Securing Abortion Access: What Can We Learn from Emergencies?

https://www.e-ir.info/2023/01/26/securing-abortion-access-what-can-we-learn-from-emergencies/

CLAIRE PIERSON, JAN 26 2023

Within the global policy-making arena sexual and reproductive health (SRH) is a contested terrain. Religious and cultural norms are often cited for opposition to the inclusion of SRH in policy, and the contemporary backlash on gender rights coordinated between the far-right and conservative religious forces has only added to this resistance (Goetz, 2020). Within this landscape, opposition to abortion is perhaps the most contentious aspect of SRH and one where legal changes can be witnessed most acutely whether these are progressions such as those seen in the island of Ireland and Argentina, or regressions such as in the US or Poland.

Restrictions to abortion access can take the form of outright bans, gestational limits or justifications for accessing abortion such as sexual assault and foetal anomaly (Bloomer et al., 2018). Conditions of access such as mandatory ultrasounds, waiting periods or counselling can add extra burdens, and issues of conscientious objection (where healthcare workers refuse to provide services on the basis of their personal beliefs) and lack of clinics where abortion is provided can work to make abortion access difficult even in liberal legal settings. All of these factors affect women and pregnant people attempting to access abortion, and create delays in a healthcare procedure which is time-bound and often needed with some urgency.

Crisis situations, such as conflict, natural disasters or pandemics, highlight and exacerbate the insecurity and inequality in access to abortion but also present opportunities to respond to and rethink abortion policies. Responding to abortion as an urgent or emergency healthcare need presents it as an issue of security, elevating it above the realm of individual state-based legal frameworks and limiting policy-making interventions on the basis of religious and moral conservatism. With this in mind, exploring responses to abortion access during the height of the COVID-19 pandemic provide fertile ground to illustrate how abortion access can be facilitated or impeded in emergency situations and how the removal of unnecessary restrictions should be encouraged in the longer-term. As Davies and Harman (2020) note, this securitisation of abortion must be informed by a feminist security lens which centres women, pregnant people and healthcare providers as those made insecure by the state's laws.

Feminist approaches to security contest what constitutes a security concern and who is secured beyond the state. These broader approaches have enabled issues such as domestic and sexual violence, poverty and participation in political processes to be viewed as security concerns and has highlighted that women are often left out of security discussions and gendered needs are rarely on the agenda (Sjoberg, 2010). Feminist security agendas move away from elite actors (often male and masculinised) and state-focused conceptualisations of security and towards community-based and everyday articulations of security concerns, Christine Sylvester (1994) has described these as 'partial, elusive and mundane' and as such relegated to a sphere outside formal politics. The most visible articulation of feminist security approaches in practice are the UN Security Council Resolutions on Women, Peace and Security (WPS) which have, whilst subjected to feminist critique, been successful in raising political awareness of sexual violence in conflict and women's participation in peace processes as security concerns.

Despite increased articulation of feminist security concerns both in theory and policy, SRH have remained marginal to these discussions and abortion continues to be treated as a contentious moral issue for states to determine within their own legal boundaries rather than a time-sensitive health procedure. Within the WPS Resolutions, SRH are only mentioned briefly and abortion not at all (Thomson and Pierson, 2018). A pertinent example of the difficulty with including SRH was in the passage of WPS Resolution 2467 in 2019. During negotiations, a formal working group of the UN Security Council was proposed on sexual violence in conflict and the SRH of victims of sexual violence. However, Russia, China, and the US opposed the creation of such a group and the US also threatened to veto the Resolution if it included the term SRH as it was viewed to imply abortion (Allen and Shepherd, 2019). As a result of this, the final text made no direct reference to SRH.

Davies and Harman (2020) have made the argument that abortion and SRH more broadly need to be secured through the concept of reproductive security. They argue that state restrictions on abortion make women, pregnant people and healthcare providers insecure therefore decision-making authority on these issues should be removed from the state. Removing abortion from individual state decision-making would also eliminate the breadth of different abortion restrictions from state to state. In work focusing on WPS, Thomson and Pierson (2018) argue that the language of security supplies the urgency which is needed for abortion access as a health issue which the longer it is left becomes more difficult to access. A specific commitment to SRH in the WPS resolutions which explicitly includes abortion is recommended by both sets of authors yet within the contemporary political climate would prove challenging to achieve. In fact, when security discourses are used with regard to SRH it is often by populist and regressive actors who argue that ‘gender ideology’ is a threat to the state and nation (Kurylo, 2022a).

How abortion access is delivered in emergency situations can give both positive and negative indications of how policy can be responsiveto urgent situations and potentially provide long-term innovative solutions. As Kurylo (2022b) writes, the word emergency can signify a moment of change and an opportunity to bring about transformation and revive notions of security, yet the emergency claims of ‘ordinary’ citizens (and I would argue women) are rarely heard. The example of COVID-19 and changes to abortion laws and policies illustrated how abortion can be treated as an emergency and urgent procedure. The outbreak of the pandemic highlighted insecurity and inequality in abortion care and access as well as the need for a common, globalised response rather than a state-by-state approach.

Legal restrictions on abortion do not stop it from happening but displace it to other regions. Restriction of movement and pressure on healthcare during the height of the pandemic halted abortion travel and brought into sharp relief the need to ensure abortion access locally. In countries where abortion is completely illegal such as Malta, organisations which support access to abortion such as the Abortion Support Network, Women Help Women and Women on Web reported significant increases in requests for help in 2020 and for access to the medical abortion pill (Pierson and Caruana-Finkel, 2021). In Northern Ireland, where abortion had been decriminalised in 2019, but services have not been enacted by the government, one woman attempted suicide after not being able to access abortion services (Coady-Stemp, 2020).

In countries where abortion is legal actions were also taken to limit access. In Italy for example at the beginning of the pandemic, the government did not immediately deem abortion as an essential healthcare procedure which meant some hospitals stopped providing services. Similar actions took place in the US, where 14 states acted to suspend abortion by excluding it from the list of essential or non-elective services (Maier et al., 2021). In Hungary, where only surgical abortions are available, almost all services were suspended after a government ban on non-life-saving procedures early in the pandemic (Moreau et al., 2021).

In other regions, positive responses were developed which challenged norms in restrictions in care. In Britain (not including Northern Ireland), France and Ireland for example, telemedicine (the provision of consultations by phone or video conferencing) for early medical abortion was implemented, previously those wishing to access abortion were required to visit an approved healthcare facility and take medication there (Romanis and Parsons, 2020; Bojovic et al., 2021). In 2022 this change was made permanent in England and Wales, and in France until the 7th week of pregnancy, in Ireland it is still under review. Making these measures permanent indicates how creative responses in emergencies can help develop longer-term transformative solutions to abortion care. Some temporary waiving of legal restrictions also took place, in Germany mandatory pre-abortion counselling was allowed to take place by phone or videoconference and in Portugal the mandatory waiting period was put aside and follow-up care took place by telemedicine. Waiving and modifying these rules illustrates that they are not necessary to healthcare but impediments put in place specifically to delay access to abortion.

The inequity and insecurity in abortion access that was brought into stark relief during the pandemic prompted calls for better law and policy-making on abortion in the long term. In 2021, the European Union initiated and approved the Matić Resolution on SRH which called for the right to safe and legal abortion within Europe, explicitly recognising that the COVID-19 pandemic confirmed the importance of recognising abortion care as an urgent medical procedure (Berthet, 2022). During the pandemic, the WHO included comprehensive abortion care in its list of essential health services and this has also been re-emphasised in its latest safe abortion guidelines (WHO, 2022).

As has been highlighted above, there are numerous legal and administrative restrictions on abortion access which vary from country to country and which all work to make abortion harder to access for women and pregnant people. Beyond strict legal bans, these inequalities in access often go unnoticed and ignored by policymakers and accepted by the public. Emergency situations such as COVID-19 illustrate how these restrictions work to make abortion seekers insecure yet at the same time can act as catalysts to transform policies making abortion access simpler to negotiate. The waiving of restrictions should not be a temporary solution however. Framing abortion as an urgent and emergency part of healthcare, and as a security concern, can work to permanently remove the variety of restrictions on abortion access and elevate abortion above the politics of conservative morality and populist anti-gender campaigns.

References

Allen, Louise, and Laura Shepherd. "In pursuing a new resolution on sexual violence Security Council significantly undermines women's reproductive rights." LSE Women, Peace and Security (2018). http://eprints.lse.ac.uk/103884/1/WPS_2019_04_25_in_pursing_a_new_resolution.pdf

Berthet, Valentine. "United in Crisis: Abortion Politics in the European Parliament and Political Groups' Disputes over EU Values." JCMS: Journal of Common Market Studies 60, no. 6 (2022): 1797-1814.

Bloomer, Fiona, Claire Pierson, and Sylvia Claudio Estrada. "Reimagining global abortion politics." Bristol: Policy Press, 2018.

Bojovic, Neva, Jovana Stanisljevic, and Guido Giunti. "The impact of COVID-19 on abortion access: Insights from the European Union and the United Kingdom." Health Policy 125, no. 7 (2021): 841-858.

Coady-Stemp, Emily. "Abortion rules in chaos as Northern Ireland struggles to cope with new rules imposed by travel restrictions." SW Londener. 06.05.2020. https://www.swlondoner.co.uk/life/06052020-abortion-rules-in-chaos-as-northern-ireland-struggles-to-cope-with-new-rules-imposed-by-travel-restrictions

Davies, Sara E., and Sophie Harman. "Securing reproductive health: A matter of international peace and security." International Studies Quarterly 64, no. 2 (2020): 277-284.

Kurylo, Bohdana. "Counter-populist performances of (in) security: Feminist resistance in the face of right-wing populism in Poland." Review of International Studies 48, no. 2 (2022a): 262-281.

Kurylo, Bohdana. "Emergency: A Vernacular Contextual Approach." International Studies Review 24, no. 3 (2022b)

Goetz, Anne Marie. "The new competition in multilateral norm-setting: Transnational feminists & the illiberal backlash." Daedalus 149, no. 1 (2020): 160-179.

Maier, Malia, Goleen Samari, and Terry McGovern. "US abortion rights under attack: before, during, and beyond the COVID-19 pandemic." BMJ Sexual and Reproductive Health Blog. (2021). https://blogs.bmj.com/bmjsrh/2021/09/10/us-abortion-rights-under-attack-before-during-and-beyond-the-covid-19-pandemic

Moreau, Caroline, Mridula Shankar, Anna Glasier, Sharon Cameron, and Kristina Gemzell-Danielsson. "Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses." BMJ sexual & reproductive health 47, no. 4 (2021).

Pierson, Claire, and Liza Caruana-Finkel. "Abortion care in highly restrictive legal regimes: the experiences of health and social care professionals in Malta." (2021). https://livrepository.liverpool.ac.uk/3128310/1/MaltaBriefingPaperMay2021FINAL.pdf

Romanis, Elizabeth Chloe, and Jordan A. Parsons. "Legal and policy responses to the delivery of abortion care during COVID-19." International Journal of Gynecology & Obstetrics 151, no. 3 (2020): 479-486.

Sjoberg, Laura. "Gender and international security." Feminist Perspectives. Nueva York: Routledge (2010).

Sylvester, Christine. "Feminist theory and international relations in a postmodern era". Vol. 32. Cambridge University Press, 1994.

Thomson, Jennifer, and Claire Pierson. "Can abortion rights be integrated into the Women, Peace and Security agenda?." International Feminist Journal of Politics 20, no. 3 (2018): 350-365.

World Health Organization. "Abortion care guideline." (2022). https://www.who.int/publications/i/item/9789240039483

About the author:

Dr Claire Pierson is a Senior Lecturer in Politics at the University of Liverpool. She works on abortion rights and activism and is a co-author of the book *Reimagining Global Abortion Politics* (Policy Press, 2018). She is the author of 'After a CEDAW Optional Protocol Inquiry into abortion law: a conversation with activists for change in Northern Ireland', (*International Feminist Journal of Politics*, 24:2) and is currently working on a monograph on contemporary gender and feminist politics in Northern Ireland for Manchester University Press.