

The Genie is out of the Bottle: Self-managed abortions in Northern Ireland Using Pills

Goretti Horgan

This Research Update reports key findings of an ESRC funded study about women accessing abortion via the internet. An earlier Research Update reported that part of the study that explored public attitudes to abortion, including the criminalisation of those who take pills outside the law (Gray, 2017). This one looks at the views and experiences of women in Northern Ireland who used pills to self-manage an abortion; another update is planned for early May, on the views and experiences of women in Scotland who self-manage medical abortions using pills obtained from the NHS and how those views compare and contrast with those reported here.

Medical abortion has contributed to a significant decrease in maternal mortality worldwide (WHO, 2012). In 2017, it accounted for two thirds (66%) of all legal terminations reported in England and Wales (DOH, 2018) and over four out of every five (83%) abortions in Scotland (ISD Scotland, 2018). Early medical abortion is now available in most parts of the world, even in countries where abortion is

illegal. Mifepristone and Misoprostol or Misoprostol on its own are the drugs known as “abortion pills” and there are currently at least six websites providing ‘telemedicine’ access to the medicines, as well as the information and support to use them safely (Jelinska and Yanow, 2018).

This easy access has meant that women in Ireland North and South have been able to access abortion in their own homes, without the need to travel (Aiken et al, 2017). Indeed, the fact that women could self-manage abortions up to 10 weeks outside the formal health care system was presented as one of the arguments for making abortion available on request up to 12 weeks in the Republic of Ireland (Citizens Assembly, 2017; Oireachtas, 2017). Peter Boylan, a leading Obstetrician Gynaecologist pointed out to politicians in the Republic that when the laws on abortion were enacted, “neither the world wide web nor the abortion pill had been invented”. He went on to say that a ban on abortion is “unworkable” because of online access to abortion pills and that “the

genie is out of the bottle” because women will use the pills whatever the law (Leahy, 2017).

While in the Republic of Ireland, authorities turned a blind eye to the practice, a more punitive approach has been taken by the authorities in Northern Ireland, despite the region being part of the United Kingdom. In 2015, a mother was charged with obtaining pills for her 15-year old daughter (Carroll, 2018) and in January 2016 a 21-year old pleaded guilty to procuring an abortion using pills. She received a suspended prison sentence (McDonald, 2016). That same year, a couple accepted a police caution – which means admitting one has committed an offence; that offence remains on one’s record for at least six years. In March 2017, two activists’ homes were raided by police looking for abortion pills. That same month, 15-20 women had their pills seized by customs; police officers visited most of them and asked them to come to the station for questioning (Noble, 2017). None were charged subsequently with any offence.

The websites advise women to end their pregnancy within an hour's drive of a hospital, in case of complications which are rare. But the chances of women in Northern Ireland seeking medical assistance is greatly reduced by the 2016 Guidance on Termination of Pregnancy which states that healthcare professionals have to report a suspected illegal abortion. The Guidance says "the health and social care professional need not give that information if they have a reasonable excuse for not doing so; the discharge of their professional duties in relation to patient confidentiality **may** amount to such a reasonable excuse. Professionals should be clear, however, that **patient confidentiality is not a bar to reporting offences to the police**" (DHSSPS, 2016, p. 20, emphasis mine). While the Guidance later suggests a "don't ask, don't tell" approach to women presenting at a hospital who may have induced the abortion, this does little to reduce the fear expressed by participants in this study.

Who are the women who use pills outside the law and why do they do so?

The study had access to a sample of 333 women, living in Northern Ireland, who obtained abortion pills from the feminist website Women Help Women, in 2016/17. The women in the sample ranged in age from 14 to 47; the mean age was 27.5 years, with precisely half (50%) aged between 20 and 29 years of age.

Table 1: Methods of contraception being used when became pregnant

	N	% of all women	% of those using contraception
Condom	84	25	39
Pill	57	17	27
Withdrawal	37	11	17
Emergency contraception	18	5	8
Rhythm	10	3	5
Implant	3	1	1
IUD	2	1	1
Contraceptive shot	1	<0.5	<0.5
Vaginal ring	1	<0.5	<0.5
Skin patch	1	<0.5	<0.5
Total	214	64	100.0
None	119	36	
Total	333	100	

Source: Women Help Women

The majority (64%) were using contraception when they became pregnant. The most common contraceptive that failed was a condom (39%), followed by the contraceptive pill (27%). It is worth noting that the sample included a small number of women who were using Long Acting Reversible Contraceptives (LARC) e.g. implant or vaginal ring, which are the most effective contraceptive methods it is possible to use. See Table 1.

A clear majority of the women (79%, n=263) were at 6 weeks or earlier gestation when they ordered pills from Women Help Women. The website makes it clear that its service is up to 9 weeks of pregnancy only, but they have to trust that the dates they are being given for Last Menstrual Period are correct.

Four out of five of those in the

sample gave at least one reason why they needed an abortion; the reasons given were similar to those given in studies of women across a range of countries (Kirkman et al, 2009; Chae et al, 2017) The majority (55%) gave more than one reason. As in other studies, financial problems (38%) were the reason most often cited, followed by too soon (27%) and I feel I'm too young (26%), while 15% said their family is complete. Of those who gave a reason, 7% cited health reasons and two percent said this pregnancy is the result of rape. Those who offered "other" reasons included: currently homeless/living with friends and a range of issues in previous pregnancies including Hyperemesis Gravidia, high blood pressure and pelvic girdle pain.

A small proportion of the sample had provided Women Help Women with an evaluation of their experience and these provided some insights

into women's different experiences of the process. Because the numbers are small, most of the insights are not statistically robust but they seem to suggest that younger women, particularly 20-24 year olds, thought both bleeding and pain was more severe than did other age groups. Women are not asked if they already have children but, using the reasons given for needing an abortion, we calculated that at least 34% of women had already given birth (n = 113) and then analysed how they perceived bleeding, pain and other side effects compared to those who had not already had a child. This analysis suggested that women who have a child already report less bleeding, lower pain and fewer side effects. However, only the finding in relation to pain is statistically significant.

The Qualitative study

The qualitative study proved to be far more difficult than we had expected – we had anticipated difficulties in obtaining ethical approval but had not foreseen the difficulties we faced in building the sample. In the end, the amount of information we had to provide to potential participants for ethical reasons may have had a 'chilling' effect. The long and detailed participant information sheet that we produced to meet ethical requirements included this statement: "The authorities may seek details of the participants in the study but we feel that it is highly unlikely that information collected in the project would meet the standard of evidence permissible in court because of the

lack of information that would identify individuals."

Such a stark warning was necessary because of the problems Northern Ireland presents in relation to investigating activity considered to be criminal. Under Section 5 of the 1967 Criminal Justice Act (Northern Ireland), failing to report a crime in Northern Ireland is an offence "and if, without reasonable excuse, he fails to do so he shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment". We, and our ethics committees, are also aware of the implications resulting from interviews containing information about illegality here since academics associated with Boston College have had interview tapes seized by the Police Service of Northern Ireland (PSNI). These tapes have formed the basis for the prosecution of at least one person who provided an interview. As a result, we were clear that we could not give any guarantees about confidentiality. Rather, we encouraged women to contact us via encrypted email, to adopt an assumed name and not to give us any personal details that might identify them. In this way, even if the PSNI did seize our records, they would have no way of identifying anyone. However, our warnings to potential participants may have come at a cost.

All three of the research team have experience of studying sensitive subjects – from teenage pregnancy, to lone parent poverty and female offending. We have always experienced

some snowballing of the sample even when researching the most sensitive of topics. All but two of the participants in this study reported that they knew others who had used pills to end a pregnancy and that they were sure they, too, would be willing to be interviewed. They were given links to the webpage that contains all the participant information, to ensure their friends would be able to give informed consent to the study. But none of those asked by a friend to take part was willing. We don't know the reasons for all the refusals, but it is so unusual that we must conclude that the fear of admitting to a stranger what everyone in Northern Ireland now knows is an offence for which you might be prosecuted, combined with stigma, is why we encountered this unfamiliar phenomenon.

Nonetheless, we managed to build a sample of 15 women. Of these:

- 11 had used the pills successfully to end their pregnancies;
- one had had her pills seized by Customs;
- two who had not gone to one of the feminist websites, but who had obtained Misoprostol alone failed to end their pregnancies with pills; and
- one decided not to use the pills but to continue her pregnancy.

The ages of participants ranged from 19 at the time of the abortion to 40 at the time of the abortion, but most were in their 20s when they took the pills to end a pregnancy. While four of

the women interviewed were from the Greater Belfast area, a majority of participants were from outside Belfast. This may mean that women from the Greater Belfast area didn't come forward in similar proportions to women from outside Belfast or it may mean that women from there are more likely to travel as they have easier access to air links to Britain than would those from more rural areas.

Interviews were semi-structured with very open-ended questions to allow participants to "lead" the interview in terms of what would be discussed. The first question all were asked was whether they had any decision-making issues when they found out they were pregnant and then in relation to obtaining pills rather than traveling for a legal abortion. They were then asked what the best thing was about using the pills and, afterwards, what was the worst. All were also asked who they told about their abortion and how they felt about telling people they'd had an abortion. If the information was not given in the course of answering those questions, prompts were used to ascertain their age group, length of pregnancy at the time they had the abortion, whether they knew what they were doing was illegal. They were also asked whether, had the free NHS abortions been available when they used the pills, would they have travelled instead?

Interviews were transcribed and analysed using a grounded theory approach. While we would have

preferred a larger sample size and, especially, to have more participants from the Greater Belfast area, we reached thematic saturation with those who had obtained pills from one of the feminist websites very quickly. The 'outliers' were Marianne who decided to continue her pregnancy, Martha whose pills were seized by Customs and who was questioned by the PSNI, and Frances and Roisin, both of whom had used Misoprostol they'd got via a friend, failed to end the pregnancy and, eventually, had to travel to England for a surgical abortion.

The views and experiences of women using pills outside the law

There were three main themes to the experiences of the women we interviewed in depth: the most common and concerning theme was fear of seeking medical assistance; this was followed by a general fear of arrest and prosecution if anyone discovered what they were doing. The third theme was a positive one: the relief of not having to travel to end the pregnancy, with the implications that has for work and for childcare.

Those who had used the pills before the prosecutions started had not feared prosecution or the involvement of the police but felt they couldn't seek medical assistance because they knew what they were doing was illegal. Those who used pills

after the prosecutions started in 2015 expressed much greater levels of fear. Given Martha's experience when the police arrived at her door, this fear is understandable.

...the bad thing [about the pills] was that mine never arrived. And that they were seized in customs. And it was just a nightmare thereafter that. Again I am not going to get into it, but with police and everything else, it was just horrendous.

(Martha, 38)

Younger women, particularly those who had not already given birth presented the most worrying scenarios. Several of them were very worried that they might need medical assistance, yet they did not seek it. While these pills are very safe, their safety record is based on those who take them being near a hospital and able to get medical help e.g. blood transfusions if required. The experiences of the women we interviewed are concerning since they raise the fear that a young woman may bleed to death for fear of prosecution. This participant sums up a lot of the experiences we heard:

It was the aloneness that I think really accentuated ... it was terrifying. It really was... I ended up having my phone constantly connected to the charger, because I was just Googling frantically, constantly, is this normal? Is this normal? How long does it take to die of

haemorrhage? It was ridiculous. And checking my heart rate. Checking my temperature..... And it is the fact that there is now this massive fear of criminal reprisal that women will not go and seek help. And it would make you worry as well, you know like, if somebody did get quite sick that they would maybe not seek medical attention for fear of potentially being criminalised over it.

(Orla, 21 when she took the pills)

This young woman is a low paid care worker whose main concern was not missing a day's work:

I would say first of all [the worst thing] was, I suppose the fear... And I suppose thinking, am I bleeding too much? One minute you thought, I am not bleeding enough. The next you thought, am I bleeding too much? ... I was constantly checking my skin in the mirror. Reading over symptoms and all again. Constantly checking have I got any rashes, you know. Just panicking. Is everything going OK? Am I feeling alright? And then I suppose... then a fear of being found out and not knowing what would lie ahead for you.

(Laura, 24)

This young woman thought she was going to die – yet didn't seek medical assistance:

I turned round to my partner and was like, we need to go to the hospital. Even though I knew I couldn't go because what I had done was completely illegal. And I was saying to him, and it was really dramatic because I kept thinking, I am going to die. I think I am going to die, we need to go to hospital. But he was like we can't.... Like you do get prosecuted and everything like that. But yeah, I wouldn't have gone for medical help, no.

(Marie, 19 at time of abortion)

Most of the women who shared their stories with us were very aware that what they were doing is illegal and this affected who they were willing to tell, just in case that person would inform the police. This feeling was exacerbated when the 21-year old was given a three month prison sentence (suspended) after her flat mates called the police because she had taken abortion pills.

...it was annoying and isolating not being able to actually tell people. And it also sort of made you feel a bit nervous about who can I trust, because what if somebody then turns around and tells the police on you or something? And you are in the middle of this process and all of a sudden the police arrive at

the door or something? That's a bit horrible as well. It makes you kind of look at all your connections and your friendships in a bit of a different light. Which I think is so wrong. Like would we be doing that for any other medical procedure? No.

(Tracy, late 30s, 5 children)

Some of the women didn't know that what they were doing was illegal:

I suppose it was a bit ignorant of me... I didn't read that much into knowing that it was actually illegal. I knew that abortion wasn't offered here, but because it is part of the UK, I didn't think it was actually illegal. I just thought it's not offered here... but... as I say, I was that desperate I didn't see no other way.

(Laura, 24)

But most of the women were clear that the illegality was something they were willing to risk:

I knew that it was illegal. I was worried. But for all the spiral now about the people being taken to court and whatever else, I never thought on that. And I don't think it would have stopped me.

(Joan, late 30s, 5 children)

Two participants had not used one of the websites but had obtained Misoprostol from a friend. Neither succeeded in having an abortion and both had to travel to Britain for an abortion afterwards. Misoprostol alone is effective in terminating a pregnancy 80% of the time, but not for either Roisin or Frances.

And it was like having a really, really bad case of food poisoning or a stomach bug or something... the whole experience left me feeling really shattered and vulnerable.... I felt tiny and insignificant and alone. And very fearful. The more sick I got, the more I started to worry about what I would do if I needed medical attention. And started to really get quite panicky about that

(Frances, late 30s)

We asked our participants whether, had the free NHS abortions been available at the time they took abortion pills outside the law, they would have travelled for a legal abortion. While some said they would have travelled if money had not been an issue, a majority said that they would have used the pills anyway. Being able to afford to take time off work was the main reason for this; using the pills, they could plan their abortion around their work schedule. Travelling, especially for those living outside Belfast, would mean taking at least two days off work. Childcare, being able to have an earlier abortion and keeping an abusive partner from

knowing about the abortion were the other reasons given for not availing of the free NHS abortions in England.

I only needed to take one day off work and kind of planned it around when my kids weren't going to be here

(Tracy, late 30s,
5 children)

...it would have been trying to get the kids watched and getting away. And explaining why you were going and who you were going with... And then I would have had to share with my ex-husband ... so it [free NHS abortion] probably wouldn't have made a difference to me.

(Joan, late 40s,
5 children)

I was able to carry out the abortion far earlier... And at the same time I was able to stay at home. I wasn't having to go... and feel like an outcast ... that discomfort of feeling that you are being ... as I say, outcast, swept away over the sea.

(Sally, 22, 1 child)

Conclusions

The views and experiences reported here confirm what other studies have shown: that allowing women to access abortion in another country is not a solution. There will always be women who cannot travel. These are often among the most vulnerable women: living in controlling relationships, too low-paid or precarious in their

jobs to take even a day or two off, with children or other caring responsibilities or without the legal status that allows them to travel.

The criminalisation of abortion and the extreme difficulty in accessing a legal abortion in NI is not compatible with other social policy developments. For example, a woman pregnant with her third or subsequent child may be unable to travel for a range of reasons but will still face the same benefit regulations as women in Britain who have access to abortion locally.

Our findings show that criminalisation is acutely damaging to women's mental, and potentially physical, health and, as some of the views expressed above indicate, it does not act as a deterrent. Given that that is so, there is an urgent need for the authorities here to ensure all women know they can access medical assistance without fear of police becoming involved. This means, at a minimum, a revision of the 2016 Guidance to make it clear that patient confidentiality should apply.

Recently, at oral evidence hearings for the Women and Equalities Committee's (WEC) Inquiry into abortion in Northern Ireland, Maria Millar MP, the Chair of the WEC raised the possibility of a statement from the Director of Public Prosecution or the Attorney General that no one would be prosecuted. It is improbable that this would happen but, even if it did, such a statement is likely to attract a challenge in the courts.

Ultimately, our findings are supportive of calls to repeal Sections 58 and 59 of the 1861 Offences Against the Persons Act, the Victorian legislation which still governs abortion in Northern Ireland. In the absence of a local Assembly, Westminster needs to act, it has the right to act under the Memorandum of Understanding between the UK and the devolved administrations and the duty to act as the State Party responsible for human rights.

References

Aiken A, Gomperts R, Trussell J. (2017), Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland: a population-based analysis. *British Journal of Obstetrics and Gynaecology*, 124(8):1208-1215

Carroll, R. (2018), Northern Irish Woman to Challenge Abortion Prosecution, *Guardian*, London. <https://www.theguardian.com/uk-news/2018/nov/05/northern-irish-woman-abortion-pills-fights-prosecution>

Chae, S, Desai, S, Crowell, M and Sedgh, G. (2017), Reasons why women have induced abortions: a synthesis of findings from 14 countries, *Contraception* Vol 96, Issue 4, pp 233 -241

Citizens Assembly (2017), *Final Report on the Eighth Amendment of the Constitution*, Dublin. <https://www.citizensassembly.ie/en/>

[The-Eighth-Amendment-of-the-Constitution/Final-Report-on-the-Eighth-Amendment-of-the-Constitution/Final-Report-on-the-Eighth-Amendment-of-the-Constitution.html](https://www.ark.ac.uk/sites/default/files/2018-07/update115.pdf)

Dhssps (2016), *Guidance For Health And Social Care Professionals On Termination Of Pregnancy In Northern Ireland*, Department of Health, Social Services and Public Safety, Belfast.

Dept of Health (2019), *Abortion Statistics for England and Wales*, London

Gray, AM (2017), *Attitudes to Abortion in Northern Ireland*, ARK Research Update 115 <https://www.ark.ac.uk/ARK/sites/default/files/2018-07/update115.pdf>

ISD Scotland, *Terminations of Pregnancy 2017*, Information Services Division, Edinburgh

Jelinska, K and Yanow, S. (2018), Putting abortion pills into women's hands: realizing the full potential of medical abortion, *Contraception*, 97, 86-89

Kirkman, M. Rowe, H, Hardiman, A., Mallet, S. and Rosenthal, D. (2009), Reasons women give for abortion: a review of the literature, *Archives of Women's Mental Health*, 12,: 365

Leahy, P. (2017), 'Abortion pills for sale online mean 'genie is out of the bottle', says Boylan', *Irish Times*, Dublin <https://www.irishtimes.com/news/politics/abortion-pills-for-sale-online-mean-genie-is-out-of-the-bottle-says-boylan-1.3259748>

McDonald, H. (2016), 'Northern

Ireland Woman Given Suspended Sentence Over Self-induced Abortion', *Guardian*, London <https://www.theguardian.com/uk-news/2016/apr/04/northern-irish-woman-suspended-sentence-self-induced-abortion>

Noble, K. (2017), *Northern Ireland police must stop intimidating equality activists*, Open Democracy. <https://www.opendemocracy.net/en/5050/northern-ireland-police-equality-activists/>

Oireachtas (2017), *Report of the Joint Committee on the Eighth Amendment to the Constitution*, Houses of the Oireachtas, Dublin. https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_the_eighth_amendment_of_the_constitution/reports/2017/2017-12-20_report-of-the-joint-committee-on-the-eighth-amendment-of-the-constitution_en.pdf



Goretti Horgan is a lecturer in Social Policy at Ulster University and Policy Director of ARK

This study was funded by the Economic and Social Research Council Transformative Research Fund.

In collaboration with Queen's University Belfast and Ulster University

School of Applied Social and Policy Sciences
Jordanstown campus, Ulster University
Shore Road, Newtownabbey BT37 0QB
Tel: 028 9036 6339 E-mail: info@ark.ac.uk

School of Social Sciences, Education and Social Work
Queen's University Belfast
Belfast BT7 1NN
Tel: 028 9097 3034 E-mail: info@ark.ac.uk