

Emerald Studies in Reproduction, Culture and Society

Anti-Abortion Activism in the UK

Ultra-sacrificial Motherhood, Religion and
Reproductive Rights in the Public Sphere



Pam Lowe
Sarah-Jane Page

Anti-Abortion Activism in the UK

This beautifully written and carefully researched book deepens our understanding of the different positions in the debate about abortion, presenting them as coherent but clashing moral stances. This is sociology of religion at its best – a timely reminder of why it is so important.

–Linda Woodhead, F. D. Maurice Chair in Moral and Social Theology, King's College London

In this book Pam Lowe and Sarah-Jane Page have produced a compelling exploration of anti-abortion activism in the UK. Combining expertise from the fields of the sociology of reproductive health and the sociology of religion, Lowe and Page begin with a superbly detailed historical background of abortion law in the UK, this is followed by findings generated by lengthy primary research. The end result is a unique, richly layered insight into those who ascribe to anti-abortion positions that will be of interest to academics, students, faith communities, activists and the public at large.

–Dr Fiona Bloomer, Senior Lecturer, Social Policy,
Ulster University

The conceptual innovation in Pam Lowe and Sarah-Jane Page's analysis of anti-abortion presence outside abortion clinics in the UK as lived religiosity makes fascinating reading. It is detailed, insightful and thought-provoking.

–Dr Barbara Baird, Women's and Gender Studies,
Flinders University, South Australia

Anti-abortion ideology is often cloaked in claims to objectivity, whether it be through invoking claims of scientific rationality or moral absolutism. In their book, Pam Lowe and Sarah-Jane Page combine the fields of the sociology of religion and reproductive health with 5 years of fieldwork amongst activists to return us to the central role religion plays in the motivations, worldviews, and actions of anti-abortionists. Their book provides both an overview of the politics of abortion in Britain and new and fresh insights, and thus will be of interest to students, specialists, and anyone with an interest in British abortion or religious cultures.

–Dr Erica Millar, Department of Social Inquiry,
La Trobe University, Australia

Anti-Abortion Activism in the UK is a must read for any scholar, student or person interested in understanding the intractability of the contemporary conflict over abortion. Although modern activists package their opposition to abortion in secular paper to gain political traction with a public that largely views religion as a private matter, Lowe and Page's meticulously researched, five-year ethnographic study reveals that the heart of the conflict is profoundly religious. *Anti-Abortion Activism in the UK* illuminates the degree to which anti-abortion activism is moored to a distinct worldview where the relationship between activists' lived religion and opposition to abortion is inseparable. Drawing on multiple sources of data, Lowe and Page brilliantly demonstrate that an ultra-sacrificial construction of motherhood is centered as both sacred and profane in this worldview, which gives abortion opponents meaning and an indefatigable edge in their activism over both time and space.

–Alesha E. Doan, Professor, Women,
Gender & Sexuality Studies, School of Public Affairs &
Administration University of Kansas

Although this book is primarily UK focused; I implore US readers not to let this deter you as there is a great deal to be learned. Lowe and Page provide a brilliantly original and sharply-focused articulation of this activism as an invocation of 'lived religion', which is ritualized in the public zone outside of reproductive health clinics. The authors also stress the importance of recognizing national contexts. This contextualization offers potentially new and productive ways of seeing and conceptualizing that which is familiar. I also want to commend Lowe and Page for their clear and highly comprehensible writing style. No terse overly-academic language here. This makes the book an invaluable and appealing read for multiple audiences, including academics, students, activists, policy-makers, and the interested public.

–Shoshanna Ehrlich, JD Professor Women's, Gender, and
Sexuality Studies, University of Massachusetts Boston

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Abbreviations

40DFL	40 Days for Life
ALRA	Abortion Law Reform Association
ARCH	Abortion Recovery Care and Helpline
BMA	British Medical Association
BPAS	British Pregnancy Advisory Service
CBR	Centre for Bioethical Reform UK
CEDAW	Committee on the Elimination of Discrimination against Women
CofE	Church of England
CPC	Crisis Pregnancy Centre
DUP	Democratic Unionist Party
GCN	Good Counsel Network
HOGPI	Helpers of God's Precious Infants
MFL	March for Life
NHS	National Health Service
NI	Northern Ireland
NILT	Northern Ireland Life and Times
OAPA	1861 Offences against the Person Act
PAS	Post-abortion Syndrome
PASE	Post Abortion Support for Everyone
PSPO	Public Spaces Protection Order
SPUC	Society for the Protection of Unborn Children
UK	United Kingdom
US	United States
UPAA	Ulster Pregnancy Advisory Association

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About the Authors

Pam Lowe is a Senior Lecturer in Sociology and Policy at Aston University. She has researched and written extensively in the area of women's reproductive and sexual health, with a particular interest in pregnancy, abortion and early parenting. This includes her work published in her monograph *Reproductive health and maternal sacrifice: women, choice and responsibility* (Palgrave). Recently she has worked on a number of projects including the sexual health of online sex workers and understandings of risk surrounding mental health in the perinatal period. This book emerges from a longitudinal ethnographic study of abortion debates in public spaces.

Sarah-Jane Page is a Senior Lecturer in Sociology at Aston University. Her research focuses on religion and its interaction with sexuality and gender issues. She has specifically worked on projects examining religion, youth and sexuality and women priests in the Church of England. She has published three monographs, *Religious and sexual identities* (Ashgate; with A.K.T Yip); *Understanding young Buddhists* (Brill; with A.K.T. Yip) and *Religion and sexualities* (Routledge; with H. Shipley). She has worked closely with Pam Lowe over a number of years, undertaking the research for this book.

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Chapter 1

Introduction

...we must offer support and protection to those who are visiting the [abortion] clinic and are vulnerable. If that means that as churches we need to adapt our activities to enable that protection and to prevent others using ‘prayer’ improperly and unethically to apply pressure or coercion then we must do so.

–Methodist Minister

This book stems from a five-year ethnographic study on abortion debates in public spaces within the United Kingdom (UK), drawing on extensive documentary analysis, interviews with anti-abortion activists, observations at clinic vigils and public demonstrations, to present a comprehensive understanding of anti-abortion activism and its implications for abortion service provision and service users (a methodological account can be located in Appendix 1).¹ It focuses predominantly on individual activists, although we also consider the organisations that some of them are affiliated with. Opposition to abortion has declined significantly since the 1970s, and is largely unsupported nationally, yet in the last decade, there has been evidence of increased activism outside abortion clinics, with more faith-based groups beginning to organise ‘vigils’ which seek to deter women from entering abortion clinics. In response, new pro-choice activities and groups have emerged to campaign for bufferzones – a designated space outside clinics where no one can protest or approach those seeking services. At the time of writing, three legally enforced bufferzones have been established in England. In Wales, one has been informally agreed between anti-abortion groups and the police. There is growing political support for national bufferzone legislation. The opening quotation is taken from a public consultation on the first legally enforced bufferzone in Ealing, London. This quote highlights the role religion plays in public debates over abortion. As we will show, anti-abortion activists are motivated primarily by their highly conservative faith position – a stance largely unsupported by the majority of the public, whether or not they are religious. The book thus sets out the motivations, beliefs and practices of the anti-abortion activists in the specific context of a country which overwhelmingly supports

¹We are grateful to the British Academy for funding parts of this project (Award number SRG/170721). We are also grateful to all who participated in the study.

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abortion and is largely uncomfortable with ostentatious public displays of religion.

As we will show, our encounters with anti-abortion activists over the last five years revealed the complexity of their position. During one encounter where activists were praying outside a clinic in the Midlands, Sarah-Jane said she was a sociologist of religion, but she was told that their campaign was not necessarily about religion. Rather, it was about ‘life’ – the fact they were religious was incidental. Yet during the conversation, the activist agreed that their campaign was underpinned by prayer, and this was a religious act. Despite these prayers to God, the woman stated that it was her ‘passion for life’ that had brought her to the clinic, rather than her faith.² Whilst on the surface this could be read as a contradiction, or even a form of religious denial, our book will reveal that this would misconstrue their position. When these statements are positioned within the broader worldview of anti-abortion activism, the underplaying of their religious motives makes far more sense.

In order to understand the context of the book, it is important to set out the cultural, political and religious landscape of abortion in the UK. First, we are using specific UK geographic conventions. UK means we are talking about the whole country, whereas Britain refers to England, Scotland and Wales but does not include Northern Ireland (NI). Also, whilst we acknowledge that not all pregnant people identify as women, as will be explained in more depth later, the cultural understandings of abortion that we are examining in the book are entwined with specific biologically essentialised understandings of women, their bodies and behaviour. Such worldviews need to be understood in relation to the broader policy context around abortion, which has arisen through specific constructions of women, gender, pregnancy and motherhood.

Abortion Acceptance

Despite a history of opposition, abortion is a settled issue in Britain and as a whole, the UK is overwhelmingly a pro-choice country. The British Social Attitudes survey reveals that over 90% of people think that abortion should be available in at least some circumstances and over 70% think it should be an individual choice (Swales & Taylor, 2017). In NI, which is recognised as the most conservative nation in the UK, there is very strong support for abortion in a range of circumstances, such as a serious risk to life, physical or mental health and sexual crime, although fewer people support individual choice (Gray, 2017). Moreover, the National Health Service (*NHS*) provides abortion free to all those who qualify for treatment, which was, in 2019, 99% of all abortions in Britain (Dept. of Health and Social Care, 2020; Public Health Scotland, 2020). However, despite the widespread public acceptance, negativity towards abortion persists

²We use God as a proper noun in our discussion to reflect the worldviews of the activists themselves. We acknowledge that different faiths and non-believers understand ‘god’ differently in a pluralistic society.

(Hoggart, 2017; Purcell, Maxwell, Bloomer, Rowlands, & Hoggart, 2020). Abortion stigma is often perpetuated in media reporting (Purcell, Hilton, & McDauid, 2014) and political debates (Amery, 2020; Pierson & Bloomer, 2018). In particular, the notion that there are ‘good’ and ‘bad’ abortions is common (Hoggart, Newton, & Bury, 2017; Weitz, 2010). Abortion stigma contributes to the silencing and constraints on the narrating of abortion experiences (Beynon-Jones, 2017; Bloomer, O’Dowd, & Macleod, 2017; Hoggart, 2017). We suggest that this also contributes to the assumption that the UK is less accepting of abortion than it actually is.

In Parliament, by convention, abortion is considered a conscience issue so political parties do not dictate how MPs vote. In most elections, abortion is rarely mentioned by politicians or in the media. Moreover, on the rare occasions when British politicians speak out publicly with a hard line against abortion, they frequently need to moderate their position. For example, in 2017, a senior Conservative politician, Jacob Rees-Mogg, who is a devout Catholic and had been touted as a future leader of the party, stated on television that because of his religious beliefs, he was ‘completely opposed’ to abortion, even in cases of sexual crime (Good Morning Britain, ITV 2017). However, he also stated his personal views did not matter because abortion was lawful and that would not change. Despite this caveat, his position was widely seen as extreme and his suitability to be a party leader was questioned. Even amongst the anti-abortion community, support for him was not straightforward. Although his position on abortion was lauded, his record on welfare cuts was criticised by some. As one interviewee stated, ‘I’m not with those Americans who say it’s an all-or-nothing issue’.

In Britain, politicians tend not to foreground their religious beliefs in general, let alone their position on abortion, and successive leaders of both Labour and Conservative parties have taken steps not to make conscience issues a matter of party politics (Halfmann, 2011). Halfmann (2011) suggests that British politicians are often wary of what has happened in the United States (US) and are keen to avoid both faith and abortion being foregrounded for either politicians or political parties. The situation in NI is completely different due to the history of the ethno-nationalist conflict which still divides the political landscape on a sectarian basis (Pierson & Bloomer, 2018). Even for those who are not religious, or support a non-sectarian party, it is difficult to escape from this. As Pierson and Bloomer (2018) have shown, opposition to abortion in NI has tended to be positioned as the only issue that unites the different faiths and political allegiances, and this has blocked attempts to allow access to abortion within NI for decades. When debates occur, opposition to abortion is rooted in faith-based positions, often repeating discursive positions from international faith-based lobbying (Pierson & Bloomer, 2018). Although the opposition to abortion by nationalist parties softened after the successful campaign in Ireland to introduce abortion, because of the governance structures of Stormont that allow either side to block legislation on sectarian grounds, this had little practical impact.

Abortion Law

The four nations of the UK are in different positions regarding the development and responsibility for abortion law. The *1861 Offences Against the Person Act* (OAPA) covered England, Wales and Ireland and contained a penalty of up to life imprisonment for abortion. The OAPA did not cover Scotland, although abortion is a crime under common law. The *1967 Abortion Act*, which covered England, Wales and Scotland, provided legal access to abortion if certain conditions were met. Contrary to popular belief, abortion was not decriminalised. Despite repeated attempts to change the *Abortion Act*, it has remained largely the same today as when it was written (Sheldon, Davis, O'Neill, & Parker, 2019). Yet this does not mean that its interpretation and cultural positioning have not shifted (Sheldon et al., 2019). It authorises doctors to decide in 'good faith' whether or not an abortion is justifiable under the legislation; medical paternalism is therefore central to the workings of the law. Whilst this legal necessity remains in place, the *Act* is usually interpreted permissively, not least due to broader shifts in understandings of the doctor–patient relationship in which paternalism is no longer seen as clinically appropriate (Lee, Sheldon, & Macvarish, 2018).

Although there are a number of clauses in the *Abortion Act* that can be used to legally justify an abortion, one in particular accounts for the majority of abortions (Dept. of Health and Social Care, 2020; Public Health Scotland, 2020). It states that abortions are lawful if two doctors in good faith believe:

...that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family (Abortion Act, 1967 section1 (1a) as amended).

As Sheldon (2016) points out, this gives doctors wide clinical discretion to approve abortions, not least because abortion is almost always statistically safer than continuing a pregnancy to term, and being forced to continue a pregnancy will have negative mental health consequences.

Despite the liberal interpretation of the *Abortion Act* and the widespread availability of abortion, there are cases where the law is still applied. Although exceedingly rare, criminal charges have been brought against women who have purchased abortion pills themselves. For example, in two cases in England (2012, 2015) women received prison sentences (3½ and 2½ years respectively) for self-managed abortion. Abortion remaining a crime also gives scope for anti-abortion activists to bring legal challenges. For example, in 2003, a Church of England (CofE) curate brought an unsuccessful judicial review against the police for not investigating the legality of performing abortions for bilateral cleft palate at 28 weeks, arguing that it did not meet the criteria in the *Act* (McGuinness, 2013). In 2013, Aisling Hubert, backed by the Christian Legal Centre, attempted to bring a private prosecution against doctors she accused of illegally carrying out sex-

selection abortions (McGuinness, 2015). Whilst the case failed, it nevertheless illustrates the difficulties of the current law and loopholes that anti-abortion activists can use to reduce abortion access (McGuinness, 2015; Sheldon, 2016).

NI was excluded from the *1967 Abortion Act*, which has meant for most of the last 50 years, women seeking abortion often had to travel to England, adding practical difficulties to the emotions already being experienced (Bloomer & O'Dowd, 2014). Moreover, unlike the rest of the UK, abortions were not provided free on the *NHS* until 2017, compounding the inequalities experienced by Northern Irish women (Fox & Horgan, 2020). Although the development of international telemedical services for abortion enabled Northern Irish women to access abortion without travelling, they risked criminalisation (Aiken, Padron, Broussard, & Johnson, 2019; Bloomer & O'Dowd, 2014; Fox & Horgan, 2020). In 2016, a couple received a police caution for using abortion pills, and in March 2017, customs seized the pills of 15–20 women, many of whom were contacted by the police (Fox & Horgan, 2020). This was investigated in a *UN Committee on the Elimination of Discrimination against Women (CEDAW) Inquiry*. The CEDAW Report found the lack of access to abortion resulted in grave and systematic violations of human rights in relation to specific cases (Fox & Horgan, 2020). As a devolved issue, the lack of access to abortion was a criticism of the NI Assembly. However, as the UK government has overall responsibility for human rights, they were ultimately accountable for the situation. The combination of the legal judgements and CEDAW report led to the UK Parliament decriminalising abortion in NI in 2019. The effect of this legislation means that pregnant people in NI cannot be prosecuted for procuring their own abortions. Because abortion was straightforwardly decriminalised, this means that NI now has a more progressive law than the rest of the UK, though at the time of writing, accessing services is still a major impediment, especially for those who are more than 10 weeks' gestation (Bloomer, McNeilly, & Pierson, 2020). At the time of decriminalisation, the devolved NI assembly was disbanded, adding to the political tensions over the issue. As part of this research, we witnessed a candle-lit vigil at Stormont attended by approximately 3,500–4,000 people drawn from both NI and the Republic of Ireland in protest at the decision.

In recent years, the governance of abortion has become more devolved for Scotland and Wales. When the Scottish Parliament was initially established in the *Scotland Act 1998*, responsibility for abortion law was retained in Westminster, despite health being devolved to Scotland. It was only in the *Scotland Act 2016* that abortion became a fully devolved issue. In Wales, whilst health was also a devolved issue, it was not until 2018 that the Minister for Health in Wales was granted regulatory powers over abortion service provision. The Welsh Assembly cannot change the legal status of abortion. Since these devolved powers were given, both Scotland and Wales have acted before Westminster to liberalise services. For example, both nations changed the regulations to allow abortion pills to be taken at home before this provision was enacted in England (Lord, Regan, Kasliwal, Massey, & Cameron, 2018).

Motherhood and Medicine

In the debates during the passing of the *1967 Abortion Act*, there was little discussion about women's rights. Although the main campaigning group, the *Abortion Law Reform Association (ALRA)*, were committed to the right of women to make autonomous decisions, tactically, they made pragmatic decisions to gain sufficient political support for the legal change (Brookes, 1988). By focusing on the deaths and injuries caused by unsafe abortion, they framed the issue as a medical necessity rather than a moral issue (Brookes, 1988). Moreover, at the time, doctors were concerned about preserving their medical autonomy; whilst many of them supported access to abortion, they did not support abortion on request (Amery, 2020). The support of the medical organisations was considered crucial to getting the law passed (Hindell & Simms, 1971).

Motherhood was a central concern during the debates on the *Abortion Act*. Sheldon (1997) identified three particular narratives in these Parliamentary debates. First was the positioning of women as immature or selfish, a position largely taken by those who opposed liberalising abortion. The second narrative, used mainly by those who supported reform, focused on women as victims of their circumstances who risked injury or death from backstreet abortions. Examples were given of those who had large families or lacked support from husbands, as well as women judged to be unfavourable mothers, such as women who abused substances. The final narrative identified by Sheldon (1997), that motherhood was 'natural' for women, was presented by supporters and opponents of the legislation. Those who were against liberalisation saw abortion as an 'unnatural' act, one that would be harmful to women. As this book will illustrate, this viewpoint still circulates. For abortion supporters, reform could ensure 'desperate' or 'deserving' women could better perform their motherhood role to existing or future children. As Greenwood and Young (1976) argued, this was an important strategy in stressing that the *Act* was not a mechanism to introduce abortion 'on demand'. Consequently, to a large extent, the intention of those who supported the *Abortion Act* was to allow abortions when there was a risk to 'good' motherhood; the notion that motherhood was compulsory for women was left unchallenged (Sheldon, 1997).

As indicated above, the *Abortion Act* placed the issue of abortion firmly into the realm of medicine. It is doctors that were given the responsibility as to whether an abortion was covered by the legal framework. This framing clearly positions doctors, rather than politicians, as the experts; it also positions them in a paternalistic position over women (Sheldon, 1997). As Amery (2020) argues, the tactical choice of positioning women seeking abortion into patients enabled the *Act* to pass and has fended off all attempts to overturn it; it left the medicalisation of abortion uncriticised:

The 1967 Abortion Act did not, and was never meant to, establish a 'right to choose' in law. Instead, it was meant as a partial fix to social problems including poverty, poor housing, and 'overlarge' families with tired mothers. (...) This was to be achieved not by

liberating women to exercise their reproductive rights, but by engaging medical professionals to work as social agents and deliver (especially working-class) women into their care and control.

(2020, p. 177)

The focus on medicine rather than politics has been largely retained, and whilst this has prevented abortion becoming a party political football, it has also largely stymied any progressive changes to the *1967 Abortion Act* (Amery, 2020; Halfmann, 2011; Sheldon, 2016).

As Amery (2020) has shown, it was after the *Abortion Act*, during the many unsuccessful attempts to restrict abortion, that feminist discourses on abortion started to be properly articulated in Parliament. Yet whilst there was an increased emphasis on abortion as a necessity to enable women's rights, it did not seriously challenge its medicalised position and often reaffirmed the idea of women's vulnerability (Amery, 2020). This created space for anti-abortion 'pro-woman' arguments to be articulated with a renewed emphasis on abortion as harmful to women, building on earlier debates (Amery, 2020; Sheldon, 1997). As calls for the decriminalisation of abortion have increased, anti-abortion MPs have been placed in a position where they feel a need to defend the *1967 Abortion Act*, a law that they fundamentally disagree with, using these 'pro-woman' arguments (Amery, 2020; Lowe, 2019). As will be detailed later, this framing of abortion is central to the anti-abortion activists arguments, frequently displayed in signs stating 'Abortion hurts women'. Included in this frame is the claim that abortion causes mental health issues, often articulated as post-abortion syndrome (PAS) (Lee, 2003). Numerous studies have shown there is no evidence that abortion has an adverse impact on mental health; it is being denied an abortion that leads to worse mental health outcomes in the short term (Foster, 2020). However, this position is not accepted by abortion opponents and they retain the view of abortion as trauma (Millar, 2017), and, as we will show, this arises from their religious beliefs.

Impact of Clinic Activism

Anti-abortion activism lacks public support and has largely been unsuccessful since 1967. However, it is important to recognise that outside abortion clinics, anti-abortion activists can have a significant detrimental impact on those seeking abortion. Whilst this book does not include detailed experiences of abortion seekers, service providers, or those who live or work close to an abortion clinic who encounter them frequently, we nevertheless feel it is important to reiterate that these experiences remain crucial within our analysis. As we have argued elsewhere, anti-abortion activism outside abortion clinics is a specific form of street harassment that is interrelated with gendered public space (Lowe & Hayes, 2019). As Goffman argues, the normative social rules of public engagement require 'civil inattention', that is, strangers only briefly act to register each other's presence but then withdraw attention so as not to show undue curiosity

(Goffman, 1963). ‘Street accosting’, to use Goffman’s (1963) term, is when a stranger oversteps this norm and instigates an encounter that may be unwelcome or threatening. Importantly, within this framework, as Gardner (1995) pointed out, women experience public attention in a different way to men, and the failure to grant women the same level of civil inattention is a form of public harassment.

The level of street harassment faced by women in daily life means that they often utilise public space differently, seeking to minimise the risks of street harassment and having increased levels of fear and awareness within public spaces (Logan, 2015). When anti-abortion activists are present outside an abortion clinic, it becomes impossible to apply risk-avoidance techniques. They are seen as potentially dangerous strangers, as it is impossible for abortion seekers to know the exact intentions of activists standing outside the clinic (Lowe & Hayes, 2019). It also can be impossible to avoid them. Moreover, their presence outside of clinics draws public attention to the issue of abortion, inviting others in the vicinity to pay attention to those seeking to enter. This is experienced as a loss of healthcare privacy (Lowe & Hayes, 2019). Consequently, we argue, that the presence of anti-abortion activists outside clinics should always be considered as potential harassment, regardless of what actions they are performing:

The failure by anti-abortion activists to civilly disattend directly challenges women’s expectations of privacy and confidentiality, and makes their access of a specific reproductive healthcare service material and public. Moreover, the context of abortion stigma heightens the discrediting that some women feel when seeking services.

(Lowe & Hayes, 2019, p. 344)

As will be detailed throughout the book, most of the actions outside UK abortion clinics are not violent or verbally aggressive to those seeking services. But the surveillance, loss of privacy and fear generated by their presence need to be recognised as having a significant detrimental impact on those forced to encounter them.

Local Contexts to Global Movements

Abortion has long been a transnational issue. For example, the *1861 OAPA*, which confirmed abortion as a criminal offence in England, Wales and Ireland, was replicated across the world as a colonial process. It was enacted in numerous countries including 18 in Africa, 12 in the Caribbean and 11 in the Asia-Pacific region and many of these nations still have the legislation today (Dutch, 2020). Other colonising European nations also exported their penal codes on abortion across the world and there is an ongoing legacy of criminalised abortion which results in detrimental care for women in many nations (Ngwena, 2014). Anti-abortion organisations regularly transmit strategies, tactics and frames across nations, with the US anti-abortion movement singled out for its global reach