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RESOURCE & DEVELOPMENT AGENCY

Supporting Women's Groups and Networks across Northern Ireland

**Consultation – Guidance on the Termination of
Pregnancy in Northern Ireland
from Women's Resource and Development Agency**

FOR FURTHER INFORMATION CONTACT:

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Introduction

The Women's Resource and Development Agency (WRDA) is a regional organisation whose mission is to 'advance women's equality and participation in society by working to bring about social, political and economic change'. The Agency was established in 1983 and continues to focus its efforts on working with and through women and community organisations located within disadvantaged and/or divided communities. Our strategic aims include developing the capacity of women from disadvantaged communities to tackle inequalities affecting them. This includes health inequalities. The Agency has trained women to act as community facilitators, offering a unique peer education that provides self-employment opportunities to economically marginalized women and through the programmes offered, helps government to meet its aims on health, especially in hard-to-reach areas.

WRDA is aware that the UK government has endorsed the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). The UK submitted its 4th Periodic Report to the CEDAW Committee in March 1999, citing that *"the United Kingdom Government is more than ever committed to the implementation of the Convention, both in letter and in spirit."* (UK 4th Periodic Report, 1999, p2).

This has considerable relevance to the issue of reproductive rights.

Article 16 (1)

States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights'

WRDA believes that the human rights principles contained within CEDAW should be the standard by which legislation regarding women's lives should be judged.

Article 12 of CEDAW refers to elimination of discrimination against women in the field of health care, and whilst women in Great Britain have access to abortion services, albeit limited, their counterparts in Northern Ireland do not. The existing law in Northern Ireland stems from the Offences Against the Person Act 1861 and the Infant Life Preservation Act 1939, and the *R v Bourne*¹, which allowed abortion in extreme circumstances of risk to mental or physical harm. Women in Northern Ireland who wish to have access to abortion services have to travel outside the jurisdiction, and in most instances this service has to be accessed through the private sector, with obvious consequences of finance and needing to have terminations at later stages.

General Recommendation No. 24 also refers to removing the criminalisation nature of abortion. In addition, the Beijing Declaration and Platform for Action also refer to the ability to control their own fertility and to take actions necessary for women to exercise their reproductive rights and to eliminate coercive laws and practices. Even with the backing of the Committee and various international instruments the UK Government continually sidestep this issue. This is a human rights issue and cannot be treated in isolation. It must be addressed in the context of an overall commitment to protect and promote the sexual and reproductive health of women, which in turn impacts on other aspects of equality.

CEDAW Committee Concluding Comments on the 4th Periodic Report

¹ *R v Bourne*, [1939] 1 K.B. 867, *per*

The Committee has consistently challenged the UK Government on this issue and they asked if the Government had any plans for public consultation for revising the abortion law in Northern Ireland (CEDAW, WOM/1132, 1999).

On the issue of abortion, the expert believed the time had come to take a new look at the very restrictive abortion law in Northern Ireland. She wondered whether there were any plans for public consultation for revising the abortion law in Northern Ireland.

(Women's Anti-Discrimination Committee - 5 - Press Release WOM/1132 430th Meeting (PM) 10 June 1999)

We welcome the opportunity to make some comment on the document *Guidance on the Termination of Pregnancy in Northern Ireland*. Our comments will be confined to the major issues raised by the revised Guidelines.

Counselling

Abortion can be a reproductive health choice for women. We believe that women should have the right to make that choice. At a conservative estimate, over 2,000 women each year travel to Britain because they are unable to access abortion within Northern Ireland. Others have had terminations performed within Northern Ireland that will no longer be permitted following the issuing of new guidelines.

The proposed Guidelines do not include any duty of care regarding women who are refused an abortion in Northern Ireland. We would urge the inclusion within these guidelines of contact details of relevant organizations, such as **fpa**, which provide non-directive counseling to pregnant women that includes the option of abortion. Medical professionals should be required to provide such information.

Legal Principles

The Guidance states that fetal abnormality is not a ground for abortion. We are concerned that there is no definition of fetal abnormality. Nor is there any advice

for professionals on how to support a woman who wishes to have an abortion on the grounds of fetal abnormality. If this situation affects a woman's health, would she then have grounds for abortion?

Moral/Ethical Issues

As a feminist organization we are concerned that the Guidance does not put the welfare of women at the heart of its concern. This is particularly the case when it comes to matters of 'conscientious objection' on the part of the medical profession. Women should not have to suffer additional trauma by being refused information and support regarding abortion advice. Therefore we would ask that protocols are developed to ensure that at a minimum all medical practices provide some signposting to a non-judgmental service.

Annex C

We are concerned that the information regarding complications following abortion that the medical profession is required to inform women is inaccurate and designed to dissuade women from taking that decision.