The core interview was a structured one requiring an approximate 30 minute response time. However, interviewees were encouraged to comment on certain issues at length where their appointment schedule at the clinic allowed. There were only three refusals to requests for an interview. Equally, few NI women were reported by clinic staff as refusing to complete the questionnaire.

A further 30 interviews of non-NI women, resident in Britain, also took place at MSI centres. These lasted between 15 and 30 minutes, again depending on the flexibility of their schedules. The non-NI interviewees were not asked to complete the questionnaire, as this was viewed as too specific to the Northern Irish situation to have relevance for them.

While the sampling procedure cannot be described as random sampling in the strict statistical sense, the selection of NI respondents was entirely independent of interviewers. A stack of survey forms was left at the centres which staff requested clients to complete. At the MSI centres, an interview was requested of those filling in the forms. When NI clients agreed, staff contacted the interviewers. In contrast, the corresponding cohort of 30 non-NI women was selected as a result of ad hoc visits by the interviewers to the clinics.

The figure of 155 completed questionnaires was intended to match that of the 1994 survey. It was borne in mind that the sample amounted to about 10% of the yearly total of abortions officially recorded as performed on NI women at British clinics, although the real figure is probably much higher.[1]

[1] The Office for National Statistics' (ONS) figure for 1999 was 1,430. However, the number of women giving false British addresses or the address of a relative or friend living in Britain is considered to be quite high, although evidence is anecdotal. The abortions of these women are included, not in the ONS figure for Northern Ireland, but in those for England and Wales.

The sample of 30 in-depth interviews of non-Irish women was planned to draw out differences and similarities in the experiences of the two groups.

The questionnaire format matched that of the 1994 survey in all important respects, but was expanded to include greater detail on, among other things, accessing the abortion and the consultation and referral process.

The question posed in the 1994 survey on religious background (asking: Protestant, Catholic, Other, None) was omitted because it was deemed unsuited to the growing ethnic and religious diversity of contemporary Northern Irish society.[2] Furthermore, to ascertain the impact of personal religious belief, or lack of it, on women opting for abortion, would have required an in-depth study beyond the limitations of this survey. The diverse backgrounds of non-Irish interviewees also informed this decision.

Dr. Gautam Appa of the London School of Economics provided support on the statistical analysis of the results.

Introduction

Although the emigrant journey is deeply etched in the Irish consciousness, that of the abortion seeker rarely features in migration lore. This may be due to problems of categorisation: after all, the abortion seeker is not embarking on a quest to improve her economic welfare, but neither is she bound for a holiday destination. One Irish writer has likened the phenomenon to being 'on the run' (Buckley, 1997) and another to 'Ireland's hidden Diaspora' (Ruane, 2000). More poignantly, the journey might be described as asylum seeking, however temporary, especially if its covert nature, the fear of persecution and the loneliness associated with it are taken into account.

While the journey, and the abortion experience generally, have been explored in the media and in more depth in academic theses, these endeavours can only go some way to plumb the depths of pain and paradox inevitable when an increasing number of women choose to terminate their pregnancy, but are largely barred from doing so on their own turf. Absent from the welter of words are detailed and reflective commentaries by the abortion seekers themselves, especially by those from Northern Ireland, which could help place the experience in context and normalise it.[3]

The opportunity to listen to the views of NI women attending British abortion clinics, and to discuss their experiences in some depth, occurred following the decision taken by MSI to update the survey conducted at their clinics by Helen Axby in 1994. While the current update has replicated the broad parameters of the 1994 survey in providing statistical evidence on a range of issues concerned with women's abortion experience, interviewees were encouraged to comment at length where possible.

[2] Ethnic minorities currently represent 2% of Northern Ireland's 1.7m population. The Chinese community numbers about 8,000, followed by people from other EU countries. There are some 3,000 people from India, Pakistan and Bangladesh, and 1,500 from various African countries. (Guardian, 12 September, 2001). Religions practised amongst minorities in Northern Ireland include Buddhism, Hinduism, Islam and Judaism.

[3] In contrast, three Southern Irish women, visually fully identified, have spoken of their abortions in England on a television programme (50,000 Secret Journeys, RTE, 26/3/94). One of these women who was identified visually and by name, also spoke on Northern Irish television (The Kelly Show, UTV, 20/1/92) and on British television (A Woman's Fight to Choose, Channel 4, 15/11/97). Amongst others, June Levine, (1982), a Dublin journalist, has written of her abortion experience. More recently, a collection of abortion stories, but by unidentified women, was published by the Irish Family Planning Association (Ruane, ed.,Dublin, 2000)

Any discussion of Northern Ireland and abortion, written or verbal, immediately elicits a string of negatives: 'It's a "no go" area, just listen to the priests and the politicians going on', 'Nobody will talk about it, if you do, you'll get door-stepped', and, 'Just imagine them at school/college/work muttering "baby killer" under their breath. You would just be hounded out', and so on. The cycle of women being silenced, and in turn, silencing themselves, spins on.

The authors' experience of working on this survey could not have been more different. Nearly all the women approached were only too happy to talk about their abortion experience; in fact, they seemed relieved to be able to do so in a 'neutral and secular' space, so to speak. Their thoughtful replies to questions cast them, not in the mould of 'poor, brave, wee girls', the passive victims of church and state that academics, journalists and writers are wont to portray, but of women strong in their resolve to exercise their right of choice. They faced the same dilemmas as women everywhere seeking an abortion. Added to this, they had the burden of negotiating a path between the choice they had made and the dominant public view of abortion in Northern Ireland.

What is clearly evident from the survey and interviews is that the complex of issues, and above all, the practicalities faced by NI abortion seekers, requires careful deconstruction to avoid stereotyping.

Most striking was the determination of women with unwanted pregnancies to overcome insurmountable obstacles to have their abortions. They came from different classes and educational backgrounds, from across a wide age spectrum, and seemingly, from both the major communities in Northern Ireland. Some were lone parents; some were married or in relationships and had children. Many displayed anger at the ordeal involved in accessing their abortions, as well as at their lack of rights as British citizens. It was also instructive to learn that young – and often, not so young – NI women frequently indicated an acceptance of abortion as a fact of life, albeit a fraught one.

The reality of abortion in Northern Ireland

Despite attempts by politicians, religious leaders and the organised, anti-choice lobby to obfuscate it, abortion as a reality in the Northern Irish experience is already well established with the publication of statistics and data by the Office for National Statistics (ONS) at regular intervals. These 'reality checks' confirm that currently almost 1,500 women divulging Northern Ireland addresses attending abortion clinics annually in England and Wales are availing themselves of the provisions of the British 1967 Abortion Act. It is estimated that at least 40,000 women have travelled from Northern Ireland in the last 20 years to pay for a private abortion (fpaNI, 2001).

Over a number of years, the reality of abortion has been highlighted by the work of a number of tribunals, commissions and surveys. For instance, there were the findings of the 1987 International Tribunal which were later published (NIALRA, 1989), the deliberations of 1993 Standing Advisory Commission on Human Rights (Lee, 1993), and the results of a series of surveys carried out in 1992, 1993 and 1994 by Ulster Marketing Surveys Limited for the British Pregnancy Advisory Service. The latter demonstrated public opinion largely in favour of the liberalisation of abortion law in Northern Ireland.

A further focal point was Helen Axby's 1994 survey which showed an overwhelming majority of her sample in favour of extension of the 1967 British Abortion Act to Northern Ireland, a finding reiterated in this survey update. In 2001, the issue has been amplified once again following fpaNI's success in being granted leave for a judicial review of current abortion law in Northern Ireland to clarify what Professor Simon Lee (1995) has deemed a 'twilight zone'.[4]

Given this weight of evidence, two questions are asked repeatedly:– why is it that abortion is largely exported from one part of the UK to another? And why can only 50-80 women each year access abortion provision in Northern Ireland itself under a piece of Victorian legislation that remains unamended since 1945? The responses received from the NI women, all of whom so readily agreed to be involved in this survey, serve as testament to the call for normalisation through legal reform. Moreover, it is hoped that this report will act as a call to end the lonely journey so many have had to make over too many years.

The findings

Respondents' personal profile: age, education and employment

Age

The 1994 survey noted that 22% of its sample were teenagers and that the rest were equally divided between the age groups 20-24 (38%) and 25-40 (37%), while only one woman was identified as over forty.

The overall results of the 2000/1 survey indicate an increase amongst those aged 20 and under (33%). Those aged 21-24 accounted for 19%, the 25-29's for 25%, and the 30-39's 20%. Four were aged 40+.

While the 1994 survey sample was located entirely at MSI centres in Britain, the mix of respondents completing questionnaires at MSI in Britain (105) and fpaNI in Belfast (50) for the 2000/1 survey presented some interesting contrasts. One important example is the age differential highlighted in Table 1 when the sample is broken down according to source.

Table 1 – Age profile according to source (actual numbers surveyed in parentheses)

Age Category	20 and under	21-24	25-29	30-39	40+
MSI sample (105)	26% (27)	19% (20)	30% (32)	24% (25)	1% (1)
fpaNI sample (50)	50% (25)	18% (9)	14% (7)	12% (6)	6% (3)

Although all age categories are represented in both samples, the strong presence of women aged 25+ in the MSI sample may well be accounted for by their greater experience and confidence in using direct access routes, such as the Yellow Pages and the internet, thereby bypassing intermediaries.

[4] Ambiguities in the law make its interpretation difficult. Abortions are carried out for 'therapeutic reasons', generally regarded as being (i) the woman has a serious medical or psychological problem which would jeopardise her life or health if the pregnancy were to continue; (ii) the woman has severe learning difficulties, (iii) abnormality of the foetus is detected. However, doctors are given no clear guidelines, hence the low numbers of abortions performed.

Conversely, half of the women in the fpaNI sample are in the 20 or under age group. All of these have availed themselves of the counselling and referral services offered in Northern Ireland, which, given their immaturity, is a process likely to have been actively supported by their families, and in some cases by professionals.

Superficially, the combined sample figure of 33% (52 out of 155) of women aged 20 or under would seem to be at variance with official data where only 19% in 1998 and 20% in 2000 of NI women attending British abortion clinics are teenagers (Source: ONS). However, putting aside the fpaNI figure because of the special circumstances explained above, the figure of 26% for the MSI sample is not at variance with official figures when adjustment is made for the fact that these record teenagers only, while this survey recorded abortions for those aged 20 or under.

Education and employment

Over half (57%) of those taking part in the 2000/1 survey remained in full-time education until the age of 18. The proportion was slightly less (53%) in the 1994 survey.

The numbers in employment amounted to 63%, 13% were unemployed and 24% indicated that they were full-time students. No questions relating to employment profile were asked in the 1994 survey.

On the basis of the educational levels attained by NI women in the 1994 survey, the inference drawn was that they were a predominantly middle class sample (Furedi, ed., 1995). While such an assumption could also be made about the sample in the 2000/1 survey, it must be pointed out that no question was posed, either in the 1994 or in the current survey, which would reveal the respondent's class, either by virtue of her education or occupation.

When considering the under 20s in the 2000/1 sample, a higher proportion is inevitably seen to be still in the education system (73%). Unemployment in this group is 10%. Even when the respondents are divided into MSI and fpaNI samples, there is little variation (see Table 2).

Table 2 – Educational and employment profile of women aged 20 and under (actual numbers surveyed in parentheses)

	Student	Employed	Unemployed
MSI sample (27)	67% (18)	22% (6)	11% (3)
fpaNI sample (25)	80% (20)	12% (3)	8% (2)
Total	73% (38)	17% (9)	10% (5)

Official statistics (NI Statistics & Research Agency, 2001) using the Labour Force Survey (LFS), record a 3% unemployment figure for women aged 16-59 and 4% for those aged between 16 and 34. This is a much smaller figure than that found in this survey (13%). However, the difference is best explained as a consequence of the strict definition of the unemployed in the official statistics, rather than a higher propensity for abortions among unemployed women.[5]

Irrespective of their level of education or their occupational status, interviews with younger women at MSI clinics brought to light a concern that parenthood should be an intentional choice. A strong desire was also expressed for a stable relationship and a sound economic environment in which to bring up children. They spoke of their hope of establishing themselves in jobs or careers amenable to a balance between family and working life. One in particular stands out:

> "I'm a single mother of two children and I'm just like all the girls in my area. All of them have wee ones. There's not much else to do. But I want better for myself and my kids. They are still small, but I want to do a course later on and get a job. My Mum wants me to get on, too, and she'll help me with the kids."

A dramatic example of a young woman university student aged 19, who reluctantly opted for an abortion in the event of a crisis pregnancy, is given in the following interview extract:

> "I belong to ...[a fundamentalist Christian church] and I believe that what I'm doing is wrong. I actually believe that I am going to commit murder today. But myself and my boyfriend have decided that this is not the right time to have a baby, as we are not even half way in our university courses."

Both of these young respondents remarked that they regretted having received little or no sex education or impartial advice on an unwanted pregnancy at school.[6]

Accessing the abortion

The process of accessing an abortion, from the time before the decision is made to arrival at the clinic (see Tables 3 to 7), has been probed in greater detail than in the 1994 survey. This has been done in order to highlight the number and the nature of the obstacles NI women have to confront. Also highlighted are difficulties encountered by non-NI women as a point of comparison.

[5] The International Labour Office (ILO) measure of unemployment used refers to people without a job who were available to start work in the two weeks following their Labour Force Survey (LFS) interview and had either looked for work in the four weeks prior to interview, or were waiting to start a job they had already obtained.

[6] Preliminary results from a survey, Towards Better Sexual Health, being conducted jointly by fpaNI and the University of Ulster found that half the young people surveyed had intercourse between the ages of 10 and 15, and more than a third did not use a condom (Irish News, 31 July 2001). Unplanned teenage pregnancy and parenthood is also the subject of a consultative document published by the Department of Health, Social Services and Public Safety (2000). The NI Department of Education is expected to introduce the new Relationships and Sexuality Education (RSE) guidelines in the 2001 academic year.

Help with the decision

Table 3 – Who helped with decision? (actual numbers surveyed in parentheses)

GP	5% (7)
Counsellor	6% (9)
Partner	32% (49)
Family Member	8% (13)
Friend	15% (24)
No-one	45% (70)

Note: Multiple choices were allowed.

Of those who gave a positive response, a significant number stated they had discussed the decision with their partners. In comparing Axby's 1994 sample where 25% had discussed their abortion decision with a partner, Boyle (1997) contrasts this unfavourably with an 85% sample of US women who declared they had involved their partners (Major et al, 1990). The current figure (32%), although not reaching the level of the US study, indicates a progressive trend.

When asked about other women's abortions, those indicating no such knowledge remains fairly constant (roughly one in three in both surveys). However, a considerable proportion then and now knew of two, three, and up to 12 women (an overall average of almost two).

Table 4 – How many NI women do you know who have had an abortion? (actual numbers surveyed in parentheses)

No. known	Respondents
0	32% (50)
1	21% (32)
2	17% (26)
3	12% (19)
4	9% (14)
5	4% (7)
6	2% (3)
7-12	3% (4)

No question linking this knowledge and an individual respondent's decision was asked in the questionnaire. However, in interview many cited the intensive discussions they had with friends, and sometimes sisters, as crucial, in the absence of public information.

In the case of the 30 non-NI interviewees, a similar pattern emerged, with the majority having discussed their pregnancy and abortion decision with their partner, and sometimes with selected friends and family members. There were some, however, who were very keen for total, or almost total secrecy to be maintained, and these included women of English origin.

Sources of information on the clinic

Amongst the fpaNI sample, 78% were provided with information on the clinic by the organisation itself. The MSI sample, in contrast, shows a much greater diversity in sources (see Table 5). What is common to both samples is the scant evidence of GPs being cited as a source of information about the clinic.

Table 5 – Where did you get information on the clinic? (actual numbers surveyed in parentheses)

	fpaNI sample (50)	MSI sample (105)
GP	2% (1)	11% (12)
fpaNI	78% (39)	0
Friend	0	22% (23)
Relative	6% (3)	6% (6)
Advertisement	0	5% (5)
Magazine	0	9% (9)
Yellow Pages	14% (7)	35% (37)
Internet	0	9% (10)
Women's Centres	0	3% (3)

The role of GPs

Interviews revealed confusion amongst GPs about abortion provisions in Northern Ireland. The most extreme example was of a mother of three, with one child suffering from a severely debilitating disease, and another with a Special Needs syndrome. Her comment on her GP was as follows:

> "I went to my GP thinking I would get every bit of support I needed in getting referred for an abortion. After all, the GP knew of my situation and the terrible strain I am under as a result of my marriage being on the rocks. I've had lots of treatment for my nerves. But I couldn't believe his attitude. He just sat there as cool as a breeze and said he understood my predicament but that the law tied his hand. He didn't even suggest a test for foetal abnormality. I was so angry I just went straight down to Dublin with the kids to see my sister. It was her doctor who sorted me out, gave me all the information I needed. But I still ended up paying out a small fortune. If anyone is entitled to a free abortion, it's me. And I am supposed to be a British citizen..."

Of the 53 women in the combined samples who consulted their GPs, 31 stated they received all relevant information about possible choices, 15 stated their GPs were unsupportive and seven said an attempt was made to dissuade them from having an abortion.

The figure of 31 (53%) women receiving relevant information on possible choices corroborates the findings of MSI's (1999) study of GPs where almost 46% of Northern Ireland GPs indicated a broadly pro-choice position versus 82% of GPs in the UK overall. However, when it came to actual referrals, GPs rarely featured (see Table 6). The figure for GP referrals in the 1994 survey was 17%.

Table 6 – Who made the referral? (actual numbers surveyed in parentheses)

	GP	fpaNI	Self
MSI sample (105)	7% (7)	5% (5)	88% (93)
fpaNI sample (50)	0	100% (50)	0

The considerable number of self-referrals in the MSI sample has already been related to the abilities and the sophistication of this group in accessing public information pathways. In interview, some expressed a preference for bypassing counselling and referral services in Northern Ireland.

Several amongst the self-referrals stated they did not wish a counsellor to take them through the various options open to them, even at the clinic. The very act of having travelled to Britain should be sufficient proof of their decision, they insisted. This was a factor amongst Irish women also noted by O'Hare (1997) during her seven years as an abortion counsellor in Britain, and by Mahon, Conlon and Dillon (1998) in their study of women from the Republic of Ireland at British clinics commissioned by the government of the Irish Republic.

A fairly commonly repeated quip by NI interviewees was that they preferred to give their GP 'a wide berth', even at the pregnancy testing stage. One teenager said:

> "I would never advise anyone to go to a GP, whatever he or she thinks about abortion. My test result was clearly written up in my notes and was seen by the surgery reception staff. The news was all round [the small, rural town] by lunchtime and people started asking me how I was feeling and did I have morning sickness yet? I will have to put it about that I had a miscarriage when I go back."

Non-NI interviewees painted a picture of the difficulties they also experienced with their GPs. In Britain, GPs who have a conscientious objection to abortion have an obligation under their terms of service to refer a patient to another doctor as soon as possible. However, anecdotal evidence of the type provided by non-NI interviewees indicate that conscientious objectors in the medical profession, allowed for under the 1967 Act, do not necessarily observe their obligation. Access to an NHS-funded abortion, whether in a hospital or in a dedicated private sector clinic,[7] can be affected, not only by GP attitude, but also by the level of funding provided by the Health Authority.[8]

In the sample of 30 non-NI respondents, seven stated that they found their GPs supportive, had all possible choices discussed with them, and when opting for an abortion, received a referral letter for an NHS-funded termination. However, two stated their GPs were extremely unhelpful, but finally gave referral letters. The Brook Advisory Service was involved in NHS referrals in a further three cases.

Of the 11 non-NI women who paid for their abortions, six said that their GPs were either unsympathetic to their situation or declared that they were totally opposed to abortion. A woman suffering from a sexually transmitted infection who had become pregnant, despite being on the contraceptive pill, said:

> "My female GP gave me short shrift. She just gave me a leaflet and little or no time. She should have discussed my situation with me, as I found out later that the medication I was on could have damaged the foetus. I felt I was being judged by her. The clinic was fine and gave me all the information I needed. I opted to pay."

[7] A study found that 45,000 abortions are funded by the NHS in the private sector. Of these 85% are provided by two charities - Marie Stopes International and the British Pregnancy Advisory Service (Abortion Law Reform Association, 2000).

[8] An Abortion Law Reform Association survey of Health Authorities in 1999 found that the national average in 1999 was 74% of abortions funded. It also found that several Health Authorities set specific criteria for approval and even where this does not occur, there is often restriction by waiting time. This means that women often opt to fund the abortion themselves.

Some non-NI women, when confronted by a long delay (11 weeks in one case), decided to refer themselves and pay, rather than wait. Others, and these included women of Asian origin, wished to bypass their GP entirely. A university student in her final year, explained:

> "Our GP is an Indian and a family friend. If my parents found out life would become a nightmare for me. It's not that my family is against abortion. Actually, if they knew about my situation they would insist on an abortion anyway. What they are against is sex outside of marriage and in their eyes I have become 'soiled'. Even though I was born here, they still expect to have some say in choosing my marriage partner. You know, they would insist on me marrying someone of our caste and religion. I am a Hindu and my boyfriend is a Muslim. That's dynamite – there's nothing worse in our culture."

Raising money for the abortion

Raising money for a private abortion was an ordeal for many of the women concerned. The sources given by NI women in Table 7 below corresponded to those non-NI women gave, although several students amongst the latter group said they had extended their student loans to meet costs. Nearly all non-NI interviewees lived in the Greater London area, and consequently, the journey to the clinic and travel expenses were not a particular burden. Proximity to the clinic also meant that the woman was frequently accompanied by at least one person to support her.

Table 7 – How money was raised. Combined samples (155) (actual numbers surveyed in parentheses)

Partner	20% (31)
Family	21% (32)
Friends	2% (4)
Self	37% (57)
Multiple sources	20% (31)

The journey to the clinic

Although no questions on the journey itself were asked in the questionnaire, the logistics of travel, and its emotional and financial costs were explored in some detail in the interviews. This aspect was invariably cited by NI women as a major source of stress, sometimes worse than the abortion itself.

The principal financial outlay was the abortion procedure which ranged, depending on the stage of pregnancy, from £375 to £615 at MSI London centres. Regardless of whether women chose to have a local or a general anaesthetic, the termination was conducted on the basis of daycare, ostensibly removing the need to find overnight accommodation. The introduction of daycare for NI women and those from the Republic results from the recent removal of the Department of Health's residency requirement following the abortion.[9]

[9] Under the Required Standard Operating Principles introduced in 2001

Despite the removal of the residency requirement, some women reported difficulties in being able to return home on the same day, thus adding between £25 and £50 to their expenditure for overnight accommodation. These difficulties ranged from inability to afford the very high cost charged by some airlines for day return flights, to being unable to make public transport connections late at night within Northern Ireland. This applied to women living in the rural areas (41%), some of whom did not have access to cars.

Furthermore, if women chose to have their abortions at the weekend, many found that some airlines impose a Saturday night stay-over, or in the case of some low-cost airlines, do not run a return flight on Saturdays. Interviewees reported that they had often invested a great deal of time and energy in contacting travel agents and airlines, only to find that the availability of cheap flights on any type of airline is something of a lottery, dependent on either early booking or last-minute luck. Costs of travel to respondents ranged from less than £100 to over £300.

Finding the money to cover expensive air travel often proved to be the straw that almost broke the camel's back. Women frequently wrote on their questionnaires that lack of funds meant that their abortion was delayed. Figures released by the ONS in 1999 show that 42% of women from England and Wales accessed their abortions in the first nine weeks of pregnancy, compared to only 32% of women from Northern Ireland. Rather than risk a delay, one woman wrote on her questionnaire:

> "I have been travelling all day and night. The only available flight had seats for £276 each, which is impossible to afford for myself and my mother. So we had to get a ferry to Stranraer in Scotland. Then we had to sit on the bus for 10 and-a-half hours. Getting into London at 6 a.m. it was still dark and I had no sleep. I am dreading the return journey this evening."

Many of the interviewees remarked on the high cost of public transport to, and within London, especially if they had used airlines flying to destinations such as Luton and Stansted. Those who were unused to foreign travel had little appreciation of the complexities involved in using unfamiliar transport systems. One said:

> "I was completely taken up with making the arrangements for the clinic appointment, sorting out a suitable flight, making sure the kids were being taken care of, and getting out of the house at the crack of the dawn without anyone knowing my business. I never gave a thought to the journey on the other side. The flight was late arriving in Stansted, and then there was a train and a tube journey into West London which left me confused and exhausted. I had never been in London before. I didn't know how to use ticket machines with all this stuff about different zones. I tried to ask at the ticket desk, but the queue was a mile long, full of strangers like myself. Then I just stood there looking at people sailing through the automatic barrier. I thought I would get sliced in two. It all took so much time and I was petrified that I would miss my appointment. Luckily, in all that fuss and bother I remembered to phone the clinic to say I would be late."

This interviewee spoke for many when she wryly remarked:

> "When I saw the clinic staff and all these English women in the waiting room looking so cool and collected, I said to myself, "They must think us Irish are a bag of nerves." But I bet they hadn't had the journey from hell. And then I had to face the same going back that night. It's just not fair."

Knowledge of organisations, such as the Irish Women's Abortion Support Group and the Women's Health helpline in London, Escort in Liverpool, and of Women's Centres within Northern Ireland itself, as an additional strand of detailed local information and support, was limited. Twenty-four women stated they knew of the Women's Centres, but only five knew of services in England. It could well be deduced that 'alternative' sources are no longer so crucial as they once were, and that abortion has become much more 'mainstreamed'. Another factor is that access to daycare means that overnight accommodation, frequently provided by support groups in cases of financial need in the past, is now less in demand.

Views on legislative change

Table 8 – Legislative change and abortion provision in NI. Combined samples (155) (actual numbers surveyed in parentheses)

	Yes	No	Undecided
In favour of extension of 1967 abortion act	95% (148)	1% (2)	3% (5)
Preference for abortion in NI	95% (148)	4% (7)	0

The overwhelming majority of respondents (95% in 2000/1, 96% in 1994) who stated that they wished for a change in the law is matched by the similar numbers (95% in 2000/1, 91% in 1994) who indicated they would prefer to have their abortions in Northern Ireland. Although not posed in the questionnaire, the question of NHS-funded abortions in Britain for Northern Irish women was asked in the interviews. All but two women out of 30 strongly agreed that such provision should be made available in the period between now and progressive legislative change in Northern Ireland.

Discussion

Comparing the 1994 and 2000/2001 surveys

Broadly speaking, the current results concur with those of the 1994 survey. The difficulties reported then by NI women in accessing information, the referral process, and the abortion itself, are as true now as they were then. Despite the increasing numbers of women who have had abortions (at least 40,000 over the past 20 years), inevitably resulting in knowledge being spread by word of mouth, access to detailed information is still a problem. Apart from some GPs, only the fpaNI at its two centres offers an abortion counselling and referral service across the whole of Northern Ireland. The ordeal of raising money in a short timespan has remained unchanged.

Comparing NI and non-NI respondents

Given that all non-NI respondents lived within the Greater London area, thus encountering no travel difficulties, the journey to the clinic proved to be the main point of contrast between the two groups. However, as pointed out in the main body of the report, some non-NI women experienced problems which mirrored those of NI women, in particular, difficulties with GPs, failure to access an NHS-funded termination and trouble in raising funds.

Similarities between both sets of women also extended beyond these areas. One of these, the stress on maintaining secrecy about the abortion beyond a small, intimate circle, was expressed by both groups, although this was more extreme in the case of NI women. NI respondents reported they engaged in elaborate forms of subterfuge to conceal the nature of their journey, such as shopping trips to London or visits to friends 'down the country'. This often involved making purchases which they could ill afford, something which one respondent said felt like a 'last desperate spree of a gambler when she's on her uppers'.

Non-NI women disclosed more minor 'white lies', in particular to employers who would not categorise abortion as a health issue. Attitudes of employers to time off from work in this context must be a matter of concern to trades unions, health and women's groups on both sides of the Irish Sea.

Silence, or worse, demonisation of abortion in the public arena in Northern Ireland adds to the pressure to maintain secrecy. Boyle and McEvoy (1998) in their study of seven NI abortion seekers point out the key role religion plays in this. Their interviewees talked of the 'strongly negative construction of abortion being "hammered" and "pounded" into them, being "rammed" down their throats', an ordeal also undergone by respondents in this survey. For women in Northern Ireland motherhood is a powerful signifier, reinforced by the predominantly denominational nature of the education system.

The centrality of religion in shoring up a sense of difference between Protestant and Catholic has been a source of tension particularly since the creation of Northern Ireland in 1921, following the partitioning of the island. Rolston and Eggert (1994) point to the paradox of both religions' intense focus on moral issues, particularly on sexuality, which has proved to be a singular source of unity across 'the divide'. The claim made by a Northern Irish politician to substantiate this phenomenon: 'We might have been fighting and killing ourselves for years but we are united when it comes to opposing abortion' (Simpson, 1996), is frequently quoted.

In recent times, however, such public unity is fraying at the edges despite the rejection by a majority vote at the NI Assembly of extension of the 1967 British Abortion Act in June, 2000.[10] Three political parties with representation in the NI Assembly have adopted a pro-choice policy and are in favour of extension of the 1967 Act - the Women's Coalition, the Progressive Unionist Party (PUP) and the Ulster Democratic Party (UDP). Two other parties represented at the Assembly, the Alliance Party and the Ulster Unionist Party, led by David Trimble, have no official party line on abortion and treat the issue as a matter of personal conscience. Amongst others represented at the Assembly, the Social and Democratic Labour Party (SDLP) is opposed, and the Democratic Unionist Party (DUP), led by Ian Paisley, allows for abortion only where the pregnant woman's life is in danger. Although Sinn Fein's position has been described as 'ambiguous', in the Assembly debate of June 2000, mentioned above, a pro-choice position was not adopted. It was stated, however, that the party could support abortion where the woman's life or mental health is in grave danger, and in the case of rape or sexual abuse. This position appears to be broadly in line with the existing legislation dating from 1861.

Against the continuingly difficult, but changing, attitudes to abortion in Northern Ireland, women tread their way through a minefield of virulent anti-choice rhetoric in the public arena and their own inner conflicts in the private one. In this context, the complexities surrounding the keeping and breaking of silence can be understood. As researchers (Fletcher, 1995, Boyle and McEvoy, 1998) indicate, a distinction needs to be made between public and private spheres. In the public sphere, there is fear of exposure, not only of one's self, but also of family in an environment of political, anti-abortion rhetoric and criminalisation. In such conditions women are required to bear what one writer describes as a 'personal burden of shame for a society in denial' (de Burgh, 2000).

In contrast, the private sphere may well contain friends and family members who are pro-choice, and, as can be seen from statistical evidence presented in this survey, may themselves have had experience of abortion. Given the number of NI respondents in this survey who declared themselves in favour of progressive abortion legislation (95%), individuals - partner, family member(s), friend(s) - they stated knew of their abortion, and their own knowledge of other women's, the issue of silence and secrecy, so much associated with NI women, and Irish women generally, needs to be re-evaluated.

Even in Britain, where abortion has been legalised since 1968, Neustatter (1986) remarks on the paradox of abortion's high public profile and its position as a shameful secret in many British women's lives. Hadley (1996) confirms this when she notes that abortion features regularly in the media and is a 'stock element in the roundabout of soap opera crises - will she, won't she? Brookside, EastEnders, Coronation Street, even The Archers...Yet [it] is still not talked about much in everyday conversation. Few women admit to having had one without being sure they are among friends. It is too personal, it is still taboo.'

More recently, Zoe Williams (2000), writing in the London Evening Standard, argues, '...abortion is the only taboo we have left. Like non-prescription drugs, and homosexuality, and everything else which once was unthinkable and isn't anymore, abortion is always going to spark a debate of some sort...' Another journalist, Nicci Gerrard (2001), asks in her Observer article why it is that, 'One in three women has had an abortion[11] and 92 per cent of us agree with the right to choose. So why are we still ashamed to talk about its effect on our lives?'

In the light of these observations, it would seem important to avoid pathologising Irish women's failure to engage in public discourse by an over-emphasis of their exceptionalism.

[10] Matters concerning criminal law, which includes abortion, still fall within the remit of the British parliament, rather than the NI Assembly.

[11] The 1999 figures for England and Wales are 183,250 (Source: Office of Population Censuses and Surveys).

For far too long, Irish women have been consigned to an 'abortion ghetto' where they are perceived, especially by the British media, and sometimes by their Irish counterparts, as haunted by moral guilt and irrationally obsessed by the fear of being 'found out'. While this stereotype may have resonance in some instances, it hardly accounts for those – and they are not a mere few – who are distressed by the whole abortion seeking experience, but are not traumatised. It does not account for the women in this study who stated that while being comfortable with their abortion choice, they were not willing to be publicly vilified and even persecuted for making that choice.

It is ironic that the personal stories of the Irish and non-NI respondents in this survey mirrored each other in many respects. Listening to their testimonies, and overhearing the strained conversations of women from Britain at the clinics, as well as exchanges in French, German, Portuguese and Spanish between women forced to abort in Britain due to the limitations of their countries' abortion laws, only served to reinforce their commonality. Clearly, all had experienced different, but always difficult journeys, emotional and otherwise.

Recommendations

- extension of the British 1967 Abortion Act to Northern Ireland as a prelude to the introduction of more progressive legislation
- funding of NI women's abortions at British clinics as an interim step
- GP training, pre and post-registration, on abortion law in Northern Ireland and in Britain. Training to include all aspects of accessing an abortion
- GPs holding a conscientious objection to abortion to be obliged to declare it to their patients. Further, that they be required to refer to a pro-choice doctor
- training for support staff to be introduced on the need for confidentiality, especially for those in GP surgeries
- sex education in schools to have clear guidelines on the choices available in an unplanned pregnancy, including abortion
- school nurses to receive training on guidelines on the full range of choices available in an unplanned pregnancy, and on imparting these to students in a balanced way.

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Marie Stopes International (MSI) has been providing reproductive health services since 1921, when Dr Marie Stopes opened the first British birth control centre. Today, the organisation is one of the UK's most innovative and largest providers of abortion, vasectomy, sterilisation, contraception and health screening services through nine Marie Stopes Centres and a nation wide network of pregnancy advice and vasectomy centres. MSI also works through an international partnership in over 35 countries world wide, providing reproductive health services to more than two million women and their families every year.

Voice for Choice is a national campaign by the Pro-Choice Alliance, a coalition of organisations calling for long overdue reform of the 1967 Abortion Act. Voice for Choice is campaigning for five amendments to current abortion law:

- to allow abortion at the request of the woman concerned, up to and including 14 weeks' gestation
- to make abortion available with only one doctor's approval from 15 to 24 weeks, under the current criteria
- to place a duty on doctors to declare any conscientious objection to abortion they may have, and to refer women immediately to another doctor who does not share that view
- to extend this amended act to Northern Ireland and
- to place a duty on the NHS to provide sufficient abortion services to cover local needs.

Voice for Choice members:

Abortion Law Reform Association
British Pregnancy Advisory Service
Brook Advisory Centres
Christians for a Free Choice
Doctors for a Woman's Choice on Abortion
fpa (Family Planning Association)
Irish Abortion Solidarity Campaign
Marie Stopes International
National Abortion Campaign
Scottish Abortion Campaign
Women's Health

Voice for Choice supporters:

Alliance for Choice (Northern Ireland)
Antenatal Resources and Choices
Belfast Rape Crisis Centre
British Humanist Association
Change
Graphical, Paper and Media Union
Greater Easterhouse Women's Aid
GMB Union
Musicians' Union
One Parent Families Scotland
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