

Women's Reproduction and Rights



An educational manual for women's community education was originally designed for the Abortion Rights Campaign (ARC) in 2015



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Finally, sincere thanks to all in ARC for initiating and facilitating the process of producing this handbook.

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¹ <http://www.telegraph.co.uk/women/womens-life/11660028/Irelands-abortion-problem-New-report-lays-bare-the-horrifying-truth.html>

What is this?

Welcome to this resource pack for the women's community education programme *Women's Reproduction and Rights*.

This resource is designed as a support for those interested in running a community education programme that enables women can come together to discuss their reproductive rights. In this pack, you will find all you need to organise and deliver this programme including details on the educational approach to be used, recommended reading for facilitators and participants, and session plans. These include exercises and information about a range of pro-choice support organisations working to advance women's reproductive rights in Ireland.

The handbook provides flexible resources, references and activities and it is up to the facilitators to decide what is appropriate to their groups. For some groups, it is essential to hold back on handouts, difficult language and/or alienating processes. However, it is equally essential not to remain at that basic starting point. The golden rule is to begin where the groups are at, with the intention of creating the opportunity to progress and develop the ideas, knowledge bases and engagements of the participants.

We hope it is of use to you and the groups you work with.

Who is the course for?

Women's Reproduction and Rights can be used with all sorts of women's groups. When we speak of women, we include all those who identify as women. However, the aim of this handbook is to address the issue of abortion and this has to remain at the centre of the process, while acknowledging the wider issues around reproduction and rights.

Women's groups includes groups who have come together just for this course, groups who have been together for a while for another reason, community groups, rights-based groups, in fact anyone who is interested in creating a safe, supportive and non-judgmental space. Here people can share stories, ask questions they haven't felt comfortable asking before and reflect on their understanding of a rights-based approach to women's reproductive rights.

Women's reproduction and Rights

This course is about supporting us, as women, to explore what is often considered a private and taboo topic in a reflective, non-judgmental way and in solidarity with others. As well as women's reproductive rights being restricted in Ireland, we believe women's control over their bodies is eroded in many ways across the globe. We also believe discussions on reproductive rights should be positioned within a wider feminist analysis of how society views women and girls both in Ireland and overseas. This course is about providing a space where we can talk about how this oppression affects our lives so that we can begin to think about what we might do to change things.

When we consider women's reproductive autonomy in Ireland, the Eighth Amendment to the Irish constitution, Article 40.3.3, is a particular concern. One of the purposes of this course is to create spaces for women to explore mis-information about Article 40.3.3, to ask questions about what this Eighth Amendment means and dispel some common misconceptions.

The erosion of women's bodily autonomy often impacts the way women relate to their own bodies. This is because we are continually bombarded with commodified, sexualised interpretations of the norm and strongly argued debates on abortion that remove the right to choose from the complex contexts within which such decisions are made.

We hope to make these wider connections within our conversations.

It is possible to improve circumstances for women. One way we can begin to do this is by creating our own knowledge by sharing information with each other.

Overall aims of the Programme

This programme sets out to create educational spaces where women's reproductive lives and reproductive rights can be considered within a feminist, social analysis framework.

Specifically we hope:

- To create a safe, supportive and non-judgmental environment where women can explore all aspects of reproduction and reproductive rights to include choices around contraception, abortion, pregnancy, maternity rights, birth stories, fertility and any other related topics.
- To ensure clear, accurate information is provided that dispels myths surrounding women's reproductive rights and respects the emotive nature of surrounding discussions.
- To encourage women to think critically about both Irish and international restrictions on women's body autonomy and to collectively begin to think about ways to address these restrictions.

Who is the programme for?

- All women who wish to explore their reproductive rights in a supportive, participatory and non-judgmental environment.
- Population groups particularly affected by the restrictions on women's reproductive rights in Ireland. These include women without the economic means to travel to another state to access abortion services and/or those restricted to travel as a result of residency status.

How long will it take to run the programme?

This pack contains a broad outline for seven three-hour sessions. We recommend delivery of four particular sessions with each group (sessions 1-4) and encourage those interested to also consider delivering the additional optional sessions.

What does this manual do?

This manual provides a structure for these sessions and is presented in a seven part structure, each one representing a different session. We encourage you to adapt each

session in ways that work best for the group you are working with and the circumstances of the group. The golden rule within community education is *to start where a group/individual is at*. This is an important principle within this work and different groups will take the materials in different directions. We believe this manual can only work if it is combined with a commitment to the feminist approach to community education that is described later.

What will I need to do the workshop?

- You will need basic facilitation skills. You will also need to have the capacity to work in partnership with other facilitators so that you can co-facilitate the learning in the group and ensure that everyone is included and has the opportunity to develop their own learning capacity.
- You and your co-facilitator will need a group of eight or more people, this pack, flipchart pads, markers and access to a photocopier. There are some exercises suggested that involve use of the internet, sound and a projector but the course has been designed so it can easily be delivered without computers.
- You will need to know your group, so that you can hold back on handouts, the use of the flip-chart or any other literacy pressures or, indeed, anything else that might alienate your group.
- For one of the optional sessions, participants will also need access to a camera or mobile phone and the facilitators will need to be able to print some pictures in advance of the session.
- We don't recommend that you run the workshops with anything more than around 20 women.
- Most of all, we only recommend running this workshop if you are committed to a pro-choice approach to women's reproductive rights.

Why is it just for women?

We acknowledge that women's fertility, their birth stories, their experiences of abortion and their dealings with maternity services often also affect men. We also know that there can be a great benefit to mixed-gender discussions and that many men have positioned themselves as important allies in fighting for women's reproductive rights. However, this particular programme is about creating a reflective space where

women can engage in a deep level of conversation and discussion that we think is best achieved in the company of other women only. We are also inclusive of trans women. Additionally, we recognise that not everyone who may need an abortion is a woman. We support access to abortion for everyone be they cis, trans or gender-fluid.



² Picture from a demonstration in February 1992, taken from <http://www.thejournal.ie/twenty-years-on-a-timeline-of-the-x-case-347359-Feb2012/> [July, 2015].

What is feminist community education?

Community education in Ireland developed from the initiative taken by women to organise their own education in their own communities for their own development in the early 1980s. It was influenced to some degree, by the radical community development processes that were emerging at the time. Fundamentally, community development is a process where people in the community identify their issues and needs and collectively work towards addressing these in a way that brings about social change. This work is thus linked to social justice and equality.

Although community development endeavoured to foster consciousness-raising, some aspects of the movement were gender-blind and failed to acknowledge gender inequality. Feminist community education emerged in response to the deficit ensuring the status of women was addressed in the process of community development. We see community development, community education and feminism as vital elements in grassroots social movements, underpinned by social justice and the quest for equality. Thus, feminist community education is a key route for raising awareness about the inequality and injustice that characterises the current legal perspectives on abortion in Ireland.

What happens in feminist community education?

Everyone who enters a learning group brings experiences, theories and values with them. We believe this is the strongest resource in any group. Our approach to education is to facilitate people to share their thoughts and experiences and to compare these with the thoughts and experiences of other people in the room. This allows us to see what patterns or themes are strong within a group and to introduce new materials that might be useful. This can be through books, case-studies, or the resourcefulness of the group itself.

Women's community education is about working in a way that is participatory, experiential and relevant to the interests and energies of the people who are in the room. We see each group as a learning community, a community where we are interested in *uncovering* rather than *covering* contents. Sometimes this approach to

education can feel very different from what we have experienced before and it can take a little bit of getting used to.

Possibly the most important thing to remember is that we trust participants to generate contents for themselves through their own knowledge and experiences, rather than positioning ourselves as experts with set knowledge to impart.

To give an example of how this might work, some groups this course is designed for might spend significant time discussing abortion stigma and the facilitators might then source additional information on this. A different group might not go in this direction at all but might spend significant time talking about contraception and choice. Again the role of the facilitator could be to access further information on this topic than what is provided in this manual, or a participant in a group might themselves source information to bring into the room.

In short, this approach to education is built on the following principles:

- We are all experts in our own lives. Participants in a group are the primary source of learning and those who live with social injustice, such as restrictions on their reproductive rights, know better than anyone else about this injustice.
- People are motivated to learn and act around issues about which they feel strongly about.
- We believe in a problem-posing rather than solution-giving approach to learning. This means that the role of the educator/facilitator is not to deliver answers, but to facilitate people to step-back from and analyse their own lives so they can decide themselves how best to respond.
- We believe that those in a facilitative role are also learners and should be prepared to share, confess and engage as they feel comfortable to do so. Any community education setting should be one where the facilitator also grows as part of the process.

- We also believe that there is no such thing as a neutral approach to education. This means all facilitators bring their own opinions, life experiences, view points of the world and thoughts on how we should act within it. These inevitably influence how we facilitate.

bell hooks, in her book Teaching to Transgress (1994) calls this approach to education a *practice of freedom*.

Programme outline sessions 1 to 7.

The programme consists of four recommended three-hour sessions and an additional three optional sessions.

The sessions are:

1. *Exploring women's reproductive stories:*

This session sets out to create a safe, dialogic and collective learning space to explore women's reproductive stories and to offer a domestic historical time-line of women's reproductive rights through which we can better understand our own experiences.

2. *Discussing choice:*

This session facilitates a social analysis of choice that encourages people to contextualise the range of decisions women make. It allows groups to determine what being pro-choice means to them.

3. *Understanding the Eighth Amendment:*

This session relays information on the Eighth Amendment to the Irish Constitution, contextualising it within wider discussion on women's reproductive rights and the experiences of women as a result of its insertion.

4. *Ways of seeing – exploring gender through a feminist analysis (optional):*

This session is about uncovering the social construction of gender and offers a feminist analysis for understanding women's position in contemporary society. It further opens discussion on feminism and gender equality both nationally and internationally.

5. *Human Rights and Reproductive Rights (optional):*

This session introduces women to concepts of human rights contextualising them within a needs based approach. It offers a framework for considering reproductive rights and opens discussion on tensions within pro-choice positioning.

6. *Introducing Irish based campaign and support groups (optional):*

This session is designed to create the space for support and campaign organisations to come into the group and share information about their organisation and campaigns

7. *What have we learnt? Looking back- moving forward:*

This final session reviews the programme with emphasis on particularly impactful moments for group members. It creates spaces to explore hopes for the future and closes the group.

Additional guidelines for facilitators

Here are some additional thoughts that might help you as a facilitator.

Creating the environment for dialogic learning

We recommend that the room contains just movable chairs with some tables at the edge of the room if possible. For large group discussions a closed circle is usually the best approach. It can also be a good idea for facilitators to position themselves in different places in this circle so that we avoid any reproduction of what we got in school where the teacher is always positioned at the top of the class. We are all learners in this space and leadership should shift around the group as the process determines. Facilitators should meet between sessions to review the previous week and to adapt the next session based on themes emerging from the group.



The programme has been designed in a way that only requires computer supports for session three. If you choose to incorporate videos and other visuals (examples of which are suggested throughout) please feel free to do so as you think they enhance the process. Remember not to assume that everyone has access to the internet and always be mindful of the limited resources that people may have in their private lives.

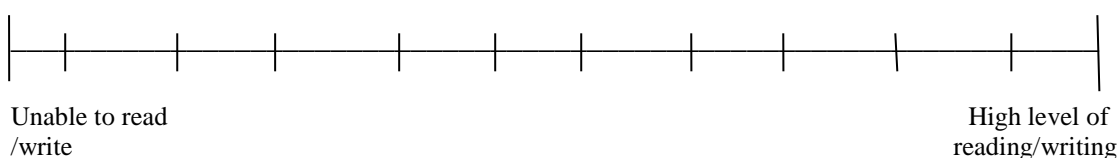
Caring for participants

Be aware that this work will be very emotive for some women. Women might experience feelings of anger, of loss, of sadness, and of a great sense of injustice. They may also feel joy and solidarity through sharing. Whilst many women may be very comfortable with their own pro-choice identity when considering abortion, some women might have a mixed relationship with abortion. It is important that women feel safe and supported should they wish to express any tensions or inconsistency in

their opinions they might experience. Creating these conditions is greatly enhanced by always allowing space to 'check-in' and 'check-out' at the beginning and ending of each session. It is also important to make sure there is additional access to support services readily available.

Managing unmet literacy needs

Sometimes when people think and talk about literacy they tend to divide society in two ways; people who can read, and people who can't read. A better way to think about literacy is to consider it on a continuum or scale with 'a high level of reading and writing' on one end and 'unable to read and write' on the other.



Most people can be positioned along this continuum rather than at the extremes at each end. Sometimes where we put ourselves can also change depending on what we are asked to read. If we uncover unmet literacy needs, we should ideally seek to support a person's advancement along this continuum.

This manual has been designed in a way that relies on good literacy capacity for facilitators but strongly encourages facilitators to adapt the programme where there are people in the group who are at different positions on the continuum. This is through the facilitator reading aloud, use of audio recordings and use of pictures/posters rather than heavy text. Do also remember that, even where there are low literacy levels, it can be a good idea to introduce some written materials as this can be a way for people to improve their own capacities.

Using handouts

This manual contains a range of handouts and makes reference to a range of sources where other handouts can be sourced (for example the Irish Family Planning Association website). It is very important that facilitators gauge whether or not handouts are appropriate for the group they are working with. Some groups may feel overwhelmed by the use of handouts particularly where reading and writing skills are low. Alternatively, some groups or people within groups will be hungry for handouts and it is important to facilitate this also.

With all handouts we recommend they are left in the corner of the room for participants to choose whether or not to take them as they are leaving each session.

There are two exceptions to this, within session one and within session three. In these sessions instructions are included as to how to work with the handouts provided if the suggested method is what facilitators choose to adopt.

Reading out loud

Some of the tasks involve reading, which some adults struggle with. Where this is the case a process has been designed to ensure equality of participation through mixed ability small group work. This allows those not comfortable with reading to have information read to them in a discrete manner that does not involve a person disclosing any personal challenges with literacy. Make sure nobody is put on the spot to read something aloud.

What do to if you can't answer some questions?

The sessions are designed to be participative and problem-posing and they set out to draw on collective knowledge. This means that, as a facilitator, you are not expected to have all the answers. That said, there might be some very specific questions asked throughout the course such as detail on legislative changes and information on historical events. What we suggest you do is record these questions on a flipchart and collectively the group can decide how to research answers for the next time you are together.

What if we don't have enough time to fit everything in?

Rather than rushing any of the exercises/discussions proposed in this manual, we recommend you drop an element from the programme. This might mean carrying an exercise to the following week, or re-organising the programme to omit particular elements thought not as relevant as others to the group you are working with.

Follow-ups

Because of the complexity of the issues explored and the emotive nature of discussion on reproductive rights, women might want to come together some time later and reflect on their experience on the course. If this is proposed we recommend you organise a follow-up session, which might only be an hour, in the weeks following the

workshops. This can allow people to check-in, reflect on their learning and speak about anything that have emerged for them since doing the course.

Recommended advance reading for facilitators

It is important that facilitators have a good understanding of the Eight Amendment and a level of base knowledge on other legislative circumstances. To achieve this we suggest you have read the following:

Amnesty International (2015) *She is Not a Criminal, the impact of Ireland's Abortion Laws*, London: Amnesty International.

AIMS Ireland (2015) *Results – What matters to you survey 2014*. Available at <http://aimsireland.ie/what-matters-to-you-survey-2015/>

Centre for Reproductive Rights (2013) *Reproductive Rights, a tool for monitoring State Obligations*. Available at: <http://www.reproductiverights.org/document/monitoring-tool-human-rights-state-obligations>

Irish Family Planning Association (2015) *Ireland's Sexual and Reproductive Health History*. Available at <http://www.ifpa.ie/node/82>

Irish Family Planning Association (2015) *Abortion in Ireland Legal Timeline*. Available at <https://www.ifpa.ie/Hot-Topics/Abortion/Abortion-in-Ireland-Timeline>

Irish Family Planning Association (2000) *The Irish Journey, Women's Stories of Abortion*. Dublin: IFPA

To help with facilitation we recommend:

Connolly, B. (2008) *Adult Learning in Groups*. Manchester University Press.

We also recommend you visit the following websites:

Abortion Rights Campaign Ireland (ARC) www.abortionrightscampaign.ie

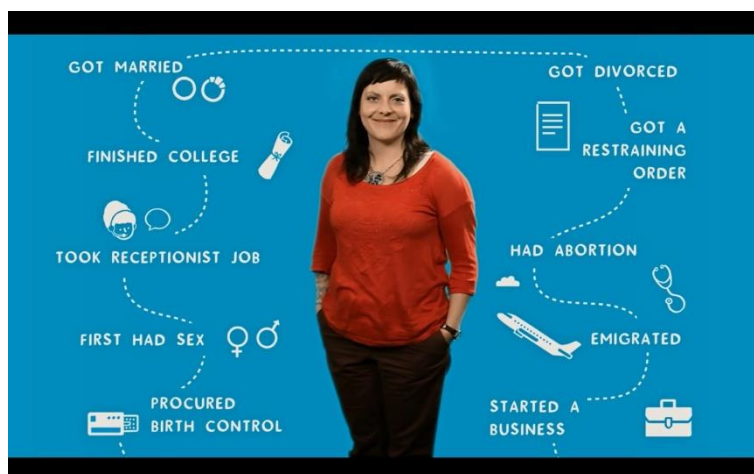
Association for the Improvement of Maternity Services in Ireland (AIMS Ireland) www.aims.ie

Irish Family Planning Association (IFPA) www.ifpa.ie

Re(al) productive health <http://realproductivehealth.com>

Centre for Reproductive Rights <http://www.reproductiverights.org/>

Session one: Exploring Women's Reproductive Stories



Session aims:

1. To create a safe, dialogic, collective learning space.
2. To explore women's reproductive stories.
3. To offer a domestic historical time-line of women's reproductive rights through which we can better understand our own experiences.

**Please note these timings are guides only and the process only works if you are prepared to take longer (or shorter) with each exercise as dictated by the group. We also recommend you take a break at some stage.*

Introducing ourselves and getting settled	20 minutes
Common questions in a group	45 minutes
Overview of the programme	15 minutes
Reflecting on our reproductive stories	40 minutes
Creating a collaborative time-line.	30 minutes
Check-out	20 minutes

³ This picture is taken from the IFPA video *Its just one choice*. Further information is available on this within appendix two as it can be used as an additional resource if facilitators choose to do so.

Introductions with help from photographs.

AIM:

To help people get to know each other and begin to share something about themselves in a relaxed way⁴.

Before starting this exercise, it is a good idea to share with the group that you will give them a sense of what you hope the programme will be about, but that before hand, you want to do some work on becoming established as a group.

MATERIALS:

1. Up to twenty cards/postcards with a range of pictures. These should be a varied selection and can have some relevance to the course for example pictures of women. They should **not** be provocative pictures about reproductive rights and there should be more pictures than there are people in the group so everybody has a choice.

PROCESS:

1. Place a selection of pictures/postcards/photographs around the room on tables or in the middle of the floor. Invite everyone in the group to browse the pictures noting any that attract them. Make it clear they should not pick one up until the facilitator tells them to do so.
2. When everyone has had a chance to view them all, invite each participant to choose one picture that they are attracted to.
3. Whilst still standing, invite each person to find another person in the room who they don't know and to tell them their name and why they were attracted to the picture that they choose.
4. After time for conversation between the pairs, invite each person to move on to another person, and again share their name and why the picture attracted them.
5. Bring the group back to the circle and, beginning with one of the facilitators, everyone says their name and shares something about the picture they have chosen.

⁴ This exercise is adapted from Partners Training for Transformation, see www.trainingfortransformation.ie

Common Questions in a Group

AIM:

To put people at ease about anxieties people carry into group settings.

MATERIALS:

1. A copy of the handout on page 24 for each participant.
2. Flipchart and markers.

PROCESS:

1. Using the flipchart, present the four concerns below that people commonly have when they are in a new group for the first time. We suggest the facilitator talks through each point. If possible it is good to introduce one concern at a time (a tip for doing this can be to use a second flipchart page to cover contents written lower on a flipchart page).

It is important to tell the group that you have the information on a handout and that there is no need to take notes. Sometimes adults feel obliged to take notes as this practice is very strong in other education settings. When creating dialogic spaces it is good to discourage note taking by having backup handouts as much as you can for those who want them.

Will I be accepted?

When a person is new to a group they may be looking at others wondering what they are like and saying to themselves - "Will I fit in with these people? Will they accept/reject me?"

Will I understand?

Another worry people can have is that they won't understand what people say or mean, - "maybe I am not as educated, or haven't had the same experience, maybe it will all be over my head."

Will I be able to participate?

People in a new group are often asking themselves “If I am asked a question will I know the answer? If we have to do something will I make a fool of myself? Will I stand out by doing things differently to everyone else? Maybe I won't be as ‘good’ at the task as other people.”

Will it be relevant/interesting?

As adults we need to feel there is a value in what we are doing. Some people might ask themselves “is this course going to be of any use? Will it just be a waste of time? Maybe I will just be bored and won't be able to use any of it afterwards.”

2. Now that people have been introduced to these common concerns, ask each person to reflect on the following questions on their own.
 - Which of these questions or anxieties have I felt in the past?
 - Which do I particularly feel as I sit her in this room?
3. Invite participants to chat to one or two other people sitting beside them sharing as much or as little about their thoughts as they feel comfortable to share.
4. After 5-10 minutes call people back to the large group setting asking the wider group ‘how was that?’ If people choose to share anxieties and concerns you can invite them to do this but it is important to emphasise people do not have to share how they are feeling with the whole group.
5. When the group is ready, invite people to return to their groups, this time joining with one other group therefore making up groups of six. Instruct them to collectively address the following questions gathering answers on a flipchart page.
 - What can we do as a group to lessen the anxieties we have shared?
 - What can the facilitators do to lessen the anxieties we have shared?
6. Instruct each group to appoint someone to feed-back contributions and, in turn, hear from each group displaying suggestions on the wall.

(suggestions shared in other settings commonly include things like, we should listen to each other, respect everyone's contributions, ask questions, that facilitators should explain things clearly etc.).

7. Sometimes it can work well to ask the wider group if they are happy adopting the suggestions that have come from each group as a guide for how we will work together as a group. Once making this suggestion, you can ask people if there is anything missing from what has already been named that they would like to add at this point.
8. Take the agreed guidelines away, type them up and circulate the handout created to the group at the start of the second session.
9. Now that the exercise is over, inform the group you have a handout that outlines the common questions in a group that they are welcome to take away with them if they wish.

HANDOUT - QUESTIONS AND ANXIETIES IN A GROUP



☉ **Will I be accepted?**

When a person is new to a group they may be looking at others wondering what they are like and saying to themselves - "Will I fit in with these people? Will they accept/reject me?"



☉ **Will I understand?**

Another worry people can have is that they won't understand what people say or mean, - "maybe I am not as educated, or haven't had the same experience, maybe it will all be over my head."



☉ **Will I be able to participate?**

People in a new group are often asking themselves "If I am asked a question will I know the answer? If we have to do something will I make a fool of myself? Will I stand out by doing things differently to everyone else? Maybe I won't be as 'good' at the task as other people."



☉ **Will it be relevant/interesting?**

As adults we need to feel there is a value in what we are doing. Some people might ask themselves "is this course going to be of any use? Will it just be a waste of time? Maybe I will just be bored and won't be able to use any of it afterwards."

Sharing an overview of the Programme

AIM:

To give participants a broad overview of the programme explaining how the framework proposed is adaptable and shaped by the group as it is delivered.

MATERIALS:

1. Flipchart and markers.

PROCESS:

1. Using the flipchart, present participants with an overview of the sessions planned. We suggest you give them the themes of the sessions and the order in which you are currently thinking of running them in.
2. Ask participants to consider how they feel about the overview being presented, and to share this with the person beside them.
3. Ask a second question this time on whether or not there is anything missing from the outline presented that they had hoped to get? Again invite them to share this with the person beside them.
4. Gather feed-back from the group recording any additional suggestions on a flipchart.
5. As facilitators, you should decide how to address any requests for change. This could be by providing certain information through handouts, or it could mean adapting your plans more substantially to better address the current needs as expressed by the group.

[This might be a good time to take a short break]

Sharing my Reproductive Story

AIM:

To give women the space to recall and reflect on their reproductive stories. It is by exploring and sharing our own stories that we can become more comfortable with our experiences and can begin to share them with others in a way that gathers patterns and trends.

MATERIALS:

1. Reflection sheet (page 28) or simply introduce the ideas verbally for the individual reflective work.

PROCESS:

1. Explain to the group that this next exercise is about providing the opportunity for women to reflect on and share their aspects of their own reproductive story. Explain how this can include menstruation, sexuality, sexual health, fertility, contraception, medical interventions, sexual assault, pregnancy including crisis pregnancies, birth stories, adoption, stories of abortion and whatever else women choose to include. Explain that the exercise does not involve sharing their story with the large group, but that it does involve sharing with one or two other people. There will also be an opportunity if they choose, to share aspects of their experiences with the wider group in the context of a more broad presentation of the national story of women's reproductive rights.
2. Circulate the reflection sheet if required. One facilitator should read through the worksheet and check for understanding. It is important to instruct women to work alone initially inviting them to write, draw or simply think about the question posed. Remind them that nobody will be looking at the reflection sheet; it is a tool to help them stand back and consider their own experiences.
3. When people have completed the sheet invite each person to find two other people in the group who they feel comfortable to sit with and share their story.

It is important that people choose those they want to work with rather than the facilitator allocating groupings. This is because sometimes people can be uncomfortable sharing with people across generations, or might prefer to engage with someone they know, or equally someone they don't know.

In these smaller groups, each woman is invited, in turn, to tell aspects of their story that they feel comfortable to share. Do not rush this exercise, if one group finishes before others simply ask them to wait until each group is finished

4. When people have shared their stories, invite them to again join the wider group. If you wish you can ask people how they found the exercise. It is important to remind people that if they do share something in the wider group, this can only be something from their own story and not something they heard from another woman during the small group work.

REFLECTION SHEET –MY REPRODUCTIVE STORY

All women have a reproductive story. This can include menstruation, fertility, medical procedures and interventions, contraception, pregnancy, decisions on whether or not to have children, pregnancy-loss, crisis pregnancies, birth stories, adoption stories, sexual assaults and stories of abortion. Sometimes our stories intersect with the experiences of other women we have been in contact with as much as being simply about ourselves.

This exercise asks you to think about your own story. We hope these questions will help. This sheet will not be shared with anyone though we will invite you to sit with two others and share whatever parts of your story you are happy to share. There will also be a chance to share some of your story with the wider group if you wish.

1. *When I think back from my teenage years to my current situation, what are the reproductive experiences that I particularly remember?*

2. *What were the joys/the high points in this story?*

3. *What were the lows or difficulties that I experienced along the way?*

4. *Who are the people and/or institutions who have supported me in my journey?*

5. *Who are the people and/or institutions that have had a negative impact on my story?*

6. *What other thoughts do I have when considering my own reproductive story?*

Creating a collaborative timeline

[Some groups might not have time to complete this exercise within the first session depending how discussions have gone. Remember these exercises should not be rushed so unless you feel there is sufficient time we recommend carrying this exercise forward into the next session]

AIM:

To create a shared history of the story of reproductive rights in Ireland

MATERIALS:

1. Pre-prepared timeline on poster size paper. A suggested timeline is provided for inspiration. Facilitators are free to add additional information to this as they feel comfortable to do so.
2. Coloured markers.

NB: This timeline is not exhaustive and many key events have been left out. Certain events have been chosen that are easy for participants new to the topic to understand and relate to. Events people might remember through media coverage are also emphasised. It is recommended a more in-depth timeline is provided as a handout for those that want it. This can be found within appendix one. However caution is recommended as it is very important not to overwhelm people with information that is difficult to digest in one go. Remember this is the first session and we should trust people to access the information that they believe is interesting to them.

PROCESS:

1. The facilitator presents a timeline of Ireland's reproductive history as suggested. This should be presented as a large poster (such as a flip chart page) as participants will be invited to add to the time-line. The facilitator is encouraged to talk through the time-line indicating along the way that many of the events identified will be returned to within later sessions (for example the X-Case, the Eighth Amendment, the A, B, C v Ireland case, the death of Savita Halappanavar and the Protection of Life During Pregnancy Act).

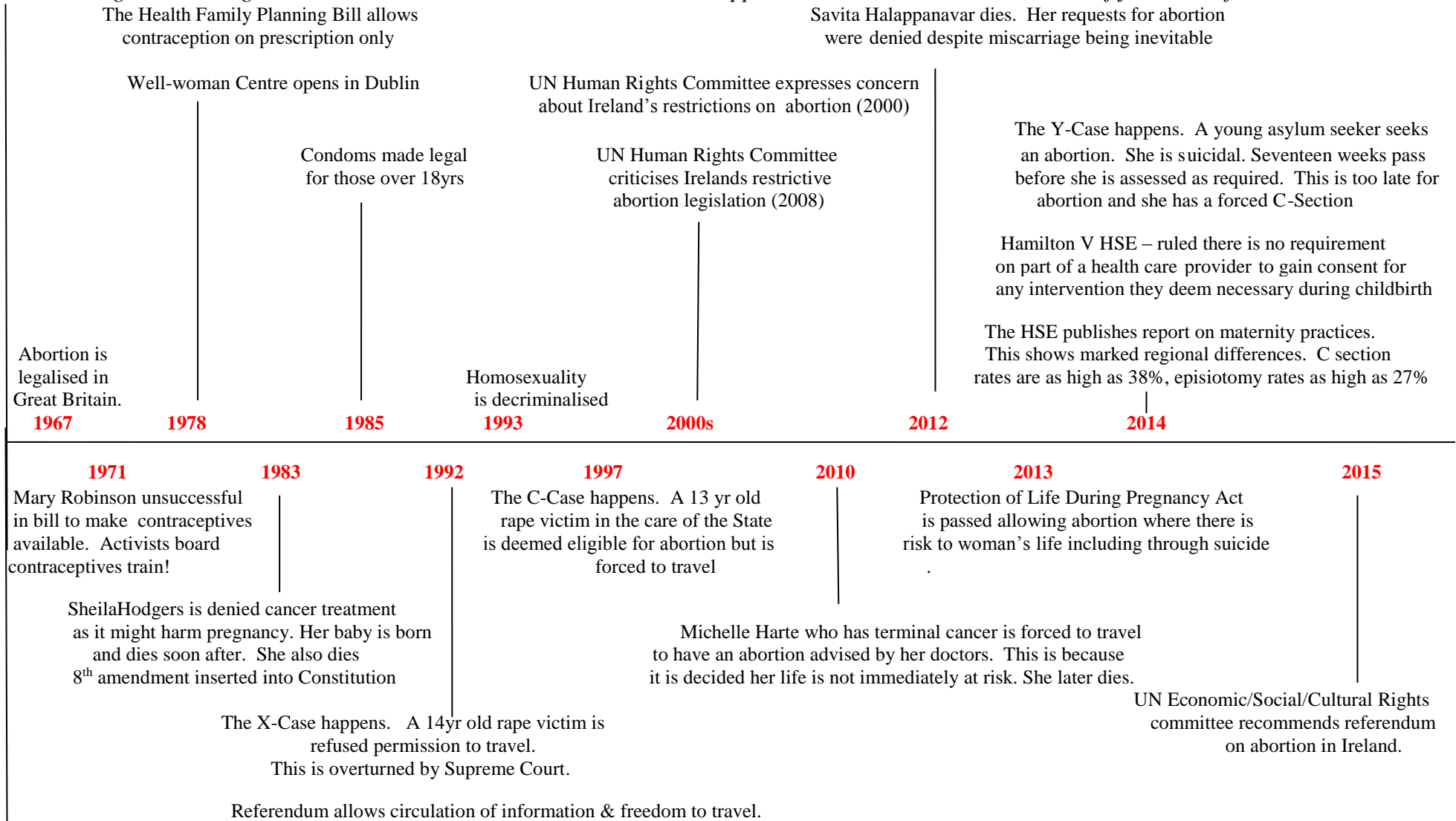
2. Invite people to ask questions or comment in any way as events on the timeline are shared.

3. Provide coloured markers and invite participants to firstly come and view the timeline, and secondly to add any events that are relevant to them onto the time line. For example, someone might want to add how they felt at the time of some of the highly publicized stories, others might choose to add aspects of their own stories such as a time when they tried to avail of emergency contraception, a story of a medical intervention, the birth of a child or involvement in activism.

NB Facilitators should store this timeline safely as it will be revisited at later stages in the programme.

Women's reproduction and rights

Procuring a miscarriage became a crime in Ireland in 1861. A lot has happened since then. Here is a timeline of just some of these events,



Check out from session one

AIM:

To create space where people can share any thoughts they have before leaving the group. This level of care is extremely important with the group and it is advised this final segment is not rushed.

Some emotive issues may have emerged for participants and it is important some contact details are shared (page 34) on services and supports that people might find useful if they wish to further process their thoughts.

PROCESS:

1. Invite participants to share with the person beside them how they are feeling and what thoughts they have on the session.
2. Invite each participant, including facilitators, to share how they are and to name one thing that they are taking away with them now that the session is over.

Additional optional handouts are available within appendix two.

HANDOUT ON SUPPORT SERVICES THAT MIGHT BE USEFUL

Please have these contact details freely and openly available throughout the entire process.

The Irish Family Planning Association



National Pregnancy Helpline
1850 49 50 51

General Queries - IFPA Head Office - T: 01 607 4456 E: post@ifpa.ie

Medical Queries - IFPA Cathal Brugha Street Clinic - T: 01 872 7088



HELPLINE 1800 77 88 88



WOMEN'S AID
Making Women and Children Safe

Freephone Helpline : 1800 341 900

or helpline@womensaid.ie



support@aimsireland.com

Check-in for session two

HOW ARE YOU TODAY?⁶

AIM:

So participants can check in at the start of the group, to get a sense of how people are. To create space for people to reflect on their thoughts from the first session.

MATERIALS:

None.

PROCESS:

1. Invite each person in the group to give a quick answer to one of the following questions - whichever one suits the circumstances.
 - On a scale of one to ten how are you feeling today?
 - What colour do you feel like today?
 - If you could be doing anything else right now, what would you do?
 - What musical instrument do you feel like today?
 - What flower or tree best reflects how you feel today?

2. **Recap on week one.** Invite people to organise themselves into groups of three, perhaps with someone they don't know or didn't get a chance to work with during week one. In these groups instruct them to have a chat about how they found the first week.

Some guide questions could include,

- What are the things that particularly stayed with you?
- What questions do you have?

Open up some general discussion on how people found the previous week.

⁶ Taken from Partners www.trainingfortransformation.ie

Listening to stories

AIM:

To share and reflect on lived experiences as told by Irish women. These stories include stories of lack of contraception, experiences within maternity services and stories of abortion.

MATERIALS:

1. Photo-copies of the stories shared across pages 39-56. The number of stories you will need depends on the size of your group. We do recommend each group uses Carmel's story (about the impacts of a lack of contraception), Laura's story (about experiences in a maternity hospital) and at least one other story which has been taken from the IFPA publication *The Irish Journey* (2000). These are stories of abortion.

OR

2. Facilitators organise to record the stories to be played aloud.

[We recommend recordings are used where the facilitator feels participants would struggle to read. Please note this is likely to change the process of the session reducing the opportunity for people to explore ideas in small groups at their own pace as stories unfold].

PROCESS:

1. Explain to the group that they will be hearing some stories from women based in Ireland that relate to their reproductive experiences. These include limited access to contraception, maternity experiences and stories of abortion.
2. Divide the group into threes and give each group a different story to consider making sure each person in each group has a copy of the story assigned to their group.

3. Invite each group to find some space in the room (or to move to another room if the premises allows) and read the story together. Ideally invite one or two people within each group to read the story aloud but stress that not everyone has to read, there is no problem if one person chooses to read the story to the others present.

OR

Play audio recording for the group. One way to do this might be to pause at certain points and invite people to check in with those beside them if they are keeping up.

4. When the stories have been read, ask each group to go over the story again this time with a view to verbally sharing the story with the wider group. When doing this ask them to consider the aspects they are particularly struck by.
5. Bring the group back together, and open a general discussion on the stories uncovered. Make sure to hear from each group.

Story One - Angela's story

This story is taken in full from *The Irish Journey, Women's Stories of Abortion* published by the Irish Family Planning Association in 2000.

They say there's no such thing as a typical abortion. That each is different. I know this to be true because I've had two and they were very different. There were no 'exceptional circumstances' about the first. It was 1982. Like a lot of other people, I was unemployed, penniless, up from the country and living in a bedsit. I had been in a long-term relationship but had ended it when I realised that I didn't really love the guy enough to stay with him. A few months after we split up, however, we went to bed together for old time's sake and I ended up pregnant. At first, I didn't realise I was pregnant as I had what I thought was a period. When my next period didn't arrive, I didn't worry at first because I hadn't had sex since my last bleed. But I started to have all the other symptoms. I went to a women's health centre, had a pregnancy test and knew before they told me that it was positive. I was already pro-choice and active in the campaign to stop the Eighth (anti-abortion) Amendment being put in the Constitution. So, as far as I was concerned, all the options were legitimate and open to me. Although there was no way that I could bring up a child, I was excited at the idea that my body worked. I was lucky because I knew that my ex-boyfriend would support me whatever I decided to do. He would have been delighted if I had decided to go ahead with the pregnancy, but knew it would have made no sense in my circumstances. I went back to the health centre, saw a counsellor and booked a bed in a clinic in England. My ex, who has a good job, gave me all the money I needed for a flight and the operation. He was really decent about it and didn't put any pressure on me to go ahead with it. I didn't tell anyone but my ex where I was going for the weekend. The night before the operation was a bit surreal. I had been in London many times before, had even lived there for a while. But this was like a secret visit. I went to the clinic, had more counselling, and went for a meal in a restaurant which I used to visit with friends. It didn't feel like I was in London. It didn't feel like I was anywhere I knew. I booked into the nearby hostel and went to bed early. Before I went to sleep, I talked to the potential baby that was more in my head than my womb. I said sorry I can't have you just now, but I hope I can sometime in the future, sometime when I can give you a Daddy and Mommy that love each other and a decent home and life. I said, I know you understand and I went to sleep feeling okay about the next

day. My main worry when I got to the clinic the next day was that I would die in the operating theatre and my mother would find out that her daughter was dead and that she was having an abortion at the same time. I phoned my ex and warned him to make up a good cover story for my Mum should I die! I need not have worried. It was so straightforward, and over so quick, I could hardly believe it. I came home relieved and in brilliant form. No one had told me about the 'blues' that hit you five to six days afterwards. At first, I thought the anti-abortionists were right and that this was guilt hitting me. But then I realised it was like a very bad bout of PMT. I asked a friend I knew had had an abortion and she said, 'oh yeah, it's just like the baby blues that everyone gets a few days after birth.' That made sense and, sure enough, after a few days I was back to normal on the emotional front. I was, however, scared of having sex: scared it might hurt, scared I might get pregnant again. But, after a few months, I got over that feeling. Ten years later, my life was very different. I was living with the love of my life, had a decent job, nice house, and a two year old child. When I became pregnant again, it should have been an ideal time - my son was just two years old, the perfect time to conceive a sibling. But Michael has severe brain damage and the prognosis was that he would never walk, talk, see, hear, get out of nappies. I was already traumatised by that knowledge and the idea of having another baby - with the fear that the same thing might happen again - it just terrified me in a way that I can't describe. I can say that I understood for the first time how women can risk their lives using knitting needles or coat hangers to cause an abortion, because I felt desperate enough to do that. I couldn't stop crying. I felt so stupid, because although I had been using a cap, I hadn't topped up the spermicide. My partner was brilliant; he thought and feared exactly what I thought and feared. I knew I was pregnant as soon as my period was late: I knew all the signs. The clinic said I would have to wait until I was seven to eight weeks, otherwise the embryonic sac would be so small they couldn't be sure it had been removed. Those six weeks were terrifying. Those were the days when antiabortionists were doing everything to stop women getting to England. I had nightmares that somehow they would stop me before I got to England and force me to continue the pregnancy. I was unable to function properly. I kept imagining myself with two severely disabled children. I tried to be more positive but the thought of trying to give a decent life to any other child, while caring for my darling Michael was unrealistic. He is a 60 minute an hour, 24 hour a day, job. Anyway, I had a

school friend whose second child was severely disabled and I saw how, with the best will in the world, she neglected her older child. I needed all my love, all my energy for Michael and I was going to make sure he got it, even if I had to fight the anti-abortionists to get on the plane. Although I needed him with me and although he wanted to support me, my partner couldn't accompany me because someone had to look after our son. While in 1982, I had been happy enough to go to England, this time I raged about not being able to have the termination in our local hospital. It would have been far easier for the whole family. As it was, Michael couldn't understand why his Mummy was leaving him for a whole weekend and it broke my heart to have to leave him. This time, I felt nothing but desperation to stop this life that was growing inside me. I felt no obligation to it, no soft feelings, nothing but sheer desperation. Although I'm quite open about having had an abortion, I don't often admit to having had two. Intellectually, I know this is silly. But all the anti-abortion talk about careless women having abortions willy-nilly gets to you, even when you know it's not true.

Angela

Story two - Katie's story

This story is taken in full from *The Irish Journey, Women's Stories of Abortion* published by the Irish Family Planning Association

I've been married for 21 years and have three children, 19, 17 and 15 years of age. I'm lucky, I have a good marriage, and although we've had some very difficult times over the years, my husband and I pull together in most things. Last year we were 20 years married and if you had asked I would have said 'after all that time there isn't much that could shake us up now!' I would most certainly have had to eat those words, as they say. The events early this year affected the entire family, one way or another, and we're still recovering. My two eldest children are boys, the youngest a girl. Kate has always had a special place in the family, not because the boys were loved any the less, but because everyone in the family fussed over her - the youngest, the only girl - she was 'daddy's girl', the boys' baby sister and my daughter, the only other female in the house. Last year a lot of the focus was on my eldest boy, who was doing his Leaving Cert. He wanted high points to enable him to do his chosen subject at college, and it was a relatively easy year for the other two - transition year for his brother, and second year for Kate. I only mention this because I keep asking myself if I missed the signs, if we should have seen it coming.

Kate is a lovely girl, with all the beauty of youth, and like all her friends, the meaning of life is boy bands, clothes and the telephone. She has a couple of close girlfriends, in and out of each other's pockets all the time, and a gang of about seven or eight boys and girls who would go to McDonalds on a Saturday afternoon or hang around the local green. Sometimes go to a teenage disco together, that sort of thing.

Individual boyfriends didn't seem to feature, although now and then I'd pick up bits about who thought who was gorgeous. I suppose I still thought of her as a child, which, of course, she is. What's so shocking is that, as parents, you think you know your children, and their life. You think you know what's going on. I can so understand the plight of parents who discover their child is on drugs, the distress, the guilt, because you thought you knew them and their life.

Kate became moody, irritable, withdrawn. She stayed in her room for hours, and said she wasn't hungry at mealtimes. Growing up is hard, and teenagers, both boys and girls, have difficult patches, private worries and uncertainties. At first we just let her be. Both John and myself tried to talk to her, or give her the opportunity to talk

with us, but it was only when it had been going on for weeks that I started to get concerned. What finally rang the alarm bells was her two best friends - they were waiting for Kate to get out of the bath, and instead of letting them rush upstairs and into Kate's room, as was usual, I kept them in the kitchen. Bit of general chat, and I suddenly said 'Kate's a bit low these days, isn't she.' I hadn't intended to say any such thing, it just came out. Neither said anything, but their eyes slid all over the place - to each other, to me, to the door. I can't explain it, my heart thudded and my stomach turned over. I knew something serious was wrong, it was the look on their faces. I let them all go out and sat down, trying to quell the sense of panic.

Drugs, pregnancy, abuse - my mind ran riot but I couldn't believe it at the same time. When John came home I told him something was up. He tried to reassure me that it mightn't be awful, but agreed I should talk to Kate as soon as possible. Watching Kate over tea I saw how tired she looked, and thinner. I was fighting waves of panic all evening. I waited until she went to her room for the night and followed her in. I tried to sound calm and said I wasn't going until she told me what was wrong. She just stood there and burst into tears. She said 'Mum, I'm pregnant' and began to sob hysterically. It was the most emotionally exhausting night of my life. Kate was so distressed I couldn't think of anyone else. My own shock, and relief at knowing, and sheer horror for Kate, all churning. John, sitting white faced downstairs, waiting. Over the hours details came out, who and how. The boy didn't know; Kate had only told her two best friends. Finally we got Kate to sleep and John and I just sat, shell shocked. I could talk for ever if I tried to tell you all the emotions it brought up for us, as parents and as individuals. If I was shocked Kate had had sex, even just twice, John was devastated.

The next days were a haze - the boys didn't know anything so it was acting normal while feeling insane - what would we do? Kate seemed enormously relieved now we knew. She was almost relaxed. I remember coming in one day and she was lying on the floor, watching cartoons on the T.V. I just went up to the bedroom and cried and cried. She was a child herself, my baby. And now she's waiting for us to make it all right. I'd never felt so burdened by parenthood.

Finally John and I were able to sit down and talk about the reality of the situation step by step. Both alternatives felt like a nightmare. Kate to continue the pregnancy, to become a mother at fifteen, what would that do to her life? What would it do to

mine - I would have to bring up the baby, there was no other possibility. Kate was too young emotionally to be a mother; I knew that. I also knew I didn't want to bring up another child, even Kate's, and I felt angry at Kate for putting me in this position. Then I thought 'maybe we should go with what's happened, and it will all work out okay.' But I felt a sense of horror at the future I saw. The alternative of Kate having to cope with an abortion at fourteen seemed equally desperate, and although she had said I don't want it several times that first night, I knew she meant she just wanted to wake up and it would all have gone away.

Adoption wasn't an option - I couldn't have coped with that, and would never risk the damage it might do to Kate. We decided not to tell anyone at all, as the best way to safeguard Kate, until we decided. I told Kate's two friends that we knew, and would help Kate, and please not tell anyone just yet. Kate had missed two periods, but I had no idea what that meant in terms of her options. I took Kate to our own GP, who was very kind and supportive with Kate, and confirmed the pregnancy. I spoke to him privately afterwards, and told him I didn't know if Kate would continue the pregnancy.

He advised we see someone for counselling before any decision, and gave us an organisation to contact. John and I sat down with Kate a couple of nights before the appointment, and asked her what she wanted to do. She said she just wanted everything to be normal again; to be okay again. It broke my heart. I knew it felt as though nothing would ever be okay again. We just wanted to take the burden away from her but I knew we couldn't. It was actually happening to her. The counselling was a great help, much more than I'd thought it would be. It was such an intense time for us all, everyone felt the relief of talking to an independent person. The counsellor also put Kate first, and included us as the support team, which was very good for Kate. It gave her a sense of control without too much weight of responsibility. Kate also got the chance to talk about her choices in a way she couldn't with us, including adoption. When Kate told us she wanted an abortion, I tried to talk her out of it, I was so worried she would regret it or blame us afterwards. I also felt guilty, because I felt relieved. In my heart I knew I didn't want Kate to have a baby. But, oh my God, I didn't want her to have an abortion either. I travelled with Kate. For all the talk of women travelling to England for abortions, I'd never thought of the actual journey. The travelling somehow compounds everything. Before that it was all mostly a private

crisis, now it became public with cover stories and lies. It separated John and I at the worst time - I'll never forget the sight of Kate going down for the operation and my sense of loneliness in that waiting room in another country.

A year later and we are 'back to normal' and forever changed at the same time.

There is so much left out of this long account - the decision not to tell our sons, the worry it would all get out somehow, the miscarriage story for Kate's two friends, trying to support Kate through this tissue of lies. It was somehow the worst part, if every bit of it wasn't the worst part. And we had to face Kate's sexuality - could it happen again?

Kate has had to grow up a lot, and we have to remember that. She went back to the counsellor four or five times afterwards, and John and I went once, too. We got fantastic help, here and in England, and I'm grateful for that. I believe the abortion was right for Kate, and I believe we are all moving on. But I don't want this to be a dark secret in Kate's past. It has been a desperately hard time but I don't want it to be like that. And I don't quite know how it can be anything else.

Story three – Laura's story

When I found out that I was pregnant I was so happy. I had been trying to conceive for a while and was beginning to think that there was something wrong. I had been on and off the pill for about ten years and had used emergency contraception about three or four times. I remember thinking 'God, what if all those hormones have in some way reduced my chances' but I didn't feel that was a conversation I could have with anyone. I also remember being surprised with some people's reactions when I did get pregnant as I wasn't married at the time. That was in 2000. I had naively thought those attitudes were gone.

As soon as I found out, I immediately began reading up on labour and birth and I decided that I wanted a homebirth. My sister had a homebirth the year before and she had a wonderful experience. Thankfully we were in a position to afford this option. There was a government grant towards paying a private home midwife which was the only option for home birth at the time but there was still a fair bit of money to come up with ourselves.

The pregnancy progressed with no difficulty; I did have one visit at one of the city's maternity hospitals so a doctor could examine me. I was definitely aware of a condescending tone from some staff I met who openly disapproved of my decision. My GP also made it clear she disapproved and tried to talk me out of it. By this stage I was well read about homebirths and knew that the risks were no greater than hospital births with some studies measuring improved outcomes for mother and baby when delivery was at home.

Labour was so hard, much harder than I thought it would be and I fought against every contraction rather than embrace them. I was at home with my midwife and boyfriend for about 12 hours before my midwife made the decision to call an ambulance and transfer me to hospital. I was about 7-8 centimeters dilated at that stage but the midwife was worried the labour wasn't progressing any further and that I was getting too tired. When I was examined in the hospital I had gone back to about 5-6 centimeters. I have no doubt but that my own body shut down, retracting the pregnancy as I travelled to short distance to the hospital bumping up and down in the back of the ambulance. The first staff I met in the hospital were horrible. The midwife who quickly examined me loudly reported that the homebirth midwife simply didn't know what she was doing and had gotten her estimates wrong. There is no

other way to describe this midwife as one of the most uncaring and judgemental people I have ever met. She was so rude to my home midwife and effectively banished her from the hospital even though I had wanted her to stay. She then proceeded to tell me how irresponsible I was and that I had put my baby's life at risk by opting for a homebirth. I was so glad when there was a change in shift and the midwife who took over was much kinder. However she was still a product of the maternity machine within hospitals and immediately I felt the clock was on and that I would have to 'perform' within a particular timeframe.

The first way this really kicked in was when I was pressurised into taking a Syntocinon drip. I had read about its affects and had decided in advance I didn't want it. The midwife asked me when my boyfriend had left the room and I resisted, asking if she could wait for him to come back so I could talk it through with him. At this stage I had taken an epidural so things were strangely quiet and relaxed as I could not fully feel the regular contractions I was having. My request to wait were dismissed and I remember being made to feel quite foolish, again it was implied that I was being irresponsible and that my resistance to medical intervention was putting my baby at risk. Even though they asked me, the reality was I didn't really have any choice. My boyfriend remembers being really surprised when he came back into the room to see the drip up. He knew I had been dead against it previously.

The contractions from the drip were horrible. Soon I was fully dilated and was instructed to push. The worst thing is that the midwife said I would only be allowed push for one hour. What a time to be placed under the clock! There were two midwives with me for that hour and one of the things I remember most vividly is one of them accepting a phone call where she ordered chicken and chips for both of their dinners. It was the casualness of this conversation whilst I was attempting to give birth that I remember and it just felt quite disrespectful.

I was so determined to be done with labour I did manage to 'find the zone' I had been searching for at home and my beautiful son was delivered just within their time limit.

I received little or no follow up breastfeeding support and remember recovering in an anti-natal ward meaning there were women on the ward who were pregnant along with women like me who had just given birth. I imagine there were also women who

had miscarried. The following morning I was discharged back into the care of my home midwife who provided excellent post-natal care and breastfeeding support.

As I look back now I am confident that something in me just couldn't relax enough at home to give birth, I used to be a nurse so I'm comfortable in hospital environments. What works best for me is a natural delivery in a hospital environment; tucked away in a corner somewhere with nobody bothering me unless I call for them. I think this option is practically impossible to find within Irish maternity services. I had two other children through domino services and this was definitely the closest thing, however I was constantly struck by the way the domino midwives seemed to be always battling the system themselves rather than being embraced within it.

Story four - Carmel's story

This story is about my Mum. When she was twenty, she left behind her life in a large rural town in the South-West of Ireland and moved to Dublin to take up a job in the civil service. I remember her telling me how much she loved the city; the freedom, the friends, the dances. She didn't have any plans for a long term career. Her ambitions were firmly about meeting the right man to marry. This was the measure of success that had been laid out for her and what was expected for all women at the time. She met my Dad in 1961 when she was 22 years old and they were married two years later. She had to give up her job because of the marriage bar and they moved out of Dublin to another city where my Dad had found work. I remember her describing these years as very lonely as she knew nobody and it was three years before she had her first child.

After the first child, a second followed soon after, and another, and another, and another and so on. All in all she had ten children in the space of 14 years. Her last child was born in the 1980s when she was 42, and the pregnancies only stopped when her obstetrician organised for her to have a hysterectomy soon after the last baby. I think he felt sorry for her and it was common enough at that time for women to have this operation even though it was major surgery.

I was one of the oldest children and when I think back on my mum, many of my memories are of her being pregnant. Now don't get me wrong, she loves all of her children and she doesn't regret having any of us, but that doesn't change the harrowing toll having so many kids took or the way in which, in later years, she often shared how given the choice she would not have had so many children. There was nothing any of the rest of us could do and, being children ourselves, I look back now and know we didn't do nearly enough to help her around the house, my poor Mum was so tired all of the time

When Mum found out she was pregnant for the seventh time, her sixth child was less than three months old. I remember so clearly how upset she was and she cried for at least a fortnight. This was a story she sometimes retold in later years as she never denied the paradoxical emotions she carried in loving her children whilst at the same time lamenting another life for herself.

She did try and limit the pregnancies. On one occasion our family GP gave her a prescription for the contraceptive pill. The GP was a great woman and a fantastic support to my Mum (she was also the person who gave me my first prescription for the contraceptive pill when I was about twenty). However my dad found out she was on the pill and went mad banning her from seeing the GP again (though that didn't last). His opinion was that it was God's decision how many children they had and that nobody else had a right to interfere. Of course his opinion wasn't an isolated one as it was regularly reinforced through sermons at mass which we all attended every Sunday. This approach to reproduction also extended to so-called marital rights in the bedroom and I know that my Mum always felt she had no choice but to be sexually available to my Dad whenever he wanted.

All of my Mum's children are now grown up and my Dad has mellowed over the years with his opinions on many things changing as Ireland has changed. I'm pretty sure his opinion on reproduction would be much the same though. I know he voted 'no' in the recent referendum on same-sex marriage despite one of his children being openly gay. Church teachings still resonate I'm afraid. As for my Mum, she became unwell in her early seventies and required full time nursing care before she died aged 75 years. Personally I believe her life as a mother impacted her long term physical and mental health; she never got the opportunity to stimulate her brain as I think she had the ability to. When her children were grown up and had moved on with their own lives, she really didn't have much to fill the void.

I feel so sad for my Mum and I wish she had been able to live a different life.

Story five - Miriam's story

This story is taken in full from *The Irish Journey, Women's Stories of Abortion* published by the Irish Family Planning Association

About 15 years ago I was working at a job I really enjoyed but I was in a very unstable position financially. I loved it, but I was working week to week, with no job security, and I found that really tough. I was also in this really poisonous relationship, you know the kind, I think we've all had one, a relationship that could be both dreadful and wonderful at the same time. I've always been responsible about contraception, although it has been difficult for me. I went on the pill, but had a very bad reaction, and couldn't use it after that. I had an IUD, got really sick, and had to go to a hospital to have it taken out. That left me with the cap and condom, which I was using. I mean I have this horrible history with contraception, but I wasn't in any sense taking risks. It was at a time when things were very bad in the relationship that I realised I hadn't had a period. I had just moved house, moved in with some friends. I wasn't living with my boyfriend. I remember frantically cleaning the cooker and grill one day, wondering why I was feeling so absolutely wrecked all the time. A little while later I counted my dates. I was still very early, and my cycle a bit irregular, so I just thought I'd check it out, rather than really thinking I was pregnant. But the thought of being pregnant was terrifying, absolutely terrifying. When I got the positive result I was in complete shock. The nurse was very kind to me. When I realised that there was no doubt at all that I was pregnant I felt awful, dreadful, panic.

The idea of going ahead with the pregnancy, it just wasn't a possibility, it just didn't seem possible. There was no way. It was a gut reaction, a complete gut reaction. I told my boyfriend immediately. He was very shocked, and completely at sea. It was clear the relationship wasn't going anywhere. He was planning to move away from Ireland.

It was a very distressing time for me and it was difficult for me to separate out the issues. Being pregnant; the breakdown of the relationship; considering abortion - all were distressing for me. The traumatic part for me, if you like, was that I felt really betrayed by the relationship. I also told two friends, both very supportive. But one was also pregnant, and happy to be. That was really big for me. It was a kind of marker, and has always remained a marker. I think we were about a week apart, so her child is about 14 now. We're still friends.

I waited a couple of weeks, and then went to see a counsellor, which was great. Myself and the guy had these endless conversations, that really went nowhere. With the counsellor I could talk about what was worrying me, like how I might feel afterwards. I was worried about that and it really helped to talk it through with someone who was compassionate.

We flew to Manchester. I was terrified of flying and had visions of the plane crashing and people at home wondering what we were doing. My memory of it is a bit hazy. We stayed in a B & B. I remember finding it very hard not to smoke, and having to fast. I hardly knew how I felt. I just wanted it over, finished. I remember them being very nice, very helpful, at the clinic. I remember going into theatre, and then waking up afterwards. When I woke up I burst into tears, which I actually think was the anaesthetic. I had pains in my legs and felt pretty awful.

I still felt really low when I came home. I had planned to go to work on Monday as if nothing had happened, but when it came I just didn't feel up to it and stayed in bed all day. I felt really drained, both physically and emotionally, I felt run down. I had really good support but the whole thing of having to be normal was really hard. Another issue for me was not telling my mother. My automatic reaction at the start was to tell her, but friends didn't think it was a good idea, and I wanted to spare her. I did tell her subsequently. It was too huge a thing in my life to keep from her and I regret not telling her at the time. But I was very fortunate in the support I had. I had good friends. I had friends who had had abortions themselves so I knew I wasn't the only one. I didn't have quite that sense of isolation. I'd been through a really hard experience, one I wouldn't choose for anyone, but I didn't feel marked forever. I had a very bad patch when I got my first period. Also my work situation had changed, and I was even more out on a limb. My relationship had gone completely down the tubes and I felt awful about that. I wasn't sleeping either, which was dreadful. I felt everything was happening all at once.

I had been to this really nice doctor for my post-op check up and I went back to him. He told me I needed to go and talk to someone, so I did go and have some counselling. I went for quite some time, because the abortion was only a part of what came up for me. The biggest part was probably around the relationship, and the betrayal I felt. The abortion came up again when my friend, who became pregnant at the same time, gave birth. I was really worried about how I would feel. She knew

about my abortion, and I know she was also worried. I was afraid I'd have such strong feelings that I wouldn't be able to see my friend anymore. But the reality of it was this beautiful little person, and they are both part of my life.

Years later, when I got pregnant again, it was completely different. Some of the elements were the same - I had no idea I was at risk, and I was deeply shocked. I have no recollection of getting home from the family planning centre that carried out the test, but it was very different in the sense I absolutely knew I was going to go ahead with the pregnancy. It was going to be a big issue for my partner and I, we hadn't planned this, but I was absolutely positive I wanted to go ahead with the pregnancy. It wasn't about having the support of a man or not having the support of a man. It was about me feeling right about having a child.

Something else came up for me about the abortion. When I went for ante-natal visits I didn't know whether to tell them I'd had an abortion or not. I had a friend, and she had told the hospital, and they had written TOP [termination of pregnancy] in large letters on her chart. She warned me to be careful and think about what I said. I went back to my GP and he advised me just to look at the doctor and say I'd had a miscarriage and she might know, or cop on. I had no health worries so it wasn't vital information.

The abortion isn't a burning issue for me. It's something big and important, which the people close to me know about. I just tell them along with all the other bits. I think that afterwards I was certainly very sad and I had a sense of loss, but loss of potential. I never had regret. I have never regretted what was for me the right decision. It felt quite ok that I could feel sadness and loss, natural feelings, and still not regret the decision. Being the mother of a daughter motivated me to tell my story. Should she ever have to make the same choice, I would wish that she could be treated with care and dignity in her own country.

Story six – Molly's story

This story is taken in full from *The Irish Journey, Women's Stories of Abortion* published by the Irish Family Planning Association

After having unplanned twins at the age of nineteen, I had no plans to increase the population ever again. But as they say, 'the best laid plans of mice and men...' and even with all the precautions I took, I managed to get pregnant again eight years later. During my first pregnancy, my family were very supportive and against abortion, my father in particular. It was put to me that I might want to have my child adopted, (I didn't find out I was having twins until I was seven months pregnant, major shock). But this option was never on my list as I could only imagine the torture of living with that decision for the rest of my life. Never knowing what might have been and powerless to change it. No, that I couldn't do.

It's always amazed me that women, generally on their own, have to make such monstrous decisions. Choices that will change their entire lives, indeed other people's lives as well, when it's a huge effort to decide whether to do the washing up or not! All your hormones crashing around, bursting into fits of weeping, being totally irrational about small things and generally slightly unbalanced for the first couple of months. Then, 'hey do you want to have another small person to look after or do you want to kill it?' Now that's an easy choice ain't it? How about telling me which peanut butter to buy or will I sweep the floor now or later?

And so it was for me when I found out I was pregnant after ringing the hospital from work one day and nearly getting sick when they said 'positive'. I actually thought I was going to faint. My main problem, and it was a problem, was that I was madly in love. Madly, truly, deeply with a complete... I don't know what you'd call him but he was not going to change and was allergic to commitment. At first I thought I wouldn't tell him, then I thought to hell with him, he's partly responsible and he can tell me what to do! Was I thinking clearly? I think not.

Of course, he was hopeless and I could see him visibly shrinking away with the thought of anything to do with it. However, he did tell me he would help me out with 'whatever decision I came to', and ran away. What a giant comfort!

My parents had had enough of me by this time and I couldn't tell them, they also had their problems. My mother was halfway through a nervous breakdown; I was looking after my teenage brother and sister who were going through healthy and

violent adolescence, I was ill equipped to cope with this as I was only just getting used to my own children! So all in all the timing could not have been worse. I was also afraid they would influence me to go through another pregnancy with thinly veiled disapproval of my failure in the marriage department. After coming to terms with the fact that I wasn't going to be an academic success or a dynamic career woman, my father asked me when I was going to get married? At the time I was not even in a relationship and wondered if I should just run out onto the street and arrest the first man I saw for the job.

When I got home from telling my on and off boyfriend, I was in such a state. I was bitterly sad that he had behaved the way I thought he would and decided that I would give myself a week more to come to a rational decision. There was no one else around at the time that I could confide in, I felt very lonely and full of grief. At first I thought I was going to keep the baby and I'd manage somehow, after having the twins I realised that if I'd had an abortion they would never have existed. The thought of never having had them in my life was unbearable. What would I be missing if I chose an abortion this time? What sort of life would I be bringing this child into if I didn't? I then remembered a friend of mine in England who had had an abortion a couple of years earlier. I decided to ring her and get my options sorted out. She was wonderfully practical and sent me all sorts of information. So now I had that choice. Just what to do?

In the end my reasons for choosing an abortion came to a head after a meeting with the now ex-boyfriend. We met for coffee and I told him I was going ahead with the pregnancy, he said 'fine' but although he would give me some money to help out, he didn't want to know or see either of us when it was born. He said he couldn't cope, too young to be a father etc etc. I said, 'fine' and went home. That night I changed my mind realising that if I had this baby I would be forever connected to this man who caused me nothing but heartbreak and grief. He didn't mean to, he couldn't help it and we both knew it.

A week later I asked a man friend of mine to mind the twins for me for three days and I went to London, it was the year the hurricane hit and I was in the clinic that night. I have to admit my ingrained Catholicism told me that the heavens were in a furious rage with me and were sending lamp posts crashing to the ground outside the window, trees falling over, thunder and lightening to beat the band. It was like being

in the womb of hell. After making one of the hardest and most painful decisions of my life and being surrounded by Spanish and Irish girls exclusively, all going through the same nightmare, I noticed that even though we were all in the same boat, there was no feeling of sisterhood between us. It was very strange and made me realise that no matter how much or how little support there is, you are on your own and no one can lift the burden at the end of the day. A lonely and barren feeling it is. I think almost the worst part for me, if there can be a worst part, was that I changed my mind as they were taking me into the operating theatre and I tried to tell the doctor and nurses that I wanted to leave and not go through with it. They probably thought I was hysterical as I tried to fend off the effects of the anaesthetic, then I woke up and it was a done thing. I never felt so empty and flat before or after. It took me a long time to get over it but I know I did the right thing for me at the time and in a strange way I'm relieved.

Thinking about a crisis pregnancy

AIM:

This exercise challenges the common way in which the debate on abortion is often framed outside of the experience of the crisis for the person who is pregnant.

Providing context allows us to uncover power relationships, cultural influences and economic circumstances each of which play a part in determining reproductive rights.

MATERIALS:

1. Printed worksheet page 59 photocopied onto A3 pages.

PROCESS:

1. Print the handout on the next page in an A3 size.
2. Organise the group into smaller groups of 4/5 and invite each group to complete the social analysis sphere filling in as much detail as they can think of. If it helps they can create a scenario by imagining a fictitious woman to assist their analysis.

The sphere asks them to consider the following,

- (i) What are some of the conditions that can lead to an unwanted pregnancy?
- (ii) How might a woman experience this situation?
- (iii) How does Irish culture usually think and talk about this issue and how are these ideas passed on?
- (iv) Who has power in this situation; how are decisions made and who makes them?
- (v) Who owns and controls resources (e.g. money) in this situation

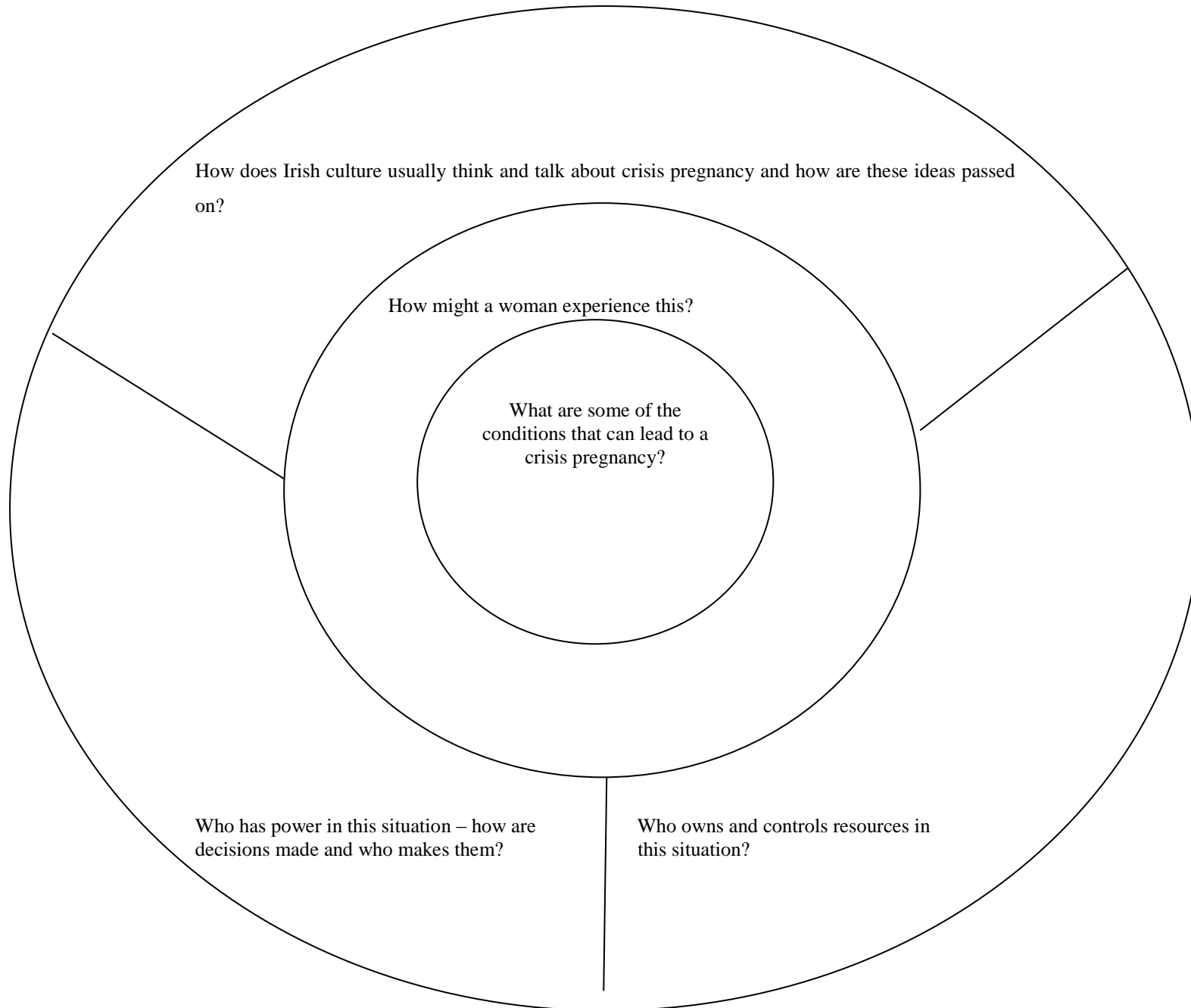
It is important to remember there is no right or wrong answer in exercises like this. For example different groups will name different power sources and may well interpret power in different ways. Also different groups will experience different ways in which dominant beliefs are passed on. For some this could include the Church and some religions, for others it could be through friends and family. It is recommended you let groups define and describe their own interpretation of the sphere.

When each group has completed their sphere ask them to display these on the wall as a gallery of analyses. Ask each group to browse the different examples comparing and contrasting them with their own thoughts.

3. Bring the group back together into one group and consider the following,
 - How was the exercise?
 - What were you struck by or surprised by?
 - Have you any other thoughts you would like to share in relation to managing crisis-pregnancy.

It would be good to allow as much large group discussion as is required by the group.

Women's reproduction and rights



What choices should women be able to make?

AIM:

To enable groups to themselves define with being pro-choice means.

NB: Remember for some groups being pro-choice might mean having choice over such things as marriage and contraception. Access to abortion might not be mentioned. The educational approach this manual encourages means facilitators should not try to influence a group's interpretation of choice in a way that better suits their own beliefs but should allow a group's own interpretation to stand.

MATERIALS:

1. Flipchart and markers.

PROCESS:

1. Divide the group into groups of 4/5.
2. Invite each group to finish the sentence "*as women, we should be free to choose.....*"
3. Display the definitions to emerge on the wall and invite participants to comment on any of the definitions shared noting differences and similarities.
4. Facilitators take the definitions created away and type them up for circulation as a handout at the next session.

Check-out from session two

AIM:

To ensure space and time is given for participants to name how they are feeling before leaving the space and to ensure information is available should additional supports be required.

PROCESS:

1. Invite participants to reflect alone for a minute or two on what thoughts are utmost in their heads as they prepare to leave the room.
2. Invite them to share these thoughts with the person beside them.
3. Invite people who choose to do so to share with the wider group how they are and what in particular struck them about the session.
4. Before closing the group, make sure people have access to hard copies of information on support organisations they might find helpful.

Session three: Understanding the Eighth Amendment



Session aim:

1. To relay information on the Eighth Amendment to the Irish constitution contextualising it within wider discussion on women's reproductive rights.

NB: It is important that where possible, facilitators explore the impact the 8th has on women in maternity services as well as the broader impact of the medical model which positions doctors as experts. This creates a situation where once a woman becomes pregnant she no longer has autonomous control over her body. Facilitators should have information regarding consent and lack of bodily autonomy so that the broader structural reasons for women's negative experience within maternity services can be explored in a safe, supportive space.

**Please note these timings are guides only and the process only works if you are prepared to take longer (or shorter) with each exercise as dictated by the group.*

Check-in and discussion on week two	20-30 minutes
Handout one – the Eighth Amendment	30 minutes
Handout two – the aftermath to the Eighth Amendment	30 minutes
Handout three - Campaign to repeal the Eighth Amendment	30 minutes
Check-out: How is everybody now?	30 minutes

⁷ Image taken from <http://www.thejournal.ie/poll-abortion-eight-amendment-1841662-Dec2014/>

Check-in for session three.

AIM:

To incorporate spaces for people to settle into the group, this acknowledges the transition from other activities into the educational space. Facilitators can choose what exercise to use, the exercise below is just one example.

1. Names and moving places⁸

This exercise helps remind people of other people's names, and can bring energy to a group. This is a useful exercise if a group is beginning to sit in fixed patterns.

PROCESS:

- Sit in the circle with an empty chair on your left
- Call a name and invite the named person to come and sit on the empty chair.
- Ask whoever now has an empty chair on their left to call another name and invite that person to sit on their left.
- This continues until everyone has moved.

2. Recap on week two:

Invite people to organise themselves into groups of three, perhaps with someone they don't know or didn't get a chance to work with during week one, and to have a chat about how they found the second week.

Some guide questions could include,

- What are the things that particularly stayed with you?
- What questions do you have?

Open up some general discussion on how people found previous week. This should include anything anyone was struck by from any of the additional handouts circulated the week before. Make sure this is introduced in a way that emphasises how engagement with these handouts was purely voluntary, it wasn't homework!

⁸ Adapted from partners Training for Transformation, www.trainingfortransformation.ie [accessed, July 2015].

Understanding the Eighth Amendment

AIM:

To provide contextualised information on the Eighth Amendment and to encourage discussion on its impacts.

This session focuses around the use of three handouts that have been designed for this manual. This process is deliberately designed so this information can be introduced in a way that is combined with peer discussion and that ensures sufficient time is given so each person can grasp an understanding of the Eighth Amendment as well as the way in which this has directly impacted on the lives of some women. If facilitators believe many in their group wouldn't be comfortable engaging with these handouts, they can design a process that involves three themed discussion during which they read (or introduce in their own way) the contents of the handouts.

MATERIALS:

1. Photocopies of the handouts contained on pages 66-73
2. Internet access with projector to show recommended video clips.

PROCESS:

1. Revisit the collective timeline that was produced within session one by displaying it prominently on the wall.

Invite people to come to the wall and re-read the timeline. You might want to ask the following questions,

- What are the bits, if any, you particularly remember?
 - What are the bits, if any, you are confused about?
 - What other thoughts do you have on this timeline of events?
2. Explain that the bulk of this session is to gain greater understanding of some of the details within the timeline, most notably the Eighth Amendment but also some of the more significant events such as subsequent referendums, the X-Case, the ABC versus Ireland case, the death of Savita Halappanavar and the Protection of Life During Pregnancy Act.

3. Organise the group into threes or fours (depending on the numbers in the group). If you are aware of people within the group less literate than others, discretely ensure they are put in a group with one or two with a high literacy capacity.
4. Circulate handout one. Ask participants to read through the handout as a group before discussing its contents. When discussing the contents display the following questions on a flipchart.
 - What, if any, words are you not sure about?
 - What, if any, aspects confuse you?
 - Are any of the contents surprising?
 - What would you add from your own knowledge and experiences?

Encourage each group to answer these questions with their peers. Facilitators can be circulating the room checking in with each of the groups to check for understanding.

5. When sufficient time has elapsed, bring the group back together and open discussion on the handout ensuring each person in the room is comfortable with their understanding of its contents. Make sure to draw any memories of events of the time from women in the room.

Show the video clip of William Binchy and Mary Robinson discussing the referendum result in 1983 <https://www.youtube.com/watch?v=GLWnoOjTNiw>

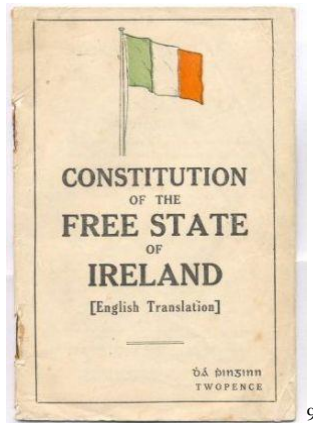
6. Repeat stages 4-6 for handouts 2 and 3 with the relevant recommended links.

For handout two the video link to 'The X-Case: Ireland's Abortion Crisis (1992)' <https://www.youtube.com/watch?v=MR1saC-Rx5Q> [this video contains some anti-choice images from the time]

A short video link from CNN news showing the arrival of the Women on Waves ship can be found at this link <https://www.youtube.com/watch?v=1-jSErZRTcA>

For handout three this video clip is of a demonstration outside the Dáil following the death of Savita Halappanavar <https://www.youtube.com/watch?v=1-jSErZRTcA>

HANDOUT 1 - THE EIGHTH AMENDMENT



1. What is the Irish Constitution?

The Irish Constitution is the basic laws of our country. The constitution includes the rights held by citizens in Ireland. Our current constitution is our second since Ireland became a republic in 1922 and this one was introduced in 1937.

2. How do we amend (change) the constitution?

Although a range of laws can be introduced by the government and through the courts, these must comply with what is already written in the constitution.

The only way the constitution can be changed is if there is a national referendum. Not anyone can call for a referendum. Any proposed change must be approved by both houses of the government; the Dáil (where our TDs vote) and the Senate (where our Senators vote). This means that any proposed change to the constitution has to be introduced through the government first.

By June 2015, there have been 35 amendments to the constitution, the 35th being an attempt to reduce the minimum age for the Irish presidency which was defeated.

3. What is the Eighth Amendment?

The eighth time the referendum was changed (the Eighth Amendment) was to insert the following wording into the constitution.

“The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right”. (Article 40.3.3)

⁹Image taken from, <http://www.theeasterrising.eu/220CivilWar/CivilWar.htm>

Many people believe that some people became interested in amending the constitution after the legalisation of abortion in Britain in 1967 and also new laws on abortion in the USA in the 1970s/1980s. These actions resulted in the growth of a strong anti-choice movement in Ireland made up of people who expressed fear similar laws could be brought in here. In 1981 the *Pro-Life Amendment Campaign (PLAC)* was formed and, soon after, they received assurances from Fianna Fail, Fine Gael and The Labour Party that they would each support holding a referendum¹⁰.

The insertion of an anti-choice amendment into the constitution became a big political talking point during the general election of 1982. Much of the debate focused on the wording to be inserted rather than women's reproductive rights and as a result much debate was by lawyers. The picture below shows William Binchy (PLAC) and Mary Robinson, both constitutional lawyers, debating the referendum on television in 1983.



This debate can be viewed at: <https://www.youtube.com/watch?v=GLWnoOjTNiw>

The Attorney General (the main legal advisor to the government) was among those to say the amendment was a bad idea because he believed the language proposed would create confusion in the future¹². For example, the amendment does not explain what it means by the expression “unborn”.

Just over 53% of the electorate voted in the referendum and the motion was passed by a 67% majority. This meant from that point onwards, Irish laws must give equal weighting to the life of the embryo, fetus or “unborn” as it does to the pregnant woman.

¹⁰ <http://www.wsm.ie/c/abortion-rights-ireland-history> [accessed, July, 2015].

¹¹ Picture sourced from <http://www.thejournal.ie/william-binchy-mary-robinson-abortion-debate-1626529-Aug2014/>

¹² “The Attorney General’s advice NOT to introduce ‘anti-choice’ constitutional amendment” <http://www.thejournal.ie/abortion-1983-1224351-Dec2013/>

HANDOUT 2 – THE AFTERMATH TO THE EIGHTH AMENDMENT

1. Challenging information on abortion.

The anti-choice movement continued to grow in Ireland after their success in changing the constitution. In 1985 the *Society for the Protection of the Unborn Child (SPUC)* went to court to try and stop *Open Line Counselling* and *The Well Women's Centre* from providing information. The courts agreed with them saying this information was unconstitutional.

This ban was often openly defied. This image is published on the *Workers Solidarity Movement* website and shows women showcasing an information number outside the Dáil. There is no date on when the photograph was taken.



1. What was the X-Case?

In 1992, news broke of a 14 year old girl who had become pregnant as a result of rape. Her parents tried to take her to the UK for an abortion but when the authorities became aware of this, she was prevented from travelling by the High Court. Many people demonstrated against this decision all across Ireland. They supported the girl's right to travel and raised questions about the limitations on women's reproductive rights more broadly. People could now see abortion as a real life issue affecting real people. Her family appealed the decision to the Supreme Court (the highest court in the land). The Supreme Court overruled the decision and decided abortion in Ireland was lawful where there is, "***A real and substantial risk to the life, as distinct from the health, of the mother***"

2. Why did we then have another referendum?

Instead of introducing legislation to allow abortion in Ireland under these circumstances, the Irish government decided to hold another referendum. This time three proposals were put to people. The first was to reverse the X-Case judgment by removing suicide as grounds for abortion in Ireland (the 12th amendment). This was rejected. The second proposal was to extend the right to travel (the 13th amendment)

this was passed. The third proposal was to allow the right to information on abortion in other countries (the 14th amendment), this was also passed.

3. *The growth of the pro-choice movement.*

In the decade following the legalisation of supplying information and on the right to travel, the pro-choice movement in Ireland grew.

In 2001, *Woman on Waves* a Dutch organisation of doctors, nurses and women's rights activists set sail for Ireland on invitation by pro-choice organisations the *Dublin Abortion Rights Group* and *Cork Women's Right to Choose group*. There was a lot of publicity about this and some legal difficulties prevented them from carrying out abortions as had been their original intention. Nonetheless they moored in international waters close to Ireland and *Women on Waves* describe the experiences as follows,

*“After five days, 300 women had contacted the ship's hotline. They included women who had been raped, schoolgirls who could not find a feasible excuse to go to England for a couple of days, mothers who could not pay for childcare during their journey to England, and political refugees who did not have the papers to travel and already had an uncertain future. While some women who called the hotline sought counselling, many others had already made up their minds and simply needed accurate information about clinics abroad”.*¹³

4. *Another referendum.*

In 2002 yet another referendum was held. This time the change proposed was to tighten the constitutional ban on abortion by removing the threat of suicide as grounds for legal abortion in Ireland. It also attempted to introduce penalties for those found to be performing abortions in Ireland. Pro-choice organisations banded together as an **Alliance for a No Vote**. The referendum was narrowly rejected meaning there was no change to the constitution with the Eighth Amendment as introduced in 1983 remaining unchanged.

The video link to ‘The X-Case: Ireland’s Abortion Crisis (1992)

<https://www.youtube.com/watch?v=MR1saC-Rx5Q> [this video contains some anti-choice images from the time]

If you wish there is also a short video link from CNN news showing the arrival of the *Women on Waves* ship can be found at this link

<https://www.youtube.com/watch?v=1-jSErZRTcA>

¹³ <http://www.womenonwaves.org/en/page/769/ireland-2001> [accessed July, 2015).

HANDOUT 3 – REASONS TO REPEAL THE EIGHTH AMENDMENT

1. Real stories, public cases on the affect of the Eighth Amendment.

During the 2000s media reports highlighted some of many situations where women's reproductive rights and their experiences within maternity services are shaped as a result of the Eighth Amendment. Here are just some examples.

In 2007, a 17 year old girl under the care of the HSE requested freedom to travel on learning the foetus had fatal abnormalities (meaning it would most likely die soon after birth or at very best have severe disabilities). She bravely refused to assert that she was suicidal so that she could access an abortion, despite encouragement to do so¹⁴. The HSE contacted the passport office informing them not to issue her with a passport. She sued them in the High Court through her 18 year old boyfriend. She won.¹⁵

In 2009, three Irish women (cases A, B and C) challenged Ireland's restrictive abortion laws at the European Court of Human Rights. Their case had been lodged in 2005. Each of these women had travelled for abortions and argued that Irish law had jeopardised their health and wellbeing. They also argued Irish laws stigmatised their decision to terminate their pregnancies. The court agreed that Ireland's failure to make laws that would support their constitutional right was in breach of their human rights.

In 2010, Michelle Harte was advised by her doctors to have an abortion as she was receiving treatment for terminal cancer. She was however forced to travel to have her pregnancy terminated as it is deemed her life is not immediately at risk.



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¹⁴ IFPA legal timeline in relation to abortion.

¹⁵ <http://www.abortionrightscampaign.ie/2015/06/16/a-brief-history-of-abortion-in-ireland/> [accessed July, 2015].

¹⁶ <http://www.irishcentral.com/news/terminally-ill-woman-refused-abortion-in-cork-hospital-112236794-237732901.html>

Savita Halappanavar dies.

In October, 2012 Savita Halappanavar was admitted to a Galway hospital as she was suffering a miscarriage during her first pregnancy. As soon as she was admitted to hospital both Savita and her husband requested an abortion to bring the inevitable pregnancy-loss to an end. She was refused on the grounds that a heartbeat was still detectible and that there were, at that time, no concerns for her own life. At one stage a nurse told Savita her requests for abortion were not possible as Ireland was “a catholic country”¹⁷.

On October the 8th 2012, Savita died as a result of septic shock. This tragic event happened twenty years after the Supreme Court ruling on the X-Case but up to that point nothing had been done to legislate (pass laws) as a result of the X-Case ruling. This is despite much campaigning by pro-choice advocates.



There were national and international demonstrations after Savita Halappanavar's death and a lot of pressure for legislation to be introduced. One such demonstration a pro-choice rally outside the Dáil can be viewed at this link <https://www.youtube.com/watch?v=1-jSErZRTcA>

2. The Protection of Life During Pregnancy Act, 2013

In 2013, 21 years after the X-Case, legislation was finally introduced to set out the circumstances under which abortion can be carried out in Ireland. This legislation is called the *Protection of Life During Pregnancy Act, 2013*. This law says an abortion can be carried out ‘if pregnancy endangers a woman's life’ including through the risk of suicide. Where a woman is suicidal, this must be confirmed by four doctors; an obstetrician, a psychiatrist with specialist experience of working with pregnant women, another psychiatrist, and her GP. In 2014, the HSE published guidelines for the implementation of the Protection of Life During Pregnancy Act. The Irish Family Planning Association describe these as “more restrictive than the Act”¹⁹

¹⁷ <http://www.rte.ie/news/health/2013/0410/380613-savita-halappanavar-inquest/> [accessed July, 2015]

¹⁸ <http://www.theguardian.com/world/2012/nov/15/irish-abortion-law-blame-death> [accessed July, 2015]

¹⁹ <https://www.ifpa.ie/Hot-Topics/Abortion/Abortion-in-Ireland-Timeline> [accessed August, 2015]

3. Some more stories since the Protection of Life During Pregnancy Act

The Y-Case

In March, 2014 a young woman came to Ireland seeking asylum. One month later she discovered she was pregnant and described how she was raped in her home country. She was a minor (under 18 years) at the time of the rape. She tried to travel to the UK for an abortion but was prevented from entering due to her visa status. She came back to Ireland and expressed suicidal tendencies. She even went on hunger strike. There were long delays in responding to her circumstances. She was eventually assessed by a medical panel who agreed she was suicidal but who ruled it was too late for her to have an abortion. Instead she was forced to have a cesarean section when the pregnancy was in its 25th week. This was 17 weeks after she first sought help.²⁰ Part of the problem is that The Protection of Life during Pregnancy Act gives no clear guidelines about the stage during which a woman can seek to have a pregnancy terminated in Ireland. HSE Guidelines from 2014 state *“the act legally requires doctors to preserve unborn human life as far as is practicable without compromising the woman’s right to life”* (HSE guidelines, p31).

The picture below is from a demonstration in response to the treatment of the young woman known as Ms Y. The HSE ordered a report into the case. Through her solicitors, Ms. Y expressed dissatisfaction during this inquiry claiming “the manner in which the HSE inquiry has been conducted has breached her rights to fair procedures and constitutional justice”. She has since been unable to participate in the inquiry due to ill health.²¹



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²⁰ As above.

²¹ <http://www.irishtimes.com/news/crime-and-law/courts/high-court/ms-y-wants-high-court-to-halt-hse-inquiry-into-her-case-1.2038654> [accessed July, 2015]

²² Picture taken from <http://thedailyedge.thejournal.ie/protection-of-life-during-pregnancy/news/>

PP versus HSE – the implications of the Eight Amendment for medical staff

In December 2014, young woman who was 17 weeks pregnant suffered a catastrophic brain haemorrhage and was pronounced clinically dead. When she died she was on a life support machine and a foetal heart beat was still detectable. Under any other circumstances, the medical professionals would switch off the life support and this was also the request of her family. When reporting on the case, the Irish Times says the following,

“Of seven doctors who gave evidence to the court earlier this week, none argued the treatment should continue or that there was any realistic prospect of her baby being born intact even if the treatment continued. The court also heard the woman’s condition is deteriorating, her brain is rotting, she has an open head wound and several infections and there were concerns about the effect of this, and the drugs being administered to the woman, on the unborn”²³

However, her doctors were concerned about any implications for them as a result of the Eighth Amendment to the Constitution. The case was brought to the High Court where ‘the unborn child’ was represented by its own legal team. The High Court granted permission for the medical team to withdraw medical treatment as were the wishes of the woman’s parents and her partner.

In a speech to the Dáil, The Minister for Health Leo Varadkar said he believed current legislation is “too restrictive” and that the Eight Amendment is having a “chilling effect” on doctors.^{24 25}

What do you think?

²³ <http://www.irishtimes.com/news/crime-and-law/courts/high-court/court-clears-way-for-clinically-dead-pregnant-woman-to-be-taken-off-life-support-1.2048616> [accessed August, 2015].

²⁴ <http://www.independent.ie/irish-news/health/clinically-dead-pregnant-woman-being-kept-alive-by-hospital-30845660.html> [accessed July, 2015].

²⁵ <http://www.irishtimes.com/news/politics/eighth-amendment-an-issue-for-next-government-1.2042430> [accessed August, 2015]

Check-out session three

AIM:

To ensure space and time is given for participants to name how they are feeling before leaving the space and to ensure information is available should additional supports be required.

Facilitators are free to choose how they would like to check out from the session as determined by the setting. One format is presented below.

PROCESS:

1. Sitting in a closed circle, invite participants to reflect alone for a minute or two on what thoughts are upmost in their heads as they prepare to leave the room.
2. Ask everyone, either in order or randomly, to share one thing they are taking with them as they 'check-out' to go into another space. This could be a feeling, a reflection on a particular experience, something they said or that someone else said. As they sit here now the thing they check out with should be the most important thing they are taking with them.
3. Before closing the group, again make sure people have access to hard copies of information on support organisations they might find helpful.

Session four (optional) Ways of seeing – exploring gender through a feminist analysis



Cartoon reprinted with permission of Punch, Ltd.

"The committee on women's rights will now come to order."

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Session aim:

1. To explore the social construction of gender
2. To open discussion on feminism and gender equality both nationally and internationally.

This session is likely to contain more exercises than there will be time for.

*Facilitators should choose which exercises might work best for the group they are working with. *Please note these timings are guides only*

Check-in and discussion on week two	20-30 minutes.
The woman box	One hour
Opening discussion on Feminism	One hour
A picture speaks a thousand words	30 minutes
Introducing photo-speak	30 minutes
Check-out - How is everybody now?	15 minutes

²⁶ <http://2.bp.blogspot.com/--sijzygxs74/T1D0JEUPtKI/AAAAAAAAADSQ/kuyxfnCTeMc/s1600/womens%2Brights.png> [accessed July 2015]

The Woman Box.



This exercise is adapted from the work of Tony Porter who conceived of The Man Box (see appendix 5).

AIM:

This exercise sets out to explore the idea of socially defined gender roles, to recognise gender stereotypes and to begin to uncover the consequences of stepping outside “the woman box”²⁸.

MATERIALS:

1. Flipchart and markers.

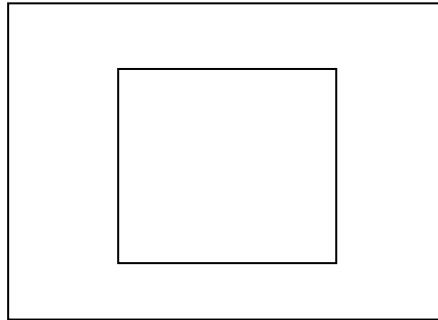
PROCESS:

1. Join some large tables together, or if you do not have room to do this, place some large sheets of paper on the floor (one way to do this is to sellotape four flip-chart pages together). Draw a large box on this sheet of paper with some space outside the box also.

²⁷ This image was tweeted by @shanehegarty on the 1st of December, 2014.

²⁸ This exercise has been adapted from the The Man Box designed by Tony Porter and as discussed on TED talks at this link http://www.ted.com/talks/tony_porter_a_call_to_men?language=en

Like this,



2. Invite participants to sit around the enlarged paper with around six people per group.
3. Explain to participants that the square **on the inside** represents “the woman Box”. This represents society’s traditional views of womanhood. Invite people to think about the words, sentences and/or images that come into their heads when they consider what belongs inside this woman box (things raised might include being a certain weight, being caring, being able to multi-task).
4. When each group has finished creating the contents for their woman box, invite them to leave their own seats and view the other group/s work.
5. Ask people to return to their original groups and to consider the following questions through small group discussion.
 - What did you learn about being girl when you were growing up?
 - How did you learn? From whom did you learn?
 - Where do these ideas come from and who affirms them?Invite feed-back from each group that gives a sense of their discussions.
6. Ask participants to return to their drawing of their “woman box” and to this time consider
 - (i) What are both the threats and the benefits of remaining within the woman box?

- (ii) What are the consequences when we stray outside the box? Invite people to record the answers to this question within the outer box of their worksheet.
7. Invite each group to display their work on the walls and ask people to return again to one large group. Facilitate open discussion on gender socialisation.

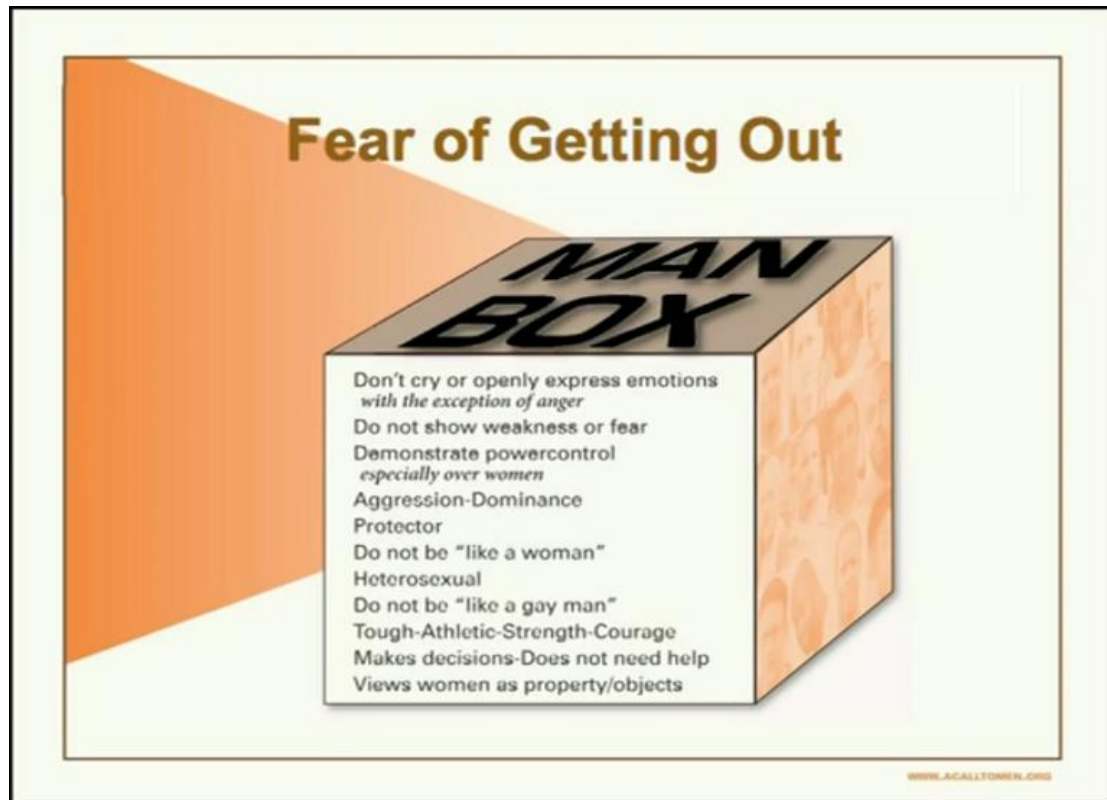
The facilitators might wish to draw out distinctions between ideas about biological traits and ideas those that are more culturally and socially determined. In doing this we encourage facilitators to pose critical questions as appropriate to the flow of the conversation. For example, can a woman have male anatomical attributes (considering transgender women for example)? Can men have breasts? Can women have moustaches? How many women in the room are taller and likely to be stronger than the footballer Lionel Messi?

If you have access to the internet and have a projector and sound we recommend showing the following short video taken from TED talks which features Tony Porter discussing the Man Box (from which this exercise is adapted). Porter explains how women's liberation is linked to social attitudes to men and masculinity (Facilitators should certainly watch this even if they cannot show it to their group).

http://www.ted.com/talks/tony_porter_a_call_to_men?language=en

The handout overleaf (page 79) on The Man box can be used with a group regardless of whether or not they view the video. It offers a good comparison to the women boxes produced by the group.

HANDOUT- THE MAN BOX BY TONY PORTER



Women's reproduction and rights

Opening discussion on Feminism

Facilitators are free to determine how to organise this aspect of the programme themselves as suits their approach to feminism and as relevant to the particular group they are working with. This might include:

Some suggested topics for discussion might be a history of feminism in Ireland, approaches to feminism, exploring patriarchy, how women experience oppression, intersectionality.

You might also want to replace the participatory exercise above with something else as you, the facilitators determine.

One exercise that might be of use has been provided for the *Limerick Women's Network* and it has been provided within appendix four.

Alternatively some handouts for discussion are available over the next pages.

A picture speaks a thousand words, generating discussion through images

AIM:

To create conditions where women can discuss examples of common ways in which womanhood is depicted.

MATERIALS:

Facilitators are encouraged to design their own images and draw from their own sources to create materials. As much as possible try and draw from events that are currently relevant to the cultural context you are working within. For example, this manual was prepared in the summer of 2015. Some images and newspaper articles we could draw from might include Caitlyn Jenner's acceptance in the media following her transition from male to female or reactions to Serena Williams winning Wimbledon with media contents often focusing on her body as a black woman. In September 2015, there was widespread media reporting of how Lilly Allen was staying in a hotel in London for one week during London Fashion week leaving her husband to care for their two children in the family home and fueling speculation of the status of her marriage. The TV3 programme Expose reported *A source said: "It seems strange that Lily would live out of a suitcase in a hotel, no matter how luxurious, rather than stay at her family home or in the London flat she still owns."* (<http://www.tv3.ie/xpose/article/entertainment-news/179610/Lily-Allen-staying-at-hotel-as-marriage-fears-grow>). If a similarly high profile father behaved in the same way how might he media react?

We have provided some sample handouts on pages 82-85 which you are welcome to use.

HANDOUT 1 IMAGES OF 'THE IDEAL' WOMEN



HANDOUT 2 IMAGES OF 'THE IDEAL' WOMEN



HANDOUT SHOWING OBJECTIFICATION OF WOMEN



HANDOUT - WOMEN AND THE MEDIA



In 2003, Marion Barolti won the Wimbledon women's championship. In commentating on the match, the BBC presenter John Inverdale remarked on her physical appearance asking *"Do you think Bartoli's dad told her when she was little, 'You're never going to be a looker?'"* He later issued an apology for the statement.



In 2013, the Sunday Independent ran an article by Niamh Horan about Railway Union RFC. The article began as follows *"As I bent over with a blonde's hand slipping around the top of my thigh, I pondered how there are worse ways to burn calories on a sleepy Thursday evening"*. She further describes the women she met as what you would expect from women namely that *"They are fit, toned, effortlessly pretty players who love nothing more than getting dolled up for the evening - and that's just to step on the field"*. She quotes players as saying how some never play without their tan, makeup and manicures. There was subsequent criticism of the article across other media outlets.



In a speech given in 2014 at a **Women in Hollywood** event Jennifer Garner shared how herself and her then husband Ben Affleck shared notes following simultaneous days of interviewing where they were each promoting a new film. Every interviewer asked Garner about how she manages to balance work and her family. Not one interviewer asked Affleck the same question. Affleck shared how the only question he was asked repeatedly was about the breasts of his female co-star.



Julia Gillard's time as Australian Prime Minister was consistently accompanied by media attention that emphasised her physical features. Professor Linda Trimble claims the Australian media continually sexualised Gillard using *"some of the worst of social media depictions of Gillard as a kind of 'peep show', sometimes referring to it and seldom if ever deploring it"*. (The Canberra Times, August 4th 2014)

What other examples of how women are reported on in the media can you think of?

Introducing photo-voice

Photo-voice is a participatory way of working that has been described as “*a process by which people can identify, represent, and enhance their community through a specific photographic technique. Photo-voice has three main goals: to enable people (1) to record and reflect their community's strengths and concerns, (2) to promote critical dialogue and knowledge about personal and community issues through large and small group discussion and their photographs, and (3) to reach policy makers*”.²⁹

A good way to think about photo-voice by spelling out VOICE like this³⁰,

PHOTO Visualising **O**ur **I**ndividual [and] **C**ollective **E**xperiences

Photography is increasingly becoming a part of everyday life in Ireland and it can be a medium many people (especially young people) are comfortable to engage with. Facilitators should determine if it is the right method for their group and if they, as programme organisers, have the capacity to support its use.

AIM WITHIN THIS COURSE:

To create a process where photography is used as a mechanism for creating a space for discussion on how the learning group interpret womanhood.

MATERIALS:

1. Access to cameras including mobile phones or ipads etc. If a project has sufficient funding, disposable cameras can be used (though remember it is very expensive to get these pictures developed).
2. The capacity to print pictures in advance of the final session of the course. If this is not possible, another way to proceed could be to use a projector to project images for viewing.

²⁹ Wang, C. (1999) “Photovoice, a Participatory Action Research Strategy Applied to Women's Health” *Journal of Women's Health*. Vol. 8. No. 2. Wang is commonly considered the founder of Photovoice.

³⁰ This is a very basic introduction to the method and its commonly associated interpretation. For more information try the Photovoice Manual which is at http://www.photovoice.org/wp-content/uploads/2014/09/PV_Manual.pdf

PROCESS:

1. Suggest to participants that, in order to challenge the images of womanhood we have been examining, Participants will take some time to gather and discuss their own images which represent womanhood/being a woman. Explain that to participate people will need access to a camera (such as a phone). Each person will be asked to go away from the group prepared to take some pictures of what they interpret as *'images of what it means to be a woman today'*. People are free to take as many pictures as they wish, but will be asked to choose their favourite three to show to others in the group. Explain that, if possible, they should print the images, if this is not possible (which is more likely to be the case) they will need to e-mail (Facebook, WhatsApp or Viber message) these images to one of the facilitators.
2. If the group agrees, the next step is to discuss boundaries on how the process will proceed. One way to think of this is of agreeing the 'ethics' of the exercise. Facilitators can pose the question "if someone were to take a picture of you, what would you like to have been agreed in advance? What would you like to know about what happens to the picture?" Facilitators can gather suggestions through a brain-storm recording these on a flip-chart. When everything is written up, read through each contribution and suggest to the group that these suggestions are agreed as guidelines for the photo-voice exercise to proceed. Before final agreement, check with the group (i) if they are happy with what is on the sheet (ii) if there is anything missing that they would like to add. Facilitators are also free at this point to add something they feel is missing from the list. Facilitators should take the sheets away, type up the contents, and give them back to the group the following week as a handout.
3. Advise people that the pictures will not be used until the final session and let people know that you will check back with people next week to enquire how they are getting on with the project.

Check-out session four

Facilitators are free to choose how they would like to check out from the session as determined by the setting. One format is presented below which is a repeat of the check out from session two.

AIM: To ensure space and time is given for participants to name how they are feeling before leaving the space and to ensure information is available should additional supports be required.

PROCESS:

1. Invite participants to reflect alone for a minute or two on what thoughts are uppermost in their heads as they prepare to leave the room.
2. Invite them to share these thoughts with the person beside them.
3. Invite people who choose to do so to share with the wider group how they are and what in particular struck them about the session.

Session five (optional) Human Rights and reproductive rights



Session aims:

1. To introduce participants to concepts of human rights through a needs-based approach.
2. To offer a framework for considering reproductive rights.
3. To open discussion and tensions on pro-choice positioning.

This session is likely to contain more exercises than there will be time for.

*Facilitators should choose which exercises might work best for the group they are working with. *Please note these timings are guides only.*

Check-in and discussion on week four	20 minutes
Women's experiences across generations	One hour
Human needs and human rights	45 minutes
My reproductive rights.	One hour
Check-out - How is everybody now?	20 minutes

³¹ This picture is from a demonstration in New York and can be viewed at <http://web.colby.edu/contemporary-issues/reproductive-rights-in-brooklyn/> [July, 2015].

Check in for session five

AIM:

To give participants time to settle into the group space and to share any thoughts on the course to date that are resonant at this time.

Facilitators are free to choose how to conduct this check in however it should include space to explore how people are managing the logistics of completing the photo-voice exercise introduced within session four. This could be organised through small group discussion where people share how they are progressing (if at all) with the task set. Questions can be raised in the larger group and clarification provided by facilitators.

Women's experiences across generations

AIM:

To explore changes that might (or might not) have happened across matrilineal generations as a way to stimulate discussion on feminism and gender equality.

MATERIALS:

1. Flipchart paper and markers.
2. Three movable tables.

PROCESS:

1. Circulate the reflection sheet on page 94. Read through the sheet and then ask participants to complete it in silence and alone. Ideally people should be encouraged to write on the sheet but if more appropriate people can simply reflect through thought only.
2. While participants are working in silence, organise three discussion tables as follows,
 - (i) Life for my mother/female guardian/woman from my mother's generation.
 - (ii) Life for me
 - (iii) Hopes for my daughter/granddaughter/niece/ friend.
3. Now that people have reflected, invite them to move from table to table filling in any thoughts they have that they are happy to share. This can be through sentences, words or pictures – whatever works best for each participant.
4. When people have finished contributing to each table, invite them to re-visit each table this time to have a look at contributions from others.

5. When this exercise is finished, the facilitators take the lead in generating discussion on feminism and its relationship with reproductive rights. Some examples of probing questions could be,
 - When I hear the word *feminism*, what thoughts, if any, come into my head/what does this word mean to me?
 - When I hear the expression *gender equality*, what thoughts, if any, come into my head/what does this word mean to me?

REFLECTION SHEET ON WOMEN'S EXPERIENCES ACROSS GENERATIONS

When I think back on the life of a significant woman in my life from the previous generation (for example my mother, aunt or guardian), how do I imagine her life was? What choices did she have and not have?

When I now think of my own life, how has this changed from the generation before me? How had it not changed? What choices do I have and not have?

When I think of the life I hope for a future woman in the generation after me (for example my daughter, granddaughter, niece, or child of a friend) what hopes do I have for her that are not available for me now? What choices do I want her to have?

Human needs and human rights

AIM: to introduce the concept of human rights through a needs-based approach and using the *UN declaration of Human Rights*.

MATERIALS:

1. Flipchart and markers.
2. Photocopies of handout on human rights.

PROCESS:

1. In groups of 3/4 invite participants to make a list of human needs they believe are essential to all people capturing these along one side of a flipchart page.
2. Ask each group to feed-back to the wider group. Note differences and similarities between the different lists gathered.
3. Invite people to return to their groups and in a second corresponding column, to now list the ways in which the society we currently live in (Irish society) currently meets, or doesn't meet these needs.
4. Again hear from each group and allow any discussion that emerges as a result of the exercise.
5. Circulate handout on page 96 or alternatively facilitators might wish to sources pictures or posters that depict human rights. Check for understanding and invite conversation. Draw out discussion and comments from the group on their understanding of human rights. If there is time, facilitators can further probe Amnesty's definition of human rights when applied within Ireland to ask how we do in attending to other rights e.g. the right to housing, the right to education etc.

HANDOUT - WHAT ARE HUMAN RIGHTS

This text has been taken from the Amnesty International educational resource 'what are human rights'

http://www.amnesty.ie/sites/default/files/resources/2010/04/Chapter_01.pdf

Human rights are rights or entitlements, which belong to us all because we are human beings. Human rights are universal: they apply to all people, everywhere, without exception, in all countries of the world. Human rights are inalienable: you cannot lose or transfer your human rights

You have **economic, social and cultural rights** relating to the material necessities of life, such as the right to:

- Adequate housing;
- Health;
- Work;
- Social security.

You have **civil and political rights** including:

- Freedom to express yourself;
- Access to information;
- A right to life;
- A fair trial;
- Freedom from torture;
- Privacy and respect for your family life.

Underpinning all of these is the right not to be discriminated against because of race, colour, gender, language, religion, political or other opinion, national or social origin, property, birth or other status. There is no hierarchy of rights.



My reproductive rights

AIM:

To encourage participants to extend human rights to include women's reproductive rights.

MATERIALS:

1. Worksheet (page 99) printed onto A3 pages.
2. Flipchart and markers.

NB: This is an example of an exercise where facilitators may decide to adapt the process so that people are not required to individually write. One way to do this would be to draw the worksheet onto a larger sheet and, as a group, collectively address each segment.

PROCESS:

1. Using flipchart or pre-prepared poster one facilitator should present to the group the Amnesty International description of reproductive rights as detailed within their publication *My Body, My Rights*. These are,
 - To have accurate information on the full range of choice available to me.
 - To have access to sexual and reproductive health services including contraception.
 - To choose if, when and who to marry.
 - To decide when and how many children to have.
2. Circulate the worksheet on page 99 and instruct participants to take some time alone to complete the worksheet filling in pictures, words or sentences that capture their sense of how,
 - (i) they manage to exercise their reproductive rights
 - (ii) other women they have contact with manage to exercise their reproductive rights.

Women's reproduction and rights

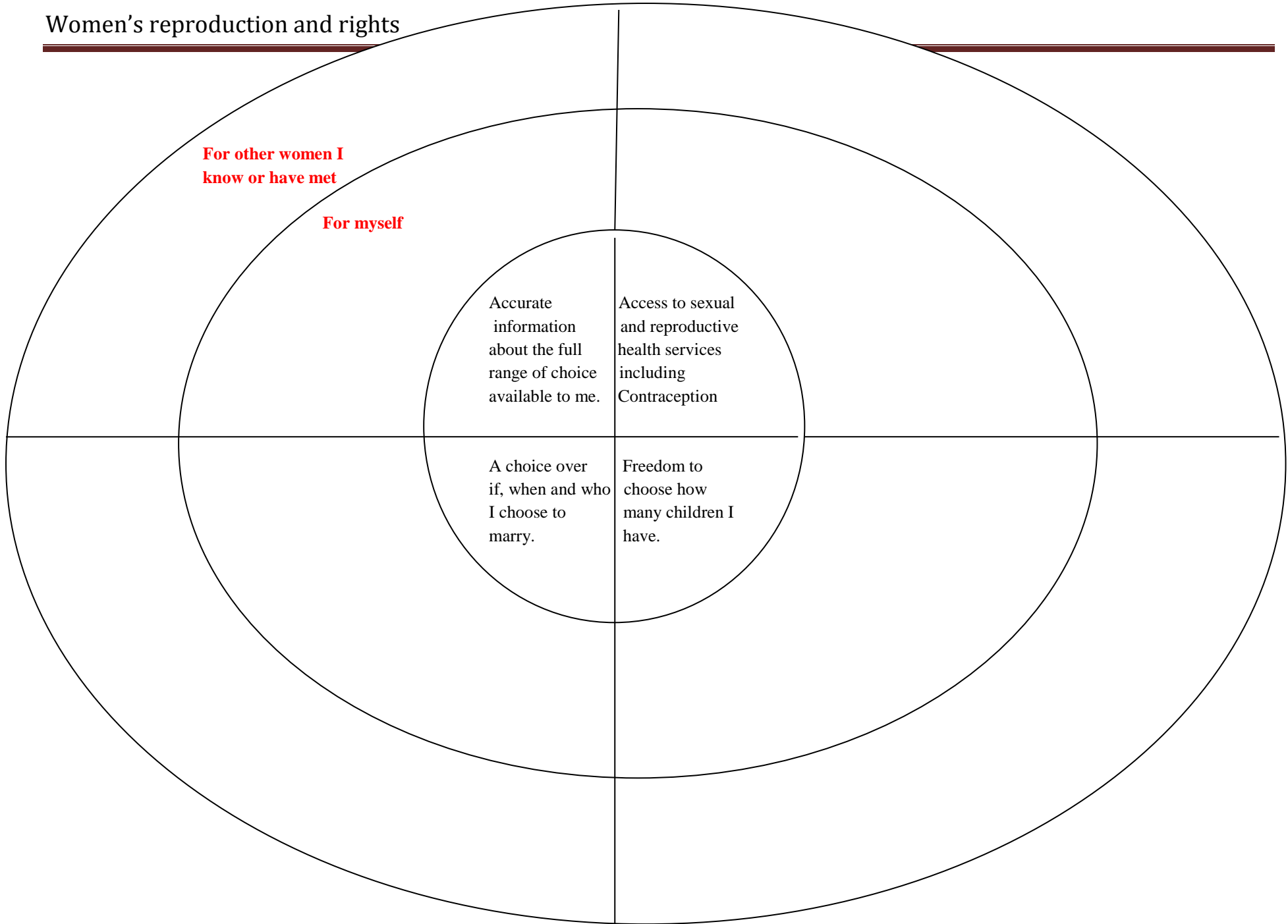
3. When people are finished, invite them to find one or two other women in the room with whom they would feel comfortable to share their insights with.
4. Open the group up for general discussion. One probing question that might be included if it doesn't emerge is to consider the factors which prevent women in Ireland from exercising these rights e.g. religious influences, money, freedom to travel.



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³² Image taken from www.amnesty.ie

Women's reproduction and rights



Opening discussion

AIM:

To create spaces where specific topics related to the abortion debate can be raised. These topics are; equal status for women and fetus, the role of the Catholic Church in prohibiting abortion, the practice of 'sex-selection' through abortion, the numbers of women traveling in silence to access abortions overseas and debates on when life begins.

Importantly, this exercise is **not** designed to provide definitive answers; it is to stimulate discussion in a problem-posing manner.

MATERIALS:

1. Pre-prepared statements from pages 102-106 printed on A3 paper.

PROCESS:

1. Display the statements at various points through the room.
2. Ask people to traverse each sign/statement, considering its content and, when they have read each statement, to move to the statement that they would like to discuss further. This might be because they don't understand the statement, are uncomfortable or undecided about it, or because they have particularly strong feelings about the topic being introduced (if just one person goes to one statement it might work to invite another person to join them who are perhaps drawn to the statement as their second interest, if nobody goes to statement, that is fine, just leave it unattended).
3. Invite people to take a seat at their chosen statement and to share with others their thoughts/concerns/opinions about this topic.
4. In these groups ask people to identify any outstanding questions or tensions they have in relation to this statement.

5. Bring the group back together as a one group and, in turn, ask each discussion group to share the nature of their discussion with the wider group. Invite questions and comments from others in the group not immediately involved in each conversation. The facilitators should exercise their skills in ensuring that sufficient time is given to discuss each topic raised. This might mean deliberately moving discussion to another topic.
6. Before ending the discussion, it is important to invite participants to name any other ongoing debate, issue, concern that is on their mind for further discussion. This could include such topics as father's rights, parental consent for teenage abortions or any other topic chosen by the group.

“The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right”

(Article 40.3.3) The Irish Constitution.

“The Catholic hierarchy's ban on contraception and abortion has a disastrous impact on women's lives, especially the lives of poor women who may rely solely on government-run programs for access to reproductive healthcare services. It is women and their families who pay the price every time theocracy trumps democracy in the debate over women's healthcare”.

Catholics for Choice accessed at <http://www.catholicsforchoice.org/about/default.asp> [July, 2015]

“If we want to ensure that women and couples do not choose to terminate a female fetus, we need to start addressing the reasons why the girl child is so unwanted. We need to talk about dowry, child marriages, violence against women, access to education, employment, paid maternity leave, equal inheritance of property, political representation, gender sensitive programming, and budgeting – among other issues of empowerment”

Sex-Selection, the uneasy choice Asia Safe Abortion Partnership, India accessed at,

<http://www.catholicsforchoice.org/topics/abortion/documents/LisbonSummit-Dalvie.pdf> [July, 2015]

“In 2014, over 3,700 women and girls living in Ireland sought an abortion. Instead of providing necessary health services, the State turned its back on these women by obliging them to rely on the health care system of the UK. Since 1980, almost 162,000 women and girls have had to make this journey to the UK, and assume all the financial, practical and emotional burdens involved in travelling abroad for abortion services.”

IFPA Chief Executive accessed at <https://www.ifpa.ie/node/628> [July, 2015]

“There is no consensus on when human life begins across various disciplines, including religion. Different religions maintain differing viewpoints on this issue. Religious beliefs about the start of human life vary from the moment of fertilization, to 40 days after fertilization, to the 120th day of gestation, to the point at which the head emerges from the womb”

Whose Right to Life, Women's Rights and Prenatal Protections under Human Rights and Comparative Law, Centre for Reproductive Rights, accessed at http://www.reproductiverights.org/sites/crr.civicaactions.net/files/documents/RTL_3%2014%2012.pdf [July, 2015]

Check-out session five

Facilitators are free to choose how they would like to check out from the session as determined by the setting. One format is presented below which is a repeat of the check out from session two and session four.

AIM:

To ensure space and time is given for participants to name how they are feeling before leaving the space and to ensure information is available should additional supports be required.

PROCESS:

1. Invite participants to reflect alone for a minute or two on what thoughts are uppermost in their heads as they prepare to leave the room.
2. Invite them to share these thoughts with the person beside them.
3. Invite people who choose to do so to share with the wider group how they are and what in particular struck them about the session.

Before closing the group, make sure people have access to hard copies of information on support organisations they might find helpful.

Introducing Irish based campaign and support groups (optional)

Session aim:

1. To create the space for support and campaign organisations to come into the group and share information about their organisation and campaigns

Facilitators are encouraged to work collaboratively with the group to decide whom to invite in and to determine how many speakers are recommended. Some groups might be keen to hear from as many organisations as possible, others might benefit from a less is more approach. (Viability in delivering this session depends on whether the invited organisations have outreach programme that do not require additional funding to give inputs on a course like this)

****Please note these timings are guides only and the process only works if you are prepared to take longer (or shorter) with each exercise as dictated by the group.***

Check in and recap on previous session	15 minutes – we recommend this is done before the group meets guest speakers
Speakers one (e.g. ARC)	30 minutes
Speakers two (e.g. AIMS)	30 minutes
Speakers three (e.g. Irish Family Planning Association)	30 minutes
Speakers four (e.g. Amnesty International).	30 minutes
Group close	15 minutes. We recommend some time is taken when guest speakers have left to check out with the group.

Session four/seven: What have we learnt? Looking back- moving forward



Session aims:

1. To review the programme with emphasis on particularly impactful moments for group members.
2. To create space to explore hopes for the future.
3. To close the group.

**Please note these timings are guides only.*

Check in and recap on previous session	20-30 minutes
Photo-voice, our images of women	20-30 minutes
Review of the programme	45 minutes
Hopes for the future	30 minutes
Group close	30 minutes

Check-in for the final session

AIM:

To incorporate a space for people to settle into the group. Facilitators can choose what exercise to use, the exercise below is just one example.

Occupied/pre-occupied³³

AIM:

To acknowledge how when we enter into a learning space, there can be many immediate concerns and thoughts occupying our minds. This exercise offers a transition from one space to another.

PROCESS:

1. Ask participants to position stand in silence behind their chairs for those with limited mobility or for wheelchair users invite them to turn to the side focusing their visual attention away from the group circle.
2. Gently guide their thoughts towards an acknowledgement of the many different thoughts or concerns that are unrelated to this educational space that they are likely to be bringing into the room. This could be a preoccupation with something that is going on at work, with organising child-care before they got here or with a discussion they had with someone earlier in the day.
3. Invite them to acknowledge and, if they wish, deepen their thoughts on the issue or event utmost in their mind. Then, when they are ready put this preoccupying thought aside, so that they might become more fully occupied within the learning space they are now entering. If you wish you can encourage people through visualization to put the preoccupying thought into their pocket; acknowledging it and deliberately putting it aside to be taken out again later on.

³³ This exercise was introduced to one of the course designers through Partners training For Transformation.

4. Instruct the group that as individuals feel they are ready to do so i.e. as they have put away the thoughts that were preoccupying them when then entered the room, they should take a seat indicating they are ready to be occupied in this space.
5. When everybody is seated again the group can begin.

Recap on previous week:

Invite people to organise into groups of three and to have a quick chat about how they found the previous week.

Some guide questions could include,

- What are the things that particularly stayed with you?
- What questions do you have?

Open up some general discussion on how people found previous week.

Photo-voice- our images of women (optional follow up from session four)

This part of the programme concludes the photo-voice exercise introduced within session four. It also follows a check-in from within session five where participants had the opportunity to discuss progress and name any difficulties and/or concerns as they undertook to take and share their photographs.

AIM:

To share participant's images generating dialogue as directed by participants.

PROCESS:

1. In turn, invite each participant to display 2-3 of their images that best depict *images of what it is like to be a woman today*. These can be displayed on the floor, on a table, or by sticking them on the wall. If projection is being used, facilitators should project each image individually.
2. Ask each person to tell us about their picture and invite others to comment on how they interpret the picture and what they are struck by. It is important that sufficient time is taken on this exercise with each picture presented opening whatever discussion it generates.
3. When all of the images have been shared, allow general discussion to continue as led by the group. The facilitator can ask probing questions as required such as 'how was the process?', 'as we view the images collectively what commonalities emerge and what differences emerge?' 'What are people particularly struck by?', 'How do these images compare to the more popular images often presented of how woman should be in the modern world?'
4. Before closing the exercise it is important to discuss with the group what will happen with the images. In some instance people might want to take their own images away with them (remember the pictures belong to the photographer how took them). For some groups, there could be discussion on ways in which they might further display the images as a collaborative piece

to emerge from the process. Facilitators should ensure any proposals for future display is agreed by all in the group and that there is space for any individual to opt out if they choose to do so.

Review of the programme

AIM:

To encourage participants to recall the events of the programme with particular emphasis on significant personal insights along the way.

PROCESS:

1. Invite participants to individually complete the reflection sheet on page 115-116. Explain that whilst they will be asked to share its contents with a smaller group, they won't have to share it with the wider group.

[If your group is more comfortable without using written reflections you can simply bypass the use of reflection sheets and immediately organise people into small groups as per point 2 below]

2. Organise the group into group of three or four and ask each person within that group to share their thoughts/experiences on the programme.
3. Invite each group to create a symbol that in some way encapsulates the experiences as expressed within their smaller group; a picture, a poem, a short dramatization or a body sculpture.

When I look back over my time with this group,

1. *What are the things that I am particularly struck by/what were the wow moments?*

2. *What have I learned that I didn't expect to learn?*

3. *What did I expect to learn and haven't?*

4. *What questions am I left with?*

5. *What advice would I give facilitators and course organisers for future programmes?*

6. *What else would I like to say about the experience?*

Hopes for the future

AIM:

To capture potential positive developments for women's reproductive rights in Ireland and discuss ways in which people can help bring this about.

MATERIALS:

1. Flipchart paper and markers.

PROCESS:

1. Organise the group into groups of 4 people.
2. Invite the group to pick a time in the future, perhaps 2 years or 5 years from now.
3. Detail how a major announcement is about to be made relating to women's reproductive rights and that they have been charged with drawing up the press statement to announce these changes. This statement can only be a couple of lines long at most. When they have agreed on a statement, ask each group to write their statement in large font on a flipchart page.
4. Invite each group to share their statement with the wider group displaying these on the walls so everyone can compare and contrast the different contributions they see and comment on the words or sentences that they like.

Group close

AIM:

To acknowledge closure of the group, affirming people's experiences and contributions.

Whilst some groups might stay together for other purposes or many agree to meet again to follow up on this work, it is unlikely it will be the complete group again or the same task so it is important to mark the end of this particular process.

PROCESS:

1. Draw people together ensuring the room is organised into a closed circle that includes the facilitators.
2. Invite each person to address the group sharing,
 - How they are feeling as they leave the group.
 - If they would like to share one thing that they think will particularly stay with this (remember this might not be anything the facilitators introduced, it could be a conversation over break-time, a realisation they had away from the group itself etc.)
3. Facilitators should also share how they are feeling and one thing that they are taking away also.
4. The group is then invited to disperse.

Appendix one – About ARC

The *Abortion Rights Campaign* is a movement for choice and change in Ireland. We aim to promote broad national support for a referendum to repeal the Eighth Amendment to the Constitution by the Irish Parliament; to push for the introduction of extensive abortion legislation by the Northern Ireland Assembly; and to ensure the health and rights of women in pregnancy are protected in line with international human rights standards.

We believe women can be trusted to choose for themselves. So do the majority of people in Ireland.

However, in Ireland and Northern Ireland, there are many barriers to women's full reproductive rights.

If we work together, we can dismantle these barriers so that women and their families can make their own decisions, for themselves.

The Aims of the Abortion Rights Campaign

To educate the public and policy makers about the need to give immediate effect to the X & C judgments: i.e. Legislation in which abortion can be performed to save the life of the woman, including where there is a risk of suicide.

To lift the stigma and silence surrounding abortion and women's reproductive healthcare choices through educational programmes and awareness raising projects and by facilitating people to share their abortion experiences in supportive and empowering environments.

To promote broad national support for a referendum to repeal the Eighth Amendment to the Constitution by Dáil Éireann; to push for the introduction of extensive abortion legislation by the Northern Ireland Assembly; and to ensure the health of women in pregnancy is protected in line with international human rights standards

To educate the public and policy makers about the need for access to free, safe and legal abortion options in Ireland for all who need it, regardless of citizenship or financial capacity, in line with provision of other basic healthcare options

To mobilise support nationally from a diverse range of groups, organisations, trades unions, communities and individuals for the right to choose in pregnancy.

To promote the provision of relevant up-to-date information to support evidence-based policy-making and to challenge anti-choice rhetoric that threatens reproductive freedom

- See more at: <http://www.abortionrightscampaign.ie/about-arc/#sthash.51r6jU1O.dpuf>

APPENDIX two – Suggested additional handouts for session one

1. Ireland's legal timeline in relation to abortion (IFPA).
2. Ireland's timeline in relation to contraception (IFPA).
3. Island of no consent – maternity care and bodily autonomy in Ireland.
4. International Human Rights observations on Abortion in Ireland (Irish Family Planning Association). <http://www.ifpa.ie/Hot-Topics/Abortion/International-Human-Rights-Observations-on-Abortion-in-Ireland>

IRELAND LEGAL TIMELINE RELATING TO ABORTION (taken from the Irish Family Planning Association).

2015

- June 2015: Minister for Health Leo Varadkar reports that 26 "terminations" were carried out in Irish hospitals in 2014 under the Protection of Life During Pregnancy Act. Three were carried out based on the risk to the life of the woman by suicide, 14 due to the risk from physical illness, and nine based on an emergency situation from physical illness. Earlier in the year, serious breaches of patient confidentiality are reported in the process through which "terminations of pregnancy" under the Act are notified to the Minister for Health.
- June 2015: During the third periodic review of the State under the International Covenant on Economic, Social and Cultural Rights, the UN Committee on Economic, Social and Cultural Rights (CESCR) criticises Ireland's restrictive abortion laws. The Committee repeatedly asks the State about Article 40.3.3 (the Eighth Amendment) of the Constitution, including how the State can reconcile this constitutional provision with women's right to reproductive health and why it does not hold a referendum for its repeal.

In its Concluding Observations, the Committee criticises Ireland's "highly restrictive" abortion laws and "the criminalisation of abortion, including in the cases of rape and incest and of risk to the health of a pregnant woman." It also criticises "the lack of legal and procedural clarity on what constitutes a real substantive risk to the life, as opposed to the health, of the pregnant woman; and the discriminatory impact on women who cannot afford to get abortion abroad or access to the necessary information." The Committee also expresses concern at "the limited access to information on sexual and reproductive health."

In its recommendations, the Committee urges the Government to amend the legislation and Constitution:

"The Committee recommends that the State party take all necessary steps, including a referendum on abortion, to revise its legislation on abortion, including the Constitution and the Protection of Life During Pregnancy Act 2013, in line with international human rights standards; adopt guidelines to clarify what constitutes a real substantive risk to the life of a pregnant woman; publicize information on crisis pregnancy options through effective channels of communication; and ensure the accessibility and availability of information on sexual and reproductive health."

- May 2015: A Private Members Bill to repeal Article 40.3.3 (the Eighth Amendment) of the Irish Constitution is put before the Dáil. The Bill is rejected (74 TDs vote against the Bill and 23 TDs vote in favour).
- April 2015: In its reply to the List of Issues of the United Nations Committee on Economic, Social and Cultural Rights (CESCR), ahead of Committee's third periodic review of Ireland in June, the Government states that it "does not intend to propose any amendments" to the Protection of Life During Pregnancy Act 2013 or to Article 40.3.3 of the Constitution.

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- February 2015: A Private Members Bill to legislate for abortion in cases of fatal foetal anomaly is put before the Dáil. The Bill is rejected (104 TDs vote against the Bill and 20 TDs vote in favour).

2014

- December 2014: A Private Members Bill to repeal Article 40.3.3 (the Eighth Amendment) of the Irish Constitution is put before the Dáil. The Bill is rejected.
- September 2014: A Guidance Document for the Protection of Life During Pregnancy Act 2013 is published. The guidance document appears to be more restrictive than the Act. For example, the document states: "The purpose of this Act is to restate the general prohibition on abortion in Ireland while regulating access to lawful termination of pregnancy in accordance with the X case and the judgment in the European Court of Human Right in the A, B and C v Ireland case." This language is not part of the Act.
- August 2014: Concerns are raised about the adequacy of the Protection of Life During Pregnancy Act 2013 after a young migrant woman, known as Ms Y, who was pregnant as a result of rape, sought an abortion on grounds of suicide under the 2013 Act but was subsequently delivered of her baby by caesarean section.
- July 2014: During the fourth period review of the State under the International Covenant on Civil and Political Rights (ICCPR), the UN Human Rights Committee criticised Ireland's abortion laws and urged legislative and constitutional change to bring these laws in line with human rights standards.

The UN body expressed concern at restrictive provisions of the Protection of Life During Pregnancy Act and criticised the discriminatory impact of Irish abortion law. The State admitted that only those women and girls with resources can exercise their right to travel to another country for an abortion. The State also admitted that the public has never been given the opportunity to vote for less restrictive laws on abortion.

In his concluding remarks, Committee Chair and former UN Special Rapporteur on Torture Nigel Rodley stated that "recognition of the primary right to life of the woman, who is an existing human being, has to prevail over that of the unborn child" and expressed disbelief in a system where "priority would be given to the latter rather than the former." Mr Rodley also described women in Ireland pregnant as a result of rape and denied access to an abortion as "treated as vessels and nothing more".

The Committee's Concluding Observations called on the State to "revise its legislation on abortion, including its Constitution, to provide for additional exceptions in cases of rape, incest, serious risk to the health of the mother, or fatal foetal abnormality."

- January 2014: On 01 January, the Protection of Life During Pregnancy Act is brought into operation by a commencement order. The Act retains the criminalisation of abortion in Ireland and permits abortion only where there is a risk to the life of a pregnant woman.

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The Act provides that two doctors must confirm that there is a physical threat to the life of the pregnant woman. In medical emergencies, however, one doctor may make the decision.

Where the threat arises because of risk of suicide, three doctors—a woman's obstetrician and two psychiatrists—must agree that her life is at risk.

The Act includes a review procedure to cover situations where there is disagreement as to whether a risk to life exists. The pregnant woman has a right to address the review committee.

A medical practitioner, nurse or midwife who has a conscientious objection must make arrangements for the transfer of care of the pregnant woman concerned to another practitioner. The right to conscientious objection does not override the duty to provide care in emergency cases.

The Act states that “it shall be an offence to intentionally destroy unborn human life”. A person found guilty is liable to a maximum 14-year sentence.

The Act defines “unborn” as “commencing after implantation in the womb of a woman”.

Regulations are introduced by ministerial order in relation to certification of procedures under the Act and their notification to the Minister for Health, as well as application for a review of a decision that a particular case does not fall within the Act.

2013

- November 2013: The United Nations Committee Against Torture and Human Rights Committee highlight Ireland's abortion law in advance of their reviews of the State's compliance with the Convention Against Torture and the International Covenant on Civil and Political Rights.
- July 2013: President Michael D. Higgins signs the Protection of Life During Pregnancy Act into law. The Act is intended to implement the 1992 judgment of the Supreme Court in the X case and the 2010 European Court of Human Rights in the case of A, B and C v Ireland and provide for lawful access to abortion where a pregnant woman's life is risk. 25 public hospitals are listed as appropriate institutions where a termination can be carried out.
- May 2013: On May 17, 20 and 21 the Oireachtas Health Committee holds a second series of public hearings into the Heads of the Protection of Life During Pregnancy Bill 2013—i.e. the general scheme of the legislation that is intended to implement the judgment of the European Court of Human Rights in A, B and C v Ireland. Experts from the medical, psychiatric, legal and medical ethics fields are heard.
- January 2013: On January 08, 09 and 10 the Oireachtas Health Committee holds public hearings into the report of the expert group established to advise the Government on the

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implementation of A, B and C v Ireland. Experts from the medical and legal fields and representatives of advocacy organisations are heard.

2012

- December 2012: The Government announces plans to introduce a combination of legislation and guidelines to implement the judgment in the case of A, B and C v Ireland.
- December 2012: The Council of Europe issues its most strongly worded response to the Irish Government in relation to the judgment of the European Court of Human Rights in the case of A, B and C v Ireland and urges the Government to expedite the implementation of the judgment
- November 2012: The report of the expert group, appointed by the Government to advise on options for the implementation of the European Court of Human Rights judgment in the case of A, B and C v Ireland, is published. The report is limited to the narrow grounds of the Court's finding of a violation of the European Convention on Human Rights. The report makes recommendations in relation to the implementation of the 1992 Supreme Court ruling in the X case. The expert group report makes clear that such implementation requires that appropriate and accessible services be put in place. The report expresses doubt that any option short of legislation will give effect to the right to an abortion where there is risk to a woman's life to the satisfaction of the European Court of Human Rights.
- November 2012: A Private Members Bill to implement the X case is put before the Dáil. The Bill is rejected (101 TDs vote against the Bill and 27 TDs vote in favour).
- October 2012: Savita Halappanavar dies in Galway University Hospital in circumstances where she was refused a termination during inevitable miscarriage because a foetal heartbeat was detectable. The report into her death found over-emphasis on the need not to intervene until the foetal heart stopped, together with under-emphasis on managing the risk of infection and sepsis.
- April 2012: A Private Members Bill to implement the X case is put before the Dáil. The Bill is rejected (110 TDs vote against the Bill, and 20 TDs vote in favour).
- March 2012: The Committee of Ministers of Europe, the body that monitors the implementation of rulings of the European Court of Human Rights, expresses concern at the Government's delay in implementing the judgment in A, B and C v Ireland and at the lack of any interim measures in place to ensure that a woman in the position of Applicant C would have access to the right to a termination of her pregnancy
- January 2012: The Government submits an Action Report to the Council of Europe outlining the terms of reference for the expert group to advise on implementation of A, B and C v Ireland and listing its members. The Action Report states that the expert group will complete its report within six months.

2011

- September 2011: the Committee of Ministers of the Council of Europe, the body that monitors the implementation of the rulings of the European Court of Human Rights, underlines the importance of putting in place substantive measures to implement the Court's judgment in A, B and C v Ireland

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- June 2011: the Government submits an Action Plan to the Council of Europe stating that an expert group will be established to advise on the implementation of the judgment of the European Court of Human Rights in A, B and C v Ireland.

2010

- In the case of A, B and C v Ireland, the Grand Chamber of the European Court of Human Rights unanimously rules that Ireland's failure to implement the existing constitutional right to a lawful abortion when a woman's life is at risk violates Applicants C's rights under Article 8 of the European Convention on Human Rights. The Court also ruled that the three women challenging Ireland's ban on abortion did not have an effective remedy available to them under the Irish legal system in theory or in practice. The three women lodged their complaint with the European Court of Human Rights in August 2005 and an oral hearing of the case was heard before the Grand Chamber of 17 Judges on December 9, 2009. The women, known as A, B and C to protect their confidentiality, argued that Ireland has breached their human rights under Articles 2 (Right to Life), 3 (Prohibition of Torture), 8 (Right to Respect for Family and Private Life) and 14 (Prohibition of Discrimination) of the European Convention on Human Rights.
- Michelle Harte, who became pregnant whilst receiving treatment for cancer, is forced to travel to the UK for an abortion whilst severely ill. Although her doctors had advised her to terminate the pregnancy because of the risk to her health, Cork University Hospital refused to authorise an abortion on the basis that her life was not under "immediate threat". Michelle Harte died from cancer in 2011.

2007

- A 17-year-old known as Miss D, who is in the care of the State, discovers she has an anencephalic pregnancy and wishes to terminate the pregnancy. Although it seems that the Health Services Executive (HSE) try "to shoehorn her case into the grounds set out in the X case", Miss D refuses to say she is suicidal. The Health Service Executive writes to the Gardaí to request that they arrest Miss D if she attempts to leave the country. The HSE also requests that the Passport Office refuse to issue her with a passport. Miss D goes to High Court to force the Health Service Executive to allow her to travel to obtain an abortion. In the High Court Mr Justice McKechnie rules that she has a right to travel.

2006

- The European Court of Human Rights (ECtHR) rules D v Ireland inadmissible because the case did not go through the Irish Courts. The Irish Government relies on the argument that in the Applicant's particular circumstances, she could have been legally entitled to an abortion in Ireland should she have gone through the Irish courts system. The Applicant, known as D, argued that Ireland's ban on abortion in the case of fatal foetal abnormalities violated Articles 1, 3, 8, 20, 13 and 14 of the European Convention on Human Rights.

2002

- Irish voters reject the Twenty-fifth Amendment of the Constitution (Protection of Human Life in Pregnancy) Bill, 2002 which would remove the threat of suicide as a ground for

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abortion and increase the penalties for helping a woman have an abortion. Voter turn out is 42.89% of total electorate. 50.42% vote against. 49.58% vote in favour.

2001

- The Department of Health and Children establishes the Crisis Pregnancy Agency to prepare and implement a strategy to address the issue of crisis pregnancy in Ireland as recommended by the All Party Oireachtas Committee on the Constitution's Fifth Progress Report on Abortion.

The strategy is to provide for:

- a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services;
- a reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive;
- the provision of counselling and medical services after crisis pregnancy.

2000

- The All-Party Oireachtas Committee on the Constitution, chaired by Deputy Brian Lenihan, publishes its Fifth Progress Report: Abortion. The 700 page report is a political assessment of the issues raised in the Green Paper on Abortion, submissions received and hearings conducted. The views of women who have had abortions are not heard. The Committee fails to reach a political consensus on the substantive legal issues of abortion but agrees on a strategy to reduce the number of crisis pregnancies. The report further recommends the establishment of a dedicated agency under the Department of Health and Children to implement the strategy. The report is sent to a Cabinet Subcommittee chaired by the Minister for Health and Children Michael Martin for consideration.

1999

- The Cabinet Committee chaired by Brian Cowen, Minister for Health and Children, publishes a Green Paper on Abortion prepared by an Interdepartmental Working Group. The Green Paper aims to set out the issues surrounding abortion, provide a brief analysis and to consider possible options available. It is a discussion document and not a policy document.

1997

- A 13 year old girl, known as Miss C, is raped and becomes pregnant. The Eastern Health Board takes C into its care and in accordance with the girl's wishes, obtains orders from the District Court to take C abroad for an abortion. C's parents challenge these orders in the High Court case A and B v Eastern Health Board. District Court Judge Mary Fahy and Mr Justice Geoghegan rule that as Miss C is likely to take her own life if forced to continue with the pregnancy, she is entitled to an abortion in Ireland by virtue of the Supreme Court judgment in the 1992 X Case.

1996

- The Constitution Review Group recommends the introduction of legislation covering matters such as the definition of "unborn", protection for appropriate medical intervention, certification of "real and substantial risk to the life of the mother" and a time limit on lawful abortion.

1995

- The Regulation of Information (Services outside the State for the Termination of Pregnancies) Act 1995 is enacted. The Act allows doctors, advisory agencies and individual counsellors to give information on abortions services abroad should a woman request it. However, the Act requires any information on abortion services be provided along with information on parenting and adoption and may only be given the context of one to one counselling. The Act also prohibits service providers (including doctors) from making an appointment for a termination abroad on behalf of their client. Advisory agencies, doctors and counsellors that do not provide information on abortion services abroad but do engage in pregnancy counselling are not subject to the provisions of the Act.

1992

- As a result of the X case judgment and the issues relating to travelling and information on abortion, the Government puts forward three possible amendments to the Constitution in a referendum.

The three amendments include:

- The freedom to travel outside the State for an abortion - passed
 - The freedom to obtain or make available information on abortion services outside the State, subject to conditions - passed
 - To roll back the X Case judgment in order to remove suicide as a grounds for abortion in Ireland -rejected
- In the case of Open Door and Well Woman v Ireland, the European Court of Human Rights rules that Ireland violated Article 10 of the European Convention on Human Rights guaranteeing freedom of expression. The Court finds that the Irish Courts' injunction against Open Door and Well Woman from receiving or imparting information on abortion services legally available in other countries is disproportionate and created a risk to the health of women seeking abortions outside the State.
 - The Supreme Court rules in Attorney General v X that a 14 year old girl, known as X, pregnant as a result of rape, faces a real and substantial risk to her life due to threat of suicide and this threat can only be averted by the termination of her pregnancy. Therefore, X is entitled to an abortion in Ireland under the provision of Article 40.3.3 of the Constitution that requires the State to have "due regard to the equal right to life of the mother".

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The Court does not consider that abortion can be permitted only where the risk is of immediate or inevitable death of the pregnant woman, as this would insufficiently protect her right to life.

The law is now clear that termination of pregnancy should be considered a medical treatment whether the risk to the life of a pregnant woman arises on physical or mental health grounds. Risk to life does not have to be a virtual certainty. But risk to physical or mental health alone is not sufficient.

1991

- Upon the request of the Irish High Court in relation to the 1989 case to prevent student groups distributing information on abortion services in the UK, the European Court of Justice rules in *SPUC v Grogan* that abortion could constitute a service under the Treaty of Rome (Treaty of the European Economic Community) and therefore a Member State could not prohibit the distribution of information by agencies having a commercial relationship with foreign abortion clinics.

However, the Court also rules that since the student groups have no direct links with abortion services outside of Ireland, they cannot claim protection of European Community law.

1983

- Referendum on the Eighth Amendment of the Constitution (Article 40.3.3) is passed after a bitterly contested campaign. 53.67% of the electorate voted with 841,233 votes in favour and 416,136 against. Article 40.3.3 of the Constitution is inserted to read: "The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right."
- Sheila Hodggers, who was pregnant and suffering from breast cancer, dies in Our Lady of Lourdes Hospital in Drogheda two days after delivering her pregnancy two months premature. Her baby dies almost immediately after birth. Sheila Hodggers' cancer treatment had been stopped by the hospital, which claimed it would harm the pregnancy. She had also been denied an x-ray and pain relief.

1861

- The Offences Against the Person Act 1861 is passed which criminalises women who "procure a miscarriage". The Act also makes it a crime to assist a woman to "procure a miscarriage". The punishment in both cases is life imprisonment. The Act also criminalises anyone who knowingly supplies the means to "procure a miscarriage". These criminal laws remain on the Irish Statute books and are interpreted to criminalise abortion in all circumstances. Subsequent amendments to the Constitution and court cases have interpreted further the dimensions of abortion, however, the 1861 Act remains the basis of criminal law on abortion in Ireland

Island of no consent – maternity care and bodily autonomy in Ireland

This piece was previously published in the print version of the Irish Anarchist Review (we have taken it from the AIMS I website)

On the last day of August 2014, in a ruling the country and the media barely noticed, Mr Justice Ryan in the High Court in Kerry found against Ciara Hamilton and for the HSE in an utterly terrifying moment for every person pregnant or giving birth in Ireland from here on out. Ciara Hamilton had taken a case against the Health Service Executive after the birth of her second child, during which a midwife had, without obtaining consent, broken her waters, leading to an umbilical cord prolapse and an emergency caesarean section.

The breaking of waters during labour, in medical terms amniotomy or Artificial Rupture of Membranes (ARM), is not recommended best practice precisely because it can lead to a cord prolapse, which is a serious emergency when giving birth as it cuts off the blood flow and air supply to the baby. If the person giving birth is a Strep B carrier (as Ciara Hamilton was) it can also carry an increased risk of Strep B transferring to the newborn and causing serious damage to the baby (as happened to Ciara Hamilton's child). It is listed as a Do Not Do under NICE recommendations. Despite this, and despite ARM being known to carry dangers and risks to both birthing woman and baby, it is still a widely carried out procedure in many Irish maternity hospitals. In the case of Ciara Hamilton's birth, it was a procedure carried out by a midwife without seeking consent to do so.

This, too, despite being obviously grossly unethical and a fundamental violation of both human rights and bodily autonomy, is something which routinely occurs in Irish maternity hospitals. In the spring of 2014, AIMS Ireland carried out a survey of those who had given birth in Ireland between 2010 and 2014. The survey was available to be filled out online, and was spread through various social media channels, as well as through media coverage. The pool of respondents was a self-selecting one, and numbered 2,836. It found that only half of all those giving birth – 50.2% of respondents – were given an opportunity to refuse tests, procedures or treatments being carried out on them. This is a truly frightening figure. What is, however, more frightening, was the wording of Mr Justice Ryan's finding against Ciara Hamilton.

“Mrs Hamilton would have seen the hook and would have known what was going to happen because of the sheet that was put under her in bed. Since, on the evidence, this was a routine procedure that Ms Kelliher was carrying out for the purpose of diagnosis to see if her fear of foetal distress was justified or not, it does seem strange that she would not have mentioned to the patient what she was going to do and have

obtained her consent. The very fact that it was so routine suggests that the midwife would have done so. I am satisfied that the probability is that Midwife Kelliher obtained the plaintiff's consent and informed her about the ARM that she was going to perform."

What the judge has here concluded is that the midwife obtained consent because she should have done so – and that a woman giving birth who had consented only to a vaginal examination, NOT an ARM, should have known that ARM would have happened because of the presence of an amnihook and a sheet. This is a truly bizarre conclusion. Why would a person giving birth be assumed to be able to identify an amnihook – a specialised piece of medical equipment – and further be assumed to know that it would mean an ARM would be carried out on them without having been consulted or informed about the risks and benefits of the procedure? Again, this judge with no evidence to prove this assumption – and indeed the more recently published evidence from AIMS shows that not giving women a chance to refuse procedures is a large part of normal practice – asserts that a health care provider would have obtained consent because they should have done so, with no onus on the healthcare provider to prove evidence of informed consent being obtained. The fact that Ciara Hamilton testified to the fact that she was not given an opportunity to consent to an amniotomy is not even mentioned by the judge in this decision. Even more disturbingly, he goes on to say:

"The patient's co-operation was needed in terms of re-positioning on the bed, the procedure might take some time and the implement was quite long, so it is not something that a person would or could do without the knowledge of the patient. The plaintiff got into position, was co-operative and consented to the vaginal examination. Ms Kelliher used a hook and gel and of course surgical gloves. She put a sheet under the plaintiff and got her to move down in the bed and discussed with the plaintiff what she was going to do. Midwife Kelliher said that she "would have discussed", but in my view that was a matter of usage and she clarified that she actually meant, not that she would have in the sense of describing a practice in a conditional sense, but that she did with Mrs Hamilton."

Mr Justice Ryan is here saying that Ciara Hamilton positioned herself in such a way as to consent to an ARM. She consented to the vaginal examination and moved down the bed. Is this really so different from the "short skirt" argument put before courts in trials of other forms of violation of women's bodies? Yet again, with no proof, he asserts that an ARM could not be carried out without the knowledge of the person giving birth, despite the evidence of a woman who had undergone it that indeed it had been. AIMS Ireland has heard from many, many more women around the country

who have had nonconsensual amniotomies – and indeed many other procedures – performed without their knowledge. This is a far from rare occurrence; yet the voice of the woman upon whose body this was perpetrated is once again, in the arena she sought redress for her exclusion from the decisions being made about her body and her birth, being spoken over, ignored, and deemed uninformed, inconsequential, and irrelevant.

But by far the most frightening aspect of all in this case is that, despite clearly stating in his ruling that Ciara Hamilton had “underwent a frightening and disturbing experience that would leave long term troubling recollections”, Mr Justice Ryan punitively awarded the full costs of the HSE’s defence against her and her family. This was unarguably a move designed to discourage other women and people who have experienced violations of their consent during pregnancy and birth from pursuing legal action against those responsible. A move meant to punish a woman and her family who did dare to speak up against the unacceptable, indefensible treatment AIMS Ireland hear of in Irish maternity wards all too often, and whose experiences, as before during their birth, were once again ignored by the State and its enforcers, quite literally judged to be meaningless. The truth of what happened to Ciara Hamilton and her recounting of it and its consequences for her and her son was callously dismissed by a judge who simply refused to believe it because he thought it shouldn’t happen.

What this ruling means is that it is now legally not a requirement for any Irish maternity ward or healthcare provider to prove either that a procedure is necessary for the person giving birth or the baby they’re giving birth to, or that they obtained informed consent from the person giving birth to carry out that procedure. In a country in which pregnant women are specifically excluded from the HSE’s National Consent Policy as being the final arbiter of what happens to their own bodies, with the High Court cited instead as the appropriate decision maker for these cases, this ruling is a further reminder to anyone with a uterus that if they are, or if they should become pregnant, they are no longer in control of their own body. They are lesser; they do not own themselves. Instead the State owns them.

This, of course, is in part a consequence of the 8th amendment; but it’s also in part a consequence of a larger prevailing attitude in maternity care in Ireland, that women in general and specifically women who are pregnant and giving birth are not trustworthy decision makers and cannot be allowed to make choices around their pregnancies and births as they cannot be trusted to be concerned with a safe outcome for their baby. This is bizarrely at odds with the State and HSE attitude to those who have given birth; they become at once the only possible caretaker for that child, not in need of any support or care in so doing, left entirely alone to do so with no formalised system

of support around them even when they look for the assistance of one. Again, Ciara Hamilton and her family are an example of this; a family who need specialised supports for their son, damaged due to the poor management of his birth, they live in a state that will do its utmost to avoid shouldering the cost of it and avoid recognising Ciara Hamilton's son as a valued member of our society who should be provided with all that he needs in order to allow him to participate in that society in a just and equal way. Now both they and he have been further punished for their attempt to right that balance and address the wrong done to him and his mother during their birth. For a family to be faced with the crippling financial burden that is the HSE's extravagant legal costs of defending a birth claim will further deepen the gap between what their child needs and what they can afford to give him. Their situation is a haunting and horrific one that should never have been allowed to happen, and in many other jurisdictions never would have.

Contrasting the judgement in the Hamilton vs HSE case with a recent UK Supreme Court judgement, *Montgomery v Lanarkshire Health Board*, is an exercise designed to induce both heartbreak for the Hamiltons and rage on behalf of all pregnant women in Ireland. In this ruling, the Supreme Court held there exists for those giving birth an explicit right to information about '*any material risk*' in order for them to make fully informed decisions on the process; without this information being provided, informed consent cannot be said to have been given. In this instance, Nadine Montgomery was pregnant, diabetic, carrying a large foetus and was not informed by her doctor of her increased risk of shoulder dystocia, which is, in the words of an expert witness of the case, "a major obstetric emergency associated with a short and long term neonatal and maternal morbidity [and] an associated neonatal mortality". She did indeed experience a shoulder dystocia during birth, which was a horrendously traumatic experience for her and caused severe long term brain damage to her son.

Despite the fact that Nadine Montgomery had repeatedly expressed concerns about giving birth vaginally, her doctor said that she as a matter of course chose not to explain the risk of shoulder dystocia to diabetic women because the risk of serious injury to the baby was very small and that if she did, "then everyone would ask for a caesarean section". The doctor makes no mention of the risk to women's health and wellbeing of shoulder dystocia in her decision making.

A key and obvious difference here between the Montgomery case and the Hamilton case already is that the very concept of explaining risk of interventions, or of not performing interventions, to women is discussed at all in the Montgomery case. It does not appear at all in the Hamilton vs. HSE judgement. Given Mr Justice Ryan's discussion of how Ciara Hamilton was treated it is probably safe to assume that informed consent is completely outside his frame of reference – again, a terrible but

unsurprising indictment of the Irish maternity system as well as the Irish court system. The idea of informed consent literally does not make any showing here. Extensive discussion of the idea of informing women and how that should best be performed by healthcare providers takes place in the Montgomery case and yet the Hamilton judgement does not mention this concept even once.

In stark contrast, not only was the concept of informed consent discussed at length during the hearing of the Montgomery case itself, but it is also given a strong legal definition and set of requirements in the ruling itself.

“An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.”

The final and deepest cut of bitter envy from the Montgomery judgement to those of us in Ireland forced into the maternity system here, comes from Lady Hale's part of the judgement, thus making it case law in the UK from the highest court in the land. It is as follows:

“In this day and age, we are not only concerned about risks to the baby. We are equally, if not more, concerned about risks to the mother. And those include the risks associated with giving birth, as well as any aftereffects. One of the problems in this case was that for too long the focus was on the risks to the baby, without also taking into account what the mother might face in the process of giving birth.”

Could any paragraph and context more succinctly highlight the appalling gap between the treatment of pregnant women in Ireland and the expected sheer basics of human rights of pregnant women elsewhere in the world?

For more on this see AIMS Ireland – www.aimsireland.ie, also on [Facebook](#) and [Twitter](#).

APPENDIX three - Suggested additional handouts and resources for session two

1. Ireland's sexual and reproductive Health History – Irish Family Planning Association (included on p135)
2. ARC Five facts about Abortion in Ireland (included on p
3. Short video Women Have Abortions Every Day: It's Just One Choice.

<https://www.ifpa.ie/Hot-Topics/Abortion/Women-Have-Abortions-Every-Day-Its-Just-One-Choice>

The IFPA describe this video as follows,

“Women Have Abortions Every Day: It's Just One Choice is an award-winning video which aims to facilitate an open and honest dialogue on abortion and to dispel myths that stigmatise women who seek abortion services. When we break the stigma, we create more social respect for all women who seek abortion services.

The video was funded and produced by the IFPA and the International Planned Parenthood Federation (IPPF) as part of the MYX project. In March 2014, it was announced as one of two winners of the Abortion Care Network's first ever Abortion Stigma Busting Video Competition”

4. Winikoff, B. (2014) “Is One of These Things Not Just Like the Other? Why Abortion Can't Be Separated from Contraception” *An international summit on reproductive choice*. Retrievable from <http://www.catholicsforchoice.org/topics/abortion/documents/LisbonSummit-Winikoff.pdf> [accessed July, 2015].
5. *Emergency: Contraception in Ireland, Improving access to non-prescription emergency contraception in Ireland* [ARC to provide a link and full reference to this, Fiona should be able to help with this].

Ireland's sexual and reproductive Health History – Irish Family Planning Association

2011

Feb Irish Medicines Board grants over-the-counter status to emergency contraceptive pill Norlevo. This means that the pill can be purchased directly from all pharmacies without a prescription.

Jan Emergency contraceptive pills are available directly from Boots pharmacies nationwide.

2010

Dec In the case of ABC v Ireland, the Grand Chamber of the European Court of Human Rights unanimously rules that Ireland's failure to implement the existing constitutional right to a lawful abortion in Ireland when a woman's life is at risk violates Article 8 of the European Convention on Human Rights.

Jul The Civil Partnership and Certain Rights and Obligations of Cohabitants Act is enacted. The Act provides for legally recognised same-sex relationships.

May A study, carried out by young people from the Dáil na nÓg Council, under the guidance of a professional researcher, found that almost three-quarters (74%) of senior cycle students (5th, 6th and transition years) received no sex education in 2009.

March A national opinion poll commissioned by Marie Stopes reveals that 78% of the population want liberalisation of Ireland's abortion laws. Support for abortion when a pregnancy seriously endangers a woman's life is at 87%.

Jan Human Rights Watch publishes A State of Isolation: Access to Abortion for Women in Ireland. The report finds that Ireland is in direct violation of its international human rights obligations by actively seeking to restrict access to abortion services and information both within Ireland and for its residents seeking care abroad.

Jan Minister for Health, Mary Harney, reinstates plans to roll out an HPV vaccination programme for all girls in their first year of secondary school.

Jan CervicalCheck publishes Guidelines for Quality Assurance in Cervical Screening

2009

Dec Law Reform Commission publishes a report on medical treatment for young people and proposes that 16- and 17-year-olds should be allowed to consent to and refuse medical treatment including surgery and contraception. It also proposes that 14- and 15-year olds should be allowed to make their own decisions about medical treatment provided they understand the nature and consequences of the treatment.

Dec Three women known as A, B & C are granted an oral hearing before the 17 Judge Grand Chamber at the European Court of Human Rights. Legal representatives for the women argue that the criminalisation of abortion services in Ireland jeopardised their health and wellbeing. The Irish Government, represented by the Attorney General Paul Gallagher, argue that the women should have gone through the Irish courts. Judgement is expected in 6-18 months.

May The Joint Oireachtas Committee on the Constitutional Amendment on Children releases its second report recommending that the substantive issues in relation to child sexual abuse should be dealt with on a legislative basis and not a referendum. The Committee also recommends measures be taken to prevent the criminalisation of young people who engage in consenting sexual activity.

2008

Nov Minister for Health and Children, Mary Harney, announces that the HPV vaccination programme will not be rolled out due to budgetary constraints.

Oct Minister for Finance, Brian Lenihan, announces that the Women's Health Council and the Crisis Pregnancy Agency will be dissolved as independent statutory agencies and will be subsumed in the Department of Health and Children and the Health Service Executive respectively.

Sep The National Cancer Screening Service rolls out CervicalCheck nationwide. The new programme allows all women aged 25 to 60 to receive free cervical smears from their GP or family planning clinic every three to five years, depending on their age.

Aug Minister for Health and Children, Mary Harney, announces the rollout of a free schools based HPV vaccination programme for all 12 year old girls to begin in September 2009.

Jul The UN Human Rights Committee criticises Ireland for its restrictive abortion laws, constitutional entrenchment of gender inequality, inadequacy of the proposed Civil Partnership Bill and failure to adequately punish perpetrators of domestic violence during the consideration of Ireland's third report under the International Covenant on Civil and Political Rights.

Jun Department of Health and Children publish the HIV and AIDS Education and Prevention Plan 2008 - 2012

Apr Council of Europe Commissioner for Human Rights, Thomas Hammarberg, publishes report on his visit to Ireland. In his report, the Commissioner expresses concern over the absence of legislation and guidance on when abortion is legally permissible in the State.

Mar The Health Information and Quality Authority (HIQA) recommends the introduction of a HPV vaccination programme aimed at 12-year-old girls and a once-off catch-up programme for 13- to 15-year olds in the first year.

Jan Minister for Finance, Brian Cowen, announces that the V.A.T. rate on condoms will be reduced from 21% to 13.5% as set out in the 2008 Finance Act.

2007

Nov Joint Oireachtas Committee on the Constitutional Amendment on Children is set up to review the proposed legislation (Twenty-Eighth Amendment of the Constitution Bill 2007) regarding the rights of children in the Constitution.

Oct Mr Justice McKechnie rules that the lack of provision for recognising transgendered people was incompatible with the European Convention of Human Rights. This is the first declaration of incompatibility with the European Convention in Ireland.

Jun Fianna Fail, Green Party and PD coalition government publish its Programme for Government 2007 - 2012. The policy promises include "develop a national sexual health strategy, update the sex education programme in schools, and involve community health professionals in the delivery of the programme."

Jun Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-Based Violence is set up as an executive office in the Department of Justice, Equality and Law Reform.

Apr The Department of Justice, Equality and Law Reform launch National Women's Strategy 2007 - 2016 which recognises gender as an essential determinant of health and commits to improving the reproductive and sexual health status of women in Ireland.

May A 17-year-old woman known as Miss D with an anencephalic pregnancy goes to High Court to force the Health Service Executive to allow her to travel to obtain an abortion. The High Court rules that she has a right to travel.

Mar Ireland signs the UN Convention on the Rights of People with Disabilities which allows for the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided.

Mar The Crisis Pregnancy Agency and the Department of Education and Science publish Relationship and Sexuality Education in the Context of SPHE, the most comprehensive study of sex education conducted in Ireland to date. The research finds that implementation is inconsistent across schools, 40% of schools did not have a formal RSE policy and there is a lack of clarity regarding the impact of a school's ethos on the content and delivery of RSE programmes.

Feb Minister for Health and Children, Mary Harney, publishes Twenty-Eighth Amendment of the Constitution Bill 2007. This Bill proposes to change the Constitution to recognise the rights of children and also allow for the re-introduction of statutory rape laws as recommended by the Joint Oireachtas Committee on Child Protection.

2006

Nov Joint Oireachtas Committee on Child Protection report recommends a constitutional referendum to allow for legislation that prohibits a defence of "honest belief" in any case involving sexual activity with a boy or girl under the age of 15. This concept is more commonly known as "statutory rape". The Committee also recommends lowering the age of consent to sexual activity from 17 to 16, except in cases involving a person of authority.

Oct The Crisis Pregnancy Agency and the Department of Health and Children publish The Irish Study of Sexual Health and Relationships. The study is the first nationally representative statistical data describing levels of sexual knowledge, attitudes and behaviours of adults (18+) in Ireland.

Sep The UN Committee on the Rights of the Child express concern that adolescents do not have sufficient access to necessary reproductive health information and urges the Government to improve efforts to end the practice of female genital mutilation during its consideration of Ireland's second report under the Convention on the Rights of the Child.

Jul European Court of Human Rights (ECHR) rules D v Ireland inadmissible because the case did not go through the Irish Courts. The Irish Government relies on the argument that in the Applicant's particular circumstances, she could have been legally entitled to an abortion in Ireland should she have gone through the Irish courts system. The Applicant, known as D, argued that Ireland's ban on abortion in the case of fatal foetal abnormalities violated Articles 1, 3, 8, 20, 13 and 14 of the European Convention on Human Rights.

Jul Joint Oireachtas Committee on Child Protection set up to review the substantive criminal law relating to sexual offences against children and to examine the issues surrounding the age of consent.

Jun Criminal Law (Sexual Offences) Act 2006 is enacted in response to the Supreme Court judgment which struck off the law dealing with statutory rape. The 2006 Act prohibits any sexual act or an attempt to engage in a sexual act with a boy or girl under the age of 17. The Act therefore sets the age at which a boy or girl can consent to sex at 17 and also has the effect of criminalising consensual sexual activity among young people under the age of 17.

May In a case brought by a young man known as CC v Ireland, the Attorney General and the Director of Public Prosecution, the Supreme Court rules that the Criminal Law (Amendment) Act 1935 was inconsistent with the Constitution and therefore had to be struck out. CC faced four charges under the 1935 Act for having sex with a 14 year old girl when he was 16. CC stated that he honestly believed the girl was 16 and argued that the 1935 Act was unconstitutional because it did not provide for a defence of "honest belief". Four days after the Supreme Court decision, Mr. A, a 41 year old man convicted of having sex with 12 year old girl under the 1935 Act, appeals his conviction and is released from prison. Mr A is re arrested three days later.

2005

Nov RTE removes ban on adverts for condoms

Aug Three women living in Ireland lodge their case to the European Court of Human Rights (A, B & C v Ireland) challenging Ireland's abortion ban. The complaint alleges breaches of Articles 2 (protection of the right to life), 3 (freedom from inhuman and degrading treatment), 8 (protection of the right to family life) and 14 (protection for equal enjoyment of convention rights) of the Convention.

Aug Safe and Legal in Ireland campaign forms to demand legal abortion services in Ireland.

Jul The UN Committee on the Elimination of Discrimination Against Women criticises Ireland for its persistent stereotypical views of the social roles and responsibilities of women, restrictive abortion laws and high level of violence against women during the consideration of Ireland's combined fourth and fifth report under the Convention on the Elimination of all forms of Discrimination Against Women.

2004

Oct On appeal from the FPA Northern Ireland, the High Court in Belfast declares that the Department of Health Social Services and Public Safety has actively sought to avoid its responsibilities in relation to the provision of abortion services in Northern Ireland.

Sep The Crisis Pregnancy Agency publishes Irish Contraception and Crisis Pregnancy [ICCP] Study. This survey of the general population established, for the first time,

current attitudes, knowledge and the experience of crisis pregnancy amongst women and men living in Ireland.

2003

Jul Former Taoiseach John Bruton opposes the publication of a series of cartoon-style sex education booklets for young people, which were produced by the IFPA and the North Eastern Health Board. The launch of the books was postponed on short notice by the NEHB and the books were temporarily shelved.

Jun The Contraceptive Patch is introduced in Ireland.

May The Irish Medicines Board grants a license for the very first dedicated emergency contraception product in Ireland on a prescription only basis.

May The Labour Party formally adopts policy to support legislation to allow for abortions where there is a risk to the life or health of the pregnant woman, or where there is a foetal abnormality.

Apr The Vaginal Ring is introduced in Ireland.

2002

May The UN Committee on the Economic, Social and Cultural Rights criticises Ireland for not adopting a human rights framework in the recently published National Health Strategy, particularly with regards to the principles of non discrimination and equal access to health services.

Mar Irish voters reject the Twenty-fifth Amendment of the Constitution (Protection of Human Life in Pregnancy) Bill, 2002 which would remove threat of suicide as a ground for abortion and increase the penalties for helping a woman have an abortion. Voter turn out is 42.89% of total electorate. 50.42% vote against. 49.58% vote in favour.

2001

Oct The Taoiseach, Bertie Ahern, announces his plan to hold a referendum to roll back the right of pregnant women to an abortion where continuing the pregnancy would put their lives in danger because of the risk of suicide, as set out in the X case. Civil society mobilises under the umbrella name of Alliance for a NO Vote to campaign against the proposed amendment. The Labour Party, the Greens, the Socialist Party and Fine Gael also campaign against the proposed amendment.

Oct The Department of Health and Children establishes the Crisis Pregnancy Agency to prepare and implement a strategy to address the issue of crisis pregnancy in

Ireland as recommended by the All Party Oireachtas Committee on the Constitution's Fifth Progress Report on Abortion. The strategy is to provide for:

- a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services;
- a reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive;
- the provision of counselling and medical services after crisis pregnancy.

2000 The UN Human Rights Committee expresses concern over Ireland's restrictive abortion laws and constitutional entrenchment of gender inequality during the consideration of Ireland's second report under the International Covenant on Civil and Political Rights.

Nov All-Party Oireachtas Committee on the Constitution, chaired by Brian Lenihan, publishes its Fifth Progress Report: Abortion. The 700 page report is a political assessment of the issues raised in the Green Paper on Abortion, submissions received and hearings conducted. The Committee fails to reach a political consensus on the substantive legal issues of abortion but agrees on a strategy to reduce the number of crisis pregnancies. The report further recommends the establishment of a dedicated agency under the Department of Health and Children to implement the strategy. The report is sent to a Cabinet Subcommittee chaired by Minister for Health and Children Michael Martin for consideration.

Oct A pilot cervical screening programme commences in the Mid-West area.

Jun The Department of Health and Children publishes AIDS Strategy 2000

Jun The Irish Medicines Board refuses to license Levonelle, a dedicated emergency contraception product, because it considers it be an abortifacient. Ireland and Greece are the only EU countries without a licensed emergency contraceptive product.

1999

Sep Cabinet Committee chaired by Brian Cowen, Minister for Health and Children, publishes Green Paper on Abortion prepared by an Interdepartmental Working Group. The Green Paper aims to set out the issues surrounding abortion, provide a brief analysis and to consider possible options available.

1997

Nov A 13 year old girl, known as Miss C, is raped and becomes pregnant. The Eastern Health Board takes C into its care and in accordance with the girl's wishes, obtains orders from the District Court to take C abroad for an abortion. C's parents challenge these orders in the High Court case A and B v Eastern Health Board, District Court Judge Mary Fahy and C. Mr Justice Geoghegan rules that as Miss C

was likely to take her own life if forced to continue with the pregnancy, she was entitled to an abortion in Ireland by virtue of the Supreme Court judgement in the 1992 X Case.

IFPA/UNFPA publish MORI poll demonstrating massive public support for family planning and sex education.

1996

Dec Report of the Department of Health Cervical Screening Committee recommends the establishment of a national cervical screening programme

1995

May Regulation of Information (Services outside the State for the Termination of Pregnancies) Act 1995 is enacted. The Act allows doctors, advisory agencies and individual counsellors to give information on abortions services abroad should a woman request it. However, the Act requires any information on abortion services be provided along with information on parenting and adoption and may only be given the context of one to one counselling. The Act also prohibits service providers (including doctors) from making an appointment for a termination abroad on behalf of their client. Advisory agencies, doctors and counsellors that do not provide information on abortion services abroad but do engage in pregnancy counselling are not subject to the provisions of the Act.

May The Department of Health issues family planning policy guidelines to all health boards which:

- require the Health boards to evaluate the current level of family planning services and the extent to which these meet current needs;
- define what a comprehensive family planning service entails and what constitutes appropriate delivery of these services;
- specifies that it is the responsibility of each Health Board to ensure the family planning needs of people living in remote areas are met;
- recognises that family planning services for people living in disadvantaged areas, at risk groups and people with special needs will require a flexible approach to ensure that they are user friendly;
- expands the eligibility criteria for free contraceptive service under the medical card scheme to include IUDs, caps, diaphragms and spermicidal jelly.

Jan Minister for Education, Niamh Bhreathnach announces the introduction of the Relationships and Sexuality Education for all post primary schools.

1994

May Minister for Health, Brendan Howlin, launches the Department of Health's national strategy Shaping a Healthier Future. The strategy includes a commitment to ensure a comprehensive and accessible family planning service in all health boards by the end of 1995.

Jan The Health Promotion Unit in the Department of Health publishes its first contraception leaflet. This is replaced later in the year by a contraception guide produced by the IFPA with Department of Health funding.

1993

Jul Criminal Law (Sexual Offences) Act, 1993 is enacted. The Act decriminalises consensual homosexual acts between adults.

Jun Health (Family Planning) (Amendment) Act 1993 is enacted. Condoms are no longer defined as a contraceptive and can therefore be deregulated. This means that there are virtually no restrictions on where condoms can be sold or supplied, including vending machines. The Act also removes any age limit on buying condoms.

May Department of Health launches TV and Radio campaign advocating condom use as a defence against HIV transmission.

1992

Nov As a result of the X case judgement and the issues relating to travelling and information on abortion, the Government puts forward three possible amendments to the Constitution in a referendum. The three amendments include:

- The freedom to travel outside the State for an abortion - PASSED
- The freedom to obtain or make available information on abortion services outside the State, subject to conditions - PASSED
- To roll back the X Case judgement in order to remove suicide as a grounds for abortion in Ireland - REJECTED

The amendments relating to travel and information are passed but the amendment further restricting access to abortion is rejected.

Oct In the case of Open Door and Well Woman v Ireland, the European Court of Human Rights rules that Ireland violated Article 10 of the European Convention on Human Rights guaranteeing freedom of expression. The Court found that the Irish Courts' injunction against Open Door and Well Woman from receiving or imparting information on abortion services legally available in other countries was disproportionate and created a risk to the health of women seeking abortions outside the State.

Oct Minister for Health and Children, Dr John O'Connell appoints a committee of experts to review cervical screening in Ireland.

Jul Health (Family Planning) (Amendment) Act 1992 is enacted. The Act lowers the age at which a person can buy condoms from 18 to 17 without a prescription. Condoms can be sold outside of pharmacies but not in vending machines or areas where young people under 17 are unsupervised.

May In the wake of the X case, the Irish Government tries to renegotiate the Protocol to the Maastrich Treaty previously agreed to by EU Foreign Ministers to protect the Irish constitutional prohibition on abortion. The Irish Government wants to ensure rights to travel, information and any possible amendment to Article 40.3.3 are not limited by the Protocol. The Foreign Ministers refuse to renegotiate the protocol but eventually agree to a Solemn Declaration giving affect to the aforementioned issues.

Feb The Supreme Court rules in Attorney General v X that a 14 year old girl, known as X, pregnant as a result of rape, faces a real and substantial risk to her life due to threat of suicide and this threat could only be averted by the termination of her pregnancy. Therefore, X is entitled to an abortion in Ireland under the provision of article 40.3.3 of the Constitution that requires the State to have "due regard to the equal right life of the mother"

1991

Dec Without consulting the Oireachtas, the Government under Charles Haughey negotiates a protocol to the Maastricht Treaty that seeks to protect the constitutional prohibition on abortion from any change that might be required as a result of EU membership. An Irish referendum on the Maastricht Treaty is to take place in June 2002.

Oct Upon the request of the Irish High Court in relation to the 1989 case to prevent student groups distributing information on abortion services in the UK, the European Court of Justice rules in SPUC v Grogan that abortion could constitute a service under the Treaty of Rome (Treaty of the European Economic Community) and therefore a Member State could not prohibit the distribution of information by agencies having a commercial relationship with foreign abortion clinics. However, the Court also rules that since the student groups had no direct links with abortion services outside of Ireland, they could not claim protection of European Community law.

Feb On Valentine's Day, the IFPA appeals against the conviction for the illegal sale of a condoms in a Virgin Megastore in Dublin. A week later Judge Hanrahan rejects the appeal and increases the fine to the maximum under the law of £500 for a first offence. Richard Branson, Millionaire CEO of Virgin Megastores, testifies on behalf of the IFPA. Irish rock band U2 steps in to pay the fine on behalf of the IFPA.

1990

Dec Criminal Law (Rape) (Amendment) Act, 1990 is enacted to introduce new crimes of sexual assault, aggravated sexual assault and rape under section 4. The Act abolishes the 'marital exemption' clause whereby a husband could not be found guilty of raping his wife.

May IFPA is convicted by the District Court selling condoms without a license in the Virgin Record Store. A fine of £400 imposed.

IFPA produces documentary about people living with HIV/AIDS in Ireland called *Stories from the Silence*. The film is screened on RTE and later released as Ireland's first educational video on HIV/AIDS.

1989

Dec SPUC appeals to the Supreme Court to overturn the decision of the High Court to seek clarification from the European Court of Justice before issuing an injunction. The Supreme Court finds that the activities of the student groups in relation to the provision of information on abortion services is unlawful and issues an injunction preventing their activities. The European Court of Justice is still to make a ruling.

Sep SPUC applies to the High Court to prevent student groups from disseminating leaflets with contact information of abortion service providers in England. The High Court refers certain questions to the European Court of Justice before delivering a judgement.

1988

Oct The European Court of Human Rights rules in the case of Norris v Ireland that the existence of laws in Ireland that criminalised certain homosexual acts carried out in private by consenting male adults constituted a breach of rights under Article 8 (Right to Private Life) of the European Convention on Human Rights.

Mar Mr Justice Finlay of the Supreme Court rejects the appeal from Open Door and Dublin Well Woman to overturn the injunction on providing information on abortion services abroad and assisting women to obtain a legal abortion abroad. As a result of the judgement, Open Door is forced to close and the Dublin Well Woman stops offering pregnancy counselling. An appeal to the European Court of Human Rights is to follow.

Feb The IFPA opens a counter selling condoms at the Virgin Megastore in Dublin.

1986

Dec Mr Justice Hamilton, President of the High Court, finds that the activities of Open Door and Dublin Well Woman in counselling pregnant women on how to access safe and legal abortions abroad are in breach of Article 40.3.3 of the Constitution, as it undermined the right to life of the 'unborn'. The Dublin Well Woman Centre and Open Door Counselling are ordered to cease their counselling and information service that provides information on abortion and also to cease assisting women to obtain an abortion abroad. An appeal is to follow.

Sep The Attorney General joins SPUC in the case against Dublin Well Woman Centre and Open Door Counselling.

1985

Jun The Society for the Protection of the Unborn Child (SPUC) initiate High Court proceedings against Open Door Counselling and Dublin Well Woman Centre arguing that their pregnancy counselling service violates the new constitutional prohibition on abortion. SPUC seeks an injunction preventing the organisations from giving women information on abortion services legally available outside of Ireland.

Mar The Health (Family Planning)(Amendment) Act 1985 is enacted under Barry Desmond, Minister for Health. The Act allows for the sale of condoms and spermicides without a prescription to people aged 18 and over. However, condoms can only be sold in chemists, doctors' surgeries, health boards, family planning clinics and hospitals providing maternity services or treatment for sexually transmitted infections.

1984

Apr The bodies of two newborn babies are found in County Kerry. One was stabbed to death and the identity of the mother is never discovered. The other was found buried on a farm in a rural village. The mother gave birth at home after concealing her pregnancy and the baby subsequently died.

Jan A 15 year old school girl with a concealed pregnancy gives birth alone in a grotto in County Longford. The young girl and the new born baby are later found dead in the grotto.

1983

Sep Referendum on the Eighth Amendment of the Constitution is passed after a bitterly contested campaign. 53.67% of the electorate voted with 841 233 votes in favour and 416 136 against. Article 40.3.3 of the Constitution is amended to read: "The State acknowledges the right to life of the unborn and, with due regard to the

equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right."

Dr Andrew Rynne is fined £500 for selling 10 condoms to a patient. This was the first case to be taken under the (Health) Family Planning Act 1979.

1981

May Criminal Law (Rape) Act 1981 is enacted under Sean Doherty, Minister for Justice. The Act defines rape as a common law offence committed by a man if he has unlawful sexual intercourse with a woman who does not consent to it. 'Sexual intercourse' is defined as penetration of the vagina by the penis.

1979

Jul Health (Family Planning) Act 1979 is enacted under Charles Haughey, Minister for Health. The Act legalises contraception but specifies that contraception, including condoms, are only available on prescription from a doctor and the doctor must be satisfied that the person is seeking the contraceptives for bona fide family planning purposes. This is largely interpreted to mean that only married couples are legally entitled to access contraception.

1977

Jul The IFPA wins its High Court challenge to the banning of IFPA family planning guidebook and the booklet becomes available to the public again.

1976

Nov The Censorship Boards bans the IFPA family planning guidebook, originally published in 1971 and well into its second printing.

1975

The IFPA becomes a full member association of the International Planned Parenthood Association.

Ireland's second biggest city, Cork, opens its first Family Planning Clinic.

1974

Feb The IFPA announces that it has performed four vasectomies at the IFPA's clinic in Mountjoy Square.

Feb The IFPA and a similar company, Family Planning Services, face charges alleging the companies had sold, offered or advertised contraceptives. The case is dismissed in the District Court.

1973

Dec Supreme Court rules in McGee v. Attorney General and the Revenue Commissioners that when Customs, in accordance with the Criminal Law Amendment Act 1935, seized spermicidal jelly that Ms. McGee had ordered from England, her constitutional rights to privacy in marital affairs were violated.

Jul The Fertility Guidance Company Ltd changes its name to the Irish Family Planning Association.

1972

The Rotunda becomes the first Irish Maternity Hospital to set up a family planning clinic that prescribes the contraceptive pill. Clients are referred to the Fertility Guidance Company if they prefer to be fitted for a diaphragm or an IUD.

1971

Dec Three members of the Education Committee of the Fertility Guidance Company publish *Family Planning - A Guide for Parents and Prospective Parents*. Huge demand for the book necessitates two further printings.

Jul Senators Mary Robinson, John Horgan and Trevor West attempt to introduce a Bill to amend the Acts preventing the sale and import of contraceptives. The bill is refused a reading and even denied publication.

May Members of the Irish Women's Liberation Movement travel by train to Belfast to purchase contraceptives. On their return to Dublin they challenge the customs officers at Connolly Train station to arrest them for illegal importation. The customs officers allow the women to pass.

The Fertility Guidance Company opens its second family planning clinic at 15 Mountjoy Square.

1970

Sep Doctors at the Fertility Guidance Company begin fitting IUDs for the first time in the Irish Republic.

Trinity College becomes the first Irish medical school to include family planning its curriculum.

1969

Mar The Fertility Guidance Company Ltd (later to change its name to the IFPA) is established in Merrion Square Dublin 1. It is Ireland's first family planning clinic. The organisation sidesteps the law by providing contraception for free and clients then making a "donation".

1963

Pharmaceutical companies succeed in introducing the contraceptive pill in Ireland as a cycle regulator.

National Maternity Hospital opened a marriage guidance clinic giving advice only on the Rhythm method.

1946

Feb Censorship of Publications Act 1946 is enacted. The Act gives the Censorship Board the power to prohibit the sale and distribution of any book deemed to be obscene or indecent and also any book that "advocates the unnatural prevention of conception or the procurement of abortion or miscarriage or the use of any method, treatment or appliance for the purpose of such prevention or procurement".

1935

Feb Criminal Law (Amendment) Act 1935 is enacted. The Act prohibits the sale, importation and advertising of any contraceptive, however, the Act does not specifically prohibit the use of contraceptives. The Act also makes it a crime to have "unlawful carnal knowledge" with girls under the age of 17, thereby raising the age of consent to sex from 16 to 17.

1929

Jul The Censorship of Publications Act 1929 is enacted. The Act prohibits selling, publishing, distributing or importing any publication that relates to contraception or abortion.

1885

Criminal Law Amendment Act 1885 criminalises homosexual acts between men. No legislation exists criminalising homosexual acts between women.

1861

Offences Against the Person Act 1861 criminalises women who "procure a miscarriage". The punishment is penal servitude for life. The Act also makes it crime

to help a woman "procure a miscarriage". The punishment is penal servitude for three years. These criminal laws remain on the Irish Statute books and are interpreted to criminalise abortion in all circumstances. Subsequent amendments to the Constitution and court cases have interpreted further the dimensions of abortion, however, the 1861 Act remains the basis of criminal law on abortion in Ireland.

ARC – Five facts about abortion in Ireland



There is a lot of misinformation about abortion in Ireland, which makes it difficult for the public to distinguish fact from fiction. Here are 5 simple facts about abortion access in Ireland:

1. Abortion is technically legal in Ireland since **The Protection of Life During Pregnancy Act was passed in 2013**, allowing for abortion only if there is an **imminent and substantial risk to a woman's life, including suicide**. If a woman is seeking an abortion due to being suicidal, she will have to submit to an assessment by up to 6 doctors. These doctors then have the power to decide if the woman will be allowed to have a termination.
2. **Ireland has the one of the most restrictive abortion laws in the European Union**. Malta, where abortion is banned in all circumstances, is the only member state where abortion laws are more restrictive.
3. **A woman may not procure an abortion in Ireland if she is pregnant due to rape**. The latest national statistics from Rape Crisis Centres show that approx 197 women and girls who attended their centres in 2013 were pregnant as a result of rape. 25% of these survivors went on to terminate the pregnancy, meaning they either had to travel for an abortion or illegally take abortion pills in Ireland.
4. **A woman may not procure an abortion if she is carrying a foetus that will not survive outside of the womb**. Minister for Health Leo Varadkar has admitted that Ireland's abortion law forces women to carry to term pregnancies that have "no chance of survival for long outside the womb, if at all." In 2014, **140** Irish women traveled to the UK to have abortions due to congenital conditions, many of which would have been fatal.

5. **In 2014, on average, 10 women traveled from Ireland to Britain every day for an abortion.** Due to the secrecy and stigma around abortion in Ireland, there are no numbers available to account for the women who travel to other European countries or who procure abortions within Ireland using pills. We do know that **in 2014, 1017 abortion pills were seized by Irish Customs** (more than double the amount seized in 2013). Any woman or girl who procures an abortion, or anyone who assists a women to procure an abortion in Ireland, outside the confines of the current legislation, can be criminalised and imprisoned for up to **14 years**.

Sources:

<http://www.thejournal.ie/eu-abortion-laws-995863-Jul2013/>

<http://www.rcni.ie/wp-content/uploads/RCNI-National-Statistics-2013.pdf>

<http://www.irishtimes.com/news/politics/existing-abortion-laws-are-too-restrictive-says-leo-varadkar-1.2040072>

<http://www.irishtimes.com/news/ireland/irish-news/increase-in-number-of-irish-travelling-to-uk-for-abortions-1.2242750>

<http://www.amnesty.ie/sites/default/files/report/2015/06/EUR2915972015%20AMENDEDFINAL4J>

see more at: <http://www.abortionrightscampaign.ie/2015/06/5-facts-about-abortion-in-ireland/#sthash.dNZoQdat.dpuf>



APPENDIX four – Suggested additional handouts for session three

1. Eight reasons to repeal the 8th Amendment ARC (included on page 155).
2. She is not a criminal, Amnesty International report (2015)

HANDOUT EIGHT REASONS TO REPEAL THE EIGHTH AMENDMENT



Here is a simple break down of why we need to repeal the Eighth Amendment of the constitution. It is by no means all of the reasons.

1. The Eighth Amendment equates the life of a woman to that of an embryo.
2. The vast majority of women who want and need abortions are unable to access them in Ireland under interpretations of this law.
3. Women have already died in Ireland having been denied life-saving abortion procedures.
4. At least 150,000 women have travelled to other countries to procure abortions since 1980.
5. Thousands of women are unable to travel for abortion services due to family, legal status, financial situation, or health.
6. People who procure abortion within the country risk a 14 year jail term. Doctors can be jailed too.
7. The majority of people in Ireland support much wider access to abortion than is permitted under the Eighth Amendment.
8. The life and health of a pregnant woman has a much greater value than our constitution places on it.

There are hundreds of thousands more reasons to repeal the eight. Each of those 150,000+ reasons voted with their feet and travelled for abortion –

See more at: <http://www.abortionrightscampaign.ie/2015/06/05/8-reasons-to-repeal-the-eight-amendment/#sthash.RiTKMqHg.dpuf>



She is Not a Criminal, Amnesty International report from 2015.

This report is quite long so we recommend circulating the executive summary. However if participants are interested, the report carries many stories of the way in which the Eighth Amendment affects women in Ireland. This link brings you directly to the report.

<https://www.amnesty.ie/sites/default/files/report/2015/06/EUR2915982015%20AMENDEDFINAL4JUNE.PDF>



APPENDIX five – Suggested additional handouts/resources for session four

This exercise has been provided by the *Limerick Women's Network*.

Challenging the Myths of Feminism Workshop 1 hours duration

Role play of Management Committee:

A small group of women (at least 3) sit up the front at a table. They are role playing a management committee meeting of a Community Development Project, Family Resource Centre or Women's Network.

The chairperson of the group invites one of the committee to feedback on a recent training course. As the member feeds back she mentions that the group needs to recognise and state that they are a feminist group.

One member says in a shocked voice 'Feminist' and claims that they are a women's organisation not a feminist group.

A discussion arises during which some popular negative images of feminists are discussed.

Men haters

Bra Burners

Angry

As each word is mentioned a member of the audience stands up and speaks out their opposition (Members of the training group can be selected beforehand)

e.g.

I'm a feminist and I love men

I'm a feminist and I would certainly never burn my bra

When a woman stands up and says I'm a feminist and I'm not angry all the time. The woman who did the training (trainee) says 'Yes I am angry about a lot of things' and goes on to list numbers of women living with domestic abuse – low representation of women in decision making, reproductive rights etc.

They begin to discuss positive images of feminism and the trainee asks the others to come up with positive words about feminism which they write on a piece of coloured paper. Equality – Justice – Fairness are words used and as they are written the chair

person staples the pieces of paper together in a chain. The chair then says how this could be a positive piece of work for a group of women to do. They then go into a freeze pose.

Another member of the group then invites people at the tables to do the same exercise. At each table there will be pieces of coloured paper for each participant to write a positive word describing feminism to them and they will make a chain which they will be invited to hang around the wall. Each table will have a stapler and blue tac provided. When people have completed this, the member asks for quiet so the committee meeting can continue

Committee members continue to discuss how they might have got the wrong idea of feminism but that really the way they work in their group is just about bringing women together and having a nice supportive atmosphere. The trainee asks the committee about how they bring women together. They talk about creating women's space. The trainee suggests that this can in fact be seen as a feminist action as it values the women's space. They take out some items e.g. table cloth, candles etc. and use these to decorate their table to demonstrate some of what they do to create a nurturing space for women to come together in. When they have finished they freeze again.

The other member of the group then invites all the participants to decorate the room to help create a women's space. (Materials are provided at each table for this exercise)

The Management committee unfreeze.

They continue their discussion. One member asks the question how the types of events and courses we run could be seen as feminist work. She takes out some posters discussing the type of work they are involved in around health promotion, women's community education and questions how these could be seen as feminist issues as they have nothing to do with marches or protests.

The trainee draws out why these are feminist issues by linking them to the critical areas in the BPFA (Beijing Platform for Action). They also mention statistics on numbers of women in poverty, numbers in decision making, domestic violence statistics etc. The chair once again wonders whether other women's groups would see their work as feminist. They freeze

The other member of the group then gives a few posters to each table advertising different events the women's networks are involved in. She invites all the participants to discuss why these are feminist actions

The committee discussion continues with one of the women mentioning that there was something about local global in the course and she wonders what that means. The trainee draws their attention to a specific event they have planned on violence against women and how throughout the 16 days of activism on VAW these events are

happening all over the world. She mentions International Women's Day and 'Meeting on the Bridge' events and says how these link women around the world. She wonders if other women's groups are aware of the international element of these events. She wonders aloud if any other women's networks do events with a global link. They freeze again.

The other member of the group then asks women at each table to make a list of events they are involved in which have a global link or groups they work with who have global networks.

The Management committee unfreeze.

The discussion moves on and they agree that those events do link the local and global but they question the value of working in solidarity through these events. The trainee draws out the value of raising awareness of these issues, supporting women worldwide but most importantly the human rights legislation which is in place. She mentions BPFA and CEDAW and says how important they are for all women.

The Chair then asks how we could find out more about Human Rights and Feminism and they are directed to the NCCWN where trainers are available to deliver this course.

Materials needed for the workshop

- coloured paper
- stapler
- blue tac
- table cloth
- candles
- table decorations
- Posters on issues such as domestic violence, lgbt support groups, poverty, reproductive rights, breast screening, community education

Inside The 'Man Box': Tony Porter On Masculinity And Violence

By Brittany Houlihan in Feminism³⁴



Something I can get behind: a man critically evaluating how society views traditional “manhood” and how this limiting perspective is affecting women all over the world.

Tony Porter is a co-founder of **A Call to Men**, an organization that works to end violence against women by promoting healthier attitudes about masculinity. Porter and his co-founder Ted Bunch have spread the message of A Call to Men everywhere from the NFL to West Point to the U.N., and in his 2010 TED Talk, Porter uses poignant personal experiences to explain why he thinks the socialization of manhood, what he calls the “man box,” needs to be revisited.

Porter once asked a 12-year-old football player how he would feel if “in front of all the players, your coach told you that you were playing like a girl.” The boy responded, “It would destroy me.” Porter was taken aback: “I said to myself, ‘God, if it would destroy him to be called a girl, what are we then teaching him about girls?’”

Porter also tells the sobering story of when an older neighborhood friend invited him to have sex with — that is, rape — a mentally disabled neighbour. Though Porter got out of the situation without harming the girl, he found himself pretending that he'd done the deed. Though he knew rape was wrong, he didn't want to be seen as something less than a man in front of his friends.

This was the catalyst for a change in how Porter considered his own masculine identity, and having a son only reinforced his desire to teach better models of manhood to future generations:

“I need you on board. I need you working with me and me working with you on how we raise our sons and teach them to be men. That it’s okay to not be dominating. That it’s okay to have feelings and emotions. That it’s okay to promote equality. That it’s okay to have women that are just friends and that’s it. That it’s okay to be whole. **That my liberation as a man is tied to your liberation as a woman.**”

³⁴ Taken from <http://bust.com/insidethemanboxtonyporteronthemasculinityandviolence.html> [accessed August, 2015]

APPENDIX six – Suggested additional handouts/exercises for session five

1. A Simplified Version of the Universal Declaration of Human Rights (1948) available on page 162
2. *She not a criminal, the impact of Ireland's Abortion Law* (2015) Amnesty International. Executive Summary. Available at the following link, <https://www.amnesty.ie/sites/default/files/report/2015/06/EUR2915972015%20AMENDEDFINAL4JUNE.PDF> .
3. IV. STRIKING A BALANCE: WOMEN'S RIGHTS AND AN INTEREST IN PRENATAL LIFE, handout from WHOSE RIGHT TO LIFE? Women's Rights and Prenatal Protections under Human Rights and Comparative Law, Centre for reproductive rights. You will find this at <http://www.reproductiverights.org/document/whose-right-to-life-womens-rights-and-prenatal-protections-under-human-rights-and-comparati>
4. Chapter six from *Fighting Words, a Toolkit for Combating the Religious Right* (2006). By Robin Morgan
5. Some groups might find the Irish Family Planning Association (IFPA) video clip from the United Nations Human Rights Committee session from 2014 which includes the recommendations made by the committee. You can find it on the IFPA website at this link <https://www.youtube.com/watch?v=WfNhck2O5EA>

A Simplified Version of the Universal Declaration of Human Rights (1948)

taken from www.intergroupresources.com

1. All human beings are born free and equal. We are all the same in dignity and rights and have the same rights as anyone else. This is because we are all born with the ability to think and to know right from wrong, and so we should act toward others in a spirit of friendliness.
2. Everyone should have the same rights and freedoms, no matter what race, sex, or color he or she may be. It shouldn't matter where we were born, what language we speak or what religion or political opinions we have, or whether we are rich or poor.
3. Everyone has the right to live, to be free and to feel safe.
4. The buying and selling of people is wrong and slavery should be prevented at all times.
5. No one should be put through torture, or any other treatment or punishment that is cruel or makes the person feel less than human.
6. Everyone has the right to be accepted everywhere as a person, according to law.
7. You are entitled to be treated equally by the law, and to have equal protection of the laws.
8. If your rights under the law are violated, you should have the right to have fair judges who will see that justice is done.
9. You should not be arrested, held in jail or thrown out of your own country for no good reason.
10. In case you have to go to court, you have the same rights as anyone else to a fair and public hearing by courts that are open-minded and free to make their own decisions.
11. If you are blamed for a crime, you should be thought of as innocent until you are proven guilty. You shouldn't be punished for something you did which was not illegal when it happened.
12. No one should butt into your privacy, family, home or mail, or attack your honesty and self-respect for no good reason.
13. Within any country you have the right to go and live where you want. You have the right to leave any country, including your own, and return to when you want.
14. You have the right to seek shelter from harassment in another country.
15. No one should take away your right to the country where you're from.
16. Grown men and women have a right to marry and start a family, without anyone trying to stop them because of their race, country or religion. Both have to agree to marriage and both have equal rights in getting married, during the marriage, and if and when they decide to end it.
17. Everyone has the right to have belongings that they can keep alone or share with other people, and no one should take your things away for no good reason.
18. You may believe what you want to believe, have ideas about right and wrong, and believe in any religion you want, and you may change your religion if you want without interference.

19. You have the right to tell people how you feel about things without being told to keep quiet. You may read the newspapers or listen to the radio, and you have the right to print your opinions and send them anywhere without having someone try to stop you.
20. You have the right to gather peacefully with people, and to be with anyone you want, but no one can force you to join or belong to any group.
21. You have the right to be one of the people in your government by choosing them in fair elections where each vote counts the same and where your vote is your own business. Because people vote, governments should do what people want them to do.
22. As a person on this planet, you have the right to have your basic needs met so you can live with pride and become the person you want to be; and other countries and groups of countries should help.
23. You should be able to work, choose your job, join a union, have safe working conditions, and be protected against not having work. You should have the same pay as others who do the same work without anyone playing favorites. You need decent pay so your family can get by with pride, and that means that if you don't get paid enough, you should get other kinds of help.
24. Everyone has a right to rest and relaxation, and that includes limiting the number of hours required to work and allowing for a holiday with pay once in a while.
25. You have a right to have what you need to live a decent life, including food, clothes, a home, and medical care for you and your family. You have the right to get help from society if you're sick or unable to work, or you're older or a widow, or if in any other way you can't work through no fault of your own.
26. You have a right to education. At least in the early years it should be free and required for all. Later education should be there for those who want it and can undertake it. Education should help people become the best they can be and to respect the human rights of others in a peaceful world.
27. You have the right to join in and be part of the world of art, music and books, so you should enjoy the arts and share in the advantages that come from new discoveries in the sciences. If you have written, made or discovered something, you should get credit for it and get earnings from it.
28. Everyone has the right to a world where rights and freedoms are respected and made to happen.
29. We all have a responsibility to the place where we live and the people around us, so we have to watch out for each other. To enjoy freedom, we need laws and limits that respect everyone's rights, meet our sense of right and wrong, keep peace in the world, and support the United Nations.
30. Nothing in this statement means that anyone may weaken or take away our rights.



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