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A Reproductive Justice Approach to Abortion Access and Provision in Ireland After the Eighth Amendment

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Abstract

In this paper, I draw on ongoing ethnographic research on abortion care in Ireland. My research follows a reproductive justice framework to inquire whether pregnant people have the means and the accessibility to abortion care, and whether providers have the means to provide abortion care. I argue that my approach provides an innovative way of examining reproductive justice in Ireland through a feminist and intersectional lens. Moving away from the moral framing of abortion which has dominated the public construction of the issue in Ireland to date, the reframing of abortion as a reproductive justice opens up opportunities for a more balanced consideration of abortion provision as policy, practice and lived experience for both service users and service providers.

Keywords: reproductive justice, abortion, reproductive governance, intersectionality, ethnography.

Introduction

After a 35 year-long constitutional ban, abortion has been legally available in Ireland since January 2019. Following the repeal of the Eighth Amendment to the Irish Constitution, termination is now permitted during the first twelve weeks of pregnancy, in later cases where the pregnant woman's life or health is at risk, and in cases of fatal foetal abnormality (Health Termination of Pregnancy Act, 2018). Due to the decades of the constitutional ban on abortion, limited research has been conducted on the experiences of abortion providers and abortion seekers in Ireland. The legal, social, cultural and political transition to the legalisation of abortion and the implementation of abortion care, further accelerated by a mandate for telemedicine provision for the duration of the COVID-19 pandemic, provides fertile ground to study abortion from a new perspective. Situating abortion at the intersections of governance, healthcare, and social

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justice is a relatively new and unexplored way of studying abortion in Ireland and it is essential to place lived experiences at the centre of research to understand the effects of the recent legalisation of abortion.[6,16] In this paper, I draw on ongoing ethnographic research on abortion care in Ireland. My research follows a reproductive justice framework to inquire whether pregnant people have the means and the accessibility to abortion care, and whether providers have the means to provide abortion care. My approach provides an innovative way of examining reproductive justice in Ireland through a feminist and intersectional lens. Moving away from the moral framing of abortion which has dominated the public construction of the issue in Ireland to date, the reframing of abortion as a reproductive justice and public health issue opens up opportunities for a more balanced consideration of abortion provision as policy, practice and lived experience for both service users and service providers.

Reproductive justice and abortion governance

Studies of abortion in Ireland have mostly focused on law and politics,[1,5,14,17,19] national identity,[17,23] and the influence of the Catholic Church.[7–9,11] Moreover, feminist scholars have worked on resistance and negotiations of state policies and women's rights.[12,22] However, there are few studies on experiences of having or providing abortions in Ireland and of studies on reproductive justice. Only recently, more scholars have come to apply a reproductive justice approach to studying abortion in Ireland, most notably in the themed issue of *Éire-Ireland* "Women's Health and Reproductive Justice in Ireland" of Fall/Winter 2021, the *Feminist Review*'s special issue "Abortion in Ireland" of March 2020, and Fitzsimons' (2021) book *Repealed. Ireland's Unfinished Fight for Reproductive Rights*.

Reproductive justice

The term reproductive justice was coined in 1994 by 12 Black women in a statement that they published in the Washington Post ("Black Women for Reproductive Justice", 2012). Reacting to government plans for universal health care reform at the time, the women developed a feminist intersectional framework, combining reproductive politics with social justice:[20]

> *Reproductive justice has generated new theory and practices that explain the phenomena at the intersection of race, class, and gender in reproductive politics to coherently account for events across time and include multiple events. In doing so, reproductive justice has eclipsed the binaries and under-theorized pro-choice/pro-life frameworks among both women of color and predominantly white organizations. [. . .] Reproductive justice theory examines the meanings assigned to reproductive relations and externally imposed policies and practices. Such theory unmasks the power relations of the world in narrative forms.*

Reproductive justice brings a radical focus on intersectionality and inclusivity, on reproductive rights as an issue of social justice, and on abortion as part of people's broader reproductive

desires.[3,20,21,25]

Intersectionality

Intersectionality is central to a reproductive justice framework, as it considers the convergence of multiple oppressions: it does not concern diverse identities or positionalities per se, but the consequences of how you are perceived by society; the reactions to your ascribed identities. Kimberlé Crenshaw first coined the term intersectionality to highlight the multidimensionality of marginalised subjects' lived experiences.[4] Intersectionality subverts binaries in the analysis of how various aspects in life, such as race, gender, class, sexuality, age, and migration background are "mutually reinforcing".[15] It also provides a response to critiques of identity politics by exposing differences within categorisations such as gender and race.[15] The problem with identity politics is that it "frequently conflates or ignores intragroup differences".[4] Intersectionality aspires to show variations and contestations within categorisations. By addressing intersectionality as a core concept, a reproductive justice framework addresses the multiplicity of marginalisations people might experience in exercising their reproductive rights, as well as the historical and social particularity of which categories cause marginalisation and discrimination in the first place. "The reproductive justice framework highlights the intersection of race/ethnicity, immigration status, age, SEP [socioeconomic position], gender, sexual orientation, and ability".[24] Firmly rooting intersectionality in particular times and places, it becomes clear how we need to analyse the transitionary abortion politics in Ireland beyond previous explorations of gender, and identify how many more tacit understandings of race, sexuality, class, mobility, all together shape who is able to access and provide abortion. The engagement with intersectional considerations of reproductive healthcare have historically been problematic in Ireland. Irish feminists working to legalise abortion and improve reproductive healthcare have tried, but strategic political choices have mostly resulted in public discourses lacking intersectionality - a development most feminists themselves struggle with as Calkin, de Londras, and Heathcote[2] delineate in the campaign for the repeal of the Eighth Amendment:

> *The mindsets that the 8th Amendment had inculcated are hard to shift. [...] The bruises of the campaign itself also remain, especially for those who were marginalised within an official campaign that apprehended loss and thus focused on the so-called middle ground. [...] Ordinary, everyday abortions were unspeakable [...] the campaign too largely ignored the difficulties of access to abortion for people of colour, migrants with precarious legal status in Ireland, trans people, young people, people in abusive and controlling relationships.*

The struggles of the Irish feminist movements to make progress in abortion care shows that giving voice to women and pregnant people in Ireland does not necessarily focus on the power dynamics and systemic discriminations people might experience, but rather positions them as a homogenous, vulnerable category. Rather than creating nuance in the different experiences of

women and pregnant people, and highlighting how they experience intersectional oppressions differently, dominant discourses on reproductive rights in Ireland continue to conceal the varied positionalities that shape experiences with abortion.

An ethnographic approach to reproductive justice and intersectionality

An ethnographic approach in particular is well suited to accommodate the analytical concepts of intersectionality and reproductive justice in that it centres the experiences of subjects whose voices have often been left out of dominant discourses on abortion. Ethnography's main methods of participant observation and semi-structured interviews are well-suited to illustrate how large issues and abstract concepts come into being through everyday practices.[18] Looking at abortion in a holistic way enables a richer understanding of how political and legislative processes come to be experienced and have very real consequences for people. Ethnographic methods are also apt in demonstrating how science, politics, religion, cultural representations, and popular beliefs intersect, and sometimes contrast one another in understandings of abortion. Additionally, an ongoing reflexive practice and consideration of the positionality of the researcher is a crucial part of the research process in ethnographic work.[10] The attention for reflexivity and positionality enables the researcher to highlight connections between different areas of social life that may influence people's reproductive dreams, desires and decisions. It also makes for a strong ethical approach to studying a complex, sensitive and personal topic. In this research project, I draw on participant observation, semi-structured interviews, and content and discourse analysis of various documents, resources and debates on abortion care. I explore abortion from a multi-level and multi-perspectival lens to consider the social and cultural dimensions of abortion as a healthcare service, to hear about experiences with abortion care, and to examine possibilities to contribute to reproductive justice. The ethnographic methods that I use enable inquiry into which particular factors shape lived experiences with abortion and they are helpful to trace the governance of abortion throughout transitionary moments in abortion politics. In this way, I capture how abortion care comes into being as a new area of healthcare service and which factors are critical for access and provision.

Governance of abortion as healthcare

An increasingly medicalised approach to abortion and a framing of abortion as a healthcare issue is partly what helped to make the recent legalisation possible in Ireland and what has contributed to achievements within women's rights globally.[2,13] The shift to the framing of abortion as a healthcare service and the implementation of abortion care make it crucial to hear from abortion providers. They have first-hand experience with service provision, and they have to implement policies into practice. How they experience abortion care provision is indicative of how abortion governance is managed. The experiences of medical professionals give insights into assumptions embedded in medical knowledge and practice, which, in turn, produce medical facts that inform abortion governance. Therefore, to critically examine abortion

service provision, the underlying power dynamics and inequities affecting medical practitioners have to be taken into account as well. Adopting a reproductive justice framework also calls attention to how abortion sits among a set of reproductive (health) issues, such as access to contraception, sexual education, parental leave, and childcare. Wider contemporary social issues are relevant for the availability and accessibility of reproductive healthcare services.[20,25] When abortion is considered as a stand-alone issue, or as only an issue of healthcare, the intersectional oppressions experienced by people trying to access abortion care are not adequately addressed. Looking at the influence of social issues on reproductive rights enables the exploration of how contraception, fertility services, pre- and postnatal care, intimate partner violence, marriage, divorce, and many other aspects to a person's life might shape an experience with abortion. In this way, it can be assessed how systemic inequities shape reproductive decision-making; how resources and accessibility to abortion care are distributed differently among populations; and how various public policies affect clinical practices. An ethnographic study with reproductive justice at its core accommodates the holistic consideration of abortion care; as a political issue governed by the Irish state, as a healthcare service provided by medical practitioners, and as a complex lived experience for abortion seekers.

Conclusion

A reproductive justice framework provides a useful conceptual framework to inquire where women and abortion service providers are positioned in Ireland at the moment. A reproductive justice perspective aptly identifies discourses and practices that reinforce a normative moral framework around abortion, ánd reveals how such a framework is constructed and maintained through practices of moral governance. With a commitment to intersectionality, it exposes the various positionalities that impact pregnant people's experiences with abortion care and how the ability to exercise the right to abortion is differentially distributed. Under the recent circumstances of significant shifts to digital and telemedicine engagement with abortion care due to COVID-19, it is necessary to take into account how these new ways of experiencing abortion care tie in with reproductive justice. By giving voice to the people who directly access or provide abortion care, a reproductive justice framework creates a more nuanced perspective on abortion and it critically appraises the nature and quality of abortion care. This approach empowers previously marginalised voices of women and pregnant people and abortion providers and contributes to more situated knowledges of experiences with abortion. In doing so, this framework ensures that research outcomes can go beyond academia alone and contribute to improvements in healthcare access and policies.

Declaration of Interests

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