

20 Years of Women's Choice

This month marks the 20th anniversary of the Abortion Act. **Alison Frater** assesses its impact.

'There is no doubt this child senses the most mortal danger imaginable. Its heart beat increases from 140 to 200 beats per minute and its mouth opens. It is the silent scream of a child facing imminent extinction.' This is the latest burst of propaganda from the opponents of abortion. It comes in a film called *Silent Scream II*, made by Brian Nathanson as a sequel to his earlier foetal horror movie and released now to coincide with the 20th anniversary of the Abortion Act. The film relies for its impact on emotive dialogue and ends by asserting that 'all abortion is violence ... there is no rightful place for violence in a world of reason.'

Feminism today owes a lot to those who fought for, and achieved, the 1967 Abortion Act, passed by parliament 20 years ago this month. Since then the abortion debate has been kept alive by attempts to appeal or amend the act. Opponents have undoubtedly achieved significant progress in restricting services and the inadequacy of NHS provision may have something to do with the climate of opprobrium they have contrived to create. Yet the Abortion Act remains intact. Even the latest attempt by the Bishop of Birmingham to make technical adjustments to prevent late abortions has foundered in the House of Lords.

In the postwar period the feminist movement was divided into many different organisations, some radical, others with looser reform tendencies. Yet these groups shared a remarkably cogent ideology on many major issues such as divorce, suffrage, equality of opportunity and employment. While the revolution in women's experience and expectation that had taken place during and after the war, was epitomised by the declining birth rate.

Whatever the political distance between moral reformers and radicals, their analysis of the social meaning of reproduction converged. The shared ground of their feminism was their common experience of changing conditions. Even those who welcomed the decline of patriarchal power, but worried about the possible disintegration of the family, or the loosening of social morals, saw reproduction in the wider context of social reform as essential for the achievement of women's equality. Women were linked in their desire for birth control.

Nevertheless the main argument used during the campaign for reform of the abortion laws after the second world war was the number of women suffering backstreet abortions. The bottom line was women's lives. The class issue was clear, respectable and won widespread support. Rich women obtained discrete abortions for a fee. But maternal mortality was high among working class women who, banned from safe abortion by law and poverty, braved appalling pain at the hands of unqualified or unscrupulous practitioners.

The law did not concern itself with abortion until the 19th century and even then the two acts which were passed were ambiguous and not strictly enforced. The Birkett committee, which met in 1933, estimated there were 60,000 criminal abortions a year and recommended liberalising abortion to include circumstances where pregnancy could endanger a woman's health as well as her life. Although the war intervened to forestall legislation, action in the courts had the required effect. In the Bourne case, the courts were asked to consider whether a doctor had acted unlawfully by terminating the pregnancy of a 14-year-old who had conceived after being brutally raped by two

soldiers. The judge concluded that abortion could be lawful to prevent a woman becoming 'a mental and physical wreck' as well as to save her life.

This common law precedent was formalised by the 1967 Abortion Act, introduced as a private member's bill by Liberal MP David Steel, during the Wilson administration. It received widespread support across political parties - there were fewer opposing MPs in the Commons than at any time since - and coincided with the climate of liberalism abounding in the mid-60s.

The 1967 Abortion Act marks a turning point in the history of abortion. Its importance lies in the fact that it makes abortion legal provided that two registered practitioners agree that certain conditions apply. Under the act a woman may have an abortion if her life is in danger or where continuing pregnancy is likely to cause her or her family greater physical or mental damage, or where there is evidence that the child could be born handicapped. Legally doctors can agree to an abortion for any woman who is distressed by her pregnancy, although a 'conscientious objection' clause in the act allows any doctor to refuse to help a woman unless her life is in danger.

The effect of the 1967 Abortion Act was dramatic and immediate. Today almost one in 10 women of childbearing age have an abortion. Even so it is debatable whether the legislation has brought about a significant change in social morality. Providing a safe legal alternative to death in the backstreet is, of course, a greater moral good. But powerful opposition to abortion still exists to undermine service provision, exacerbate the personal hurt of abortion and threaten the act. The NHS has never provided an adequate service. Only 50% of women seeking abortion are able to get help through the NHS and the regional variation in service provision means the figure is considerably worse in some areas. In few other medical services are waiting lists so inappropriate, yet administrative delays and inefficiencies sometimes leave women waiting for more than six weeks for an abortion. While the experience of abortion of abortion can be made even more unpleasant because of unsympathetic and hostile staff.

So much of how women feel about abortion depends on the kind of service they are offered. Social attitudes also contribute to immediate and long-term feelings about the experience and research shows that although most women don't suffer lasting depression after abortion, many feel hurt by the experience. So a personal political drama is at the crux of the abortion dilemma. Women who have suffered during abortion but recognise the tremendous political significance of their experience have widened the base of popular support for abortion and encouraged open discussion. Many trade unions now support abortion and

Abortion: 20 Years On

The abortion rate has risen consistently, if unevenly, since abortion was legalised in 1967. In the last decade the number of abortions rose by 40%, as the graph shows. But because the population of women of child-bearing age has risen too, the abortion *rate* has risen more slowly, by 25% to just over 13 per 1,000 women aged between 15 and 44. Around 18% of all pregnancies now end in abortion.

The growth in abortions is marked by two sudden surges - in 1978 and 1984. These coincided with the two Pill scares. The most recent occurred in October 1983, when the *Lancet* published two papers linking the Pill with cancer of the breast and cervix.

A similar effect occurred in 1977, when the Pill was linked with heart disease. The abortion rate rose by 10% the following year, and continued to rise until 1980.

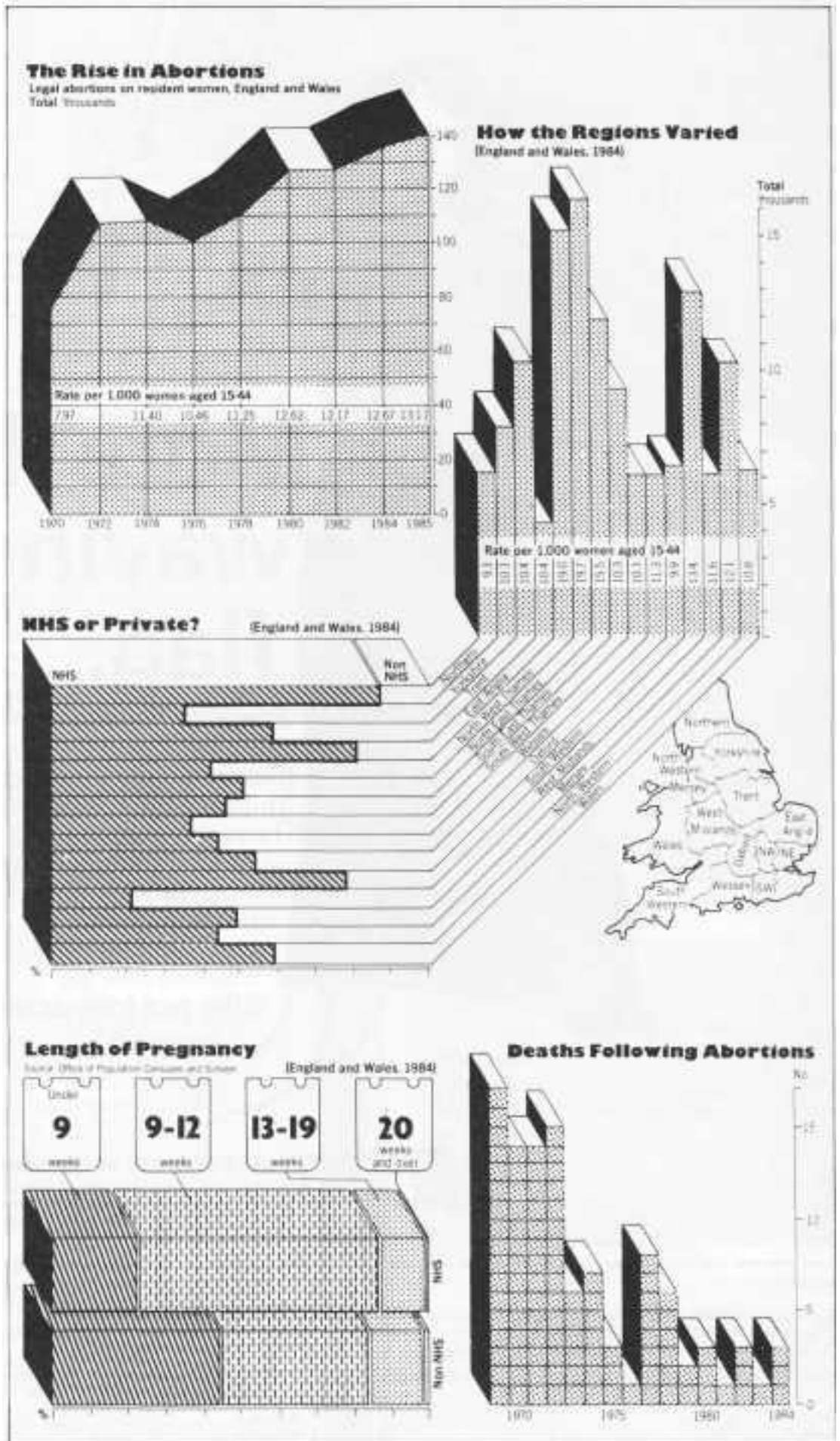
Abortion is a relatively safe operation today and the risk of death following the operation has declined as indicated by the figures. Fortunately the days of backstreet abortions seem to have ended.

Twenty years after the act, less than 50% of women entitled to an abortion under it receive treatment on the National Health Service. There are a number of reasons.

In some health authorities the provision for abortion is simply inadequate and the level of requests for terminations cannot be met. But the figures shown here also reflect the fact that for some women - those that can raise the money - the private sector offers a more sympathetic and immediate service.

In 1985 in the country as a whole 46% of abortions were performed on the NHS. However the figures here show how varied NHS provision can be from one region to another. In the Northern Regional Health Authority 85% of abortions were performed on the NHS in 1985 compared with only 20% in the West Midlands. At District Health Authority level there is even greater variation. In Dudley, for example, out of a total of 880 abortions performed in 1985 only 12 (1.36%) were on the NHS.

It is widely assumed that only very young women seek abortions. This is a common fallacy as women seek abortions for many different reasons. In fact, in 1985, 43% of women having an abortion under the NHS were over 25 years old.



all political parties have powerful pro-choice lobbies. The medical profession has radically changed its position which, in 1967 was not indistinguishable from that of the more conservative churches. Had this support been available back in 1967 then it is possible that a bill would have been passed legalising abortion at the woman's request and this would have reduced the number of late abortions by making services more accessible.

But the opportunity was missed and now all the efforts of the pro-choice campaigners are devoted to defending what we have got rather than improving it. Since 1967 there have been eight parliamentary campaigns to diminish or repeal the act. Most have tried to reduce the availability of abortion by introducing restrictive legislation. The White Bill, perhaps the most pernicious of all, tried to impose a more restrictive qualification of eligibility for abortion, introduce a 20-week-time-limit and exact stringent licensing conditions on referral agencies and nursing homes. Had it been made law, it would also have put the onus of proof in criminal proceedings on the person accused. Many of the bills purporting to introduce only minor technical changes would have resulted in major reform. The Corrie Bill, for example, was presented as a moderate measure but, according to its supporters, it would have cut abortion by two-thirds and

destroyed the abortion charities. The result of these bills has not been legislative restrictions but a cumbersome procedure for abortion referral and licencing for nursing homes and referral agencies.

Many of the legislative attacks on the act within parliament have been supported by individuals whose opposition to abortion is based on the right to life of the foetus. But these advocates do not fight for 'life' systematically. They are not pacifists and many call for the reinstatement of capital punishment. Anti-abortionists also generally oppose the kinds of social changes that could make abortion less frequent: childcare provisions, workplace nurseries, improved health care and screening facilities, sex education and contraception. They are not fighting for life, but for a kind of living not based on freedom or equality but carved from the dogma where women have traditional roles and cannot hope to achieve recognition outside the home. The anti-abortion movement is not a mass movement. It cannot call on women in large numbers. It does, however, have a powerful ally in the Catholic church. Throughout the country, schools and parishes are pressed into letter writing and lobbying whenever deemed necessary.

If the women's movement lacks such single-mindedness and discipline, it also lacks the institutionalised finances

of the Catholic church. The women's movement needs to focus its political will and work to obviate the needs for abortion. Improved contraceptive use and childcare services tailored to the needs of those who use them, provide women with the means to exercise their choice of whether to conceive. Counselling services are an essential adjunct especially for the young. Sex education, widely supported by parents and teachers, must be part of the school curriculum and it should openly discuss the relationship between fertility and sexuality. Only through understanding our sexuality can we hope to determine whether to use contraception or indeed whether to have a sexual relationship.

At first the recent history of abortion reform may appear a success, but 20 years on, the morale of the pro-choice campaigners is not strong. We are on the defensive and afraid to press for improvements in the act for fear of losing it altogether. Anti-abortionists are trespassing on ground that should not be accessible to them. By focussing on issues such as reproductive technology, they are setting the pace and have the women's movement running in different directions. The reason for this confusion and reticence is largely, because some of the old arguments have lost their bite and feminists are only just beginning to grasp the more relevant contemporary dilemmas. •

'Twenty years on, the morale of the pro-choice campaigners is not strong. We are on the defensive'



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