

WOMEN ON WEB: SEIZING THE MEANS OF REPRODUCTION

CIARA FITZPATRICK

Submitted in part fulfilment of the
requirements for the MA in Community
Education, Equality and Social Activism

Departments of Adult and Community
Education and Sociology

National University of Ireland Maynooth

2014

Supervisor: Dr. Brid Connolly

ACKNOWLEDGEMENTS

I would like to thank first and foremost my supervisor Dr. Brid Connolly, for her guidance, support and inspiration throughout my research. Secondly, I would like to acknowledge all the other staff who have been a fantastic source of solidarity, wisdom and strength this whole year; Dr. Fergal Finnegan, Dr. Theresa O'Keefe, Dr Laurence Cox, Dr. Michael Murray and Dr. Bernie Grummel. I would also like to thank my amazing classmates at CEESA without which I would never have completed this research; Niamh Malone, Eoin Wilson, Niamh Mongey, Ada Christi Eloji, Liath Vaughan and Philip Finn. I would like to extend a hug thank you to everyone from the Abortion Rights Campaign who have been a fantastic source of information, friendship and support during this year. I would also like to particularly thank Lorcan Nagle from the Actions working group of the Abortion Rights Campaign (ARC) for allowing his pictures to be used in this thesis and providing much needed technical support. Siobhan Clancy, former CEESA student and member of the Abortion Rights Campaign was a fantastic source of ideas and support throughout the Year. I would like to thank her and everyone from the wider CEESA network who were such a fantastic source of guidance and support throughout the research and writing process.

I would like to credit the music of Black Flag, Pennywise, Lynched and Mischief Brew for getting me through the writing process. They were a source of inspiration and motivation which encouraged me when I was discouraged and out of ideas.

Finally, I would like to thank my parents Niall and Bernie and my sister Ailish for their support and consideration throughout the year and for being an amazing source of ideas and practical assistance.

Solidarity is strength!

Ciara XOXO

Abstract

This thesis aims to examine the issues that the criminalisation of abortion in Ireland poses to abortion seekers who choose to self-administer abortion pills. The research also aims to achieve a theoretical understanding of the actions of Women on Web in distributing abortion pills. A libertarian feminist epistemology will be used to examine the role of agency and direct action within the feminist struggle for reproductive rights. The role of institutions such as the church and state in opposing campaigns for abortion rights will also be examined. The stigma and shame surrounding abortion in Ireland will also be discussed with regard to the legacy of these institutions. This thesis is an exercise in stigma busting and feminist consciousness raising concerning Women on Web and self-administration of abortion pills. The obfuscation and misuse of science by the anti-choice movement will also be unpacked as a contributing factor to abortion stigma.

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION	- pg.1 -
1.1 Introduction	- pg.1 -
1.2 Contribution to praxis	- pg.2 -
1.3 Abortion and Ireland	- pg.2 -
1.4 Conceptual Framework	- pg.4 -
1.5 The personal is political	- pg.5-
1.6 If the limit approaches nothing, the limit does not exist	- pg.10 -
CHAPTER 2 ABORTION IN THEORY AND PRAXIS	- pg.12 -
2.1 Actions working group log	- pg.11 -
2.2 Women on Web- A Safe Abortion With Pills.....	- pg.18 -
2.3 Map of approvals	- pg.23 -
2.4 Pro-life, pro-lies	- pg.27 -
CHAPTER 3 LITERATURE REVIEW	- pg.30 -
Review of medical literature	- pg.31 -
Don't let politics trump medicine!	
Sociological Literature review	- pg.34 -
CHAPTER 4 METHODS AND METHODOLOGY	- pg.45 -
Epistemology	- pg.45 -
Methods.....	- pg.46 -
CHAPTER 5 RESEARCH FINDINGS AND ANALYSIS	- pg.48 -
4.1 My body, my choice	- pg.48 -
4.2 Direct Action gets the goods	- pg.50 -
4.3 Solidarity is strength	- pg.51 -
4.4 Lack of almost everything	- pg.52 -

4.5 No more shame	- pg.53 -
4.6 Not the church, not the state	- pg.55 -
CHAPTER 6 RESEARCH IMPLICATIONS	- pg.57 -
BIBLIOGRAPHY	- pg.66 -

CHAPTER 1

The unique female capacity for reproduction^{*1} has always been regulated. In no society and in no era have all women had control of their reproductive capacity, been free to have children or not, to contracept or not, to abort or not. Yet everywhere and in all times, women have attempted, with varying degree of success to obtain such control. The history of abortion furnishes us with one dramatic example of this basic social control of women (Bart, 2013).

My thesis will examine the self-administration of the abortion pill and the services provided by Women on Web as a form of feminist direct action. Chapter one will outline the context within which the actions of Women on Web can be understood. Critical moments in my own politicisation which brought about radical changes in my social analysis and political outlook will also be explored in depth in this chapter. The decision to choose Women on Web and abortion pills as the focus of my research has been entirely shaped by these changes of consciousness brought about through experiential knowledge of activist politics. I have also attempted to situate my own voice in relation to the wider feminist movement and provided a conceptual framework through which this research can be framed.

1.1 Introduction

“Women on Web are a non- profit group base in the Netherlands who provide early pills to women living in countries with restrictive abortion laws” Campbell, (2013).

My thesis will aim to explore the self-administration of the abortion pill in the context of criminalisation. This research will discuss how these drugs can be accessed and taken as well as examining the possibility of any health risks associated with their usage. The purpose of this research is to make accurate information about abortion pills available to women in an accessible format. In addition to evaluating the potential risks associated with the self-administration of abortion pills, the impact of the Protection of Life during Pregnancy Act 2013 on the decision to seek medical attention if complications do arise will also be examined. The distribution of abortion

^{*1}physical or biological reproduction, not social reproduction.

pills by Women on Web will also be conceptualised in relation to the wider feminist movement.

1.2 Contribution to Praxis

I will be examining the utility of representing the action of distributing abortion pills as a form of feminist direct action. The process of writing this piece is intended as a consciousness raising activity aimed at informing as many people as possible about the possibility of medical abortion and of the services provided by Women on Web. The spreading of accurate information about accessing medical abortion to those who need it is the intended contribution of this research to practice.

This research is also an exercise in stigma busting which will attempt to dispel some of the myths surrounding medical abortion and critique the manipulation of science by the anti-choice movement. It is essential that information about the services of Women on Web and the abortion pills is made easily available and is shared with women during crisis pregnancy counselling sessions in addition to information about abortion services available abroad. Information about the possibility of a safe medical abortion with pills is currently restricted to a minority of the population, many of whom are pro-choice activists or abortion seekers carrying out their own research on the options available to them. This information must be made publically available in order to ensure that people facing unwanted pregnancies are aware of all the options available to them.

1.3 Abortion and Ireland

Abortion is illegal in Ireland with exceptions made where the woman's life as distinct to her health is in danger including the risk of suicide. The 8th Amendment of the Irish Constitution, Article 40.3.3 grants the unborn equivalent legal status to pregnant women and has proved to be the most significant roadblock in the way of achieving any significant changes to Ireland's abortion laws. The Irish Government

came under intense pressure to legislate for the X-case of 1992 following the death of Savita Halapanaver in the 28th of October 2012. Savita had arrived at Galway University Hospital already undergoing a miscarriage and was denied a termination due to the presence of a foetal heartbeat. She subsequently died from Septicaemia after repeated requests from both Savita and her husband Praveen Halapanaver for a termination be carried out. This resulted in massive mobilisation of the pro-choice movement with candlelit vigils for Savita being held outside the Dail for several weeks.

The Abortion Rights Campaign (ARC) was established in January 2013 from a number of existing pro-choice groups (for example Belfast Alliance for Choice, Cork Women's Right to Choose) and long-standing activists with the goal of making free, safe and legal abortion accessible in Ireland. The campaign carried out a number of events such as the March for Choice which was the largest pro-choice mobilisation in Ireland for since the X-case two decades previously. Extensive Dail debates ensued on the issue of abortion, which focused narrowly on 'hard cases' such as suicide and fatal foetal abnormalities. Following exhaustive yet overly prescriptive debate, legislation was eventually decided on, which allows medical professionals to perform abortions in extremely limited circumstances .The Protection of Life during Pregnancy Act, which became law on the 1st of January 2014 imposes a fourteen year jail term for those who obtain unlawful abortions in this country. Crucially, the legislation does not address the approximately twelve women per day women who travel from the Republic of Ireland to clinics in the UK to access terminations. It also does not address the need for access to abortion pills but merely criminalises abortion seekers.

No official studies have been carried out which examine the experiences of women self-administer abortion pills outside of the context of a clinic. The protocol for taking the pills is very simple and trained doctor's from Women on Web respond to e-mail queries rapidly. However, there is no medical professional physically present which would act as a potential source of reassurance during the process of medical abortion. However, in Scotland, where abortion pills are distributed legally by the NHS, women are frequently advised and opt to take the medication in their own homes.

The crucial difference is that if complications do arise from taking these pills, the legal status of abortion in Ireland appears to create a significant barrier to seeking appropriate medical treatment. Women experiencing complications from taking abortion pills face no threat of retribution or criminalisation when they have been treated at a legal abortion clinic. The situation women who have taken abortion pills through Women on Web in Ireland are it is incredibly different as they are legally criminalised. This has the potential to increase the mental strain on abortion seekers who are already faced with the stigma and shaming which still surrounds abortion in Ireland. There are a number of conditions such as blood clotting disorders which preclude the use of abortion pills, however the majority of these conditions occur very infrequently in the population. In exceptional cases of excessive bleeding, pregnant people self-administering abortion pills are advised by Women on Web present to a medical services as though they were undergoing a routine miscarriage. However, not everyone who had taken abortion pills will be comfortable being forced into a position where they are required to lie to their doctor's or to medical staff in a hospital. This situation has the potential to put tremendous strain on women who are now aware that what is in fact a healthcare decision they have taken could potentially be of interest to the authorities and provide adequate grounds for prosecution.

1.4 Conceptual Framework

The conceptual framework I will use to examine this issue will draw on a libertarian feminist and social movement based analysis of Women on Web and self-administration of abortion pills. I will be examining the history of pro-choice activism and the establishment of feminist groups in Ireland through the work of Linda Connolly. I will also be exploring the utility of libertarian feminist or anarcha-feminist thought in order to situate the actions of Women on Web and self-administration of the abortion pill within the existing feminist literature. The work of Rosemary Tong were extremely useful in grounding my research within the history and legacy of the wider feminist movement. Simone de Beauvoir was also a critical influence on my research with her belief that women themselves must take power

back from the ruling class of men. Within feminist theory, I really engaged with the radicalism of Shulamith Firestone and her belief in the potential power of science and reproductive technologies provide liberation from gender roles. Through the work of Carol Ehrlich, I found a feminism that was anti-authoritarian and opposed to all forms of oppression. Anarcha-feminism draws on the principles of direct action and mutual aid but also addresses gender in a radical manner which is not always found in anarchist literature. An exploration of the work of these commentators enabled me to situate my voice within wider feminist thought and praxis.

1.5 The personal is political

I initially became politicised through the experience of growing up in a family with strong ties to the Republican movement. I was consequently acutely aware of and fascinated by the influence of history and politics on society from a young age. However, despite taking part in several demonstrations such as the campaign against bin taxes, it was not until I attended University that I became involved in activist politics. During my time at University College Dublin (UCD), I found myself becoming involved in Socialist Politics through a friend and was introduced to the powerful concept of class struggle and the battle of the proletariat to throw off the shackles of their oppression. During this time, I was exposed to a level of passionate discussion of political theory and activity which encouraged me to engage seriously with left-wing politics.

However, in the end this activity became akin to wage slavery without the consolation of financial remuneration. Seemingly endless street stalls, demonstrations and top-down meetings became to exact a heavy burden on my already limited time and resources. The structures in place felt constraining and bureaucratic, without due regard to process. Discussions of foregone conclusions decided by full-time staffers appeared to be tokenistic nods to the principles of internal democracy which did not exist in practice. From this limited perspective, I began to gravitate towards an increasingly libertarian perspective. Almost by chance, I attended the Dublin Anarchist

Bookfair in 2010 and have since divorced myself from putting valuable time and energy into what appears to me to be the black hole of electoral politics. My initial introduction to anarchist thought was George Woodcocks early text on anarchism. This provided a fantastic overview of the various strains of anarchist thought and although I didn't feel as though I understood all the terminology used, I was sufficiently inspired to delve deeper into anarchist literature. I was subsequently influenced by Mark Leier's biography of arguably the most influential anarchist Bakunin which introduced me to the history of the modern anarchist movement back to the First International in which Bakunin and his followers split from the Marxist faction of the First International in 1967. 'The International was an awkward amalgamation of revolutionaries and reformers. Socialists ranged from leftover followers of Robert Owen to anarchists, Marxists and radicals such as the Italian republican Giuseppe Mazzini, whose politics had a certain flair but little substance and even less connection to the working class' (Leier, pg.253, 2006). The title 'Bakunin-The Creative Passion' refers to the most infamous quote attributed to Bakunin 'The passion for destruction is at the same time a creative passion'(Leier, pg. 111, 2006). This line has often been misconstrued by its critics as proof of the violent ideology of anarchism. It may refer to the destruction of the state and the instruments of capital rather than literal destruction.

I was also introduced to the role of anarchists in the Spanish civil war through the work of Abel Paz which explored the life of Buenaventura Durruti of the infamous anarchist militia the Durruti Column. I subsequently visited Barcelona where echoes of the regions revolutionary past could be seen in the defiant graffiti surrounding Plaça de Catalunya claiming 'Durutti lives!' and 'Viva Durutti'. This was a hugely influential experience for me which really solidified my interest in anarchist politics.



(Fitzpatrick, C. 2011)

It was in this period that I was first attended the vegan café in Seomra Spraoi, which is an autonomous social centre in Belvedere Court in the centre of Dublin. Within the anti-authoritarian left, I witnessed a microcosm of another world which was possible without capitalist relations of production. Seomra Spraoi remains a space where the pernicious influences of patriarchy, heterosexism and white supremacy are not tolerated. I began to witness the anarchist ideal of pre-figurative politics being enacted in the day to day running of Seomra Spraoi.

However, I felt that my participation in anarchist politics was limited in an overtly academic and often male-dominated environment, despite painstaking adherence to the technicalities of direct democratic decision making and process. However, I never attributed the problem to gender or the need for feminist praxis. An aggressive poster campaign by the pro-life lobbying group Youth defence became the catalyst for my involvement in the pro-choice movement. I had never been directly confronted with the issue before and despite my involvement in left-wing politics, had never given

the issue sufficient thought. I was horrified by the blatant misogyny and shaming, endowed with the ominous religious authoritarianism of a by-gone era. This experience, coupled with the death of Savita Halapanaver who was denied a termination in Galway University Hospital in October 2012 cemented my support for a women's right to choose what happens to her body.

I subsequently became involved in the Abortion Rights Campaign as part of the Creative and Direct Actions Group and have found the experience to be liberating both personally and politically. I have also been involved in the Abortion Rights Campaign (ARC) since June 2013 as part of the Creative and Direct Actions working group which has since been renamed the Actions group. There have been a number of extremely vibrant actions such as the protest at the Life house against the reprehensible placement of a mobile billboard stating that abortion is never the answer across the road from the rape crisis centre. This was an extremely radical demonstration which tapped into a tangible sense of outrage at this callous and opportunistic move by Youth Defence. There was a visceral outpouring of anger and outrage from the pro-choice community and many more predominantly young people abhorred by the actions of Youth Defence and their targeting of sexual assault survivors.

Furthermore, the pro-choice counter demonstration at the Spire in opposition to the Rally for Life was one of the most militant and confrontational demonstrations I perhaps have ever attended. A largely Catholic and older demographic of marchers were presented with a vibrant counter-narrative to their moralistic religious posturing which asserted that a woman's right to exercise bodily autonomy and choose abortion among a range of other decisions affecting their lives. There was a clear sense coming from this demonstration that public opinion in Ireland is increasingly on the side of choice and that the battle for legitimacy had been won.

A lot of the most positive and successful actions by ARC during the year have been in the creative sphere, with exhibitions, photo-shoots and zine-making all creating a momentum which added a sense of spontaneity and energy to the campaign as a whole. Being involved with a political organisation prior to my engagement with ARC has given me a level of confidence and experience has allowed me to reach a point where I feel I can make a worthwhile contribution to practice.

The campaign is committed to horizontality with a helpful sense of practicality which has been incredibly effective as an organising strategy. The organisation is mainly made up of women, which is understandable given the gendered nature of the issue. This has been an incredibly refreshing experience first for me in political groupings. The absence of oppressively hierarchical organisational structures combined with female-centric membership has enabled real relationships of solidarity to develop. This can be seen in the interpersonal dynamics of meetings, which make use of traditional feminist consciousness raising techniques such as group check-ins at the start of a meeting. There is an overwhelming send of support, care and friendship in the group which is of a specifically feminist nature even if this is not always articulated.

Almost by contrast to my political background and experiences, I pursued an Undergraduate BSc in Pharmacology at University College Dublin. This proved to be quite an intensive and challenging course, which I never really enjoyed. Although I had been interested in Science in secondary school, my real interests had always been in politics and literature. However, I don't regret this choice as in the space outside the course, several events occurred which proves politically formative for me. Through my experiences in University, I was inspired to translate my own politicisation into action. Through the experience of reading Marx's Later Political Writings, witnessing sit-in by the group Free Education for Everyone (FEE) on campus in protest to the introduction of fees and attending Socialist Party meetings, I became radicalised. It is only since completing the course however, that I have had the space to really engage in activism and further my personal and political development. Through my experience

of being on this course, I have become engaged in feminist politics both through the Abortion Rights Campaign and my experience on this course particularly from the feminist Theory and Practice module.

I would like to make the argument that women and *trans** men in Ireland have a basic right to access essential reproductive healthcare including the right to access a free safe and legal abortion. I have been involved in the campaign for free safe and legal abortion rights in Ireland as a member of the Abortion Rights Campaign (ARC) since June 2013. I have also personally known many women who have travelled to the UK to access abortion services, often at great personal and financial cost to themselves. The freedom for women to access free, safe and legal abortion is an essential aspect of reproductive rights as well as free and unrestricted access to all available forms of contraception. The shaming and stigma surrounding abortion in Ireland is seen in the silencing of voices countering the repressive narrative that vilifies abortion seekers and prevents honest dialogue from occurring. This issue also matters to me personally as a feminist who believes firmly in the principles of bodily autonomy and in the right of women to have control over their lives and fertility. As an anarchist, I believe that it is through the principles of direct action, solidarity and mutual aid that radical change can be brought about in society. The actions of Women on Web in giving abortion seekers the choice to self-administer abortion pills, in my opinion foregrounds the agency of women in making decisions about their lives and fertility. Women on Web provides a healthcare service to women in Ireland and many other countries with restrictive abortion laws despite the reluctance or refusal of the State to recognise and provide for women's reproductive rights.

1.6 If the limit approaches nothing, the limit does not exist.

It is difficult to ascertain the number of people who are actually self-administering abortion pills due to the legal status of these medications. Thus, it is hard to assess the real scale of the numbers of women who for diverse reasons have chosen to self-

administer abortion pills. The criminalisation of illegal abortion contained in the Protection of Life during Pregnancy Act has also added to the stigma and silence surrounding Abortion which is now seen as a closed issue in the traditionally conservative mainstream media outlets which have significant power to dominate what is represented as public opinion. The presence of more radical pro-choice opinion is extremely influential online and particularly on social media website such as Facebook and Twitter. However, the larger media outlets in Ireland are still seen to engage in censorship of any content which does not support the cultural hegemony of the nuclear heteronormative family or which affords autonomy to women over their own lives.

The medical studies which have been carried out regarding abortion pills are limited to those accessed legally through State or privately run services. I have not come across any work which adequately addresses the issued faces by women who choose to take abortion pills in the absence of medical supervision. However, as the same drugs are involved in medical abortion whether they are distributed by a clinic or through Women on Web this may not it would appear that there would be significant overlap in these studies.

CHAPTER 2 ABORTION IN THEORY AND PRAXIS

In this chapter, I have documented my experiences as part of the Actions working group within the Abortion Rights campaign. I chose to include this log in my research as it was the space within which a lot of powerful discussion and actions occurred throughout the past year. I have also, examined the methods by which pro-choice activists have publicised Women on Web and attempted to make information about their services available in public space. The latter section of this chapter aims to paint an accurate picture of the global accessibility of Mifepristone and Misoprostol by representing their approval status in each country around the world. The availability of financial subsidies for contraceptive access is also mapped globally in order to create a more comprehensive picture of the status of reproductive rights in each country.

2.1 Actions working group log

Within the Creative and Direct Actions Working group of the Abortion Rights Campaign, a discussion took place aimed at exploring the nature of creative and direct actions. Each person in the group came up with ideas of past actions and placed them on a ‘compass of power’. This turned out to be a great tool for generating powerful reflections about the nature of power and its implications for praxis and the type of activities which we engaged in as a group. There was then a collective discussion about what constituted a direct action and whether the aims of the group would be best served by performing direct or creative actions in future.

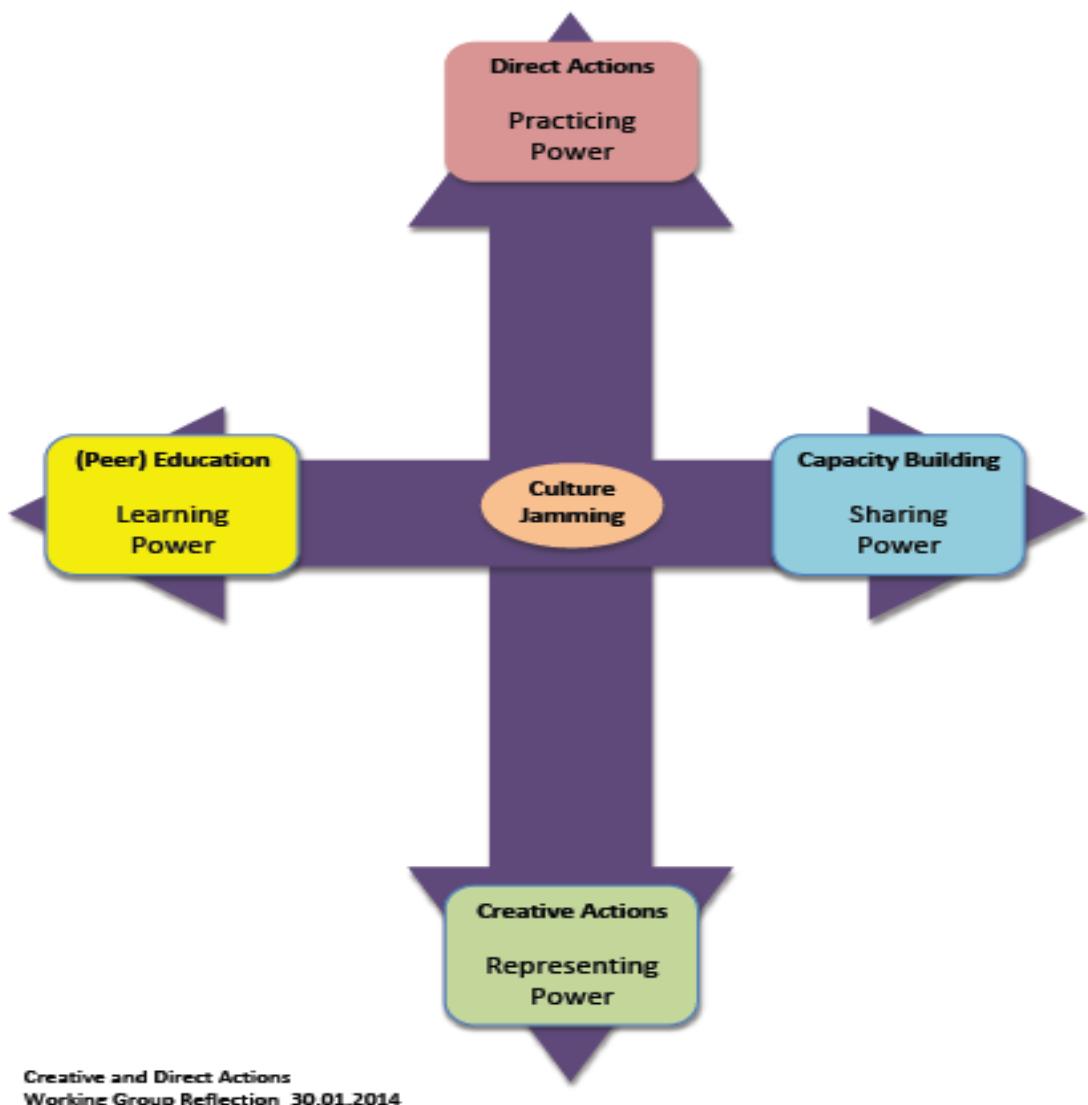
A new category emerged from the discussion of the symbolic action which contains elements of both forms of action. The aim of performing a symbolic act can be to make a powerful statement or create striking images for use in the campaign. Pro-choice activists in the North decided to use the famous free Derry corner to highlight the restrictions on abortion access in Northern Ireland. The classic mural was disrupted to say ‘You are entering not free Derry’. This pro-choice message reached a huge audience and has had a continued impact on social media. This strong example of a symbolic action which played an important role in challenging attitudes to

abortion and attracted significant media attention.

There was a recognition emerging within the group that over the past year that most of the actions we had been involved with had been more creative in nature. Over the past year, we had collectively and individually taken part in a number of art based action such as the ‘Exhibition for Choice’. The March for Choice proved quite difficult to place, however a consensus emerged that this action was more about representing power than taking over its usage directly. Holding a march from one pre-ordained point to another creates a spectacle and represents the potential power of those involved to take action.

We hadn’t really disrupted power in any of these actions or taken over its usage directly. This seemed a disappointing but honest conclusion which stimulated genuine reflection. There was a sense of uncertainty as to what would constitute a genuine direct action and whether the group was the right platform for organising this type of action. This was an exciting opportunity for opening an honest dialogue surrounding the actions of the group. It provided a space for reevaluating the aims of the group and whether the activities we had been involved in were achieving these goals and if not whether a fundamental change in the direction of the working group was needed.

Compass of Power



Minutes of Creative & Direct Actions Working Group March 22 2014

It was raised in the group that we would like to strengthen our links with the UK based direct performance group I.M.E.L.D.A (Ireland Making England the Legal Destination for Abortion). This was with a view to collaborating on a pro-choice action. It was decided that a Skype meeting would be arranged with a member of each group to ensure that we had similar aims and could work together. The idea of having a live art installation on the boat over to London was discussed as a possible action. This would form the basis of a grant proposal and would have a limited number of participants due to economic constraints. The concept of recreating the journey made

by countless women to access abortion service in England was very powerful and really appealed to the group.

It was also discussed that the direction of the campaign would now focus more specifically on calling for a Referendum to repeal the 8th amendment. It was decided that this would be more worthwhile use of our resources as the outcome is more tangible i.e. signatures for the petition to Repeal the 8th amendment. This consensus emerged from an honest assessment of how our limited time and financial resources could be utilised to maximise their impact. A conscious decision was made to assess the outcome of actions and to make sure they are aligned with what the campaign aims to achieve which is in the short to medium term the repeal of the 8th Amendment. The difficult realisation came to light that by taking part in actions with no tangible positive outcome even in outreach that our limited resources could be best directed to other activities. There was also some logistical planning about holding an ARC stall at the upcoming Lady and Transfest and the continuing organisation of the ARC Street stall held every fortnight.

ARC Actions Meeting April 10 2014

A discussion about possible actions that could be carried out the upcoming global day of action called for Tuesday May 13th by the International Planned Parenthood Federation (IPPF) took place at his meeting. Several elaborate and creative actions had been proposed for this day including allowing participants to shoot a football into a goalpost representing these goals. It was agreed that it would be easier to encourage participation on the Saturday as more people would be passing by and would be more likely to take the time to engage with an action. The idea of wearing colourful Abortion Rights Campaign Repeal the 8th t-shirts was raised in order to generate interest and create a visual spectacle.

Note- In the end, it was decided with the input of other working groups in the campaign that an image of a Repeal the 8th football team would be released on the

global day of action for sexual and reproductive health rights on May 13th. The concept behind this image is that the Abortion Rights Campaign supports the extension of the millennium development goals for SRHR and that the struggle for abortion rights and the goals of the campaign should be an integral aspect of achieving these goals. The photo-shoot was carried out on April 29th of a Repeal the 8th football team made up of ARC members.



(Abortion Rights Campaign, 2014)

Actions Working Group meeting May 22 2014

Sustaining the activity of the actions group over the summer period proved to be a major topic on the agenda of this meeting. Several members who are centrally involved in organising activity were not available over the summer due to travel or other commitments. This led to an honest evaluation of the sustainability of the current status quo which involved fortnightly meetings. It was tentatively decided that we would scale back meetings to once a month for the duration of the summer and pass on the responsibility of attending Steering Group meetings to Actions members who would be in Dublin and relatively free to make this commitment. This was a huge relief personally as I was coming close to burnout and had come to the harsh

realisation that I was regularly overcommitting to activities and had to reevaluate where I was directing my time from a more sustainable perspective. I had come to the somewhat ironic conclusion that my participation in the group was actually preventing me from completing my research and had in fact significantly delayed the start of the writing process. However, the activities of the group were so influential on my choice of topic and on the direction of my research that to a large extent the two are inextricable.

The street stall went ahead as usual and another stall was held at the Queer Ball for Choice in Seomra Spraoi on the previous Saturday May 17th. This roller-disco event was organised as a fundraiser for a bus to Belfast to allow pro-choice people to take part in a counter-demonstration to the March for Life on July 5th. I took part in the stall at this event with another member of the Abortion Rights Campaign. As the event was slow to fill up, it became apparent that the number of people at the event between eight and half ten would be quite limited. As well as collecting signatures for the petition to Repeal the 8th Amendment, we encouraged people attending the event to write a message of support and sign a football representing the extension of the Millennium Development Goals for Sexual, Reproductive and Health rights (SRHR). I reported to the group that although we had collected signatures for the petition and had succeeded in getting signature for the football, most participants were unaware of its significance globally in relation to the day of action or the relationship between the Abortion Rights Campaign and these goals. It was not clear that this action succeeded in communicating to participants the significance of this action and its greater context.

2.2 Women on Web A Safe Abortion With Pills



(Nagle, L. 2014)

Stickers have played an important role in how information about abortion pills and Women on Web has been distributed. These stickers which display the phrase “A safe abortion with pills” and the address for the website www.womenonweb.org have appeared in public places in Dublin, Belfast and other towns and cities around Ireland. They have also been found in bathroom stalls in bars, nightclubs and Universities among many other locations. Stickering by pro-choice activists is one of the main ways which people find out about Women on Web and the option of a self-administered medical abortion with pills. Many of these stickers are eventually either partially or fully torn down. However, if each sticker reaches even one person facing an unplanned pregnancy or who knows someone who is, then they have been successful and achieved their purpose of communicating medical information those that need it.



(Nagle, L. 2014)

Women on Web provide a template for stickers or leaflets which details how to carry out a safe abortion with Misoprostol. This information is available in seventeen languages and can be easily downloaded from www.womenonweb.org. Misoprostol is sold in many countries on prescription for conditions such as ulcers to arthritis. Medical abortion with Misoprostol is an attractive option to many abortion seekers as it is low cost and more easily accessible than Mifepristone which is highly restricted in many countries.

Do you need a safe abortion? (till 9 weeks of pregnancy)

Go to the pharmacy, buy 12 tablets of Misoprostol.

(say it is for your grandmother with arthritis)

(or go to www.womenonweb.org)

1- Put 4 tablets under your tongue.

2- After 3 hours put another 4 tablets under your tongue.

3- After 3 hours put another 4 tablets under your tongue for the third time.

Within 4 hours you can get cramps, nausea, chills, diarrhoea, bleeding. If you soak more than 2 maxi sanitary pads per hour for more than 2 hours; if you have a fever or severe pain you have to go to a doctor (you can say you had a miscarriage).

After 3 weeks do a pregnancy test.

More info: www.womenonwaves.org

Business cards advertising the website www.womenonweb.org were available for free in Seomra Spraoi, an autonomous social centre based on Gardiner Street. These striking cards appear to have been printed and distributed by anonymous pro-choice activists.



(Fitzpatrick, C. 2014)

Safe abortion pills up to 9 weeks of pregnancy

- 24 hour helpline -

www.womenonweb.org

The World Health Organisation states that medical abortion with mifepristone and misoprostol is safe and effective. Millions of women around the world have successfully used this method to end an unwanted pregnancy

(Fitzpatrick, C. 2014)

The text on the back of this card states: The World Health Organisation states that medical abortion with mifepristone and misoprostol is safe and effective. Millions of women around the world have successfully used this method to end an unwanted pregnancy. The information on this card indicates that abortion pills can be taken up to nine weeks of pregnancy. However, according to a public presentation on Women on Web, abortion pills can be taken safely up to twelve weeks and have been taken by Irish women at up to twenty weeks gestation (Yanow, 2014). Although, administering abortion pills can still result in successful abortion, the associated risks to the pregnant person's health are elevated particularly beyond the first trimester (Yanow, 2014).

Women on Waves logo

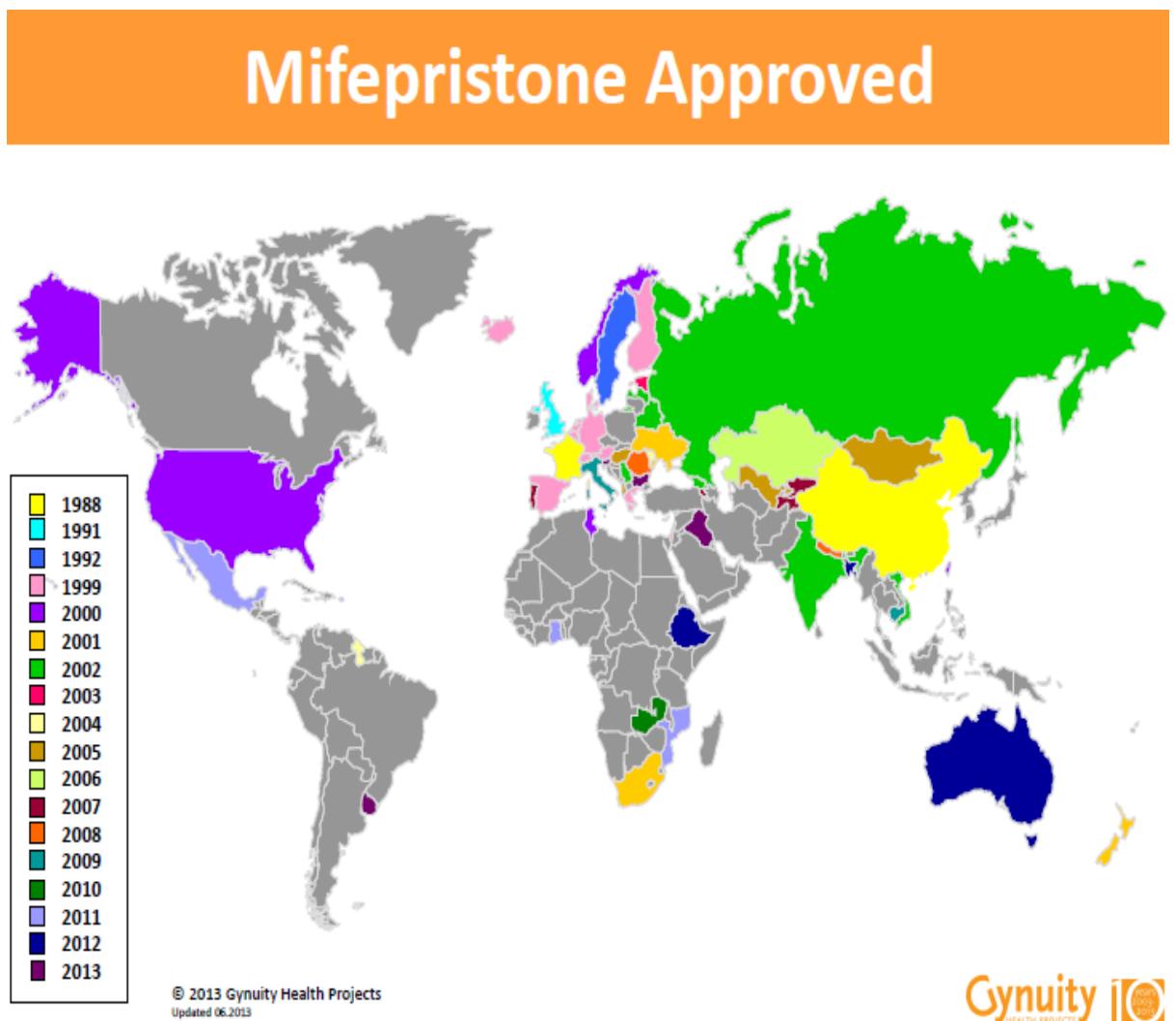


Published with permission of Rebecca Gomperts of Women on Waves

This is the official logo of the organisation Women on Waves who provide abortion services in international waters in regions where abortion is restricted. A team of trained medical professionals are available to carry out abortions and provide any other necessary medical attention need by the women accessing these services.

Women on Waves visited Ireland in 2001 and were inundated with requests for appointments from Irish Women needing to access medical abortion services provided on board. Due to legal red tape, abortions were not allowed to be performed on board the ship. However, the action attracted a significant amount of media attention and highlighted the huge demand for abortion services to be made available legally in Ireland.

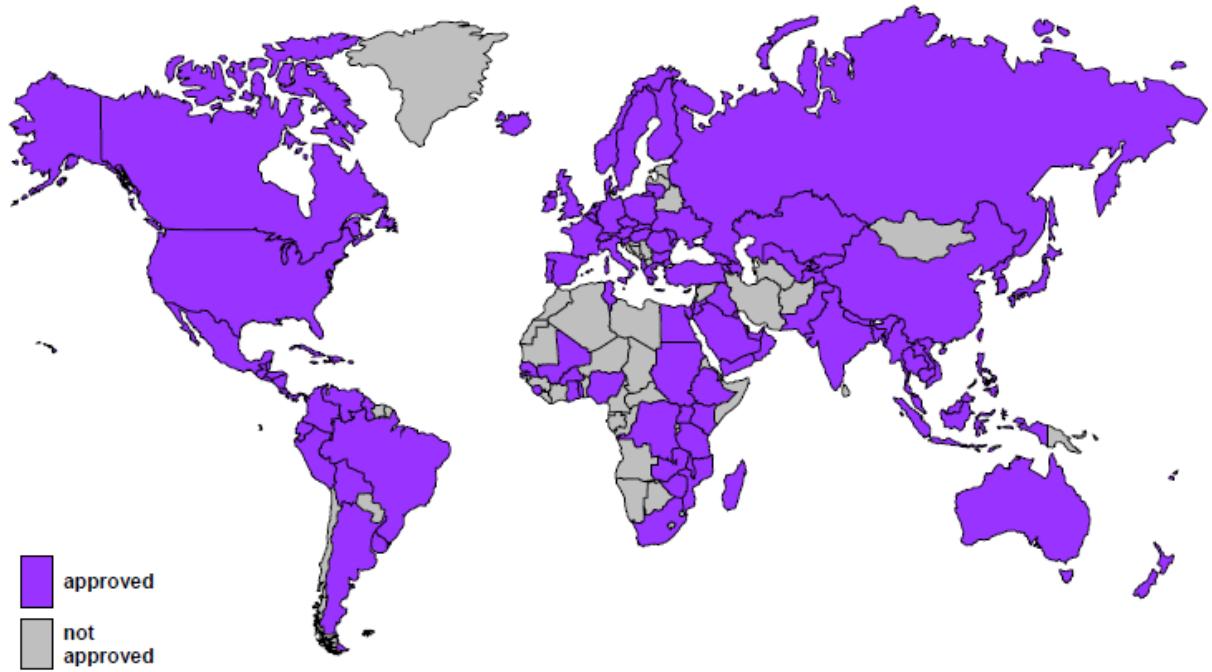
2.3 Map of approvals



(Gynuity Health Products, 2013)

The approval of Mifepristone has been extremely limited globally as it is used only as an abortifacient. The drug is not registered for usage in most of South America, Africa or Canada. For this reason a medical abortion with Mifepristone and Misoprostol is not a viable option for many women as it can prove difficult to access this medication in many regions.

Misoprostol Approved



© 2013 Gynuity Health Projects
Updated June 2013

Gynuity Health Projects tracks formal drug registration and government approval of misoprostol throughout the world. This map reflects our latest information. If you become aware of registration or approval in new countries, please write to pubinfo@gynuity.org.

Gynuity

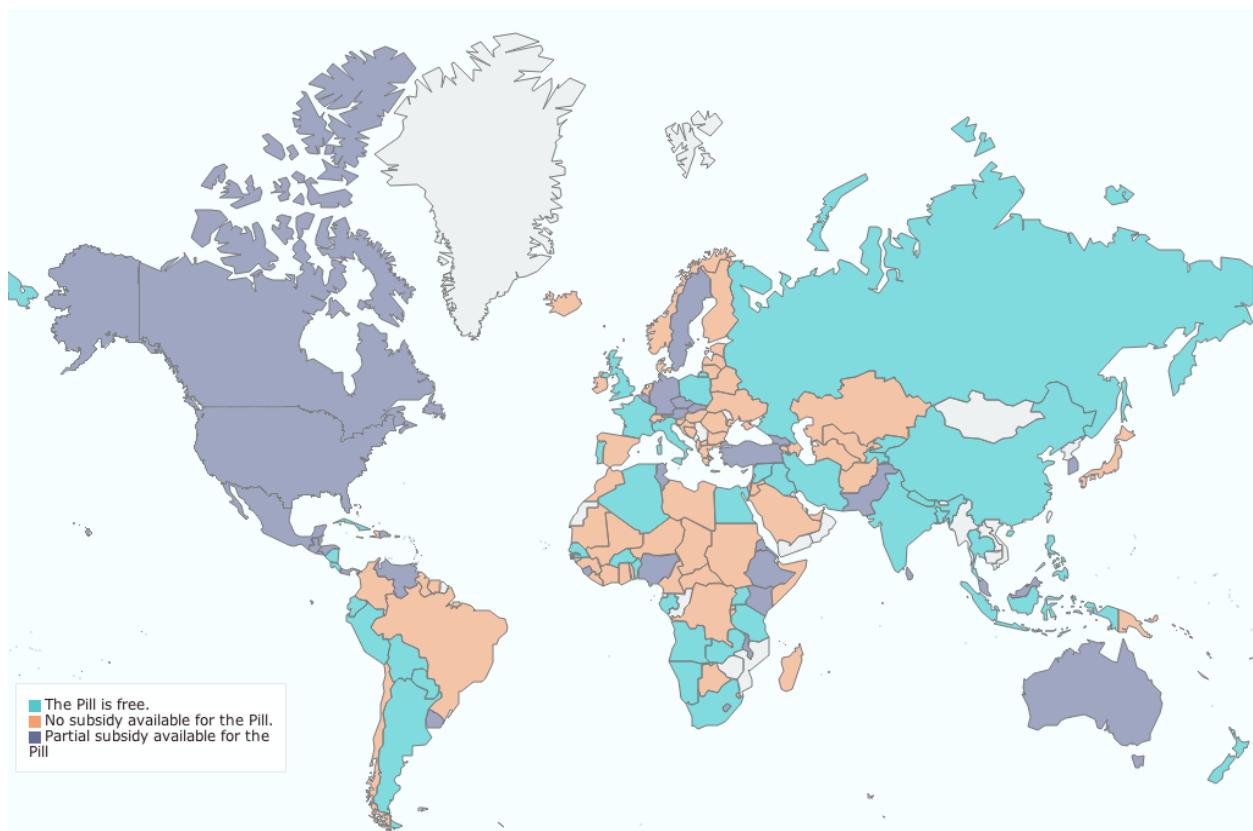
(Gynuity Health Products, 2013)

Misoprostol is approved for use in the vast majority of countries worldwide, including Ireland. This provides huge scope for the potential disruption of abortion laws in countries which have not introduced legalised abortion. In many cases, medical abortion using Misoprostol alone is the only economically viable option available to abortion seekers.

The area of reproductive rights cannot be seen solely with regard to abortion access. It is also essential that no barriers are in place preventing access to contraceptives. While the contraceptive pill is legal in Ireland, it requires a doctor's prescription which significantly raises the cost involved. The morning after pill has been available over the counter since 2011, however the financial cost of the drug is too high for women to have widespread access to the drug. Access to free contraceptives as well as free, safe and legal abortion services must be an integral aspect of any campaign for reproductive rights. This map below, visually represents the disparities in free access to contraceptives globally. Ireland is again among the countries which offer no full or

partial subsidy for contraceptive access. The UK however offers its citizens free contraceptive access and free abortion services up to twenty four weeks provided by the NHS.

Map of global contraceptive access





This image by (Kruger, 1989) examines the personal struggles of women who are objectified and on whom oppressive beauty standards are enforced by Society. The female body is contested territory over which women are forced to battle with men, the fashion and beauty industry and even against each other. Ownership of the female body is political and this power extends itself to reproductive rights, including access to contraceptives and abortion services. ‘Her photograph was originally a poster for a pro-choice march that took place on the 9th April 1989 in Washington, D.C. Although now its purpose is to voice her opinion to protect women’s rights through an image that raises issues about power, patriarchy, stereotyping and consumption’ (Mitchell, 2013).

2.4 Pro-Life, Pro-Lies

When They Say... You Say How to Frame the Issue with Our Words



SAY	DON'T SAY
DECISIONS, ALTERNATIVES, OPTIONS	CHOICE
UNBORN CHILD, PRE-BORN CHILD, BABY	FETUS
SHE OR HE	IT (ABOUT THE BABY)
MOTHER	(PREGNANT) WOMAN
ABORTIONIST	DOCTOR, PHYSICIAN
ABORTION FACILITY	CLINIC, HOSPITAL
ABORTION INDUSTRY	REPRODUCTIVE HEALTH CARE PROVIDERS, FAMILY PLANNING CENTERS
ABORTION	TERMINATION OF PREGNANCY
PRO-ABORTION	PRO-CHOICE
PRO-LIFE	ANTI-ABORTION
PROTECT UNBORN CHILDREN FROM ABORTION	PROHIBIT ABORTION
UNBORN VICTIM, PRE-BORN VICTIM OF VIOLENCE	FETICIDE
EXTREME "ABORTION ON DEMAND" LAWS	LIBERAL ABORTION LAWS
COMPLETELY UNPROTECTIVE LAWS	PERMISSIVE ABORTION LAWS
ABORTION PROMOTERS	REPRODUCTIVE RIGHTS ADVOCATES/SUPPORTERS
KILLING	MURDER

 National Right to Life Committee

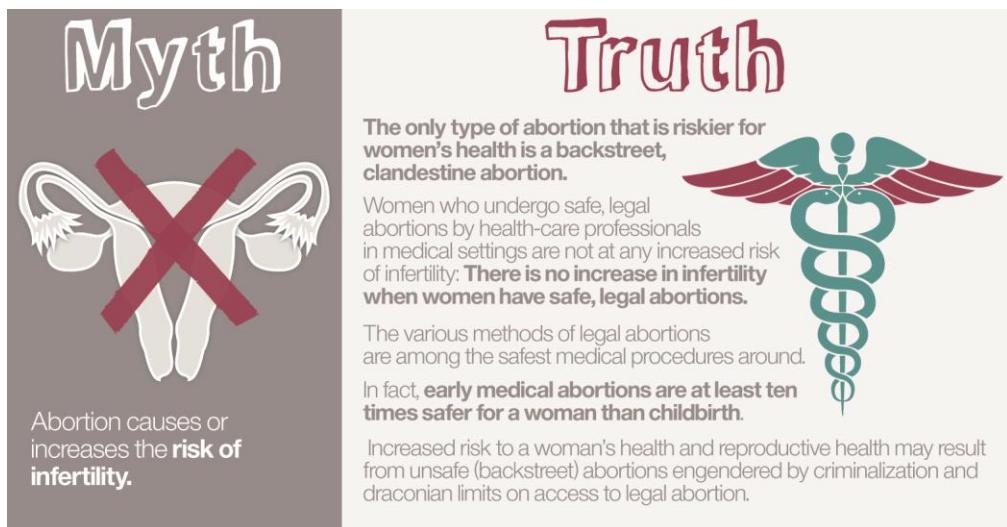
Page 7

Deliberate manipulation of language by the Pro-Life movement

(Gans & Spaulding Balch, n.d)

In this communications handbook published by the National Right to Life Committee, inc., pro-life activist are instructed to use particular terms which emphasise the alleged personhood of the foetus. The deliberate usage of unscientific language in favour of emotive and provocative language is designed to elicit a response on the level of pure emotion, bypassing appeals to the rational mind. A prescriptive word of advice of contained in this handbook advises pro-life activists to make use of facial expressions

and cues in order to convey a negative impression of abortion providers. ‘Note: it is always easier to smile when you are mentioning saving babies’ lives or helping their moms! Frown when you mention the abortionists!’ (Gans & Spaulding Balch, n.d). The use of these kind of techniques of emotional control can be very effective in convincing people who may be vulnerable to get involved with the pro-life cause in the absence of scientific facts and statistics to support their position. The manipulation of language and the misuse of scientific data often manifests itself in the proliferation of abortion myths. One of the most persistent myths is that a causal link exists between undergoing an abortion procedure with breast cancer and infertility. Despite being debunked through extensive scientific studies, this myth emerges time after time from the pro-life movement to the extent where it has entered official discourse surrounding abortion.



(Abortion Rights Campaign, 2014)

The Abortion Rights Campaign (ARC) carried out an eight day myth busting campaign in the days leading up to International Women’s day on March 8th. An infographic addressing a different abortion myth was released each day as part of this campaign. The above infographic aims to debunk the myth that abortion can increase a woman’s risk of infertility which is not medically accurate.

Rogue pregnancy clinics exist in Ireland which use misinformation, shaming and Intimidatory tactics in order to prevent women from accessing abortion services under the pretext of providing free counselling to pregnant women (IFPA, 2006). ‘Though RCPAs portray themselves as medical clinics, advertising medical services and urging women to come in for "options counselling," they do not provide full options counselling and generally will not refer for abortion care or birth control’ (IFPA, 2006). Many of these rogue pregnancy counselling centres are affiliated with religious Organisations. However, this is not advertised with any transparency so that many women are not aware until they attend this counselling, that no information regarding abortion or birth control will be provided to them. These agencies commonly employ delaying tactics which can result in women needing to undergo later term abortions for those who choose to access terminations. ‘Under the Regulation of Information Act, 1995, non-directive agencies may only provide information on a face-to-face basis and there is an obligation to provide information on all options. Pregnancy advice and counselling services which do not provide abortion information are not restricted in any way’ (IFPA, 2006).

CHAPTER 3 LITERATURE REVIEW

I choose to carry out separate review of the medical and sociological Literature relating to the topic of Women on Web and the self-administration of abortion pills. This was in order to clearly highlight the medical facts surrounding the abortion pills due to the persistence of misinformation about medical abortion with pills. The review of sociological literature occupies the space of the traditional literature review which attempts to frame the issue in relation to the existing literature. The distribution of abortion pills by Women on Web is situated with respect to the history of struggles for abortion rights in Ireland as well as to the wider feminist movement.

3.1 REVIEW OF MEDICAL LITERATURE

Don't let politics trump medicine!^{*2}

The number of Medical terminations performed by the NHS has increased from 17 percent in 2002 to 48 percent in 2012 of total abortions carried out in England and Wales (Department of Health, 2014). Termination of pregnancies under 13 weeks accounted 91 percent of total abortions in 2012 (Department of Health, 2014). The most common method of medical abortion involves the drugs Mifepristone and Misoprostol. “Mifepristone, an anti-progestin, blocks receptors of the hormone progesterone, a hormone necessary to sustain a pregnancy. The drug also facilitates cervical dilation. The second drug, the prostaglandin misoprostol, stimulates contractions and further dilates the cervix, completing the abortion”. According to the US Food and Drug Administration (FDA), Mifeprex which is the registered trademark of Mifepristone in the US, is a competitive antagonist of the Progestin receptor. The drug blocks the activity of progesterone and sensitises the myometrium which is the mid-layer of the uterine wall to the contraction-inducing effect of prostaglandins such as Misoprostol.

The use of one Mifepristone and four Misoprostol tablets at up to ten weeks is 95-98 percent effective in inducing miscarriage Yanow, (2014). The use of Misoprostol alone (12 tablets), has been shown to be 80-85 percent effective Yanow, (2014). “Misoprostol is a synthetic prostaglandin E1 analogue approved worldwide for the prevention of gastric ulcers” Moreno-Ruiz (2007, p.216). Misoprostol does not have any known adverse interactions with other drugs. Misoprostol is effective in labour induction, the treatment of post-partum haemorrhage and early pregnancy failure, and induction of second-trimester abortion” Moreno-Ruiz (2007, p.216). According to the FDA, there is a small risk of birth defects in pregnancies which result from incomplete medical abortion. Certain painkillers are not suitable to use during treatment due to drug

^{*2}Common abortion rights slogan.

interactions with Mifepristone. Misoprostol is available over the counter in many countries and is sold in Ireland as part of an arthritis medication Arthrotec®.

“Mifepristone and misoprostol are on the WHO list of essential medicines and are the moral property of women, not law makers” Yanow, (2014). According to the World Health Organisation “Actions to strengthen policies and services related to abortion should be based on the health needs and human rights of women and a thorough understanding of the service-delivery system and the broader social, cultural, political and economic context” (World Health Organisation, 2012). Abortion is framed here as an essential health service which all women should have unrestricted access to.

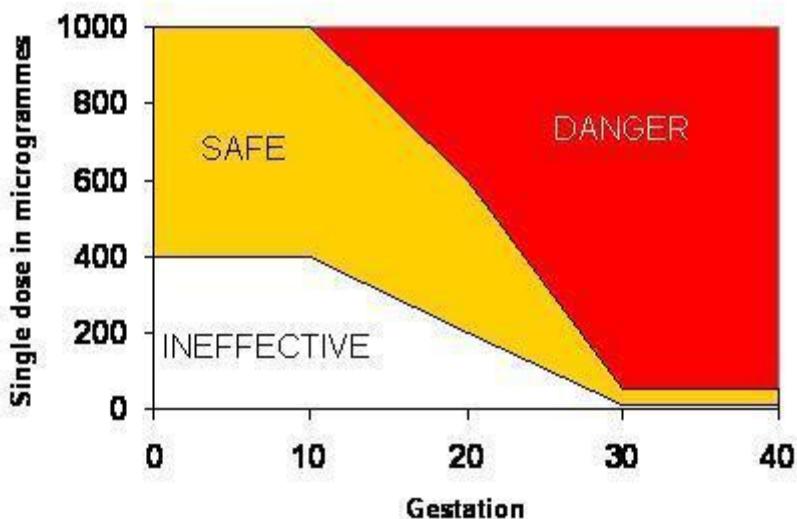


Figure 1: Safe single doses of vaginal misoprostol for producing uterine contractions at various gestations. For the first trimester 800μcg 24 hourly can be safely used. In the second trimester 200μcg 12 hourly is a common dose, whilst beyond 24 weeks 25μcg 6 hourly is usually used. If a higher dose than this is used, then uterine hyper stimulation with uterine rupture or fetal distress might be the result.

(Misoprostol, n.d)

Misoprostol administered in the first nine weeks of pregnancy falls under the safe usage window in this chart. Usage of Misoprostol in the first few weeks of the second trimester carries a slightly increased risk with high dosage use. The safe therapeutic dosage decreases sharply as the gestation period increases as a much lower amount of

drug is required to induce uterine contractions. Misoprostol usage to induce medical abortion is extremely high risk in the third trimester with an extremely narrow therapeutic window for safe usage and is thus not medically advisable. From a pharmacological perspective, the abortion pills Mifepristone and Misoprostol have excellent safety profiles when used as directed and do not pose significant risks to health when taken in the first nine to twelve weeks of pregnancy. It appears evident that the basis of fears surrounding these medicines appears to be more rooted in the proliferation of abortion myths and misinformation. Medical abortion with pills is the standard method of ending unwanted pregnancies in the first trimester in abortion clinics in the UK. Between nine and twelve weeks, pregnant people can choose to opt for a medical abortion with pills or elect to undergo a surgical procedure.

From a feminist perspective, control over their bodies and fertility is an essential aspect of liberation. Despite the potential control that a safe medical abortion with pills offers women over their lives and fertility, serious issue concerning the ownership and modes of production involves in the manufacture of these medicines. The drugs used in medical abortion; Mifepristone and Misoprostol are manufactured by large pharmaceutical companies who also own the patents and licencing rights to these medicines. The continues availability of these drugs is influences by the constant mergers and acquisitions which occur routinely between big pharmaceutical companies. The operational model of these companies is profit based and privileges the development of drugs which return a high profit margin rather than the drugs that are most socially needed. Once these drugs are in the possession of Women on Web, they can operate with a reasonable amount of agency. However, control of the manufacturing process remains dominated by corporate interests. Until the factories where these drugs come under workers self-management and operate by feminist principles, full control of the means of reproduction will not be realised. However, that is not to denigrate the control that Women on Web can give abortion seekers over their lives and fertility. However, the underlying economic structures of society must be addressed in order to ensure that real control over social and biological reproduction is possible.

CHAPTER 3B SOCIOLOGICAL LITERATURE REVIEW

Pro-choice struggles in Ireland have built on the direct actions of feminist groups such as the contraceptive train of 1971 in which a group of activists challenged the restrictive laws in the South by bringing condoms across the border.” This grassroots DIY tactic is not new in the history of pro-choice struggles in Ireland. Before the constitution was amended in 1992 to allow the advertisement of foreign abortion services, pro-choice groups illegally distributed information on abortion services” Campbell, (2013). This history of directly challenging the state in the struggle for women’s bodily autonomy continues in the face of the continued lack of access to free, safe and legal abortion. “Publicly defying state censorship, the Women’s Information Network advice line number was handed out on leaflets, scrawled on women’s toilets, placards and laneways the same spaces which now advertise WOW over twenty years later” Campbell, (2013). The work of Women on Web in distributing abortion pills and those who assist them are taking power directly in order to address the need for abortion services both in the Republic and Northern Ireland.

The vastly influential feminist theorist and philosopher Simone de Beauvoir believed that liberation from sexual oppression will arise by women taking power directly from its current possessors, men. This redistribution of power will be brought about by the radical actions of women and will be necessary in order for equality to be achieved. In an interview with John Gerassi twenty five years on from the publication of ‘The Second Sex’, de Beauvoir reflected on the parallels between the struggle between the sexes with the class struggle in which revolutionary power resides with the proletariat. In the words of de Beauvoir:

So, just as it is up to the poor to take away the power of the rich, so it is up to women to take away power from the men. And that doesn't mean dominate men in turn. It means establish equality. As socialism, true socialism, establishes economic equality among all peoples, the feminist movement learned it had to establish equality between the sexes by taking power away from the ruling class within the movement, that is, from men' (De Beauvoir, 1976).

De Beauvoir's vision of liberation coming from the actions of women is a hugely Empowering concept which unmasks the possibility of transformative social change occurring without the successful petitioning of the ruling class of men for concessions which offset their power in theory but not reality. In relation to abortion, women are enabled to exercise these principles by the work of Women on Web and feminist activists who make information about information pills more available either online or physically through flyering or stickering. The transmission of this medical information to women who would not otherwise have access to it is a radical act and in the case of Women on Web and abortion pills one that technically puts activists in direct contravention of the law.

Susan Yanow, who worked for the organization Women on Web, views the self-administration of pills as a form of radical resistance. This is framed as part of the core feminist principle that women must demand the right to control over their own bodies and fertility. The actions of Women on Web support the actions of women to liberate themselves by accessing abortion services beyond the remit of the patriarchal institutions of church and state. The organisation, by virtue of its role in assisting women to access reproductive rights which are denied to them is a distinctly feminist action. Additionally, many of the medical staff working on behalf on Women on Web are women or at least operate in a woman-centric environment which is aimed at removing barriers to accessing reproductive healthcare. This activity of distributing abortion pills appears to be a radical example of women acting to liberate themselves

and denigrate the hegemonic power of male institutions which constrain the agency of women to take control of their lives and reproductive capacity.

Ireland has a rich past of pro-choice and reproductive rights struggles which are notable both for the radical actions involved and in their absence from official versions of history and public consciousness. Direct actions on the part of feminist groups have played a hugely important role in forcing the state to catch up with advances in reproductive healthcare and women's rights in line with other countries. The legalisation of the sale of contraceptives as well as the establishment of services such as the Well Woman Centre and the Rape Crisis Centre were directly influenced by the actions of feminist activists and not by the false generosity of the state.

In 1979, a women's right to choose group was established in Ireland. The sale of contraception to married women was legalised in 1979 and was only made available to those over the age of eighteen in 1985. (Connolly, 2003, p.90) stated that "The skills of women in long-standing organisations were an important catalyst in the formation of contemporary groups and the expansion of a broader base of the women's movement in that period". The work of radical feminist groups formed the basis for gains made in what limited reproductive rights Irish women now have and were instrumental in the establishment of services such as the rape crisis centre and the Well Woman clinic. "A number of organisations, frequently in the form of small consciousness-raising groups, single-issue campaigns or with the function of providing services for women, emerged from these core radical organisations in the 1970s" Connolly (2003, p.90/91).

Young women, with no history of feminist activism, were already active in republican, student and socialist movement organisations in 1970. The inequality experienced by Irish women in emerging social movements and protest groups frequently motivated activists to form women's groups within these movements/parties. However, women also began to form radical, women's liberation groups and organise an autonomous women's movement quite independently from the more centralised ad hoc group Connolly (2003, P.96).

Connolly argues that women already politicised on other issues went on to form the basis of the Irish feminist movement.

Rosemary Tong in her extensive survey of feminisms “Feminist Thought” examines the case against biological motherhood as explored by Shulamith Firestone who constructs a feminist version of historical materialism (Tong, 1998). Firestone argues for the obliteration of sexual distinction and the need for control of the means of reproduction (Tong, 1998). Firestone argues that artificial reproductive technologies hold the key to eliminating the role of sex in the reproductive process (Tong, 1998). The medical and pharmaceutical technologies which have created the possibility for women to self-administer abortion pills have shifted the traditional paradigm regarding the circumstances in which safe abortion is possible. The usage of Mifepristone and Misoprostol or Misoprostol alone to induce abortion outside of the hospital environment and at relatively low cost opens up a previously unthinkable realm of possibilities for women’s liberation. Women are socially and culturally conditioned to be mothers, contributing to the oppressive biological motherhood as an oppressive myth and the desire to bear children in your own image which Firestone condemns as an extension of the ego. Firestone attests that advances in reproductive technologies have eliminated to a large extent the need for the dependence of women and children on the male species for survival (Tong, 1998). Exploration of firestone’s work compelled me to consider the potential impact that free and unrestricted access to the whole range of extant artificial reproductive technologies could exert on gender roles. Such technologies include the most advanced and effective methods of contraception, full access to abortion and the future possibility of pregnancy becoming biologically unnecessary.

In a similar manner to de Beauvoir, Firestone argues that a revolution of the oppressed class of women is necessary. However, Firestone argues that revolution by women is necessary in order to ensure that control of the means of reproduction does not fall into the hands of the oppressor ‘- to assure the elimination of sexual classes requires the revolt of the underclass (women) and the seizure of control of

reproduction: not only the full restoration to women of ownership of their own bodies, but also their (temporary) seizure of control of human fertility - the new population biology as well as all the social institutions of child-bearing and child-rearing' (Firestone, 1970). Firestone moves beyond the economic reductivism of Marxist theories of revolution by calling for the means of reproduction to be taken over not by the proletariat but by the oppressed sex-class of women. It is not just discrimination based on the premise of sex that must be smashed according to Firestone. Distinctions made on the basis of sex must also be eliminated. 'And just as the end goal of socialist evolution was not only the elimination of the economic class *privilege* but of the economic class *distinction* itself, so the end goal of feminist revolution must be, unlike that of the first feminist movement, not just the elimination of male privilege but of the sex *distinction* itself: genital differences between human beings would no longer matter culturally' (Firestone, 1970). Unrestricted access to abortion pills which are currently provided by services like Women on Web has the potential to eliminate the oppressive cultural significance and roles associated with these differences by affording agency to pregnant people which they do not currently possess.

Unfortunately, it is in the interests of the former rulers to hold onto their former hegemonic power. This would not cease to be the reality even if its basis in biological distinctions were overcome to a large extent by the advent of new reproductive technologies. The problem is not biological difference but the uneven distribution of power between males and females which poses a problem which is political in nature. 'The problem becomes political, demanding more than a comprehensive historical analysis, when one realises that, though man is increasingly capable of freeing himself from the biological conditions that created his tyranny over women and children, he

has little reason to want to give this tyranny up' (Firestone, 1970). There are few historical examples which point to the willingness of the ruling class which in this case is made up of men to relinquish hegemonic power even and perhaps especially when it is not merited. The traditional biological family unit is an important site of reproduction of inequality and oppression which co-exists with economic oppression which crushes the working classes. 'These warring classes of society are always the product of the modes of organisation of the biological family unit for reproduction of the species, as well as of the strictly economic *modes* of production and exchange of goods and services' (Firestone, 1970). Firestone here misses a key opportunity to adopt a radical intersectional approach which recognises the multiplicity of experienced oppressions. No reference is made to the significance of race in Firestone's analysis, which cannot be extricated from class or gender issues. Within current societal structures, access to artificial reproductive technologies will privilege not only middle class women but will also be Eurocentric and US-centric in the benefit they endow.

Marxist and Socialist Feminists view women's oppression as not the result of the actions of individuals but as the product of the existence of oppressive political, social and economic structures. Social feminists claim that women's oppression results from an interplay of oppressions originating from the systems of both patriarchy and capitalism. Thus in order for capitalism to be overthrown as a system, patriarchy must be smashed too. Alison Jaggar's critique of Marxist feminist used the example of women in communist countries who have been granted entry to the workforce without an alteration the distribution of house work or child care. By addressing only the economic exploitation of women without reference to gender based exploitation,

women were given the freedom to work a double day, returning from the public workplace to the private workplace of the home. The issue of access to abortion pills combines different forms of exploitation, one which is gender based and another which is economically or class based. Lack of financial resources is one of the main factors which influences a woman's decision to order abortion pills through Women on Web. Denial of access to essential healthcare services and basic reproductive rights primarily targets women. The right to travel abroad to access abortion services privileges middle and upper class women who have the economic resources which allow them to travel and to pay for the procedure. Without addressing the mechanism by which the current status quo disadvantages abortion seekers from financially disadvantaged backgrounds, a two tier system will persist which reproduces cycles of oppression in society. Without addressing the gender aspects of economic oppression, male supremacy and hegemony will persist in dominating society. This situation would result in a disregard for the reproductive rights and bodily autonomy of women. It is essential that gender based oppression is addressed in concert with economic exploitation as well as oppression based on race, ethnicity, sexuality or ability.

Carol Ehrlich in her seminal article Socialism, Anarchism and Feminism asserted that freedom without bodily autonomy is an impossibility. "People aren't free just because they are surviving, or even economically comfortable. They are free only if they have power over their own lives. Women, even more than most men, have very little power over their own lives. Gaining such autonomy, and insisting that everyone have it, is the major goal of anarchist feminists" (Ehrlich, 1977). Ehrlich identified the aims of gaining control over their lives and achieving bodily autonomy as the goals of anarchist feminists. In order for women to have autonomy over their

bodies, it is essential that they have control over their fertility and reproduction.

The actions of Women on Web allows women to take the decision about how to deal with an unwanted pregnancy out of the control of the state and into their own hands. Instead of humbly accepting the right to travel abroad albeit in a cloud of secrecy and shame, women are now able to take abortion pills in the privacy of their own home surrounded by family and friends instead of alone with clinic staff. The process of taking the pills alone puts more power into the hands of abortion seekers, who do not have the financial and emotional burden of travelling to contend with. Self-administering abortion pills also enable women to exercise direct control over their reproduction in stark contrast to undergoing a surgical procedure carried out by a professional abroad.

'Anarcha-feminism is a specific type of feminism and a specific type of anarchism that is critical of power relationships, particularly those that are gendered' (Stacy aka sallydarity, 2013). This involves challenging the binary construction of gender which excludes the experiences of *trans**, intersex and gender non-conforming people. 'And while feminists have found it useful to call gender what it is, a social construct, gender is considered to generally correlate with sex, and as long as the sex is seen as one of two mutually exclusive rigid categories and the legit counterpart to gender the construct, we may never be released from the confines of gender' (Sallydarity, 2013). Anarcha-feminist resistance to capitalism is grounded in anarchist rejection of all hierarchies and systems of coercion and control in society. However, gender based oppression is foregrounded in anarcha-feminist thought in a manner which is not always addressed in other forms of anarchist organisation. Restrictions on abortion

access primarily affect women and *trans** men as they are the people who need to access abortion services. It is clear that *cis* males will never need to have an abortion. However *cis* male privilege is continually used to influence decision making on reproductive healthcare. This can be seen in the proliferation of anti-choice politicians who use their representative power to silence pregnant people. In the Irish context, the campaign to Repeal the 8th Amendment of the constitution will require majority support in the Dail. This male dominated institution with notable exceptions is composed of a privileged elite with status and economic power due to their positions in Government. They are in no position to speak for abortion seekers who are working class, who are migrants or the many other scenarios they may find themselves in. It is the approval of ruling class males that will be required in order for a referendum to be called. When it is called, *cis* males will no doubt have their voices heard throughout the campaigning process and through their votes. This forced reliance on the favour of those who are already privileged in society to grant concessions is an inherently disempowering situation for abortion seekers themselves to be in. The choice to self-administer abortion pills through Women on Web can be taken without the need for validation or approval from outside influences who may or may not be hostile to the decision. The online consultation is the only preliminary step you have to go through and it is fast, accessible and non-judgemental. It is designed to identify suitable candidates for medical abortion and to rule out those with contraindications which would pose health risks.

Historically the transition to capitalist modes of production coincided with a colonisation of women's bodies and the imposition of oppressive gender roles. 'Women's bodies were to some degree the new commons (for men) as enclosures

increased. As such, women continued to lose bodily autonomy, and in the process were further coerced into specific gender roles (roles varied based on race and class)' (Stacey aka sallydarity, 2013). The historical development of capitalism is enmeshed to such a large degree with gender oppression that the possibility of liberation from the hegemony of enforced gender within capitalism seems almost inconceivable. Gender based oppression is an integral aspect of the capitalist system, acting as a system of control and dominance which maintains capitalistic modes of production. Struggles for abortion access and reproductive rights must address the underlying structures in society within which the subjugation on women is embedded. Thus any organisation or campaign which aims to achieve the liberation of women must be fundamentally be anti-capitalist in nature.

Unfortunately, the women's movement historically has not always allied itself with other movements against oppression. The main focus of the Suffragettes who represented the first wave of the official feminist movement was on achieving the right to vote for women. Middle and upper-class women dominated the activities of the movement, which largely excluded working class women who lacked the societal privileges which would allow them to take part in political activity. Notwithstanding their achievements, ultimately they won the right to be like men rather than to be liberated as women. The feminist movement continues to be enmeshed in class conflict as seen in the rejection of 'white feminism' by women of colour, queer and *trans** folk and intersectional feminists. A manifestation of middle-class white feminism still exists which is interested in equality of opportunity within the structures of capitalism. 'The hierarchy of womanhood created by the women's movement reflects, in many ways, the dominant culture of racism, capitalism and

heteronormativity' (Rogue, 2010). An intersectional feminist approach to liberation is essential to avoid the continuing dominance of racism, classism and the construction of hierarchy within the women's movement. In the absence of a critical understanding that oppression occurs at many sites and that individuals experience different forms of oppression simultaneously, the feminist movement will be complicit in the silencing of 'other' voices and denying the experience of working class women, women of colour and those who do not conform to heterosexist, binary sexual and gender norms or privileged assumptions of ability 'However, using an intersectional approach to analysing and organizing around oppression, as advocated by multiracial feminism and transfeminism, we can discuss these differences rather than dismiss them' (Rogue, 2010). It is essential that real links are made within working class communities and social movements with *trans** people and activists. It is not sufficient to limit recognition of the experiences and struggles of the *trans** community to academic discourse, for real social change to occur, this must translate into organising activity. The concepts espoused by transfeminism help us understand gender, but there is a need for the theory to break out of academia and to develop praxis amongst the working class and social movements. This is not to say that there are no examples of transfeminist organizing, but rather that there needs to be an incorporation of transfeminist principles into broad based movements (Rogue, 2010).

CHAPTER 4 METHODS AND METHODOLOGY

3.1 Epistemology

In this research, I have used a libertarian feminist epistemology to examine the actions of Women on Web in facilitating women to self-administer abortion pills. I utilised qualitative research methods which lends expression to voices and experiential knowledge. However, in my review of the medical literature surrounding abortion pills, I adopted a more empirical approach to knowledge creation. I felt this was the necessary approach needed for the purposes of stigma busting and consciousness raising. In this section, I utilised statistics as well as analysing the pharmacological and medical literature. The creation of accurate and accessible information regarding how to take abortion pills as well as an assessment of the associated risks was one of the primary objective of this research.

Researchers making use of qualitative methods require an awareness of the political-ideological character of their research (Alvesson and Sköldberg, 2010). Qualitative research is shaped by the assumptions and interpretation of the researcher. Thus, it cannot be viewed as politically neutral but is involved in reproducing the dominant paradigm or posing a challenge to it.

In chapter two, I included a log which documents my reflections as a participant in the Actions working group of the Abortion Rights Campaign. This chapter also visually represents and discussed the methods by which pro-choice activists have distributed information about Women on Web and abortion pills. This was aimed at capturing my own learning process and experiential knowledge which shaped the course of this research. It also documents the development of my particular ontological position and my own feminist development. My experiences as a movement participant cannot be separated from the research process within a qualitative methodological framework. It is also an exercise in situating my voice and the factors which have affected my praxis on an ongoing basis.

3.2 Methods

Coming from a scientific background, I initially found the prospect of carrying out qualitative research and interviewing almost impossible. I was familiar with conducting scientific research which was entirely positivist and thoroughly based on quantitative research methods. The start of the interview process daunted me more than anything else on the course. However, it ultimately proved to be one of the most significant barriers I overcame throughout the year and even became a source of enjoyment.

I conducted out two semi-structured and one unstructured interview as part of my field-work for this thesis. Semi-structured interviews involve the use of open-ended questions which enable the participant to raise new aspects of the issue and influence the direction of the interview (Focused (Semi-structured Interviews), n.d). In this type of interview questions are focused on emergent themes rather than adopting a narrowly prescriptive focus. Both semi-structured interviews took place in Seomra Spraoi, which is an autonomous Social centre based in Gardiner Street in Dublin City Centre. I found this location to be particularly relevant to the content discussed in the and also due to the fact that the space has been a constant base for pro-choice organising and activities particularly in its current location. Information about Women on Web can be found in the social centre and it was also the base from which the counter organising to the pro-life poster campaign by Youth Defence took place. The only negative factor associated with this location was the presence of background noise due to a number of other activist events taking place at the same time as the interviews. These interviews were captured on a voice recorder and later manually transcribed.

One other participant answered a short list of questions via e-mail. Two further participants gave short statements regarding the research over e-mail. This was due to restrictions based on time and location. This format ultimately limited the scope of the exchange and prevented a more insightful and in-depth discussion from occurring. Throughout the interview process, I tried to minimise the presence of my own voice which I found during the process of transcribing my first interview with Simone was

dominating the conversation at times. As the other interviews progressed, I made a conscious decision to relax the structure of the interviews as I learnt more about feminist epistemology and the importance of addressing power dynamics in interviews. I realised how easily the silencing of voices can occur during the interview process. Through this experience, I began to recognise how easily hierarchical interactions can be reproduced in the research and interview process. Particularly when conducting interviews using feminist epistemology in which power is equally distributed and exchanges between the interviewer and participant. The final interview I carried out was unstructured and was almost an hour and a half in duration. ‘The intention of an unstructured interview is to expose the researcher to unanticipated themes and to help him or her to develop a better understanding of the interviewees’ social reality from the interviewees’ perspectives’ (Wildemuth and Zhang, n.d). A number of new concepts and themes emerged from this unstructured interview which was with Germaine. This which added a new dimension to the research and really broadened its scope and analysis of the elements of Irish society that continue to influence the way in which discussion around abortion is framed.

The legal status of abortion in Ireland resulting from the passing into law of the Protection of Life during Pregnancy Act earlier this year has reinforced a culture of secrecy and silencing surrounding the issue of abortion in Ireland. This silencing applies both to abortion services accessed in the UK and in other counties with legalised abortion services and to abortions which take place in Ireland, preventing open dialogue from taking place surrounding abortion. Medical abortion using pills from websites such as Women on Web and other outlets are taking place in the Republic of Ireland and Northern Ireland. It is however extremely difficult to determine exactly how many women are choosing to self-administer abortion pills.

CHAPTER 5 RESEARCH FINDINGS AND ANALYSIS

I anonymised the names of my interview participants and replaced each of them with the name of an influential feminist writer. The names I used were; Simone de Beauvoir, Rosemary Tong, Germaine Greer, Emma Goldman and Sheila Rowbotham. This was in order to protect the identities of participants due to the precarious legal situation surrounding the usage of abortion pills in Ireland. I decided to use the names of feminist theorists in order to reflect my epistemological position and as a nod to the reader.

I identified the emergent themes in my research by reading my interview transcripts straight through and then line by line in order to identify the major issues and ideas being raised by the interview participants. The strongest themes which began to emerge were those of reproductive rights, direct action, economic issues, abortion stigma and religious control in society.

5.1 My body, my choice

The principles of reproductive rights and bodily autonomy were front and central to the issue of accessing abortion pills. According to Rosemary, access to accurate medical information regarding reproductive healthcare is essential towards ensuring that a woman's right to bodily autonomy is respected.

I believe that any effort that supports women's autonomy and our right to access medicines needed for our health should be supported. Women need to learn about the safety of these medicines and the way to use them effectively. Any efforts to spread accurate information contribute to the struggle for women's human's rights.

The right to access accurate medical information about reproductive healthcare cannot be viewed as separate to these rights. In the case of Women on Web, information about their services is available through www.womenonweb.org which references research conducted by the World Health Organisation (WHO). However, the service provided by Women on Web and the option of a medical abortion with pills is largely unknown to the vast majority of the population as well as to many women

who are facing unplanned pregnancies. In practice this knowledge appears to be restricted to those already involved in pro-choice activism, members of the public who see Women on Web stickers and abortion seekers carrying out self-directed research that are aware of this information. Given that delays of approximately three weeks getting abortion pills through customs in Belfast have been reported, many women will not become aware of Women on Web and the option of self-administering abortion pills until it is too late in their pregnancy to take these pills safely. Germaine attempted to ask for information about the abortion pill from a UK clinic and was discouraged from taking it on the grounds of safety. ‘I did ring a clinic abroad for advice on making an appointment with them, they would understand that I would have to travel and pay an awful lot of money to travel and I asked for advice taking the medical pill and they said no, no, no, don’t take it, it’s not safe. You, come here to us!’ The medical literature in no way supports this claim of knowledge which suggests that perhaps commercial interests were guiding the advice of the abortion clinic. This situation contributes to the misinformation which can occur given the lack of a legal framework for the distribution of the abortion pill in Ireland beyond criminalisation. Information about self-administration of abortion pills is not included. Information about abortion services available in other states can legally be made available when requested during non-directive counselling for those facing unplanned pregnancies. However, this does not include information about abortion pills or Women on Web. This is hugely misleading as it represents only two options of carrying the pregnancy to term or travelling abroad to access legal abortion services which are incredibly costly for pregnant people travelling from Ireland. In order to create a clear picture of the available options, full disclosure regarding the possibility of medical abortion with pills is required.

5.2 Direct Action gets the goods!

'Any action seeking to achieve an immediate or direct result, especially an action against an established authority or powerful institution, as a strike or picketing' (dictionary.com's online dictionary, n.d).

The theme of direct action in the process of distributing the abortion pill emerged in several of the interviews conducted during the research process. The idea that the distribution of abortion pills could be seen as a form of direct action was also something that resonated with Germaine '-I would definitely see this as a form of direct action. I think that exactly as you said emm, direct action enables you to circumvent the authority, especially if that authority is found to be discriminatory'. Even for women with the financial means to travel, their lack of choice and the inherent stripping away of agency that occurs in being forced to travel is disempowering. The campaign to lobby representative power and pass a referendum to repeal the repressive 8th Amendment of the Constitution has made significant steps towards the legalisation of abortion in Ireland. However, women need access to abortion today and for those who are unable to travel or refuse to experience a loss of their rights by being forced to travel, the abortion pill allows them to take back control over their bodies. In England, abortion pills are administered in clinics, the women then take the first pill at home and return to the clinic to take the second pill. In Scotland both pills can be taken at home. Emma drew attention to the situation in Scotland, where the NHS legally distributes abortion pills to be taken at home. 'I think, in Scotland it's one of the most popular kind of methods of abortion. If you go to the NHS that's what they give you and there's studies done that it's actually much safer than having surgery'.

While the process of distributing abortion pills can perhaps be conceptualised as a form of direct action in Ireland because of the legal restrictions in place around abortion, abortion pills are regularly distributed by the NHS in the UK as part of a service provision model. Radical feminist direct actions have in many cases brought

about legal change which can be seen in the legalisation of contraceptives in Ireland. The challenges that come from the adoption of a service-based model of feminism demand significant attention and thoughtful discussion. However, at present the reality is that Ireland is so far away from a situation where free, safe and legal abortion is available in this country that this issue should not be the focus of the pro-choice movement at present. This will be an essential dialogue which must occur to ensure that the intersectional and radical aspects of the activities of Women on Web do not fall victim to co-option by the state.

5.3 Solidarity is strength

The importance of having a supportive network of family and friends around you when undergoing the process of medical abortion was emphasised by several participants. Emma stressed the benefits of having a strong network of support around you in order to ensure that the process of taking abortion pills is as easy as possible. ‘I think, I guess it depends how much support you have around you. Like I was fairly lucky in that most people that knew I was having an abortion were, were on board with it and would have offered to come with me to doctors and things like this so that it wasn’t, so that it wasn’t as bad’.

The presence of a strong pro-choice network of friends and family there to offer support throughout the process is a positive indication that the experience of medical abortion procedure will be optimised. For women with unplanned pregnancies who do not have that level of support, the criminalisation of abortion may contribute to their isolation. They may not feel safe contacting their medical providers due to the possibility of prosecution, putting them in an even more precarious position. It appears that the development of these networks of solidarity are privileged in urban areas such as Dublin. If urban city dwellers are found to experience less barriers in taking abortion pills, it is also a positive indication to have a network of people around you who respect your right to bodily autonomy and the right to choose. Germaine felt that the experience of involvement with radical politics and access to collective support

networks had ensured that her experience of abortion was made easier. '- I felt that I had come from a very strong and supportive network within my close family and friends and I really just felt for other people, especially in rural areas, that don't have that, that haven't like you know in their twenties emm explored the kind of radical politics that really believes in emm collective uh organising and support and autonomy'.

5.4 Lack of almost everything

It is clear that financial constraints play a determining role in the decision to access abortion pills instead of travelling to access abortion services. Germaine emphasised the significant financial burden travelling to the UK exacts on abortion seekers. Finances appear to be a major factor influencing the decision to access abortion pills. 'Emm, well I'm sure that the financial circumstance of an individual would be a big deciding factor, whether they can afford to travel over to the UK and whether they can afford to take time off work in order to do that. So not only are you paying for a service, but you've got to pay for travel and accommodation'.

In the absence of legal abortion services in Ireland, abortion pills are an attractive choice for those who cannot afford to travel or are unable to do so for other reasons. However, Germaine also highlighted a number of other pressing actors which restrict Abortion seekers from travelling, such as migrant status, domestic abuse or being unable to get time off work as many abortion clinics in the UK are closed at weekends. 'I think that people would also choose the medical abortion using the pills because umm, they may not be able to travel for other reasons except financial reasons, maybe they have kids that they can't leave, maybe they care for other members of their family, maybe they are in a relationship that prevents them from freedoms like that umm maybe they can't afford the time off work, maybe they can't afford the time off studies uh, maybe they live in you know an environment where they don't want anyone to guess what's happening umm, that is, you know a community that doesn't approve of what's happening or an institution or emm, or their own families umm, on

major reason would be if they don't have the papers to travel'.

Women on Web display an awareness of the difficult financial circumstances that influence the decision to access their services. Emma also stressed the importance of financial factors in the decision to take abortion pills. 'I think that it plays quite a big role, I mean Women on Web are fairly open that if you can't afford the ninety euro's you should e-mail them and then they can weigh that and it's also that your ninety euro's like my ninety euro's that I paid didn't pay for my abortion it paid for someone else's. So, when the abortion pills get sent to me I got sent an e-mail being like this other woman has paid for your abortion, you've now paid for someone else's'. There seems to be an awareness on the part of the organisation that not everyone can afford to travel but this does not negate their need to access abortion services.

5.5 No more shame!

The existence of stigma and the silencing of women's voices are complicit in maintaining a culture where women are forced to travel abroad in a semi-clandestine manner in order to terminate unwanted pregnancies. This stifling culture also nullifies the voices of women who choose to access abortion pills through Women on Web and other online outlets. This silencing has been so effective, that Women on Web is a completely unknown entity in Ireland outside of pro-choice activist circles. A huge sense of trepidation still puts a strangle hold on public discussion of abortion, which it seems cannot take place without prioritising the voices of anti-choice religious organisations. Discussion of abortion remains taboo in non-activist social circles and still has the power to elicit extremely uncomfortable reactions. The impact of the Protection of Life during Pregnancy Act appears to have reinforced the stigma facing abortion seekers rather than ameliorating it. The review process contained in the legislation places already vulnerable individuals subjected to an interrogation not unlike the Spanish Inquisition in order to determine whether their life is genuinely at risk and make a judgement as to whether their life is worth saving. Germaine noted that forcing a pregnant person whose life is in danger due to

the risk of suicide to face a panel of six medical and psychological professionals has the potential to be inflict severe trauma on abortion seekers. ‘Because somebody has to present themselves before this panel it’s completely off putting for someone that’s going through emm I guess like a suicidal ideation and I think that it would actually discourage anybody to utilise the legislation’. This concern is shared by the Irish Psychological Association (IPA), who advised their members not to take part in this panel due to the ethical issues inherent in being granted the power to determine who is genuinely suicidal. The very fact that this panel was deemed necessary suggests that the attitude exists that women will fake suicidal ideation in order to be granted an abortion. This underlying premise exposes a deep mistrust of women arising from deeply patriarchal and sexist attitudes. If a person facing an unplanned pregnancy is willing to falsely testify that they are suicidal before a professional commission, it is incredibly likely that they are not in a favourable position to carry on with the pregnancy. This draws on the narrative that being forced to have children should be a fitting punishment for fallen women for their sins. Punishing women for having sex without any associated repercussions for the men involved highlights the underlying hypocrisy and the misogynistic attitudes which are the common threads holding society together.

This places a huge burden on women who need to access abortion and does not address the issue of those who travel abroad or access abortion pills. Simone was sceptical about the potential impact of the new legislation. ‘That’s why I really don’t have the impression that it will change much. It’s kind of a good conscience kind of impression’.

Abortion is legal up to twelve weeks in France for any reason and beyond this term in specific cases such as fatal foetal abnormalities. However, despite the legal status of abortion stigma is still present and a culture of silence persists which prevents open discussion of abortion. According to Simone, stigma surrounding abortion still exists in France despite legalisation. ‘But when you think about it a bit more you realise that

even in France it's not something that people just go round talking about either'. The embedded nature of stigma and shame surrounding abortion is deeply rooted in society and can persist even after legal change has occurred. Stigma-busting must be an integral part of any pro-choice campaign in order to ensure that abortion-seekers are not demonised and to enable a change in attitudes to occur. In the absence of a cultural shift and attitudinal change, discrimination based on misogynistic principles will persist. Pro-choice movements have to address the underlying beliefs about the role of women which influence much of the anti-choice movement. Actions to eliminate stigma and to produce a counter-narrative to challenge sexist beliefs about abortion seekers are specifically feminist. Pro-life feminisms which do not support a woman's agency in seeking abortion are unavoidably siding with an anti-choice movement which holds deeply misogynistic and oppressive attitudes towards women. This appears to me to be a grave contradiction which contributes to stigma and the negative stereotyping of women which as feminist they profess to oppose.

5.6 Not the church, not the state!

The origin of much of this stigma appears to be a reflection of the embedded institutional structures and dominance of the catholic church in Irish society. Germaine drew acute attention to the institutional suffering inflicted on women by the institutions of the catholic church. 'There's actually been a lot, it's actually, our recent history is pretty much typified by the hierarchy of this country of the Lay people and we've seen that in the Magdalene laundries and we've seen it in the industrial schools'. This is a hugely misogynistic attitude which does not recognise the agency of women beyond from their reproductive capacity. 'While the justifications are shrouded in theological garb, the laws and attempts to restrict abortion are not about "life" or the fetus — they are about control over women's bodies and lives' (Newman, 2010). The continued institutional dominance of the Catholic church in Irish society was uncomfortably highlighted by the resignation of Fr. Kevin Doran from the Board of Directors of the Mater hospital (Kelly, 2013). Germaine was both outraged and in disbelief of the direct control the church still commands over healthcare

through the influence of members of the clergy in key positions of power in hospitals. 'We still see it in many institutions such as hospitals such as the Mater, who have to battle with a priest on their Board of Director's against all of the opinions of patients and medical practitioners and other members of the Board of Director's in order to provide abortion services in the hospital'. In this instance, the church is attempting to exert a very direct control over women's bodies and lives. This form of religious control does not operate solely through the silencing of stigma and shame, but also in a more tangible institutional incarnation.

According to Sheila, women attending the Marie Stopes clinic in Belfast are harassed on a daily basis by pro-life campaigners who follow them to the door of the clinic from their cars in an effort to prevent them accessing abortion services. '- every day it is open'. According to the Marie Stopes website, the clinic the regular opening hours of the clinic are 9am to 6pm on Thursdays and Fridays (Marie Stopes International n.d). The clinic offers a wide range of other healthcare services including abortion services for up to nine weeks of pregnancy in circumstances where a woman's life or health is at risk (Marie Stopes International n.d). This had created the need for clinic escorts to protect women from this type of harassment. A constant rota of protesters is in operation outside the clinic as the law prohibits the same individual approaching a woman more than once. It is legal to petition women leaving the clinic, if a different individual is involved. This appeal to the politics of shame and guilt, which often involves encouraging women to hold tiny plastic models of foetuses attempts to undermine the bodily autonomy and personhood of the pregnant person.

In Chapter 6, I will discuss the manner in which my research findings relate to the established body of knowledge around abortion as examined in the literature review. The conclusions which I have arrived at through my research and their implications for feminist praxis will also be discussed.

CHAPTER 6 RESEARCH IMPLICATIONS

In this chapter, I am faced with the task of assessing the outcome and findings of the research process in context of wider social movement and feminist knowledge. Not only that, but I am required to determine what the implications of my research are for movement participants. I would not presume to speak for any of these individuals, whether they are anarchists, marxists, feminists or activists of any other description. In the words of Ian Mackaye, singer of the hard-core punk bank Minor Threat 'Listen, this is no set of rules, I'm not telling you what to do' (Mackaye, 1983). The findings outlined in this chapter can be usefully seen as ideas for action which are subjective open to interpretation.

Upon entering into this research process, I was initially extremely concerned with the potential health risks that women taking abortion pills could be exposing themselves too. However upon examination of the available medical literature it soon became apparent that the abortion pills Mifepristone and Misoprostol are regularly used in clinics in countries where legal abortion is available. The NHS in Scotland dispenses these medications to take at home as this is the preferred abortion method for many women. It quickly became apparent that concerns about the safety of abortion pills were based more in misinformation and abortion myths than in scientific fact. The mortality rate associated with the use of abortion pills is extremely low particularly when compared to the risks associated with other commonly used drugs which are widely regarded as safe. 'As of January 2009, approximately 1,000,000 women in the United States and over 2 million women in Europe have used Mifepristone with Misoprostol to induce abortion, and there have been five deaths associated with the use of Mifepristone in medical abortion' (Women on Waves, n.d). The mortality create associated with Viagra, a drug which is commonly prescribed to treat erectile dysfunction is approximately one death per twenty people (Women on Waves, n.d). Viagra is not regarded as a dangerous drug but carries a much higher risk than abortion pills which have been proven to be a lot safer. It is interesting to note that there have been no

major efforts to prevent men from accessing Viagra which surely is an important aspect of reproductive and sexual right for men. However, women seeking abortions in Ireland have experienced what amounts to criminalisation of their choice to take control over their bodies.

The fourteen year penalty imposed on women who obtain or assist another in obtaining an illegal abortion does present a significant barrier to women seeking medical treatment if complications do occur. The Protection of Life during Pregnancy act currently criminalises these women, granting authorities to impose a fourteen year sentence on those who have or assist another in obtaining an illegal abortion. Apart from difficulties in accessing abortion pills within the safe limits for usage, the fear of prosecution upon seeking medical attention for complications arising from an abortion with pills appears to be the biggest risk associated with the self-administration of abortion pills. This barrier appears to be reinforced by the stigma which still surrounds abortion in Ireland.

However, the Protection of Life during Pregnancy Act is as of yet untested in the Irish court system. The open letter signed by one hundred women in Northern Ireland admitting to have or otherwise facilitated an unlawful abortion to occur was ignored by the Police Service of Northern Ireland (PSNI). This action was intended to prove that Northern Irelands' restrictive abortion laws were unenforceable in court. Abortion pills are classed as drugs only available on prescription as they are available in very limited circumstances from the Marie Stopes clinic in Belfast. Although abortion pills are not specifically referred to in the new legislation, the accepted reading of the law is that self-administration of abortion pills would come under the umbrella of obtaining an illegal abortion.

Free, safe and legal abortion services including medical and surgical abortion should be made available in both the Republic of Ireland and Northern Ireland. Legally, this change will only be possible following a successful referendum to repeal the 8th

Amendment, Article 40.3.3 of the Irish Constitution. However, women in Ireland and other countries with restrictive laws need access to abortion services now. They are continuing to access the services provided by Women on Web due to economic reasons, migrant status, personal preference or myriad other reasons.

It is essential that information on safe medical abortion is distributed as widely as possible. This is currently taking place via stickering and social media. However, the vast majority of Women in Ireland not engaged in pro-choice activism are not aware of this information. Access to www.womenonweb.org is restricted in some countries by censorship laws. However, Women on Web provide a number of short URLs which can be entered to access the site. Women on Web also suggests the use of proxy websites and translation services which can be used to bypass website blocks (Women on Waves, n.d). It is clear that a vital aspect of the work of Women on Web and Women on Waves is ensuring that women all over the world have access to accurate information about abortion which is otherwise restricted in many cases. Women on Web does not discriminate based on age, location, education, race, ethnicity or social class. Their literature is translated into many languages and is available in low-literacy formats in order to reach as many women as possible who are in need of abortion pills. This is essential as a large proportion of the information available online dealing with abortion pills is written for a scientific or medical audience, such as drug information sheets.

The spreading of information by activists about abortion pills builds on a tradition of feminist direct action that was seen in the actions of the organisers of the Women's Information Network which provided information over the phone about travelling to access abortion services. The spreading of information in this manner where it is restricted is a powerful example of a direct action which is feminist and motivated by the right of women to access information about their lives and health. However, the remit of the Protection of Life during Pregnancy Act 2013 is not clear as to whether the distribution of information regarding abortion pills would be

seen as aiding another person to obtain an illegal abortion. Article 22 of the Protection of Life during Pregnancy Act outlines the process of criminalisation of abortions carried out in Ireland outside of the circumstances and appeal process outlined in the legislation. The Act specifically states that it does not interfere with a women's right to travel or to access information about abortion services available in another state as passed by referendum in 1992 (Protection of Life during Pregnancy Act, 2013). It is unclear whether information about Women on Web and abortion pills is covered under this ruling as it relates to medical abortions which would be administered within this state but ordered from abroad.

Destruction of unborn human life

22. (1) It shall be an offence to intentionally destroy unborn human life.

(2) A person who is guilty of an offence under this section shall be liable on indictment to a fine or imprisonment for a term not exceeding 14 years, or both.

(3)A prosecution for an offence under this section may be brought only by or with the consent of the Director of Public Prosecutions.

(Protection of Life during Pregnancy Act, 2013)

The guidelines for the enactment of the Act were released on Thursday July 3rd, 2014. The Abortion Rights Campaign released a statement criticising the review process as outlined in the guidelines for the legislation. In addition to forcing medical professionals into a position where they are responsible for determining when a woman's life is at risk, it serves to reinforce the stigma not only surrounding abortion in

Ireland, but also mental health. ‘We object strongly to the additional burdens the guidelines force upon physicians for proof of risk to life and upon those who are already at risk of suicide. A process which requires the appraisal of multiple medical professionals can only add to the stigma which continues to surround mental health in Ireland’ (Abortion Rights Campaign, 2014).

The contraceptive train of 1972 involved a group of activist who brought condoms on a train from Northern Ireland to Dublin in order to challenge the law which prohibited their sale in the Republic of Ireland. The purpose of this action was to generate media attention and to demonstrate that the law was unenforceable through the symbolic arrests of activists. This hugely influential action coupled with the free distribution of condoms by the music retail chain Virgin megastores resulted in undeniable victory and the subsequent legalisation of contraceptives in the Republic of Ireland. The Dublin Virgin Megastores outlet agreed to a request from the Irish Family Planning Association (IFPA) that they distribute condoms in the music store. This resulted in a fine of four hundred pounds which was raised to five hundred when Richard Branson, the owner of the virgin megastores corporation showed up late to court (Wade, 2012). In a truly anachronistic twist, the fine was eventually paid off by the band U2 (Wade, 2012).

However, as condoms were legally available in Northern Ireland at the time, they were not obtained illegally which is significant. Abortion pills in Northern Ireland are currently classed as drugs which require a prescription for them to be in your legal possession. Misoprostol is legal in the Republic as an arthritic agent, however Mifepristone has not been approved for usage. The Protection of Life during Pregnancy Act 2013 imposes a fourteen year prison sentence for those who obtain or help another person to obtain an illegal abortion. However, it is not clear if possession of abortion pills would be grounds for prosecution under this legislation. For this law to be enforceable, evidence that an illegal abortion had occurred would be required.

However, as the usage of abortion pills cannot be detected by blood tests, the only situation in which it could be proved that a woman has taken abortion pills is if following vaginal administration a medical examination is carried out and residue of the drugs are found. This legislation has yet to be tested in practice and its implications will likely be determined via a test case to establish the interpretation of the law. A collective feminist action challenging this law which criminalises women I needed in order to prove the law unenforceable. This action would require a strong supportive network of solidarity and a strong legal team in order to avoid the potential for one person or a small number of people being targeted by the State in order to establish a precedent.

Abortion is one of many services that women need free and unrestricted access to. The work of Re (al) productive health has highlighted the barriers which prevent Women from accessing the morning after pill, which has been available over the counter in Ireland from April 2011. The morning after pill Levonorgestrel, is sold under the name NorLevo in Ireland. The main factors which acted as a barrier to accessing the drug included the unregulated cost of the pill, which was as high as sixty euro in one instance and the requirement for a consultation with the pharmacist Re (al)-productive health (2013). The women surveyed reported that they were reluctant to visit a local pharmacy in order to access the drug due to a fear of being recognised which was deeply associated with a sense of shame that they found themselves in the situation where they needed to access the morning after pill. It was found that there still exists a degree of stigma surrounding the morning after pill which can make the experience of asking for the drug in pharmacy extremely difficult, particularly for younger women.

Can the actions of Women on Web be seen to seize the means of reproduction? The organisation still operates at the mercy of customs which have cut off the supply of abortion pills coming through the Republic of Ireland. Women ordering abortion pills via Women on Web in Ireland are currently waiting an average of three weeks for

these medicines to pass through customs in Northern Ireland and many have to use the addresses of strangers in order to have the pills delivered. This is quite a disempowering situation which abortion seekers are facing in Ireland, which takes away a large degree of control over their bodies and lives. For women who are unable to travel abroad to access abortion services, this is the only termination option available to them with the exception of other dangerous forms of backstreet abortion. The actions of Women on Web in providing access to abortion pills have transformed the lives of many women with unwanted pregnancies. They have been successful in distributing abortion pills in countries where no other abortion services are available. However, I am not entirely convinced that these actions can be honestly represented as entirely seizing the means of reproduction. I would like to put forward that in the Irish context, ownership of the means of reproduction would involve the free availability of abortion pills in the Republic of Ireland and Northern Ireland. This would involve the provision of a full range of abortion services in Ireland, despite the legal restrictions in place.

However, the use of legally available Misoprostol to self-induce abortion circumvents these checkpoints and can be carried out without the direct involvement of Women on Web. Information is available on www.womenonweb.org detailing clear instructions on how to self-administer a medical abortion with Misoprostol. However, women can take this information and act autonomously to source these pills in their own country, supporting their individual agency and allowing them to take back control over their bodies and reproduction.



This banner displaying the information for womenonweb.org was displayed at the counter protest to the Rally for Life outside City Hall in Belfast city on July 5th, 2014. The anarcho-feminist and feminist symbols portrayed on this black and purple banner represents the act of distributing abortion pills by Women on Web as a feminist action which is in direct contravention of the state's directives. This march was organised by the anti-choice groups Youth Defence and Precious Life. A peaceful static counter-protest made up of pro-choice and left groups was held in order to provide an alternative narrative which respects the agency of women to make decisions about their bodies and reproductive health.

Anarchists for Choice!



(Workers Solidarity Movement, 2014)

The repressive power of religious authorities is satirised in the depiction of an apparent mob of shadowy, hooded figures carrying crosses as weapons. The autonomy and power of women is foregrounded in the dominant image depicted the banner of a woman in a militant pose flooded in red, the colour of action and anger. The solidarity of anarchists with the struggles of feminists for reproductive rights and bodily autonomy is exhibited powerfully in this banner. The anarchist rejection of all systems and structures of oppression in society is seen here in the rejection of the power structures of the church and state which align in the oppression of women.

BIBLIOGRAPHY

Abortion Rights Campaign (July 4th 2014). Guidelines fall far short of safeguarding pregnant women's lives. Retrieved July 7th, 2014, from
<http://www.abortionrightscampaign.ie/2014/07/04/guidelines-fall-far-short-of-safeguarding-pregnant-womens-lives/>

Alvesson M, and Sköldberg K, (2010).Reflexive Methodology New Vistas for Qualitative Research *Second Edition*. London: SAGE publications Ltd.

Beauchamp Z, (June 30th 2014). Here's a list of the countries where the pill is fully subsidised (it includes Iran). Vox. Retrieved July 2nd, 2014, from
<http://www.vox.com/2014/6/30/5857904/where-the-pill-is-free>

Campbell, A (October 23rd 2013). Sticking up for Choice. Rabble. Retrieved May 4th, 2014, from <http://www.rabble.ie/2013/10/26/sticking-up-for-choice/>

Clinical Guidelines. Misoprostol in Obstetrics and Gynaecology. Retrieved July 12th, 2014, from <http://www.misoprostol.org/File/guidelines.php>

Connolly, L. (2003). *The Irish Women's Movement: From revolution to devolution*. Dublin: Lilliput.

Connolly, L., & O'Toole, T. (2005). *Documenting Irish feminisms: The second wave*. Dublin: Woodfield.

De Beauvoir, S (1976). The Second Sex 25 years later. Marxists. Retrieved May 25th, 2014, from <https://www.marxists.org/reference/subject/ethics/de-beauvoir/1976/interview.htm>

Department of Health. (2014). Abortion Statistics: England and Wales: 2012. Retrieved from, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307650/Abortion_statistics_England_and_Wales.pdf

Direct action. (n.d). *Dictionary.com Unabridged*. Retrieved June 15, 2014, from Dictionary.com website <http://dictionary.reference.com/browse/direct action>

Ehrlich C, (January 1977). Socialism, Anarchism and Feminism. Retrieved from <http://libcom.org/library/socialism-anarchism-feminism-carol-ehrlich>. (2014, April 22)

Food and Drug Administration. (2005). Mifeprex medication guide. Retrieved from http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/020687s013lbl.pdf

Firestone, S (1970). The Dialectic of Sex. Marxists.org. Retrieved May 16th, 2014 from <https://www.marxists.org/subject/women/authors/firestone-shulamith/dialectic-sex.htm>

Focused (Semi-structured Interviews). (n.d) Sociology. Retrieved July 14th, 2014, from <http://www.sociology.org.uk/methfi.pdf>

Gans, O. & Spaulding Balch, M. (n.d). Defending the pro-life position & framing the issue by the language we use. National Right to Life Committee, inc. Retrieved June 26th, 2014, from <http://www.nrlc.org/uploads/WhenTheySayPacket.pdf>

Gynuity Health Products (June 2013). Map of Mifepristone approvals. Retrieved July 4th, 2014, from <http://gynuity.org/resources/info/map-of-mifepristone-approvals/>

Gynuity Health Products (June 2013). Map of Misoprostol approvals. Retrieved July 4th, 2014, from <http://gynuity.org/resources/info/map-of-misoprostol-approval/>

Gynuity Health Projects. Medical abortion in the United States: Mifepristone fact sheet. Retrieved May 8th, 2014 from http://gynuity.org/downloads/factsht_ma_mife.pdf

Irish Family Planning Institute [IFPA] (2006). Rogue crisis pregnancy agencies in Ireland-Anti-choice and anti-women. Retrieved June 26th, 2014, from, http://www.ifpa.ie/sites/default/files/documents/media/publications/rogue_agency_factsheet.pdf

Irish statute book (2013). Protection of Life during Pregnancy Act 2013. Retrieved July 7th, 2014, from <http://www.irishstatutebook.ie/pdf/2013/en.act.2013.0035.pdf>

Kelly, M (April 2nd 2013). Priest resigns from Mater hospital over abortion stance. The Irish Catholic. Retrieved May 15th, 2014 from

<http://www.irishcatholic.ie/article/priest-resigns-mater-hospital-over-abortion-stance>

Kruger B. (1989).Your body is battleground [image]. Retrieved from

<http://classes.dma.ucla.edu/Spring05/25/img/kruger/01.jpg>

Leier, M. (2006). *Bakunin-The Creative Passion*. New York: Seven Stories Press.

MacKaye, I. (1983).Out of Step. Out of Step. Virginia: Dischord Records.

Marie Stopes International (n.d). Marie Stopes Northern Ireland. Retrieved July 4th, 2014, from http://www.mariestopes.org.uk/Our_centres/Belfast.aspx

Mitchell W, J, T (April 7th, 2013). Your body is a battleground. Women's empowerment blog. Retrieved June 26th, 2014, from
<http://samiyashakirhealthblog.wordpress.com/2013/04/07/your-body-is-a-battleground/>

Moreno-Ruiz, N.L et al, (2007) Alternatives to Mifepristone in early medical abortion. [Electronic Version] *International Journal of Gynecology and Obstetrics*.96. (3) 212-218

Newman, K (April 2010) Anti-abortion movement gains ground in the US. Direct Action. Retrieved May 15th, 2014 from

http://directaction.org.au/issue21/anti_abortion_movement_gains_ground_in_usa

Paz, A. (2007). *Durruti in the Spanish Revolution*. Canada: AK Press.

Re (al)-productive health (2013). Emergency: Contraception in Ireland -Improving access to non-prescription emergency contraception in Ireland. Retrieved July 1st, 2014, from <http://realproductivehealth.com/>

Rogue, J (April 10th, 2010). Strengthening Anarchism's Gender Analysis Lessons from the transfeminist movement .Retrieved May 20th, 2014, from
<http://anarchalibrary.blogspot.ie/2010/10/strengthening-anarchisms-gender.html>

Stacy aka sallydarity. (August 6th 2013). Anarcha-feminism and the newer “woman question”. Libcom. Retrieved May 19th, 2014, from <http://libcom.org/library/anarcha-feminism-newer-%E2%80%9Cwoman-question%E2%80%9D>

Tong, R. (1998). Feminist Thought: A More Comprehensive Introduction 2nd *Edition*. Boulder: Westview Press.

Wade J, (November 19th 2012). In aftermath of Savita death, Richard Branson recalls arrest for selling condoms in Ireland. The Journal. Retrieved July 1st, 2014, from
<http://www.thejournal.ie/in-aftermath-of-savita-death-richard-branson-recalls-arrest-for-selling-condoms-in-ireland-680934-Nov2012/>

Wildemuth, B.M., and Zang, Y. (n.d). Unstructured Interviews. Retrieved July 13th, 2014, from
http://hsmi.psu.ac.th/upload/forum/Unstructured_interviews.pdf

Women on Waves (n.d). Is a medical abortion dangerous? Retrieved July 1st, 2014, from <https://www.womenonwaves.org/en/page/3333/is-a-medical-abortion-dangerous>

Women on Waves (n.d). Women on Web website is blocked? Retrieved July 1st, 2014, from <http://www.womenonwaves.org/en/page/4599/women-on-web-website-is-blocked>

Workers Solidarity Movement (Ireland) (July 5th 2014).Retrieved July 7th, 2014, from
<https://www.facebook.com/photo.php?fbid=904637122895435&set=pcb.904637276228753&type=1&theater>

World Health Organisation (2012). Safe abortion: technical and policy guidelines for safe abortion. Second Edition. Retrieved May 6th, 2014 from
http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

Yanow, S. Confronting the myths about abortion with pills. Public presentation delivered April 26th, 2014.

