CRISIS PREGNANCY AGENCY

SUBMISSION FROM

MOTHER AND CHILD CAMPAIGN

LIFE INSTITUTE

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PREFACE

The *Life Institute* is a voluntary organisation of private citizens with a long standing concern in the area that has become by common usage referred to as crisis pregnancy. With a membership drawn from all walks of life we are perhaps better known for our efforts to have the right to life of both Mother and Child recognised in law, particularly Constitutional law, especially since the right to life of the unborn child is widely seen in Ireland to have been undermined by the Supreme Court decision in *The Attorney General vs. X and Others (1992)* which stated inter alia:

"…. the proper test to be applied is that if it is established as a matter of probability that there is a real and substantial risk to the life, as distinct from the health, of the mother, which can only be avoided by the termination of her pregnancy, such termination is permissible, having regard to the true interpretation of Article 40,s.3,sub-s.3, of the Constitution."

We would hope however that the fact that our organisation has become most widely known in the more controversial aspects of the crisis pregnancy debate, i.e. on the issue of the legality or otherwise of abortion in Ireland would not prejudice the Committee of this Agency from taking full account of our views. The fact that we have been so involved is in part measure of our deep concerns in the area of present discussion, but perhaps more salient to your work would be to point out that campaigning on some of the legal issues pertaining has not been the exclusive extent of our involvement or concern.

We have always regarded an important function of our efforts to be that of education, in particular we have engaged in tireless work in educating the public on the development of the child in utero, the nature of the abortion procedures, and the physical and psychological sequelae for the mother in undergoing such procedures. Naturally during the course of such work we have come into contact with many young girls and women who are either currently, or have in the past found themselves, in the situation of crisis pregnancy. In the consequence we have gained a considerable understanding of the problem.

We are not, as you may be aware, in receipt of any state funding with regard to our work and as such have relied entirely on voluntary donations since our foundation some ten years ago, under the name *Youth Defence*. The *Life Institute* came into formal existence three years ago. Without state support there is necessarily a limit to what we have been able to do directly in such individual and personal cases, in which instance we have sought to refer them forward to organisations with such resources like *LIFE* and *Cura.*

We believe, however, with the right motivation, the *Crisis Pregnancy Agency* has an enormous opportunity to further and expand the work of organisations already working in this area and consequently that the Agency would benefit from the perspective of the *Life Institute* in dealing with the issues with which you will be confronted. It is, of course, understood that when dealing with such a profoundly human problem, a complete and perfect solution is not ever going to be possible. That does not mean to shirk the responsibility to do what we can. We trust that the Committee appointed by the Government to oversee the *Crisis Pregnancy Agency* will share with us the view that the protection of the most fundamental of rights, the right to life of both mother and child, is of paramount concern, since all other rights are contingent upon this and all other possibilities flow from this.

RIGHTS AND RESPONSIBILITIES OF THE CRISIS PREGNANCY AGENCY

As you will be aware, the concept of the *Crisis Pregnancy Agency* had its origin in the discussions leading up to the *Fifth Progress Report on the Constitution* and specifically the setting up of such an agency was the one clear area of consensus reached. Consequently, while not seeking to limit the function of the Agency in any way, it is nonetheless quite clear that the Oireachtas had in its mind the issue of abortion, or more precisely the prevention or reduction of abortions carried out on Irish women in England, with specific reference to the question of crisis pregnancies which give rise to situations that sometimes, or even often, lead to abortions in the neighbouring jurisdiction.

"The Committee agreed that

(1) A major problem facing Ireland is the large number of crisis pregnancies which result in recourse to abortion facilities in Great Britain.

(2) There is an urgent need to take measures to reduce the number of crisis pregnancies.

(3) Women in crisis pregnancies must be offered real and positive alternatives to abortion. There is an urgent need to take measures to reduce the rate of abortion."

In the first public announcement concerning the Agency, an Taoiseach, Bertie Ahern outlined the "mission" as being:

"….the mobilisation of the resources of the State to assist women who are faced with the crisis decision of whether or not to proceed with their pregnancy. As you know such pregnancies are the most significant factor in the decision of so many Irish women to travel to Britain for abortions."

In that sense the brief of the Agency is quite broad yet its purpose has been stated quite simply, to address the issue of crisis pregnancy in Ireland in such a way as to contribute to a reduction in the number of abortions performed on Irish women in Britain.

You will also be aware that the official announcement for the Agency was made in conjunction with the publication by the Government of the proposed *25th Amendment to the Constitution (Protection of Human Life in Pregnancy) Bill*. That proposed amendment was subsequently rejected by the electorate by referendum and while we might speculate concerning the grounds for its rejection, it is quite clear the Constitutional provision Article 40.3.3 remains intact and un-altered. That provision states:

"The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees by its laws to respect, and as far as is practicable, by its laws to defend and vindicate that right. This subsection shall not limit freedom to travel between the State and another state. This subsection shall not limit freedom to obtain or make available, in the State, subject to such conditions as may be laid down by law, information relating to services lawfully available in another state."

It will be obvious that as a statutory body, and consequently an instrument of the State, the *Crisis Pregnancy Agency* is bound in the first instance to consider its work in terms of the Constitutional imperative to "defend and vindicate" the right to life of the unborn and the right to life of the mother. It is, as it were, the necessary starting point from which all else flows. A failure to take proper account of the Constitutional position might lead the Agency into legal difficulties very quickly, and involve it in controversies which surely serve no one's interests especially those of mother and child.

This Constitutional position is, of course, our own starting point as well, being a pro-life organisation, and while we may have certain concerns regarding the interpretation placed on Article 40.3.3 in the X decision, it nonetheless remains that a substantial prohibition on abortion exists. It is further clear that a substantial responsibility rests with all the relevant State agencies to ensure that the right to life of the unborn and the right to life of the mother receive due regard and protection. We have no doubt that the Committee is both aware of, and determined to fulfil, its legal responsibilities.

This should not, we believe, be taken as a restriction on the Agency, but rather as an opportunity, for there is an enormous amount of positive work which can be done to aid women in crisis pregnancies without recourse to the so-called abortion option. There would, however, be a grave inconsistency involved in recommending or indeed directly granting increased funding for organisations which have a commercial relationship with abortion clinics in Britain such as the *Irish Family Planning Association* or indeed any organisation which had a political or ideological interest in usurping the current law on abortion.

The *Life Institute* believes that the first step to reducing the number of abortions is to be found in the clearest indication from both public and voluntary bodies that abortion is never an appropriate solution to any problem arising from crisis pregnancies.

CONTRACEPTION AND CRISIS PREGNANCY

The *Life Institute* cautions the Agency against attempting the apparent quick fix solutions adopted in other countries dealing with a rising rate of unwanted pregnancies. It seems intuitively true that a wider knowledge of and use of contraception would aid attempts to avoid pregnancy, yet, as a sociological fact, no country has succeeded in either reducing the rate of unwanted pregnancy or abortion by this method.

In reality, the widespread availability and use of contraception creates a feeling of false safety and consequently results in increased sexual activity on a false premise. While it is true that all contraceptives carry a warning as to their likelihood of failure this warning is rarely heeded in practise. Moreover, it is worth noting that the failure rate of contraception quoted, varying from 5% to 10% depending on the method, is a figure drawn from laboratory testing conditions and cannot take account of the potential for misuse. Education in the area of contraceptive use has been a noticeable failure in combating the rising figure of unwanted pregnancies.

Contraceptive failure, inevitable and unavoidable, in even the best circumstances, remains the leading cause of unwanted pregnancy, and consequently the promotion of its use cannot play a useful role in dealing with the problem. Rather, it might be said to be a contributing factor in many cases where sexual activity would not have taken place in the absence of the false sense of confidence provided. According to *The Guardian* on October 13 1999, the *British Pregnancy Advisory Service* in a study of 2,000 women who had sought abortions said contraception cannot be relied on to prevent pregnancy in the UK. The *New Zealand Medical Journal*, 1994, reported, of the women in the survey quoted, that were presenting for abortion, 59% of them cited contraceptive failure. That was 38% condom failure and 17% pill failure. If contraception were the answer there would be no abortions in Britain and if contraception were the answer there would be no abortions in the US either.

In a similar study in New Zealand, of the women presenting for abortion, 61% of them had been using a method of contraception in the month they got pregnant. Some 25% had been using the pill and 29% used condoms that experienced failure. The most interesting statistic is that one-fifth, approximately 20%, had been using contraception perfectly. It was not human error, it was pure contraceptive failure. Furthermore, an Irish study by Dr. Maeve Robinson which saw 163 patients attending an Irish family planning clinic, found that 83 of those patients had used contraception and experienced contraception *failure (5th Progress Report on Abortion)*. Therefore, it may seem intuitively that the correct method is to encourage young people to use contraception but it does not seem to be working.

This argument in favour of such programmes, when they were introduced in the United States, and elsewhere, seemed well founded and in at least some cases may have been well intended. However, the empirical evidence is now firmly established. What actually occurs is that instead of reducing the rate of pregnancy among those already sexually active, the promotion of contraception effectively multiplies the numbers of sexually active to exceed the individual benefit in singular cases. In short, while the use of contraception may reduce the possibility of conception in the individual instance, its availability and widespread use increases the instances by an exponential factor. In 1976 the *British Family Planning Association* set its own goals to be, to reduce in half the abortion rate and the unwanted pregnancy rate. The actual experience was an explosion of unmarried births from 8.4% in 1971 to 39.5% of all births in the year 2000. The abortion rate went from 12.5% of live births to 29% in the year 2000.

The recent findings of the *National Survey of Sexual Attitudes and Lifestyles 2001* in the UK has found that despite pouring millions of pounds into sex education and contraceptive programmes, children in that country are having sex at an increasingly young age, which has sent the rate of unwanted pregnancies and sexually transmitted diseases soaring. The children studied had received graphic sex education from their first year in primary school and were given free access to contraception as teenagers. It is difficult, in fact, almost impossible, not to conclude that such programmes had an effect entirely opposite to their objective.

The Irish experience has been no different than any other country in the western world where we have seen the availability and promotion of contraception expand enormously, from its progressive de-criminalisation to the present day, where it is impossible to imagine anyone without access to it. Moreover, it has been strongly promoted in some quarters, even by state agencies, as a means to combat unwanted pregnancies as well as sexually transmitted diseases. Throughout, the process of liberalisation on this issue we have seen a massive increase in extra-marital births and abortions, especially among teenagers.

Nor does the example, which is often cited, of the Netherlands, contrast with this. The lower abortion rate in that country is a statistical manipulation, whereby early abortions - that is those carried out before the eighth week in doctors' surgeries - are categorised as "menstrual extractions" and consequently are not included in official figures. No statistics are available for such abortions. Even allowing for this, the reported adolescent abortion rate in the Netherlands is actually higher than ours. It is 5.2 per thousand whereas ours is reported as 4.6 per thousand and their birth rate is lower; theirs is around 6.9 per thousand and ours is around 16.7 per thousand. (Dr. Ailís Ní Riain, in an address to the *Irish College of General Practitioners* reported in the *Irish Medical Times* 19/05/2000). In fact, the Netherlands, we can safely say, has a comparably high abortion rate to other E.U. member states.

The Agency will, no doubt, come under a lot of pressure to fund contraceptive education programmes, particularly directed at young people, in an effort to succeed in dealing with crisis pregnancies by a method which has failed everywhere else. This pressure should be resisted and instead it would be in the Agency interest to look closely at programmes employed with some success in countries like the United States.

Recognising the obvious connection between early and extra-marital sexual activity with the rise in crisis pregnancies, several U.S. states have begun funding programmes to promote sexual abstinence. Dr. Douglas Kirby, author of *Sex and HIV/AIDS Education in Schools*, concluded that it is, in practical terms, easier to encourage delayed sexual activity among adolescents than

previously believed. More saliently, he believed it is easier to do so than it is to promote effective contraceptive use (*British Medical Journal, 12 August 1995*). The American Federal Government has responded recently by mandating $250 million for what they call “abstinence education.” The success of such programmes has surprised the more cynical observers who believed that such an apparently counter-cultural approach was bound to fail.

No doubt the same cynical reaction will be encountered in Ireland but programmes with a strong moral (not necessarily religious) foundation like these could have and, we believe, would have, a significant positive effect. Moreover, they are more likely to have the co-operation of schools and parents of children in those schools than some of the other ideas which will be suggested to you. Again, the Agency’s function is to stem the tide of crisis pregnancy not to arouse political and social controversy.

In the end, the Agency will be judged at the end of its ten years and periodically in the interim, on delivered results in terms of reducing crisis pregnancies and reducing the harm done to women, children, families and society caused by crisis pregnancies. The fulfilment of an ideological agenda bearing no fruit and doing universal damage will bring only justifiable condemnation.

HANDICAP AND CRISIS PREGNANCY

The broader public were inclined to view the term “crisis pregnancy” almost exclusively in the context of unwanted pregnancies to unmarried mothers. Needless to say, that while there is some foundation to the view, in scale of numbers at least, the recent referendum debate brought to the fore another issue which has not often received the attention necessary, that is crisis pregnancies in the context were the initial conception is one joyfully greeted only to turn to sorrow where some foetal abnormality is discovered. The particular case which arose during the referendum - that of foetal anancephaly, - is an extremely rare condition, but we can take something from the raising of the issue, if it draws our attention to the wider area of foetal handicap in general.

The manner in which the media dealt with the issue in the referendum context was truly disgraceful and should bring the opprobrium of all right thinking people. There is an enormous problem here, of immense emotional and practical implications which should be addressed. The means of addressing it, however, cannot be at the expense of genuine compassion, which extends itself to the unborn child in no less a degree than to others who are affected. For the purposes of the law, it is quite clear that the right to life of the unborn child, whether handicapped or not, and to whatever degree, must be safeguarded. It is fundamentally an issue of human rights.

That principle stated, there is much that can be done in the area of foetal handicap. In particular, many of the more rare instances of handicap could be made even rarer by a wider knowledge of their causes and their preventative remedies. In the cited example, the incidence of nueral tube defects could be diminished by promoting the supplementation of maternal diets with folic acid. A relatively simple measure which points out the need for all women to have access to the necessary means with which to protect and promote their babies’ health. There are, of course, other conditions where some awareness is widespread but detailed knowledge is not, including such as foetal drug and alcohol syndrome.

There is in fact, outside the medical profession proper, a chronic deficiency in knowledge concerning the development of the unborn child in the womb. A practical, and dare we say it, factual and values free, education of young women, in particular, in this area would go a long way to improving the health of unborn children in the first instance, and in developing a respect for the growing life in the womb. In many cases, women and girls do not seek such information until after they are pregnant, which for certain medical conditions is already too late, and in the context of crisis pregnancy they often do not seek this information at all. For counselling agencies with a close relationship to the foreign abortion industry, the evidence suggests that such information is routinely being withheld altogether.

In tandem with such an education programme designed to reduce the instance of congenital handicap, we believe that there should be an expansion of education on the services available post-natally. There is a wide-spread perception in the community at large that the parent or parents of handicapped children will largely be left to fend for themselves. That perception must be combated, as well of course as combating the reality that the State has historically been remiss in the area of providing such support services as are needed. In that regard the State's actions in regard to the Sinnott case and the subsequent tarrying on "rights based" legislation sent entirely the wrong signal to potential parents of handicapped children and the community at large. As a matter of priority this must be remedied.

If we cannot exclude the incidence of handicap altogether, and it is obvious that we cannot, then as a society we have a humanitarian duty to do everything possible to give practical support to parents in this situation. This includes confronting negative attitudes to disabled people and the promotion of a more inclusive view. In particular there is a need for investment in the provision of respite care facilities for parents of children with special needs.

For more severe and consequently more traumatic cases, the provision of funding towards the development of a baby hospice, similar to *Zoe's Place* in Britain, must be considered a priority.

The pressure for eugenic abortion must be resisted.

ADOPTION, FOSTERING AND CRISIS PREGNANCY

The *Life Institute* make no distinctions between the choice of a mother to keep and raise her own baby, or having the child adopted by other loving parents, recognising that both options can be equally good in certain circumstance. Obviously the primary concern is the welfare of both mother and baby and in instances where the mother feels unable to cope with the task of raising her child herself adoption can be a life affirming solution which serves them both. While child rearing can be a daunting task even for stable and married parents, and the difficulties are not to be underestimated, it is obviously much more so for single parents.

Adoption has an undeserved poor reputation. Partly, this is due to the manner in which it was used historically, and recent revelations concerning this history have contributed to negative perceptions. Partly too, it is due to a positive campaign in some circles, ideologically motivated to discredit and undermine practical solutions to crisis pregnancy which do not involve abortion.

Negative attitudes to adoption must be combated. Single mothers facing a crisis pregnancy need to know the enormous changes which have occurred in the practise over recent times. Those mothers who might be thinking in terms of the adoption route should be made aware of the rigorous screening process which takes place before their child is actually given into adoptive care and they should also be able to feel confident in their own involvement in the process all the way through. Public awareness at the moment of the overall procedures involved is very limited and we believe that when a mother is already in a crisis situation such information comes too late in many cases.

While some emphasis is put on the idea of adoption, and it immediately springs to most peoples minds as a solution, for many mothers it has a degree of absoluteness and finality to it that makes the concept unattractive. Awareness that other alternatives, such as temporary fostering, are available are not so widely appreciated. This can be an especially attractive option for women who are experiencing crisis in their pregnancy because of factors which are temporary, such as the need to further and finish education. Others may be

experiencing temporary emotional difficulties in coping with their current situation, difficulties that can be overcome given time, and consequently they may wish to resume their parenting role at a later stage. We would include in this category the idea of temporary fostering of other children which may help in coping with a current pregnancy. Obviously a primary concern in such circumstances is the holistic welfare of the children.

Probably the most difficult problem facing the Agency in the adoption area will be the counteraction of the current negative attitudes. Doing so will require an educational programme directed at society as a whole, and not just those who may find themselves availing of the option. However, there is clearly a great case to be made for it, especially in the stories of the joy of families who have been through what can be a very rewarding experience. With so many childless couples on waiting lists who would make excellent parents, a great emphasis should be placed in the Agency's work on promoting both the idea and practise.

SOCIAL SUPPORTS AND CRISIS PREGNANCY

Evidence from other countries shows a clear correlation between the incidence of abortion and a sense of helplessness. In fact “pro-choice” is a devious misnomer covering the reality that women who end up in abortion clinics largely do so in consequence of feeling they have no choice. Uppermost on the list of difficulties leading to this situation, is the belief that they are alone in dealing with the crisis their pregnancy has caused. This feeling of “aloneness” may have a very real origin, insofar as they have been abandoned by the sexual partner with whom they became pregnant, or by their own families once the pregnancy is discovered.

Of course a lot of work has been done in this area by organisations such as *Life* and *Cura* and the *Life Institute* commends their efforts. We believe that the Agency should give them all possible support in continuing and expanding their efforts. As *Life*, who have provided so much assistance to many thousands of Irish mothers, there is little point in reinventing the wheel

Additionally, funding should be provided so that third level students, in particular, should not feel that their pregnancy necessitates an end to their studies. Again while a lot has been done in this regard more needs to be done.

Obviously while the stigma attached to single parenthood has been greatly reduced in what we might call “moral,” terms this stigma has shifted to what might be called “socio-economic” and this needs to be combated strongly. In practical terms, there is a wide-spread sense that a girl or woman in this situation has cut short, if not destroyed, her educational and employment prospects and this sense is not entirely unfounded. This new stigma in Irish society is no less insidious than that which preceded it. It must be addressed realistically to ensure that the decision making factors involved for women in crisis pregnancy situations are never financial ones, since put at its bluntest, we can never put a price on a human life.

POST-ABORTION COUNSELLING

So long as abortion remains legal and easily available in such a close jurisdiction as the United Kingdom, it is inevitable that some numbers of Irish women will continue to travel for that purpose regardless of the best efforts made to dissuade them and provide real alternatives. The *Life Institute* have always regarded such women as the second victims of abortion, and, as such, there is a great onus of care upon us a society having failed them in the first instance. Part of that care is straightforwardly medical, insofar as it is now beyond debate that the invasive surgery involved in the abortion practise can be extremely dangerous.

A major part of that care is psychological, in that studies have shown short lived psychological sequelae following induced abortion in 50% of women, while psychiatric disturbance can be severe and persistent in up to 32% of cases. The most severe form of such sequelae is exhibited in what has become known as Post-Abortion Syndrome and often includes suicidal thoughts which are sometimes acted upon.

It is obvious that such women require extensive post-abortion counselling, and that all the victims of the abortion industry require some form of counselling. It is perhaps equally obvious that adequate counselling facilities and trained personnel to run them are not currently provided in Ireland in the quantity and quality necessary. It should also be obvious that post-abortion counselling cannot be safely left in the hands of organisations or counsellors who are political supporters of abortion or who played a part in the original decision.

STATE FUNDING AND POLITICAL ISSUES

The *Life Institute* cannot protest too strongly that State funding is currently being given to organisations which have a ideological commitment to abortion as a solution for crisis pregnancy, and a political commitment to the legalisation of abortion in Ireland. That such organisations have been given and maintain charitable status with the Charities Commission is quite extraordinary and in the context of attempting real solutions for the benefit of women, it is more than a little absurd.

The case of the *Irish Family Planning Association* is most striking. This group receives considerable State subvention which seems to rise year on year despite a complete failure on their part to address the issues of crisis pregnancy in a constructive manner. They have always been a campaigning organisation, politically speaking, the most recent example being their involvement in the abortion referendum spending by their own estimate €40,000, which, given the proportion of their financing which has its initial origin from the State might be regarded constructively as tax-payer funding of a political campaign. If that were not enough the I.F.P.A. maintains commercial links with the abortion industry worldwide through its senior organisation *International Planned Parenthood Federation* and particularly with English abortion clinics. In view of this commercial relationship, they have a clear conflict of interest in claiming to be part of the solution to crisis pregnancy in the sense of offering anything other than the abortion route.

The Agency could perform its first act of sterling service to the women of Ireland by recommending to the Charities Commission that the charitable status of the I.F.P.A. be revoked and recommending to the Government that State funding of this political group should cease. That funding could be transferred directly to more productive efforts.

SUMMARY

(1) The *Life Institute* believes that the *Crisis Pregnancy Agency* has a Constitutional as well as moral obligation to protect the right to life of both mother and child.

(2) Contraceptive education and provision have not proven to be solutions to crisis pregnancy.

(3) The promotion of sexual abstinence must be part of any meaningful educational programme.

(4) Education concerning the developing child in the womb is vital.

(5) Adoption should be promoted as a life-affirming alternative to abortion.

(6) Single mothers should be given support, and information on that support.

(7) Post abortion counselling needs to be expanded.

(8) State funding should be withdrawn from pro-abortion groups.

We are aware, of course, that these ideas only form part of the solution but we recommend them strongly to the Agency. Without a package of measures which include them, the Agency will fail in its task and the problem of crisis pregnancy in Ireland will only escalate in both numbers and severity.

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