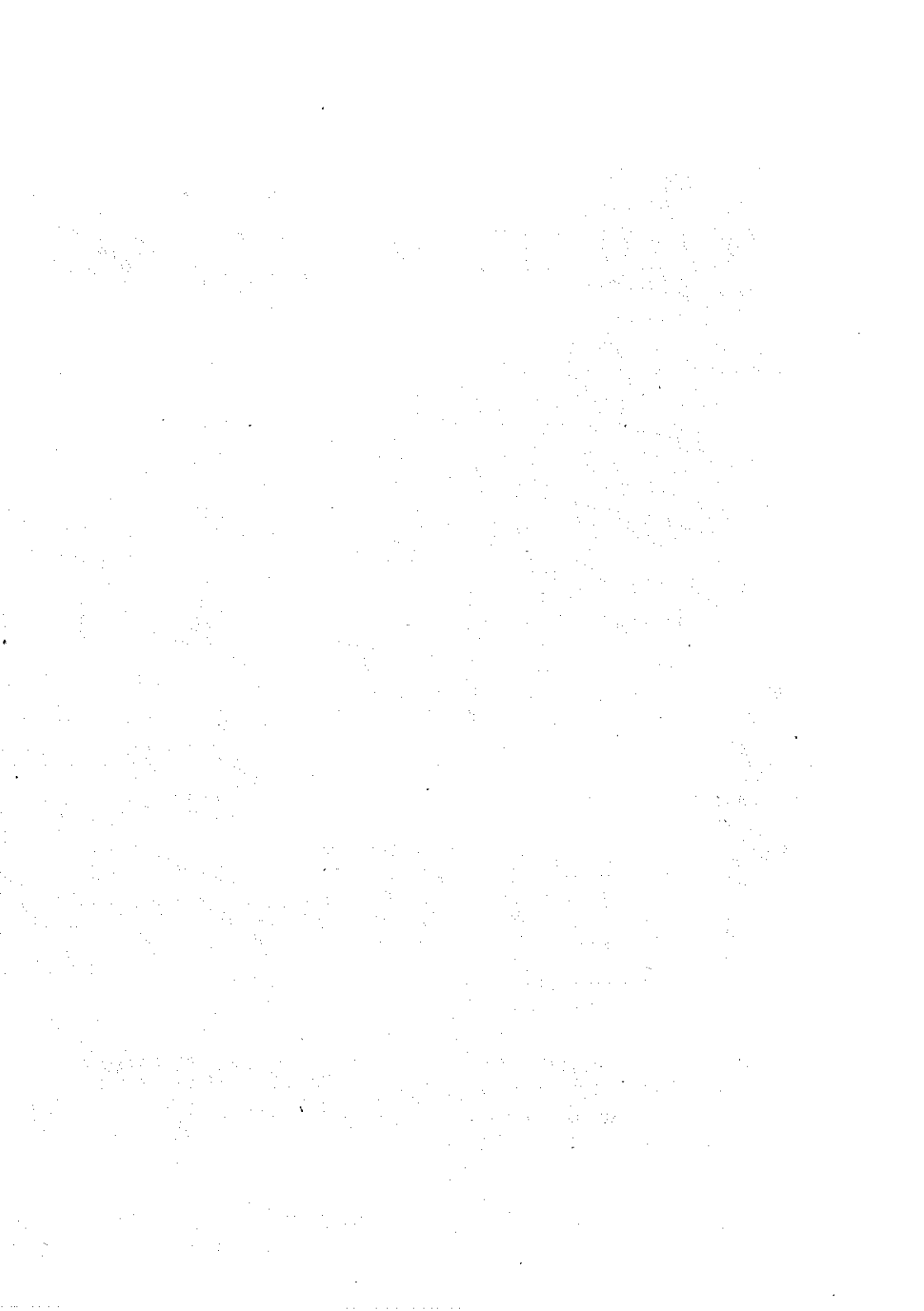


Militant



ABORTION RIGHTS
A Socialist Approach



NO RETURN TO BACK STREETS.

David Alton's Bill to reduce the time limit for legal abortions from 28 to 18 weeks is the most serious of the many attacks on the Abortion Act since it was passed in 1967.

Contrary to the impression given by the opponents of abortion, the 1967 Act did not introduce abortion. In 1961, 10,000 abortions were carried out on those able to pay in the private sector. The Act made it possible for working class women who couldn't afford private abortions to obtain them on the NHS in hygienic and safe conditions rather than through self-inducement or at the hands of back-street abortionists.

David Alton and his supporters in Life and SPUC (Society for the Protection of the Unborn Child) are opposed to all abortions. This Bill is merely the first step in creating the climate to introduce further attacks. If they are successful we will see, not an end to abortion, but a return to the horrors of back-street abortions. In 1937, for example, it was estimated that 110,000 to 150,000 illegal abortions took place. As a consequence, 411 women died and many more were maimed.

One doctor working in Lewisham Hospital in 1956 described the situation in Casualty: Every night 3 or 4 women would be admitted with botched up abortions. They would be haemorrhaging, suffering from immense loss of blood; if they left it too long they would have become infected or gone septic and sometimes there was kidney failure.

Today termination of pregnancy is no longer a significant cause of maternal mortality. In fact early abortion is 20 times safer than pregnancy.

The 1967 Act however had several draw-backs it never applied to Northern Ireland. David Alton in his campaign has visited the North and spoken on a joint platform with the Rev. Martin Smyth (Official Unionist MP and Grand Master of the Orange Order), Ms. Rhonda Paisley (daughter of Ian Paisley) and a Catholic priest. Sectarians and reactionaries can get together, it seems, when it is a matter of opposing women's rights. As a result of the situation in Ireland, since April 1968 until December 1986, 20,957 from the North and 41,548 women from the South have come to Britain for abortions. Not content with this situation, SPUC has taken legal action in the South banning clinics from offering information to women who want to travel to Britain for abortions.

Only 24% of the world's population live in countries where abortion is totally banned or allowed only in case of likely maternal death. This includes half of Africa, Muslim countries of Asia, two-thirds of Latin America and Belgium, Malta and Ireland. Apart from Southern Ireland, the only other country with a constitutional ban on abortion is Chile, where it was banned in 1976 by the Pinochet dictatorship.

The 1967 Act must be extended to Northern Ireland. This, in turn, would exert social and political pressure on the South.

Another drawback was the power given to consultants to refuse abortions. The Brook Advice Centre estimates that half of the women who ask for abortions are refused. The absence of better contraceptive provision and advice have contributed to the numbers coming forward for abortion. The lack of NHS funding to develop an efficient early abortion service contributes to the lateness of many abortions.

What is more, while cutting back on resources to provide early abortions, Tory Ministers have used back-door methods to curtail late abortions.

The DHSS ruled in 1975 that abortions could only be performed after 20 weeks on premises with the necessary equipment and staff to comply with their requirements for assessing the exact length of pregnancy and possibility of resuscitation in case of live birth. All hospitals should have such facilities. Of course, the Tories did nothing to provide them. In fact they cut the money available, leading to the recent publicity where babies delivered at full term cannot be guaranteed intensive care cots should they get into difficulties.

In July 1987, the upper limit for abortion was lowered to 24 weeks in private clinics by administrative controls rather than by legislation. It is clear that there will be pressure in Parliament for a compromise at 24 weeks, which will legitimise what the government has done behind the scenes.

It is vital that this is defeated, along with Alton's Bill, to signal a clear message to the government; facilities should be provided to reduce the number of late abortions, but late abortion, which would become increasingly unnecessary, must nevertheless be retained as a safety net.

The right to abortion is not a personal issue, a moral consideration separate from politics. The attack on the 1967 is part of the Tory attack on the position of women through unemployment,

part-time wages and conditions, cuts in the NHS, social services, nursery provision etc.

The fight for the right to chose an abortion, however, is only half the battle. Women must also have the right to chose to keep children and bring them up in decent conditions. For these reasons, Militant believes the right to abortion must be seen as part of a socialist struggle led by the organised Labour movement drawing behind it the wider working class and all those who want to see an end to the poverty and oppression of capitalist society.

ALTON'S BILL AND TORY ATTACKS.

The 1967 Abortion Act was one of the many reforms gained in the years of economic boom. Rising employment amongst women and improved living conditions for the majority raised the confidence especially of women workers, who demanded recognition of the role they played in society and the right to control their own lives. This led to such legislation as the Equal Pay Act and the Sex Discrimination Act.

The seriousness of David Alton's attack is that it comes at a time when there has already been one world recession and the stock market crash is the forerunner of a further serious recession in one or two years' time. The economy in Britain has been limping along, leading the Tories and the bosses to attack all the gains of the past. In particular, they have casualised labour, cut the rights of part-time workers and attacked trade union rights. They have exploited the social problems caused by their own system, such as child abuse, drugs, vandalism, to attack individual parents, especially mothers. All this is paving the way for widespread redundancies amongst women workers in the approaching recession. Tory policies will force women back into the home, where they will increasingly be forced on low wages or a pittance of social security to care for the young, the old and the sick, as the Tories move to dismantle the welfare state.

The propoganda surrounding Alton's Bill is part of a campaign to encourage reactionary ideas, especially in relation to women, to pave the way for a return to Victorian values – in effect, a return to domestic and industrial slavery.

David Alton's supporters use sensational material to give the impression that abortions are murder, since life in their view begins

with conception. By implication, women who seek abortions and those who help them should be treated as criminals. Whilst there is general agreement in society that people should not commit murder, there is no agreement on the status of the foetus.

No woman who is opposed to abortion should be put under any pressure to have an abortion. Every woman who is faced with the difficult decision about abortion, which is a last resort, has to weigh up the emotional, moral, and practical issues involved. Some women, with certain religious views, may feel that abortion is ruled out. But Alton's Bill, if passed, would impose restrictive religious views on everyone, regardless of their own belief about what is and is not moral in their particular circumstances. For those who need abortions the facilities should be provided for them to be carried out in safety.

VIABILITY OF FOETUS.

What is the real situation concerning the viability of foetuses? According to the British Medical Association, in a survey of neonatal intensive care units, no babies have survived at or below 22 weeks. At 23 weeks, one survived up to 7 days but died by 28 days. At 24 weeks 9 out of 58 babies born survived. At 25, 26 and 27 weeks respectively, 38%, 56% and 57% of babies survived beyond 28 days.

Obviously these statistics make it clear that an 18 week limit (which, in effect, would be 16 weeks to allow for caution in determining the length of pregnancies) is well below the level of viability. Whilst there is a stronger case for 24 weeks, this would only affect a small number of women, although they represent some of the most urgent and serious cases. An 18 week limit would affect a significant number, and Alton is clearly interested in curtailing the largest possible number.

CAUSES OF LATE ABORTION.

If we look at the statistics and causes of abortions after 18 weeks, the problems and distress caused if Alton's Bill were successful become clear. It is also clear that women do not 'irresponsibly' or light-mindedly seek late abortions.

Last year, 3% of all abortions, (4,588), in England and Wales were carried out at or after 18 weeks. 29 were performed after 24 weeks.

Of the 26 performed on women from the UK, 11 were at 26 weeks, 3 at 27 weeks and one at 28 weeks. 19 of these abortions were carried out because of the risk of the child being born with a serious handicap and seven because of the risk of injury to the physical or mental health of the woman. In Scotland only 2 abortions were carried out after 25 weeks.

Undoubtedly, most if not all of the women who had abortions after 18 weeks would have preferred earlier abortions had this been possible. In fact, 1 in 5 of those who have abortions after 18 weeks are known to have applied before 12 weeks.

Late abortions should be reduced as far as possible not by legal restrictions but by providing adequate facilities for early abortions. To compromise at 24 weeks will play into the hands of Alton and his supporters, who would like to see abortion banned altogether.

YOUTH ADVISORY SERVICE .

Half of abortions after 20 weeks are carried out on teenagers. Many have late abortions because they hesitate to tell their parents out of fear of their reaction or because they are ignorant of the symptoms of pregnancy. They also may hesitate to visit GPs because their parents use the same doctor or because they might be seen by relatives or friends.

Sex education is vital in schools to ensure young people fully understand the use of contraception and know what to do if they become pregnant. Yet we are currently seeing attacks on the education system in terms of funding and Baker's Education Bill. Labour local authorities and teachers should not allow themselves to be intimidated by this so-called 'moral majority'. When Woman magazine recently did a survey of its readership, only one in ten said they thought sex education was too explicit. 4 out of 10 said there was not enough, and half said their own lack of sex education had caused them problems.

A sensitive, sympathetic youth advisory service located in every area is needed to help the youth with a wide range of problems. The annual report of Childline indicates that the largest category of young people calling them, after children suffering from physical and sexual abuse, were teenagers who were pregnant (799). They also received calls asking for help with other problems, such as difficulties with friends, sisters and brothers, school, substance abuse and other legal and medical problems. Such a service, along

with an extended and improved family planning service (currently under attack from Tory cuts) should provide free contraception.

NATIONALISE THE DRUGS INDUSTRY.

However, contraception should be safe and reliable. Many women have abortions because of the failure of various contraceptive methods. Many others suffer side effects. Two sudden increases in the number of abortions in 1978 and 1984 were linked to scares linking the Pill to heart disease and cancer.

The provision of drugs generally and contraception in particular has been plagued by the irresponsibility of the pharmaceutical industry placing profits before health. In the 1960s Distillers produced a drug, 'Thalidomide' which was prescribed for the treatment of pregnant women suffering from morning sickness. The drug, marketed without adequate research, produced horrendous deformities in their children.

In December 1987, a group of women finally won a claim for compensation for the infertility and serious ill health they suffered as a result of contraceptive device called the Dalkon Shield. It is estimated to have caused 200,000 cases of serious uterine infection and even death in the USA and Britain. As sales went down in these two countries due to adverse publicity in 1972, Robins, the manufacturer, offered USAID (an American government overseas aid organisation) bulk supplies, unsterilised, at 48% off, for use in undeveloped countries...USAID distributed them to over 40 countries.

These parasites should not be allowed to continue their activities. The labour movement should demand their nationalisation under democratic workers control and management. Run as part of the NHS, responsible research into genuinely needed drugs could be conducted, and the drain on the funds of the NHS into the profits of the drug companies could be stopped.

ABORTION AND HANDICAP.

David Alton's Bill makes no exemptions for women who discover they are carrying foetuses suffering from serious abnormalities. Amniocentesis, the test used to detect abnormalities can only be carried out effectively and safely after 18 or 19 weeks. Ultrasound

scans are carried out at about the same time. It can take up to three weeks to get the results. Sometimes these are not conclusive and have to be repeated. Obviously, the women then have to have time to consider what to do and a further delay can take place before an abortion is carried out. These are the women who would be most affected with devastating results by either the 18 or 24-week deadline.

More money needs to be spent on research into foetal abnormality. However, many of Alton's supporters have also opposed research being carried out on embryos up to 14 days, necessary to improve detection and for the prevention of abnormalities.

In London, Guy's Hospital is one of those developing the use of Clorian Villus Sampling which could detect abnormalities at 8-10 weeks. More work needs to be done on this technique. This year Guy's hospital have asked their health authority for £32,000 to prevent this service from collapse. Unfortunately they have been told they are likely to stand still financially in 1988-89.

No pressure, either way, should be exerted on women carrying abnormal foetuses. They should be able to look at their circumstances as early as possible and, with the help of advice and counselling, decide whether or not they can cope.

Along with the right to abortion, we should also demand good quality services to back up the parents of handicapped and disabled children, such as day care and residential facilities, grants to cover the full cost of any special needs, and respite breaks for parents. Every possible facility should be provided for children to develop themselves and live life as fully as possible.

WOMEN SHOULD DECIDE.

It is important that women are free from coercion in making decisions regarding abortion and contraception. Both black and white working-class women can be pressured into certain types of contraception or even sterilisation immediately after an abortion. One young black woman woke up after an abortion to find a doctor attempting to fit a coil without prior consultation.

Similarly, there should be no coercion on Asian women carrying female foetuses to have an abortion. The extremely unequal status of men and women in some cultures and the generalised inequality between the sexes which contributes to backward ideas about

women must be opposed by the labour movement. A campaign to raise the level of understanding on the problems women face should be undertaken.

A major contribution to late abortions is the provision in the 1967 Act which compels a woman seeking abortion to obtain the agreement of two doctors. The Brook Advisory Centre report that approximately half of the women seeking abortions are refused. Undoubtedly, a related statistic is that according to the DHSS 10,000 children are abandoned every year by mothers who can no longer cope.

The ability of doctors to prevent or delay abortions because of their own personal opinions is the main reason for the vast regional variation in numbers of NHS abortions. Only 1% of abortions in Dudley in the West Midlands and only 4% in North Warwickshire were carried out in the NHS last year, compared with more than 90% in Newcastle— upon—Tyne and North Devon.

While women should seek medical and other advice when they are considering abortion, the final decision should rest with the woman.

NO MORE CUTS. EXPAND THE NHS.

The 1967 Act never made it mandatory on Health Authorities to provide abortion facilities and the government never made the funds available. Less than half of all abortions are carried out on the NHS.

The NHS has suffered from years of real cuts and has now reached breaking point. In a situation where thousands have to wait more than a month for urgent operations and tens of thousands have to wait more than a year for routine operations theatre sessions are at a premium. Lack of money and trained staff due to the problems of pay and accommodation for NHS workers, especially in the inner cities, means that expensive equipment often lies idle. Guy's Hospital, along with many others, have appealed for more theatre sessions for abortion as a priority.

The gap in provision is partly filled by the charities and by a mushrooming private sector—where ability to pay, not need, decides. It is obscene that profits should be made from the need of women for abortions, or from any other form of health care. Private clinics should be taken over and run as part of an expanded NHS. Profiteering from health needs should be ended.

Another group of women who will be badly hit by Alton's Bill or a compromise at 24 weeks is those who mistake pregnancy for the menopause. The prospect of caring for a young child is devastating for many in their forties or fifties, who might already have brought up a family, have teenage children or even grandchildren.

Insufficient research and attention is given to the health needs of older women. An expanded NHS, especially incorporating local Well Women's Clinics, is necessary seriously to tackle their problems.

THE REAL RIGHT TO CHOOSE.

To fight for the right to early safe abortion on the NHS, for better sex education and contraception is only one side of the battle for a woman's right to chose. We must also fight for the right to keep and bring up children in decent conditions. Many women are forced into abortion by their circumstances.

In Southwark, in Inner London in 1983-85, for example, 30% of pregnancies ended in abortion compared with the national average of 17%. Last year there was a rise in the demand for abortion by 27%. There is also a high rate of teenage pregnancy and abortion. A study of a similar neighbouring area found a high correlation between the level of unemployment amongst the youth and these figures. The Health Authority itself links the level of abortion to social deprivation.

As well as high unemployment, the chronic shortage of cheap, good quality housing, especially council housing, the lack of childcare facilities, the low level of child benefit, must influence many women in going forward for abortion.

The Tories, while posing as the champions of family life have imposed enormous pressures on the family, especially women with young children.

Women are now 43% of the workforce. They contribute enormously to the economy, especially in the public and service sector, Yet the 1986 Social Security Act replaced the miserly maternity grant of £25 with means-tested benefit, and 500,000 women lost out. They also abolished free milk and vitamins for pregnant women and children in the families of low paid workers. Firms employing less than 10 people were exempted from the obligation to re-employ women after childbirth. Combined with the raising of the hours threshold for part-time workers, the

majority of women workers have now been excluded from the right to re-employment after childbirth. Since 1 in 4 women are main or sole breadwinners in their families, these attacks inevitably mean more women workers will have to choose between a job and having a child.

SPUC in its material has raised the question of post abortion syndrome, alleging this resembles the trauma suffered by Vietnam War veterans, once again trying to link abortion with killing. In the 1920s and 30s similar claims were made as women fought for the legalisation of contraception. They were told that since contraception interfered with the natural order of things it would produce mental disorders. Apparently, having 7-10 children, several miscarriages and constant ill-health would not!

SPUC undoubtedly contributes to any feelings of guilt women may have about abortion by their sensational material. But depression, health and other problems are often a feature of pregnancy, child-birth and motherhood in capitalist society. Thousands of women suffer from post-natal depression. In spite of the rosy picture given by 'Mothercare' adverts and Tory politicians, many women suffer extreme isolation and financial hardship. What provision has been gained in the past is being cut.

A report from the Association of Anaesthetists concludes that half of all maternity units are sub-standard and potentially dangerous. The Victoria Maternity Hospital in Barnet, which serves Thatcher's constituency, will close for January 1988 and possibly longer because of a lack of midwives and specialist neo-natal nurses. In Liverpool, the Labour Women's Council have opposed the closure of 5 hospitals, including maternity and children's hospitals. In the recent round of local authority cuts many nurseries have been threatened with closure. Labour Councils should oppose Tory cuts as Liverpool Council did.

MILITANT STANDS FOR:

☆ **Abortion on demand.**

☆ **Improved sex education in schools and the setting up of a sympathetic youth advisory service.**

☆A massive injection of funds into the NHS, along with the ending of private practice to end late abortions and stop profiteering.

☆Democratisation of the NHS to ensure it reflects the real needs of working class people.

☆Nationalisation of the pharmaceutical industry under workers control and management.

☆Good quality, flexible childcare available for all.

☆Child benefits and maternity grants which reflect the real cost of pregnancy and child-birth.

☆Maternity and paternity leave (in addition to 11 weeks maternity leave before birth) for up to 6 weeks, then..

☆Six months leave for either parent on full pay with their original job held open for 2 years.

☆A national minimum wage of £120 with pro-rata payments for part-timers

☆A 35 hour week without loss in pay as a step towards the elimination of unemployment.

☆Reversal of all Tory cuts and a massive programme of public works on housing, education, the NHS etc.

☆A socialist plan of production democratically drawn up and implemented by committees involving the trade unions, shop stewards, unwaged parents and small business people.

If these demands were implemented, which would be completely possible on the basis of a socialist plan of production, the circumstances which force many women into abortion and especially late abortion would be removed. But this must be voluntary, not

based on legal restrictions. The right to abortion must be defended by the whole labour movement.

LABOUR MUST DEFEND ABORTION RIGHTS.

In 1985, the Labour Party Conference carried a resolution by 5,305,000 to 611,000 to protect, restore and extend the provisions of the 1967 Abortion Act. It argued for abandoning the idea that there can be conscience clauses or free votes on such matters, when MPs are called to vote on them in Parliament.

This resolution, carried particularly under the influence of the miners' wives movement, marked an enormous step forward, cut through the 'moral' confusion and recognised women's rights as a class issue. Labour MPs must now implement Conference policy and vote as a block against Alton's Bill.

While all women need the right to abortion, it is working class women, unable to afford private abortions and under most pressure from declining living standards, who are most in need. Moreover, only organised labour is able to fight for the facilities needed to provide women with a real choice.

The Labour and trade union movement therefore has a special responsibility to struggle to defend abortion rights. But this is not just a question of legislation. If Alton is defeated but at the same time nothing is done to combat poverty, NHS cuts, etc, then women will in any case find it increasingly difficult to have an NHS abortion or to cope with the children they have.

The idea of New Realism currently supported by the Labour leaders, which rejects mass struggle against the Tories and their friends and accommodates itself to making a diseased system work, offers nothing to working-class women. The struggle against the Alton Bill must be the first step in a fight-back against the Tories and to spell out to those leaders not prepared to fight that they should step to one side and make way for those socialists who will fight.

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