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**“After all, we own our bodies”
Towards women's bodily autonomy:
Liberalizing abortion laws in Iceland and Ireland**

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Preface

This thesis is 30 ECTS credits toward my MA degree in International Affairs at the University of Iceland. I want to thank my supervisor, Silja Bára Ómarsdóttir, for offering me the chance to participate in this research project and for being encouraging throughout the semester. I want to thank my parents for always being supportive and caring, they are my greatest role models. I would also like to thank my classmates for our different ideas and diverse backgrounds which have made discussions within and outside of classes fruitful and forced me to continue to be open-minded and challenge my own opinions.

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I would like to dedicate this thesis to the women before me and to those to come. Let us never become stagnant in the fight for equality.

Útdráttur

Þungunarrof er umdeilt umræðuefni um heim allan og er hápólitískt. Lög um þungunarrof eru almennt að verða frjálslýndari á heimsvísu en það hefur orðið bakslag víða sem ógnar því að réttindi kvenna geti verið afturkræf. Þessi ritgerð er hluti af stærri rannsókn sem kannar alþjóðlegt bakslag gegn þungunarrofsréttindum en þetta verkefni skoðar hvernig Ísland og Írland komu frjálslýndari þungunarrofslöggjöf á fót á meðal alþjóðlegs bakslags. Í þessari rannsókn var orðræðugreint umræður þegar frjálslýnd þungunarrofslöggjöf voru sett í löndunum tveim. Í rannsókninni er stuðst við gagnrýna orðræðugreiningu til þess að greina gögn sem safnað var fyrir rannsóknina. Gagnasöfnun fyrir Írland var samsett úr blaðagreinum af netinu en á Íslandi var notað blaðagreinar af netinu og einnig þingumræður. Helstu niðurstöður leiddu í ljós að orðræða í báðum löndunum sýndi líkindi á sumum sviðum, sameiginleg orðræða var meðal annars um sjálfsforræði kvenna og auk þess að konum ætti að vera treystandi til að taka ákvarðanir fyrir sig og sína framtíð. Þá var munur á milli landanna, Írland lagði áherslu á öryggi þungarrofs og lögleiðingu innan Írlands meðan Ísland lagði áherslu á sjálfsákvörðunarréttinn.

Abstract

Abortions are a disputed topic worldwide and are highly politicized. Abortion laws have largely been liberalized on a global scale but have also faced a global onslaught that threatens women's rights to be reversible. This thesis is part of a larger research project that explores a global backlash against abortion rights, but instead of looking at how the backlash presents itself, this thesis explores how Iceland and Ireland liberalized their abortion laws amidst a global backlash. This study explores what kind of discourse can be observed when liberal abortion laws were passed in the two countries. The research uses critical discourse analysis to explore the data, which was composed of online newspaper articles in Ireland and parliamentary debates plus online newspaper articles in Iceland. The main findings showed that discourse in the two countries showed some similarities, such as that women's bodily autonomy was an important reason for liberalizing abortion laws as well as that women should be trusted to make decisions for themselves and their futures. Differences in the discourse could also be observed; while Ireland focused on making abortion safe and legal within Ireland, Iceland focused on women's bodily autonomy.

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1 Introduction

Abortions have been performed in societies around the globe since antiquity, but abortions remain a disputed topic globally. The United Nations considers that abortions are protected under international human rights treaties and still abortions remain contested as the ambiguity of the treaties leaves room for interpretation by states. Despite an overall trend in the liberalization of abortions globally, abortion rights are not secured in all countries and are abortion laws frequently contested. It is alarming that abortion rights are frequently contested as it suggests that women's¹ rights are sensitive to being reversible. Due to this fact, it is vital to explore the liberal discourse that establishes and secures abortion rights. Therefore, the purpose of this thesis is to explore what kind of discourse can be observed when liberal abortion laws are established.

This thesis will be a case study with two units of analysis; Iceland and Ireland, as the two countries legislated liberalized abortion laws, Ireland in 2018 and Iceland in 2019. In order to explore the discourse prior to the liberal abortion laws being established, data was collected and examined through critical discourse analysis. The data selection between Iceland and Ireland varied as the laws were established through different ways. Ireland held a national referendum which resulted in great public debate, as every vote mattered. The data retrieved for Ireland's discourse was solely based on online newspaper articles, articles that contained liberal discourse were only retrieved; oppositional discourse was omitted. Data collection for Iceland had to be different due to a lack of public debate, which can be explained by the voting being held within the Icelandic parliament. The retrieved articles for the public debate were so few that it became vital to bring in the parliamentary debate on the proposed termination of pregnancy bill. Therefore, the data collection for the discourse in Iceland was composed

¹ Note on terminology: The author wants to acknowledge that others than women can have abortions. Due to gender-binary language in literature, human rights laws, and in the discourse explored, those who have abortions will primarily be written as women. When gender-inclusive language is presented in the explored data, the researcher will use that gender-inclusive language. The term liberal is used in the context of progressive law reforms and striving toward social progression. Discourse against liberal reforms will either use the term conservative, used in the context of maintaining the status quo; upholding gender structures and traditional values, and the term oppositional discourse, which refers to discourse that does not support liberalizing abortion laws.

of parliamentary debates and articles from online newspapers, any oppositional discourse was omitted, similar to the Ireland's data collection.

The guiding research question for the thesis is: *What kind of discourse can be observed when liberal abortion laws were successfully established in Iceland and Ireland?* The thesis will start by laying out the theoretical framework used for the research which is the theories of constructivism and feminist theories within IR, further, norm diffusion will be used to explore whether global abortion norms impact domestic abortion legislation. Norm diffusion is a concept linked to constructivism as the theory explores norms and how feminist theories also used the concept to explore how women's rights norms diffuse within the international system. Next, the thesis will explore relevant literature, which includes exploring abortions within international human rights and the place it within sexual and reproductive health and rights. Included in the chapter are Iceland's and Ireland's abortion histories and a short review of what research has been done within either country. The methodology chapter comes next which puts forth the research design, the data collection, and ethical issues. Subsequently, the research chapter will explore the data through critical discourse analysis, followed by discussions and a conclusion.

The main finding of the research is that Iceland and Ireland showed some similarities in its liberalization process on abortion laws which were that women should have bodily autonomy, women should be the ones to make decisions about abortion, and that women should be trusted to make decisions for their lives and futures. The difference in discourse found between Iceland and Ireland is that Iceland focused on shifting the decision-making power on abortion from two medical specialists, or one medical specialist and one social worker, over to the woman. Hence, securing women's bodily autonomy. Meanwhile, Ireland focused on taking care of Irish women within their borders and offering proper healthcare services, instead of exporting women abroad to have an abortion or driving abortions underground and making it dangerous. Ireland's discourse also focused on personalizing the abortion problem, by focusing on the likelihood that Irish citizens know someone who has had an abortion and that the strict abortion laws impact someone you know or love.

2 Theoretical framework

The theoretical chapter will create a framework for the research, using the theories of constructivism and feminist theories. Constructivism explains how social reality is constructed through norms, and within constructivism, norm diffusion helps explain how norms spread across the international system. Feminist theories seek to understand the world through a gendered lens and to explain how oppressive systems have held women back from choosing how they live their lives. The discipline of International Relations (IR) has largely been dominated by men, where men have primarily produced knowledge of global politics. Therefore, global politics have generally lacked women's point of view. As a result, many issues that women face have been neglected, such as the focus of the research on reproductive rights, which significantly impacts women's lives. The chapter will start by exploring the theory of constructivism and norm diffusion within constructivism. The chapter will then explore feminist theories and reproductive rights within feminism. Finally, norm diffusion will be explored within feminist theories and the chapter will conclude with a summary.

2.1 Constructivism

Constructivism is a social theory that explores how individuals share a common understanding of the world they live in. Adler (2005) remarks that a constructivist perspective is "the view that the manner in which the material world shapes and is shaped by human action and interaction depends on dynamic normative and epistemic interpretations of the material world" (p. 90). Constructivist scholars agree that the world is based on a collective understanding of the world and that the nature of the substantive world is only based on the meaning that people give to it (Adler, 2005, p. 99; Onuf, 2012, p. 4; Risse Kappen, 1995, p. 502; Wendt, 1999, p. 1).

Wendt (1999) considers the international system a complex place for constructivism to navigate, as domestic politics and foreign policy do not always go hand in hand; while norms rule domestic politics, self-interest rules the international system. Hence, Wendt argues that the international system does not influence a state's behavior as much as constructivism might assume, rather, the characteristics of the state and its leading parties influence how the state behaves in the international arena (p. 4). Onuf

(2012) disagrees with Wendt, as he concludes that constructivism helps understand how states are separated from each other by their characteristics and how they interact with other states. Onuf does not consider the international system a difficult place for constructivism to navigate, as the world is “nothing more than a world of our making” (Onuf, 2012, p. 4). Adler (2005) shares Onuf’s ideas on constructivism and argues that due to its features, constructivism helps understand how actors are created and what influences them. Constructivism creates a better understanding of how the international system functions, how outside forces often influence domestic factors, and how ideas can spread across borders. A collective understanding of reality can vary between states, cultures, and time, providing the opportunity for learning, and exploring how the meaning of the material world can change. Constructivists believe that even exploring older issues through normative ideas appropriated for a specific time and place can help understand the world and the changes that have taken place, actors and agents can change depending on the social reality of that specific time (Adler, 2005, p. 100).

Norms are an important feature of constructivism, as they are the agreed behaviors that individuals in societies accept. Onuf (2012) uses the word “rules” but acknowledges that norms and rules are linked (p. 36). Rules can entail social rules, accepted rules on how to behave, and legal rules protected by law. Members of society, which constructivists call agents, can either conform to the rules or reject them; it is the agent’s choice. Most agents accept the rules and adapt for the society to function, but some agents decide to break the rules, which can result in consequences, such as social exclusion or punishment by the authorities (pp. 4-5). The concept of social rules can also be transferred over to agents as states, and states can face the same consequences within the international system as an individual within his/her society, of social exclusions or punishment. Chayes and Chayes (1995) define norms as a broad category within the international system that includes informal norms and official transcripts; statements, conventions, and treaties (p. 113). Norms in the international system function to constrain a state’s behavior, but also help states to understand their interests (Checkel, 1999b, p. 84). Norms can also travel between states in the international system, by a

process that constructivists call norm diffusion. Norm diffusion helps explore how norms travel across the international system, which will be further explored in depth.

2.1.1 Norm diffusion

Within constructivism, norm diffusion is a helpful tool to understand how ideas cross borders. As the chapter above explains, constructivism builds on agreed upon norms throughout the international system. According to Zwingel (2012, p. 118), norm diffusion looks at “how norms emerge on the international level, how they become meaningful in domestic contexts, and which actors are promoting and translating them.” Zwingel (2012) believes that states are ready to learn and conform to international norms and want to be respected by other states (p. 117). Checkel (1999a) further explores how norm diffusion works and acknowledges two ways in which norms can be diffused between states. The first is *societal mobilization*, where norms are composed by non-state actors that pressure decision makers to change the policy of the state. The second is *social learning*, where decision-makers adopt norms that are projected to the public, which the public then picks up (p. 553). Norms in the international system can change the behavior of states, whether they come from within the state or outside it. Norms do not always do as they were intended to, and often change with diffusion (Krook & True, 2012). Winston (2018) offers a further in-depth understanding of how norms can change with diffusion. She states that norms can both be stable and flexible. States can either adopt a norm’s literal meaning, with it remaining stable, or the meaning of the norms can be adjusted, in which case it is flexible.

A criticism that norm diffusion has encountered is how can it be measured. Checkel (1999b) criticizes the lack of measurements in norm diffusion, as he notes that there is no evidence to show whether global trends impact domestic matters, but global trends are only based on correlation. He further criticizes global norms for not being coherent, meaning it is unclear whether they will have the same impact everywhere (p. 85). Krook and True (2012) recognize Checkel’s latter argument and agree that norms rarely reach their intended goal. Norms can be interpreted by the context of each state which can drastically change the norm, or be completely rejected by states. Florini (1996) adds to the literature on norm diffusion that already accepted norms also change over

time. Norms are often contested, which can lead to norms coexisting or resulting in a norm completely disappearing. Global norms therefore often provoke dominant domestic norms and compete with them, which can cause conflict within the state between those who want to hold on to existing norms and those who want to change them (p. 367).

Norm diffusion explains how global norms can impact domestic issues. Checkel (1999b) explains it as a “transfer or transmission of process, ideas and information from one population or region to another” (p. 85). Many models of norm diffusion exist, and scholars often disagree on their usefulness and impact. Florini (1996) points out that growing data shows that individuals and organizations are more likely to establish norms that are picked up by states, rather than states being the original norm entrepreneurs. States can still be norm entrepreneurs, but it is less likely that norms originate from the state (p. 375). Krook and True (2012) explore different models of norm diffusion models within constructivism; one of them is *norm cascades*, where a large group of states accept a norm, adopt it to their state, and then it is diffused around the international community. Winston (2018) further explains Krook and True’s model of norm cascades, where a group of states with similar cultures adopt similar norms, which can help norms diffuse quickly across the international system. Another model that Krook and True (2012) present within norm diffusion looks at when states ignore new norms, but diffusion occurs regardless. This is called the *boomerang effect*, where civil society organizations and other actors within a state look towards transnational advocacy networks for assistance. The assistance can lead other states and international organizations, transnational advocacy networks, and other bodies to put external pressure on the state in question.

Transnational advocacy networks use their connections in other states and lobby within other states to put pressure on the state that refuses to conform to new international norms. Keck and Sikkink (1998) explored this phenomenon of transnational advocacy networks (TAN) in their book *Activists beyond borders: Advocacy networks in international politics*. They illustrate how TANs close the gap between individuals being able to influence the international society, bypassing the state, and offer an explanation

of how human rights norms diffuse across the international system even when states resist (p. 1).

Norm diffusion is relevant when it comes to human rights, as most states have stated their adherence to universal human rights but do not all agree on what human rights mean or what is included within the term, nor the interpretation of human rights treaties (Dunne & Wheeler, 1999, p. 3). Zwingel (2012) explores this issue of interpretation regarding norm diffusion. She believes that norm diffusion is problematic, due to the different interpretations of global norms, depending on the contexts of each state. Zwingel offers an example on why interpretation of norm diffusion can be problematic, such as the interpretation of covenants that should protect women's rights being interpreted differently, which can result in women's rights not being protected at the domestic level (pp. 120-124). Norm diffusion is an important topic within international human rights, as it explains how some states accept international human rights norms while other states reject them. Some states claim that norms are ambiguous, which leaves them to be interpreted in several ways. Norm diffusion is also explored within feminist literature, as it looks at how women's movements spread across borders, where a protest in one state can spark a fire within another and how women's transnational advocacy networks supported one another across borders.

2.2 Feminist theories

Feminism is a relatively new phenomenon in IR, only entering the field in the 1980s. Feminists believed that applying a gendered lens to global politics would help understand the world better, consequently improving the IR discipline (Tickner & Sjoberg, 2011, p. 2&10). Tickner (2001) highlighted that women have often been excluded from international relations, as she stated: "while women have always been players in international politics, often their voices have not been heard either in policy arenas or in the discipline that analyzes them" (p. 2). Therefore, Tickner, among other feminist scholars, believed it vital to bring a feminist perspective into IR. Dunn (2008) shares Tickner's view that the IR field lacks different perspectives. He criticizes the IR discipline for being shaped by white, male, privileged theorists. Further, Dunn says:

I believe it is important to recognize that the current academic discipline is built upon a foundation of white male privilege and that the process of privilege remains an active element in how the discipline continues to be constructed, reproduced, taught and practiced (Dunn, 2008, p. 51).

Dunn explains how ingrained the foundations of the IR discipline are, which is built on the worldview of privileged white men.

To further understand the problem that feminists raise when it comes to the IR discipline lacking a gendered lens while examining global politics, it is important to distinguish some definitions relevant to feminist theories. Tickner and Sjoberg (2011) consider it essential to understand the difference between gender and sex when exploring the discipline of IR and global politics. Historically, gender and sex have been considered the same, but scholars started recognizing the difference between sex and gender. Sex translates to biology and gender to the social construct of what is expected behavior of either gender (p. 4). Nagoshi et al. (2012) support Tickner and Sjoberg's arguments, emphasizing that socialization starts when the child is born, biological males are encouraged to pursue masculine traits and females to pursue feminine traits.

Tickner and Sjoberg (2011) say that the distinction between sex and gender is important because the assumptions of behavior for either sex are deeply ingrained in the premise that sex equals gender. By separating gender and sex, it provides a foundation to remove expected characteristics and behavior of individuals depending on their biological sex (pp. 3-4). The presumption that sex equals gender with an expected set of behaviors is defined as gender roles, which are enforced by society in various ways, such as through law, religion, and other cultural practices. Gender roles assume men's domination over women, which is further reinforced by the acceptance and performance of gender roles (Nagoshi et al., 2012). Expected gender roles for men and masculinity include that they are rational and participate in public life, while women and femininity are associated with women being emotional, irrational, and domestic. The logic behind defining sex and gender to help understand international politics is because people are generally treated differently based on their perceived gender, as explained above. Socially constructed gender hierarchies are persistent, influencing how a state behaves in the international system. Consequently, gender hierarchies influence international

politics. For this reason, opportunities for individuals to influence the state depend on how a state perceives either gender, which often results in unequal opportunities (Tickner & Sjoberg, 2011, pp. 3-4).

True (2018) discusses the idea of “gendered states” to explain how the perception of gender roles influences international politics. She says that patriarchy is prominent in international politics because masculine traits are favored over feminine traits. When gender equality increases, a common side effect is a backlash which often involves more violence against women. A backlash is a response from patriarchal systems trying to maintain gender hierarchies, as gender equality threatens the existing political order by balancing power between men and women (pp. 33-37).

Feminist research centralizes women’s problems in the world, which can be explored from various perspectives. Among other things, feminist research explores how nationalism impacts women’s life and the role women play within a state. Other feminist research looks at how globalization impacts women around the world; whether global trends improve women’s lives or negatively impact women’s lives. Feminists often explore how gender plays in patriarchal societies and analyze how women experience their unequal position as members of society. By making women’s problems visible, an opportunity arises to change women’s position in society (Creswell & Poth, 2018, pp. 27-28). Women’s bodily autonomy is one of the main issues of feminist literature studies. Gozdecka (2020), a scholar who has researched abortion rights among other human rights matters, says that without bodily autonomy, other rights women have, such as those related to economic or social factors, have limited significance.

Women’s bodies have been highly politicized and sought to be restrained, which can be explored through how states legalize, or criminalize, women’s reproductive choices. Hall and Weissman (2020) identified that “in global politics, the procreative potential of women’s bodies is policed, objectified, surveilled, and feared” (p. 1). Reproductive rights within feminism will be further explored in the next chapter.

2.2.1 Reproductive rights within feminism

Women’s reproductive freedom has been a topic in feminism since the mid-1800s but abortion did not enter feminist theories until the 1960s (Gozdecka, 2020). Reproductive

rights fall under the larger topic of women's bodily autonomy, but bodily autonomy refers to a person's ability to control and make decisions for his/her own body. According to Wicks (2016), a human rights law professor at the University of Leicester, states seek to interfere with an individual's bodily autonomy. Wicks says that "the individual's autonomous choices about how she wishes to use her body are subject to interference and restriction by the state. Her liberty to act autonomously is denied" (p. 4). Wicks says this is commonly directed at women's bodies, particularly regarding abortions.

The restriction on women's bodily autonomy reaches far back in history, and many feminist writers have explored how societies have regulated and raised trivial objections to women's bodies. Kate Millett, a feminist writer, wrote an influential book called *Sexual politics*, which explores how women's bodies have been objectified and denied sexual freedom. Millett states that women's bodies have been shamed for being either too sexual or not sexual enough, women have been objectified as sexual objects but still shamed for having sex. Women have been denied access to contraception and abortion but also labeled the responsible party in sexual relations. In some places, the idea of the "virgin woman" is intrinsic to a woman's value, which has forced many women to undergo virginity testing. For all these diverse reasons, the signals that women receive regarding what is expected of their sexual activities can become confusing. Women are expected to give sexual pleasure, but still virginity is viewed as a virtue and women are praised for not having sex. Women's bodies are always surveilled, no matter if they choose to be sexually active or not (Millett, 2000, p. 54).

The importance of abortion as a part of reproductive rights evolved within feminism from the 1960s, when it became central to feminists' arguments on reproductive rights. Reproduction choices can greatly impact a woman's life, which is why reproductive rights and abortion became a cornerstone in the fight for equality. Women are impacted more than men by the consequences of conception, not only due to the physical demands, but also due to expectations of socially constructed gender roles, where women are the primary caregivers (Gozdecka, 2020). Betty Friedan, a feminist writer and activist, was one of the first feminists to link abortion to feminist discourse. Friedan stated in a speech on a conference on abortion law that "...there is no freedom,

no equality, no full human dignity and personhood possible for women until we assert and demand the control over our own bodies, over our own reproductive process...” (Greenhouse & Siegel, 2011, p. 2043). Reproductive rights became essential to feminist discourse to reach equality; without being able to control when and if they could have children, women did not have control over their lives (Greenhouse & Siegel, 2011, p. 2042).

Abortion and birth control are not new phenomena; they have been found throughout history in societies around the globe since antiquity. Petchesky (1990) traces the discourse on abortion debates which centralize the role of women as mothers, with motherhood as its primary purpose in life. She states that feminist arguments on abortions are twofold; one is based on the individual and the right to bodily autonomy, while the second is based on a social dimension, women’s responsibility as caregivers (p. 2). Feminists have further explored the latter topic, where they have tried to shift the perspective from a woman’s role as solely being a mother, a selfless caregiver who should die for the fetus, towards women as individuals with their own aspirations. Feminists believe that it devalues women to be restrained to motherhood and have their primary purpose be connected the biology of women, rather than to their consciousness and what else they have to offer (Petchesky, 1990, pp. 345-346).

The social construction of what is expected of women has led feminists to criticize the discourse around women, especially ideas around the “mother.” Hagen explains further what this ideal type of mother includes; one who maintains peace, reproduces, nurtures her children, is a good wife, and is a good citizen. Hagen points out other groups of motherhood, where some are stigmatized, such as mothers who have abortions. Mothers who have abortions do not fall under the discourse of the “good mother,” but Hagen points out that most women who have abortions either want to have children later in life, or have already had children (Hagen, 2020, pp. 51-56). Hagen uses the term “abortion stigma,” defined by Kumar, Hessini, and Mitchell, who defined it as “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood” (Kumar et al., 2009, p. 628).

Kumar et al. (2009) say that abortion stigma can be found globally, as it challenges the idea of women as natural nurturers due to their biology (p. 628).

Ómarsdóttir and Rögnvaldsdóttir (2015) further establish the link between women and motherhood; if women are mainly viewed through motherhood and seen as primary caregivers, that must mean that women do not have equal opportunities to men when pursuing a life outside the home. Therefore, a woman's choice when to have children must be her own; if not, the woman is not the one in control of her body (p. 11). Freedman and Isaacs (1993) say that in essence, women's reproductive rights revolve around trusting women to make the right choices for themselves as individuals. While the state prevents women making decisions about their reproduction, it shows a sense of distrust toward women. Freedman and Isaacs further stated that the state should not make decisions over women's bodies, they should be entirely in the hands of women themselves (p. 19).

2.2.2 Women's rights and norm diffusion

Norm diffusion was explained earlier in the setting of constructivism on how norms travel across the international system and are applied to domestic context of a state (Checkel, 1999a; Zwingel, 2012). Krook and True (2012) investigate how norms on gender equality function within norm diffusion, explaining that gender equality is one of the most complex issues for norm diffusion. The reason why gender equality is a difficult concept to diffuse is that the words "gender" and "equality" are often contested and their meaning interpreted in diverse ways. True (2011) states that international norms are often viewed positively, as they can lead to unity and since similar views are less likely to lead to conflict. True that norms provide stability and that gendered norms are no exception. Therefore, contesting gender norms and provoking traditional gender hierarchies can create instability, which can often result in further violence against women (p. 74).

Zwingel (2012) explores norm diffusion and focuses on gender equality norms and how they diffuse across the international system. She states that when it comes to gender equality norms, states are often put in two categories: norm-abiding liberals or norm-violating illiberals. Zwingel says that gender equality norms are not so binary; states

usually have different value systems and incorporate some version of international gender equality norms. Most states do not translate gender equality norms literally, which cannot result in categories such as the norm-abiders or norm-violators (p. 120). Zwingel explored how women's rights norms diffused based on the *UN Convention on the elimination of all forms of discrimination against women (CEDAW)*. She found that CEDAW does not always translate to every society or culture which affirms Krook and True (2012) premise that human rights norms rarely reach their intended goal as interpretation between states vary and some states even completely reject international norms .

Gozdecka (2020), another scholar who explored international women's rights, says that CEDAW establishes a foundation for women to have equal rights to men, including women's rights to control their fertility. Women's control over their fertility contests their traditional role as caregivers. Zwingel (2012) points out that there can be implications when gender equality norms are implemented in domestic law when a country's attitude toward women is prejudice. Even if women's rights are protected by law, women must behave according to cultural norms to survive, a state's attitude toward women might still be discriminatory and look past violence against women. Zwingel also points out that a state's interest in the international system is usually shaped by men, who benefit from gender hierarchies. New gender norms can therefore face resistance as the male elites seek to withhold power which is maintained through the power structure of gender hierarchies (p. 122). CEDAW's purpose, to establish a foundation for women to have equal rights to men, contests traditional gendered power structures, which explains why many states resist international human rights norms that protect women's rights (Gozdecka, 2020; Zwingel, 2012).

2.3 Summary

Constructivism provides an understanding of norms, how they differ between states, cultures, and time periods. Human rights norms cross borders which norm diffusion helps explain. Norms can travel across borders in various ways, norms can be directly adopted by states, other states adapted the norms, meanwhile some states ignore international

norms. Feminist theories offer an understanding of how women's perspectives have often been ignored by ruling male elites. Feminists have fought for women's equal rights, which involve bodily autonomy and the freedom of controlling reproductivity. If women cannot control their reproductivity, they do not have equal rights to men. Therefore, it is vital for women to control their bodily autonomy to gain freedom.

3 Literature review

Before reviewing the case being analyzed, it is important to place abortion in a global context. The United Nations consider abortion to be included under human rights, while some states and transnational advocacy groups disagree and consider this a matter of interpretation. This study will explore how the liberal discourse presented itself while new abortion laws were established in Iceland and Ireland. The two countries have very different histories on abortion rights, which will be traced to help understand the context of abortion discourse in Iceland and Ireland before exploring the analysis. The structure of the chapter will first look at how sexual and reproductive health rights are defined and how abortion fits in within those rights, then a short explanation of abortions in international context. Next the history of Iceland and Ireland's abortion laws will be traced separately, lastly, the chapter will explore what literature exists on the topic of abortion rights in Iceland and Ireland and where there is a gap in the literature which the research can fill in.

3.1 Sexual and reproductive health and rights

The United Nations (UN) classify human rights treaties as the most important foundation for international human rights laws. When states ratify international human rights treaties, they take on the responsibility to protect human rights within their state's boundaries and are obliged to ratify the rights to domestic law. When they fail to do so, measures are taken by the UN to uphold international human rights standards. Sexual and reproductive health and rights are a part of international human rights, even though those rights are not upheld by all states as defined by the UN bodies (OHCHR, n.d.a). Reproductive rights are politicized at the national level but also on a global scale. Resistance against reproductive rights often stems from religious foundations and other conservative transnational networks that want to sustain cultural norms (Blystad et al., 2020).

Sexual and reproductive health and rights (SRHR) cover an individual's right to enjoy sex safely and choose when to reproduce. The International Conference on Population and Development held in 1994 put forth a definition of reproductive health that the World Health Organization (WHO) uses to this date (World Health Organization,

2004, p. 7): “...people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so” (World Health Organization, 2004, p. 8). UN bodies and international human rights organizations, such as the Guttmacher Institute and The Center for Reproductive Rights, all agree that SRHR is protected in international human rights treaties. However, not all states interpret SRHR in the same way, which has resulted in SRHR not being implemented in national laws globally (Center for Reproductive Rights, 2021a; Starrs et al., 2018; World Health Organization, 2004).

The Center for Reproductive Rights is a human rights organization that seeks to protect reproductive rights worldwide. The organization states that international human rights law (IHRL) protects SRHR which every state should be responsible for upholding (Center for Reproductive Rights, 2021a, p. 13). SRHR can be found in multiple human rights treaties, articles that protect SRHR include:

Provision on the right to life; the right to be free from torture and other ill-treatment; the right to health; the right to privacy; the right to number out the spacing, and timing of children; the rights to education and to information; and the prohibition of discrimination (Center for Reproductive Rights, 2021a, p. 20).

The Office of the United Nations High Commissioner’s for Human Rights (OHCHR) also emphasizes that women’s sexual health and reproductive rights are clearly protected in human right treaties, such as Article 10 of CEDAW, which states women’s rights to education towards family planning, and Article 16, which states women’s right to control the number and spacing of children freely. OHCHR also points out that The Beijing Platform for Actions further secures women’s right to their sexual and reproductive health free from discrimination, and so on. (OHCHR, n.d.a). As mentioned above, treaties that protect women’s SRHR often have somewhat ambiguous wording regarding women’s rights to control their fertility and access appropriate services. The treaties often do not state what is included in the rights, such as what appropriate services are. For example, it is not stated in the human rights convention that women have the right to an abortion; rather, it is a matter of interpretation and has received its share of criticism.

The UN has faced criticism from several states that do not support SRHR as defined by the UN. In 2019, a group of 18 states, including Brazil, Egypt, Hungary, Poland, Russia, Saudi Arabia, and with the United States at the forefront, posed a joint statement which stated:

We do not support references to ambiguous terms and expressions, such as sexual and reproductive health and rights in UN documents, because they can undermine the critical role of the family and promote practices, like abortion, in circumstances that do not enjoy international consensus and which can be misinterpreted by UN agencies (Gilby & Koivusalo, 2020).

This type of resistance made by some of the richest and most influential states in the world can have a grave impact on SRHR trends globally. Gilby and Koivusalo (2020) say the backlash in SRHR can seriously affect women's lives and that women's rights must be defended. The statement above shows how gender roles are deeply rooted within societies and how women's freedom seems to be less important than maintaining gender roles in some states. The states that participated in the statement took offense at the UN's vision on SRHR, as it violates a state's right to uphold the dominant norm of family values within the state.

Due this type of resistance against SRHR, Gozdecka (2020) has criticized reproductive rights for being too ambiguous, both internationally and domestically. The ambiguousness results in states interpreting reproductive rights differently and therefore SRHR starts to vary and is not upheld by human rights conventions. CEDAW has provided the most robust legal framework for reproductive freedom, but it is also one of the UN conventions with the most reservations (Gozdecka, 2020)². The Guttmacher-Lancet Commission, an international SRHR establishment, points out that "people's sexual and reproductive rights are not respected or protected" (Starrs et al., 2018, p. 2642) due to the lack of access to sexual and reproductive health services worldwide. The Commission publishes in-depth reports on how SRHR stands globally and shows that SRHR are not

² Reservations can be found on https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-8&chapter=4&clang=_en

entirely, or not at all, respected in many states, including those states who participated in the statement above (Starrs et al., 2018, p. 2642).

3.1.1 Abortions in an international context

WHO (2021) states that a lack of access to abortion care does not prevent illegal and dangerous abortions from taking place. As a result, many women worldwide can face severe consequences due to illegal and unprofessional abortions that can lead to death. Worldwide, maternal deaths due to illegal and unsafe abortions can fluctuate between 4,7 and 13,2% each year, with a higher death rate in states with strict abortion laws. WHO states that women's access to safe and dignified health services that maintain their physical and mental health is a human right. The Lancet Commission (2018) remarks that a lack of commitment to SRHR within states has much to do with poor political commitment, taboo on talking about sex openly, and the enduring discrimination against women. The Lancet Commission asserts that studies have shown great benefits when states invest in sexual and reproductive health, which includes economic development and the wellbeing of humanity (Starrs et al., 2018, p. 2642).

Remez et al. (2020) conducted research for the Guttmacher Institute that explored global developments on abortion laws in 2008-2019. They concluded: "the global trend toward liberalization continued over the past decade; however, even greater progress is needed to guarantee all women's rights to legal abortion and to ensure adequate access to safe services for all countries" (p. 53). SRHR faces multiple obstacles that relate to laws, policies, values, and social norms largely related to gender stereotypes. SRHR helps contest gendered norms as women are able to control their own body and decide whether they want to take on the role as mothers (Starrs et al., 2018, p. 2642).

The Center for Reproductive Rights has recorded the legal status of abortions around the world since 1998. The organization's data from 2021 shows that 24 countries in the world prohibit abortions under all circumstances, 41 countries allow abortion when a woman's life is at risk, 48 countries permit abortions when a woman's health is in danger, 13 countries based on social or economic grounds, and 75 countries allow abortion on social or medical grounds or on request. Abortions are therefore legal in most

countries in the world, but the reasons and the time limit vary greatly (Center for Reproductive Rights, 2021b). Canada can be considered to have the most liberal abortion laws in the world, as they do not have any restriction. In 1988, the Canadian Supreme Court abolished its abortion laws, as they did not fulfill Article 7 of the Constitution which covers the right to life, security, and liberty. Despite no regulations on abortions, data shows that 90% of all abortions happen within 12 weeks of gestation and only 0,3% after the end of 20th week. Other countries that have liberal abortion laws include the Netherlands, where abortion is allowed up to 24 weeks but has a five-day turnaround time. The UK also permits abortion up to 24 weeks under certain condition such as when the health or life of the mother is considered at risk or if the fetus is likely to be disabled (Svandís Svavarsdóttir, 2018a).

3.2 Iceland's abortion law history

Laws in Iceland are passed through the Icelandic parliament, Alþingi, which is a unicameral body with 63 members of parliament (MP) (Sigvaldason & Ómarsdóttir, 2021, p. 2). The first abortion laws in Iceland date to 1869, when abortions were prohibited under any circumstances and were penalized by up to eight years in penal labor. According to health reports from 1929, abortions were performed by doctors despite abortions falling under criminal laws. Along with abortions being exercised regardless, and due to much social debate, new abortion laws were established in 1935 that permitted abortions to save a woman's life and in cases where the pregnancy would present a risk to a woman's health. The abortion law from 1935, called guidelines for women on prevention of pregnancy and on abortion no. 38/1935, was one of the first laws in the world to liberalize abortion laws, especially based on social grounds. Doctors were allowed to determine a woman's health risk based on her social situation, such as the number and spacing of children she had already and the condition of her home (Svandís Svavarsdóttir, 2018a). In 1938, a clause was added to the abortion law where abortions were permitted when a fetus was considered likely to be born weak or disabled, or in the case of rape, but it was mandatory that the rape was charged to courts (Sigurhansdóttir, 2014, p. 31).

In 1970, the then Minister of Health and Insurance, Eggert G. Þorsteinsson, enlisted a committee to revise the abortion laws from 1935 after the Director of Health, Sigurður Sigurðsson, encouraged him on two occasions. Sigurðsson based his arguments for revision of abortion laws on technical advances in medicine as well as the 1935 abortion laws being outdated. Þorsteinsson enlisted a committee to revise the abortion laws which was occupied by three men but no women (Sigurhansdóttir, 2014, pp. 35-36).

An Icelandic women's advocacy group called The Red Stocking Movement was considered to have great impact on the societal discussion when the revision of abortion laws was established. The Red Stocking Movement was prominent in advocating for women's right, including the right to an abortion, which gained much resistance within Icelandic society (Sigurhansdóttir, 2014, p. 37). A member of the Red Stocking Movement, Helga Ólafsdóttir, was one of many members who shared their stories in Olga Guðrún Árnadóttir's book *Á rauðum sokkum: Baráttukonur segja frá* (On Red Stockings: Women's Activists Stories). Ólafsdóttir traces the history of the Red Stocking Movement from her own experience and how abortions became a central topic for the advocacy group to secure women's bodily autonomy. Ólafsdóttir said the abortion laws did not go as far as the Red Stocking Movement had pressed for, the law required an application process where acceptance would be needed prior to an abortion, hence, women's bodily autonomy was not secured. She notes that despite the laws requiring permission, the system worked in women's favor as women were never forced to continue a pregnancy (Helga Ólafsdóttir, 2011).

A revision of the abortion law from 1935 first resulted in a bill in 1973 that would secure women's bodily autonomy which faced much resistance. The abortion bill that was passed in 1975 was considered a compromise from two years earlier, where women had access to abortions but did not gain the decision-making power, nor their bodily autonomy. The law on counseling and education regarding sex and childbearing and abortion and sterilization no. 25/1975 (hereinafter called the 1975 Abortion Act) provides time restriction and places the authority in the hands of two doctors when the abortion is based on mental or physical health, or one doctor and one social worker if the abortion is based on social grounds. The law states that abortion shall always be performed as

soon as possible, preferably prior to the 12th week of gestation and should never be performed after 16 weeks of gestation unless a woman's health or life is in danger or if there is great likelihood of severe anomalies, genetic defects, or damage to the fetus. Such exemptions required approval of a committee from the Directorate of Health and the woman had to receive an unbiased lesson on the risk of the operation and on contraception. Lastly, individuals who were under the age of sixteen or had been deprived of autonomy had to have their guardians sign the application for the abortion (Svandís Svavarsdóttir, 2018a).

In 2018, the Health Minister Svandís Svavarsdóttir proposed a bill to replace the 1975 Abortion Act. The bill changed the terminology from "abortion" to "termination of pregnancy" because the word "abortion" (*fóstureyðing*, literally „destruction of fetus“) is considered a loaded word in Icelandic. The bill acknowledges that women seldom have abortions based on the legal reasons they are permitted to have abortion, besides, the hospitals never reject a woman's request for an abortion. The reason for the proposed bill was to secure women's bodily autonomy, moving the decision-making power from two specialists over to the woman (Svandís Svavarsdóttir, 2018a). The bill resulted in heated discussions at the Alþingi, but the final vote resulted in 40 yes votes against 18 no votes, two abstentions and one did not attend. Two women and 16 men opposed the bill, meanwhile 22 men and 18 women supported the bill (Alþingi, 2019, May 13; Jónsdóttir, 2019, May 13). The Termination of Pregnancy Act took effect on the 1st of September 2019, protecting women's bodily autonomy up until the 22nd week of gestation. The law establishes that women have the rights to the best healthcare services available at that time, including termination of pregnancy through drugs or surgery, information, and access to counseling. The law also states that termination of pregnancy shall always be performed as soon as possible, preferably by the end of 12 weeks of gestation. Other clauses of the law include that girls under the age of 16 are permitted to access termination of pregnancy services without legal guardians and termination of pregnancy after 22 weeks of gestation is only permitted if the pregnant woman's life is in danger or if the fetus is not viable; the latter requires permission by two doctors (Alþingi, 2023).

3.3 Ireland's abortion law history

Ireland has a long history of abortion ban, with abortion a sensitive topic which has created a division within the country (Murray, 2016). Ireland's abortion history can be traced back to when the country was a part of the British Empire. Abortion law passed by the British Parliament in 1861 prohibited abortions with no exceptions, leaving both the pregnant woman and those who assisted in terminating a pregnancy to face a penalty of life imprisonment (Randall, 1986, p. 69). Around the 1950s, an international trend of liberalizing abortion law spread across the world after abortion had been largely illegal globally (Rahman et al., 1998, p. 60). A group of conservative Catholic anti-abortionists feared that the international trend might impact the Persons Act 1861 which had remained in effect after Ireland gained its independence. To preserve a continuous abortion ban in Ireland, a group of conservative Catholic anti-abortionists called Pro-Life Amendment Campaign (PLAC), advocated for a bill to secure the future of the abortion ban in Ireland, which led to the Article 40.3.3 being established in 1983. Article 40.3.3 of the Irish Constitution secured the life of the unborn equal to the life of the mother (Murray, 2016, p. 670; Taylor et al., 2020).

Article 40.3.3 of the Irish Constitution, more commonly known as the Eighth Amendment (which will be referred to hereinafter), declares:

the State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right (Government of Ireland, 1937).

The Eighth Amendment uses the words "unborn", which is commonly used among anti-abortionists, instead of the scientific terms of "fetus" or "embryo" (Mulligan, 2015, p. 252). The Eighth Amendment therefore concludes that the pregnant woman is no longer an individual with control over her body, with her own rights protected by the State nor with her own hopes and individual aspirations. The "mother" or the pregnant woman was from then on only recognized by her relationship to the fetus (Taylor et al., 2020).

Interference of the international society did not influence Ireland's human rights violations regarding the abortion ban; neither the European Courts of Human Rights nor

the European Union could overrule it, as the Eighth Amendment was defined as being a moral value within the Republic of Ireland. The Eighth Amendment was first tested in courts in 1992 with the “X case,” but has been contested many times since. In the “X case,” a 14-year-old girl had been raped and threatened to commit suicide if she were forced to continue with the pregnancy as expected by law. The case resulted in two constitutional amendments being added, which state that the Eighth Amendment would not prevent women to access information for abortions abroad, nor be prevented to travel abroad for an abortion. Abortion would also be permitted when a woman’s life was at risk, even by self-harm. The permission of abortion in the case of women’s risk of suicide was a disputed topic and were two referendums held to try to eliminate abortions based on claims of suicide, which were denied in 1992 and 2002. Those individuals who were against potential suicide as a reason for abortion said that women would take advantage of the loophole and act hysterical in order to get their way with abortion (Taylor et al., 2020).

The restrictive access to abortion services in Ireland continued even though some cases that tested the Eighth Amendment provided some leeway. The Irish Family Planning Association (IFPA), which promoted SRHR in Ireland, attempted to put pressure on the Irish state by shifting the focus onto abortion as a human right, as women’s right to health, autonomy, and dignity. Targeting human rights advocacy networks would draw attention to the failure of the Irish state to conform to international human rights norms and laws, making the issue of abortion no longer applicable only as a domestic matter. Despite involvement in the UN Human Rights Council, UN bodies that monitor obligation of international human rights conventions, and pressure from the EU, the restrictive abortion laws in Ireland persisted (Taylor et al., 2020).

Ireland gained worldwide media recognition in 2012 for its restrictive abortion laws, due to Savita Halappanavar’s tragic death. Halappanavar entered the hospital due to back pain and was found to be having a miscarriage. Abortion was not permitted according to law, since the fetus still had a heartbeat and as her life was not considered at risk. Six days after entering the hospital, Halappanavar contracted sepsis and died of multi-organ failure. Her death caused an outrage in Ireland, with thousands flocking to

the streets in protest of the Eighth Amendment, which gained increased attention from the international society. The Republic of Ireland responded by re-evaluating the abortion law in parliament in 2013. In the parliamentary debate, a familiar conservative discourse emerged of hysterical pregnant women and that women would overuse claims of being at risk of suicide to access abortions (Taylor et al., 2020). The 2013 parliament debate did not result in abortion law being extended, rather, it put up a framework which established under what conditions abortion was permitted. The revision of the law permitted abortion when a woman's life was at risk. Other circumstances, such as pregnancy as a result of rape, if a woman's health was in danger, or a fetus anomaly made the fetus non-viable, remained illegal with the Protection of Life During Pregnancy Act 2013 (Murray, 2016, p. 668).

Only a year after the new 2013 Act went through, Ireland encountered a review by five UN treaty monitoring bodies, including the UN Human Rights Committee, which advised Ireland to review its 2013 Act and reform abortion laws. Ireland ignored the UN human rights bodies' suggestions, which created an increasing amount of external pressure from the international society on Ireland to reform abortion laws. In 2016, the UN Human Rights Committee ruled in the case of *Mellet v. Ireland* that a woman's human right was violated when she was forced to travel to the United Kingdom due to fatal fetal anomaly, resulting in cruel and inhuman treatment of the individual as well as a lack of the right to privacy. Later that year, the Oireachtas (the bicameral parliament of Ireland) passed a resolution that would gather the Citizens' Assembly to take a critical look at the Eighth Amendment. After the Assembly received presentation from medical, legal, and ethical experts, women who are impacted by the Eighth Amendment, and from anti-abortion organizations, it concluded that the focus on abortion laws should shift from the fetus toward the woman. The Citizens' Assembly suggested a national referendum on whether to repeal the Eighth Amendment and to implement new abortion legislation. A parliamentary committee was established and concluded in December 2017 that the Eighth Amendment should be repealed, and abortion would be legal upon request up to 12 weeks, yet, this decision had to be confirmed or rejected in a referendum (Taylor et al., 2020).

The 25th of May 2018 was a significant day for reproductive rights in Ireland when a referendum was held to repeal the Eighth Amendment. When the referendum was held, Ireland had one of the strictest abortion laws in the world. This was changed with 66,4% of votes cast in favor of repealing the Eighth Amendment. Abortion was permitted by law seven months later, on the 1st of January 2019 (Taylor et al., 2020). The Health Act 2018 built a legal framework that permitted abortion on request to 12 weeks of gestation, however, it is in the hands of a medical practitioner to assess whether the pregnancy has not exceeded the appropriate time period, followed up by a three-day cooling-off period. Other circumstances that permit the termination of pregnancy after 12 weeks must be due to risk of life or health of the pregnant woman or of the fetus (Government of Ireland, 2018).

Donnelly and Murray (2020) state that the Health Act 2018 does not guarantee adequate health services around abortion nor reduces the stigma around abortions in Ireland. The fight for abortion rights therefore must be continued (p. 127). Scholars largely agree that the main influence in implementing and withholding the abortion ban in Ireland is its strong connection to the Catholic church (Gozdecka, 2020; Murray, 2016, p. 670; Randall, 1986, p. 79).

3.4 Abortion literature in Iceland and Ireland

Abortion is a topic that crosses multiple disciplines, ranging from law to health care, to gender studies, sociology, and IR. Research on abortion in Ireland is extensive, which can be explained by its long history of being prohibited in the country. Meanwhile, the literature on abortion in Iceland is not as vast. This chapter will explore research on abortion in both countries to place the significance of this thesis in context. The chapter will first cover Iceland and then Ireland.

Research on abortions in Iceland is not extensive; there are mostly masters' and bachelor's theses from the University of Iceland and the University of Akureyri that cover abortions. A scholarly article found specifically on abortions in Iceland is from the research project which this thesis is a part of, called *Liberalizing Abortion Rights Amidst Global Backlash*. The scholarly article published from this research project, written by Gunnar Sigvaldason and Silja Bára Ómarsdóttir, is called *Opposing abortion in a feminist*

paradise: Conservative rhetoric in Iceland. The article explores how conservative discourse presented itself during the parliamentary debate on passing the 2019 Termination of Pregnancy Act in Iceland. The authors used critical discourse analysis to explore the conservative discourse and found that the discourse aligned with a global conservative discourse that resists progression. Furthermore, the findings shed a light on how conservatives try to maintain gender hierarchies, which includes resisting women's right to bodily autonomy (Sigvaldason & Ómarsdóttir, 2021). Ómarsdóttir has also published a book with Steinunn Rögnvaldsdóttir called *Rof*, where 76 women shared their abortion stories. The purpose of the book was to open the discussion on abortion, as despite the 1975 Abortion Act legally permitted women to request abortion based on health or social grounds, stigma on abortions results in women not discussing their abortion experiences (Ómarsdóttir & Rögnvaldsdóttir, 2015).

Despite intensive research on behalf of the researcher, the researcher did not find many books or articles that were researched based on abortion. Either these books were religiously based or from ethics, and the articles were found in medical or law journals that were not peer-reviewed; other material found was information brochures, or final projects at universities. The final theses provided the most extensive amount of literature, many of them were from law departments, exploring the legitimacy of abortions and the right of the mother and the fetus' right. Theses on abortion were especially apparent among students of social work, where individuals explored the role of social workers according to the 1975 Abortion Act. Sædís Ösp Valdemarsdóttir, one of the social worker students, wrote a master thesis called *Social work and abortions: Abortion counseling 1975-2016*. The thesis explored the attitude of social workers in the years 1975-2016 and concluded that the job had changed slowly but the most notable difference was that abortion stigma had decreased (Valdemarsdóttir, 2016).

From Women and Gender Studies, Gunnhildur Sigurhansdóttir wrote her thesis on the Red Stocking Movement and analyzed its campaign for free abortion from 1970-1975. Sigurhansdóttir points out that the Red Stocking Movement had an impact on the revision of Iceland's abortion laws that resulted in the 1975 Abortion Act. Her thesis was based on discourse analysis which focused on the discourse on abortions and discourse

on the Red Stocking Movement itself. She found that oppositional discourse on abortion where linked dominant ideas around the “mother” resulted in negative attitudes towards abortions. According to the discourse, only bad mothers who were self-centered and hated their children had abortions. The fact that women wanted to have abortions also went against the dominant ideas around women taking care of the household and the children, therefore, abortions altered the image of women’s role in society (Sigurhansdóttir, 2014). After extensive research, there were no studies found that had explored liberal discourse during Iceland’s parliamentary debates for the 2019 Termination of Pregnancy Act. Sigurhansdóttir (2014) covered discourse from 1970-1975 on abortion and on the Red Stocking Movement that encouraged liberal abortion laws, which included both liberal and oppositional discourse. There are publications that covered the Red Stocking Movement and their fight for abortions, but there is a lack of specifically exploring liberal discourse in Icelandic society when it comes to abortion debates.

As mentioned earlier, extensive research has been done on abortion in Ireland, which is explored through multiple disciplines. Only a fraction of the research on Ireland and abortion will be covered in this chapter to place the thesis in context of what research been done. Dr. Fletcher is a renowned scholar on abortion in Ireland, she is a professor at Queens Mary University of London and has followed the Irish abortion laws for years. In an article written in December 2018, after the Eighth Amendment had been repealed, she said that it was a major legal victory for feminist globally. The referendum was significant, as it came at a time when populist legal engagement restricted reproductive rights in many countries; Ireland therefore showed that the view of politicians does not necessarily reflect the public’s opinion. Dr. Fletcher also points out that even though legal reforms that strive towards equality are a victory, they are not equivalent to social change (Fletcher, 2018). Dr. Fletcher had published an article in 1995 with the purpose of disclosing women’s abortion experiences while abortion was still illegal in Ireland. She explored the discourse in five in-depth interviews with Irish women who had an abortion, concluding that Irish women did not discuss their abortion experiences due to the negative attitude towards abortion. Fletcher states that the silence on women’s abortion

experiences in Ireland was a cycle; women did not speak about their abortion experiences due to abortion stigma, but abortion stigma would not be eliminated until women's stories had been heard (Fletcher, 1995).

Dr. de Londras is an Irish researcher based at Birmingham Law School who among other things looks at reproductive rights from a legal standpoint. In her article '*A hope raised and then defeated'? the continuing harms of Irish abortion law*, she argues that despite the repeal of the Eighth Amendment by voters, Irish legislators did not have an issue with the previous abortion law nor how it restricted women's rights. The author concludes that prior to the referendum, the Irish discourse revolved around eliminating the danger of taking unsupervised abortion pills and the lack of access to healthcare due to strict abortion laws. More notably, that women who received diagnoses of fatal anomalies during their wanted pregnancies were being exported to the UK. Dr. de Londras stated that despite the repeal of the Eighth Amendment, pregnant persons' rights to decision making was not protected. Pregnant people have faced violations of their constitutional rights where some have been denied abortion for not having enough fetal anomalies for an abortion, or hospitals have only provided abortions up to 11 weeks, not 12 weeks. Reproductive rights will therefore be needed to be continued to battle for and protected in Ireland, where pregnant persons will have to test their constitutional right in courts for their abortion rights to be upheld (de Londras, 2020).

Ireland's abortion debates have also been explored through discourse analysis. Cullen and Korolczuk published an article in 2019 exploring abortion stigma and abortion discourse in Ireland and Poland. The two countries are both Catholic and have had restrictive abortion laws; the article explored both conservative and liberal discourse within both countries. They state that the Irish advocacy group for abortion rights, Together for Yes, had initially based their argument on feminist literature of women's rights and bodily autonomy. However, as voting in the referendum drew closer, the group shifted their argument toward creating a more compassionate Ireland for women, in order to appeal to a larger audience. The Together for Yes campaign recognized that arguments of bodily autonomy and women's rights would not engage the majority of Irish citizens, but creating a more compassionate Ireland for women would attract further yes

votes (Cullen & Korolczuk, 2019). There is extensive literature based on discourse analysis on abortion stigma in Ireland, such as Beynon-Jones's article *Untroubling abortion: A discourse analysis of women's account*, where the author explores women's experiences of abortion stigma. Another article on discourse analysis is Murray's article *The protection of life during Pregnancy Act 2013: Suicide, dignity and the Irish discourse on abortion*, which explored the discourse regarding the pregnant person's claims of suicide to access abortion, where signs of society's distrust toward women were apparent (Murray, 2016).

Research using discourse analysis on abortion debates in Ireland has therefore been conducted, but not specifically on only liberal discourse, but both conservative and liberal discourse. Cullen and Korolczuk's (2019) research shows that comparative research has been done, however, Poland has further restricted their abortion law, while the case of Iceland can give a different understanding, as Iceland and Ireland both liberalized their abortion laws. This thesis therefore does produce new knowledge specifically on discourse that successfully established more liberal abortion laws in Iceland and Ireland.

4 Methodology

This chapter will explain the methodology used for the research, which is part of a more extensive study called Liberalizing Abortion Rights Amidst Global Backlash (LARABII). LARABII explores how Iceland and Ireland have moved toward liberalizing abortion laws; while a global trend has shown increased restriction in abortion laws. The thesis will be a multiple-case study with two units of analysis, Iceland and Ireland, where the same phenomenon (liberalizing abortion laws) will be explored in two different contexts. Critical discourse analysis will be used to explore the data collected for the cases; discourse that supports liberalizing abortion laws. Iceland passed a new liberal abortion law in 2019, allowing abortion on request up to the 22nd week of pregnancy. Meanwhile, Ireland passed an abortion law in 2018, resulting in abortion being legalized for the first time in Ireland. The law permits abortion on request until the 12th week of gestation but requires a three-day cooling off period. Abortion is also permitted after 12 weeks in cases of fatal fetal anomalies and when the pregnancy poses a serious risk to a woman's health, with the permission of two medical professionals. The research will explore what kind of discourse could be observed when liberal abortion laws were established. The research which will be presented after the methodology chapter will explore how the discourse appeared in each country. After either case has been explored, the theoretical perspective will be applied to the cases, which will be explored in the discussion chapter. The discussion will also explore whether there are any similarities found between the cases or any distinct differences. The guiding researcher question is *What kind of discourse can be observed when liberal abortion laws were successfully established in Iceland and Ireland?*

4.1 Qualitative research

Qualitative research is a methodology used in social sciences to gain an in-depth understanding of the world. Denzin and Lincoln (2011) define qualitative research as: "qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (p. 3). Several approaches can be found within qualitative research, which can depend on what

is being studied and in what discipline; this research will use a case study (Creswell & Poth, 2018, p. 8).

A case study allows a researcher to explore a case, or cases, of a contemporary phenomenon in depth. Creswell and Poth (2018) say that case studies are well-known within international relations, as the discipline often explores unique cases within the complex international system (p. 96). A case study is appropriate for the research, as it looks at contemporary phenomena and is within the field of international relations. Abortions are often a disputed topic and have been a heated topic globally; while human rights bodies consider access to abortions a human right, women's access to abortions worldwide is hindered through restrictive policies (Center for Reproductive Rights, "Abortion"). Due to these conflicting ideas where some states are against abortions and neglect women's right to an abortion, many international organizations (IO) who view abortions as a human right advocate for abortions rights globally. These IOs include the UN, Amnesty International, the Guttmacher Institute, and the Center for Reproductive Rights. The importance of the research lies in exploring discourse that resulted in liberalizing abortion laws and contributing to women claiming their fundamental human rights worldwide. Creswell and Poth (2018) assert that a multiple-case study is when one issue is explored within different contexts. The reason why an issue is studied between different contexts is to explore whether a common denominator can be found or if there are evident differences (p. 99). As the research focuses on the issue (abortion law) explored within different contexts (Iceland and Ireland), a multiple-case study is appropriate.

Case studies have received their share of criticism, primarily due to their vague research structure. Critics say that case studies are mainly focused on the boundary of the research, that is, only delimited by a certain time and a place, but case studies need a method used to conduct the studies. Therefore, not all researchers agree that a case study is a methodology in itself (Stake, 2005; Thomas, 2015). On the other hand, Creswell and Poth (2018, p. 96) and Yin (2018, p. 18) agree that case studies are a research methodology, since they use certain methods to examine empirical subjects with various forms of data collection. Case studies start with identifying and marking the boundaries

for the case, such as a time period and a location, and collect data according to the boundaries of the case. The research is a case study, delimited by a time and a place which will be explained in the data collection chapter. The data collection is based on online news articles for both Iceland and Ireland, and parliamentary debates in Iceland, which is explored through critical discourse analysis to get an in-depth understanding of the language used in the liberal discourse.

Discourse analysis is well known within the social sciences to help explore the power of language. Discourse analysis focuses on the study of language which will help explore the language used when new abortion legislation was debated within Iceland and Ireland (LeGreco, 2014, p. 68). Fairclough (2003) has focused his research on discourse analysis and says it explores the links between language, power, and society. He states that researching discourse is highly productive when exploring social life, as discourse is a foundation for social interactions (p. 2). There are several approaches to discourse analysis, including an approach called critical discourse analysis (CDA). CDA acknowledges that many dimensions can be relevant when exploring and interpreting a text, such as “the notions of ideology, power, hierarchy, gender and sociological variables” (Weiss & Wodak, 2003, p. 12). Weiss and Wodak (2003) state that CDA is often used when gender issues and political discourse are explored in case studies, but the research is relevant under all three categories; it is a case study of discourse analysis that concerns a topic that is politicized and highly important to women. CDA explores social relations and analyzes social orders, how social elites maintain social inequality, such as maintaining gender roles that create unequal opportunities between genders (p. 12).

4.2 Data Collection

The data collection between Iceland and Ireland varied because the laws were passed in different ways. In Iceland, the Termination of Pregnancy Act 2019 went through the Icelandic Parliament, Alþingi, where members of parliament voted on the matter. The three discussions on the Termination of Pregnancy Act at Alþingi were analyzed, which concluded in a master document of 254 pages. Since the Icelandic public did not have a right to vote on the matter, there was limited social debate in Iceland. A total of 17 online news articles were retrieved that contained liberal discourse from Icelandic news media,

therefore it was vital to add in the parliamentary debates from Alþingi. The dates used to search for news articles online were from the 12th of September 2018 until the 16th of May 2019. The proposal of the termination of the pregnancy bill was announced in September 2018 and the final vote was held in the Icelandic Parliament in May, which is the rationale for the dates. The parliamentary debate and the newspaper articles were coded in Icelandic and the segments used for the research chapter will be translated into English by the researcher. The parliamentary debates existed in a document within the LARABII project which the researcher had access to, but the parliamentary debates can be found online at Alþingi's website. The segments used in the discussion will be cited accordingly to Alþingi's sources. The news article found online for Iceland were retrieved from the websites of Morgunblaðið, Vísir, Heimildin, and Fréttablaðið. Fréttablaðið shut down on the 31st of March 2023, but the researcher had already retrieved sources from the website before it shut down, which means the links to the sources connected to Fréttablaðið are no longer available. However, the articles can be found on the website Tímarit.is.

The data collection from Ireland was only based on online newspapers. A new liberal abortion law was established in Ireland after a referendum was held on whether to repeal the Eighth Amendment, which prohibited abortions except in specific circumstances. As the public voted on the matter, there was a great social debate. The researcher chose three online newspapers to select articles from, which were the *Irish Independent* (30 articles), *The Irish Sun* (24 articles), and *The Irish Times* (31 articles), which resulted in a master document of 202 pages. The period used to search for news articles was from the 1st of January 2018 to the 29th of May 2018. The logic behind the dates is that in January, the public debate began when the Irish Parliament announced that a referendum would be held on repealing the existing abortion law. The referendum was held on the 25th of May 2018, and three days after the referendum were added to the timeline to see the discourse after the result of the vote.

For both cases, only liberal discourse articles and debates were selected, as that is the focus of the research; articles or debates that held oppositional voices or criticism on liberalizing abortion laws were omitted. The articles and the Icelandic parliamentary

debates were imported to an analytical software called MAXQDA, where the data was read over and coded. The codes were then placed under themes that will guide the structure of the research chapters, but the themes were created through combining codes the researcher found shared commonalities.

4.3 Ethical issues

Creswell and Poth (2018) state that “whether we are aware of it or not, we always bring certain beliefs and philosophical assumptions to our research” (p. 15). This can be a result of our interests in the topic, how the educational training we receive can impact how we look at certain issues and how we explore them. It is important for researchers to be aware of their own biases when conducting research, to either steer away from them or integrate them in the work they do and acknowledge the ideas they hold (p. 15).

The research is guided by constructivism; researchers who use a constructivist framework acknowledge that their understanding of the world is based on the context they grew up in. Therefore, the researchers’ experience of life is based on the socialization of the historical and cultural setting which influences their own interpretation of the research (Creswell & Poth, 2018)(p. 24). The researcher acknowledges that she supports women’s rights and thinks abortion is a part of women’s fundamental human rights. Therefore, the coding reflects how the researcher views the world, which will be the form of bias that can be detected in the research. Dijk (1997) says that CDA researchers explore topics they are interested in and often desire to make a change in due to injustice. A bias can therefore be assumed, as the researchers want to become agents of change. Dijk points out the ethical issue that can be presented in the thesis, where the researcher wants the thesis to contribute to women’s rights being respected and upheld worldwide (p. 23). Lastly, as this research is a master thesis, only the researcher herself coded the collected data, which means that inter-coder reliability was not achievable, which is a flaw in the research (Nili et al., 2020). The themes were also based on what commonalities the researcher saw in the codes which are subjective to the researcher.

5 “This discussion is for people with uteruses”

This chapter will present the research that was conducted on Iceland and Ireland. The research is a two-case study which used critical discourse analysis to further explore liberal discourse. First, Iceland’s case will be explored, then Ireland’s. As mentioned in the methodology chapter, the cases use different types of sources due to the different ways in which the laws were passed. The Icelandic abortion law passed through parliament in 2019 where the vote was solely held within the parliament. Therefore, the debate was mostly within the walls of parliament and limited social debate took place. Meanwhile in Ireland, a referendum was held which resulted in a great public debate, and less parliamentary debate. Therefore, the material from the Irish debates comes solely from news articles.

The language used in both debates reflects gender binary language. The discourse spoke primarily about men and women; gender-inclusive language was not prominent and only referred to individuals with female reproductive system or people with uteruses once or twice within the explored data for either country. Since the discourse in the collected data does not have gender-inclusive language, the analysis will not either. Overall, abortion will be addressed as a woman’s issue, unless the data in question uses gender-inclusive language. Not using gender-inclusive language does not reflect the researcher’s approach to gender or gender-inclusive literature, but the researcher considers herself to overexert the analysis of the data by using gender-inclusive language.

5.1 Iceland

It was incredibly beautiful to see when people stood up and applauded from the parliamentary platforms. It was a historic moment and I am very proud to have been able to take part in it (Valsson, 2019, May 14).

The Icelandic Parliament, Alþingi, passed a Termination of Pregnancy Bill in 2019, which replaced an older Abortion Act from 1975. The data used for the research on Iceland was primarily based on the parliamentary debates at Alþingi, but supported by Icelandic news articles to involve the public debate. Sigvaldason and Ómarsdóttir (2021) point out that during the parliamentary debate in 2019, a limited social discussion was held outside of Alþingi (p. 3), which held true for the researcher, as only a small number of newspapers

articles were collected. The Icelandic debate will be split into three themes; bodily autonomy, which was the leading discourse, next is the theme called based on facts, which focuses on the knowledge presented by specialists in the medical field and those who work around terminations or pregnancies. Lastly, the theme do we trust women? Which bases the argument whether women are trusted as moral agents. The themes were established through combining quotes; the codes will be presented in quotation marks within each theme. The codes will give the reader an idea of the most prevalent ideas in the abortion debate.

Before continuing with the research, it is important to acknowledge the difference in terminology within the Icelandic debate. The Icelandic word “fóstureyðing” used in the 1975 Abortion Act is translated to “abortion” and shows significantly fewer news article results than the more recent term “þungunarrof,” translated to “termination of pregnancy,” which was used for the new 2019 Termination of Pregnancy Act. The results showed that the terminology of the new bill, “termination of pregnancy,” gained a foothold before the acceptance of the bill. The terminology was debated at Alþingi, oppositions of the bill would hold on to the old term for “abortion”; meanwhile, supporters of the bill used “termination of pregnancy.” Supporters of the Bill pointed out that the Icelandic term used in the existing law for abortion, “fóstureyðing,” is a loaded word in Icelandic and does not correlate to the translation of the word used in the neighboring Nordic states or English. Medical practitioners also pointed out that “termination” is a more accurate for the medical procedure than “abortion.” In this chapter for the Icelandic research, the term abortion or termination of pregnancy will be used depending on which act is being discussed, and what word the individuals use in the analyzed texts. The use of gender-binary language or gender-inclusive language will depend on the individuals cited from the retrieved data.

5.1.1 Bodily autonomy

The Minister of Health in 2019, Svandís Svavarsdóttir, introduced the Bill³ at Alþingi, stating that the importance of a new Bill revolved around securing women’s bodily

³ Bill with a capital B will be used for the proposed bill on termination of pregnancy which would replace the Abortion Act.

autonomy, which was not guaranteed in the Act from 1975 (Svavarsdóttir, 2018b). Supporters of the Bill at Alþingi pointed out that the 1975 Act was “outdated” and did not reflect the societal changes that had increased women’s sexual freedom and gender equality for the previous 40 years. Svavarsdóttir referred to the rules in the existing Abortion Act, which assume that two specialists (two health professionals or one health professional and one social worker) have to accept under what circumstances a woman has the right to an abortion on the ground of social provisions: “I believe that this provision bears marks of old-fashioned paternalism that does not withstand modern attitudes to human rights and self-determination of the individual and women’s freedom” (Svavarsdóttir, 2018b). Some female members of parliament (MP) pointed out that the Act⁴ was older than themselves and it was time to adjust it to modern times (Haraldsdóttir, 2018; Sigurbjörnsdóttir, 2018). Independence Party MP Áslaug Arna Sigurbjörnsdóttir stated her satisfaction with the proposed Bill and that the “Bill would replace very old law. The laws were 43 years old and outdated in many ways, including when it comes to women’s bodily autonomy” (Sigurbjörnsdóttir, 2018). Many other MPs stated that the replacement of the law was long overdue to adapt to modern day attitudes (Elíasdóttir, 2018; Mogensen, 2018, December 11; Sigurbjörnsdóttir, 2018).

Many MPs agreed that the 1975 Abortion Act was outdated, but the most prominent debate for the supporters of the Bill was that of “bodily autonomy.” Women should be able to control their bodies, not the state. Svavarsdóttir argued when presenting the Bill that it would protect individual autonomy and women’s right to self-determination over their own bodies. The 1975 Act puts the power in the hands of specialists, which the Bill seeks to change, as Svavarsdóttir stated:

in light of these reasons [the decision being with the specialists], I propose in this presented Bill, that any woman who feels compelled to request a termination of pregnancy, whatever the reason behind it, should be able to make that decision entirely on her own. However, she will be offered and given and guaranteed the support she believes she needs, both before and after the termination of pregnancy has been performed (Svavarsdóttir, 2018b).

⁴ Act with a capital A referring to the then-existing Abortion Act from 1975.

Svavarsdóttir emphasized that the 1975 Act did not permit women to control their own bodies, with specialists deciding whether a woman was capable of carrying out a pregnancy, whether on social or medical grounds. Halldóra Mogensen, the Chair of the Welfare Committee that covered the Bill and an MP for the Pirate Party, further emphasized that the woman should decide for her own body. She posed a question to Alþingi regarding who would be in the best position to make the difficult decision of terminating a pregnancy: “I believe it is obvious that it is the woman herself, because no one is in a better position to assess her situation than the woman who is carrying the child. No one. No one else can make this decision” (Mogensen, 2018, December 11). A significant part of the discussion regarding bodily autonomy was that women should be able to decide on their terms whether to terminate a pregnancy; no one else, a specialist, the state, or any other individual was in a better position to decide than the pregnant woman. Ólafur Þór Gunnarsson, Left-Green Party MP, added to the debate that “as a society, we are making the decision that is a woman’s right to make decisions about her own health, her life, and her own body” (Ó. Þ. Gunnarsson, 2018, December 11).

As pointed out before, the public debate was not prominent in Iceland when Alþingi voted on the Bill. Nonetheless, some women shared their experiences of the healthcare system when they decided to terminate a pregnancy, to help MPs and Icelandic citizens realize the importance of the Bill. A woman shared her story of when she terminated a pregnancy in the 22nd week after the fetus was diagnosed with a severe case of hydrocephalus. The doctors told her that the child would never leave the hospital and would have no cognitive brain function. The woman and the father of the child decided that they wanted to terminate the pregnancy to prevent the child from suffering. However, they needed permission from a committee from the Directorate of Health. The permission was granted when the woman was 21 weeks and five days pregnant, which meant she was only a day away from being legally unable to terminate the pregnancy. The woman said in an interview with Icelandic National Broadcasting Service (RÚV): “I remember coming home and just thinking; how can this not be my decision or the parent’s decision?” The woman encouraged MPs to vote yes to the Bill, as it did not extend the legal time frame but moved the decision-making away from specialists to the

pregnant woman. As she referred to the importance of women's bodily autonomy, she expressed how difficult it was to wait for the committee's approval for a decision being made over her own body (Ómarsdóttir, 2019, May 12).

Women's bodily autonomy is not protected through the 1975 Act, says Steinunn Rögnvaldsdóttir, a sociologist and women and gender studies specialist. In an interview before the acceptance of the Bill, she explained that women in Iceland were not free to decide whether to terminate a pregnancy. Therefore, the law did not protect women's bodily autonomy, which she believed that the majority of people did not seem to realize. Rögnvaldsdóttir stated, when she referred to the 1975 Abortion Act and the required permission from two medical specialists to have a pregnancy terminated:

We have been advocating that women get to decide this for themselves. People do not realize that terminating a pregnancy is not available on request in Iceland, when a person does not have the right to self-determination, it cannot be considered to be provided on request (Pálmadóttir, 2018, October 30).

Supporters of the Bill had pointed out that bodily autonomy was indeed not respected, further, the discourse had stated some of the reasons why women's bodily autonomy is not respected. For example, a member of the Icelandic Women's Rights Association pointed out that the real reason the Bill was met with resistance was that:

This particular step revolves around the holiest of all holy: the uterus. A body part that unlike any other body part is not private property and never has been. On the contrary, it plays an important societal role – or the role of the almighty, depending on the perspective (Þórsdóttir, 2019, March 2).

What she is pointing out is what many of the supporters of the Bill agreed on, that women's bodies are the only bodies that face restrictions by the state. The state does not make laws regarding men's bodily autonomy, as Bjarkey Olsen Gunnarsdóttir, Left-Green Party MP, stated at Alþingi: "men do not live with limited rights when it comes to their bodies on behalf of the legislator, such rights should neither they nor anybody else ration women's (rights) based on their emotions" (Gunnarsdóttir, 2019, May 13). As she referred to, some MPs at Alþingi were basing their arguments on emotions, not on facts or based on the opinions of specialists who were consulted during the draft of the Bill.

5.1.2 Based on facts

The discussions on termination of pregnancy and women's bodily autonomy often became an emotional argument, not from the standpoint of facts or knowledge of specialists in the profession. Mogensen suggested that the debate should be kept professional, the debates should be based on facts, not emotions. She stated on the issue at Alþingi: "hopefully there will be a consensus to disclose this case from a professional standpoint, not an emotional one, on whether women can be trusted or not to make decisions about their lives, safety, and future" (Mogensen, 2018, December 11). The MPs who wanted the debate to continue based on facts, not people's emotions, pointed out that many specialists were consulted during the creation of the Bill. Consequently, the delimitation of the 22nd week was not based on emotions but concluded by specialists in their professions.

One of the primary topics of the debate at Alþingi was the number of weeks the Bill proposed; opposition to the Bill said the number of weeks was too high, and some even compared termination of pregnancy up until the 22nd week to aborting "an unborn child" (Sæland, 2018, December 11) instead of using the medical term fetus. Supporters of the Bill emphasized that the number of weeks was not pulled out of thin air but was recommended by healthcare specialists, nurses, doctors, obstetricians, and social workers that have consulted within the healthcare system for years. Mogensen, stated the rationale for the number of weeks:

The reason for the 22-week limit, i.e. that women's rights are at that mark today in current legislation, but also due to all the specialists that have come to us have said that it is essential due to the 20-week ultrasound, which is very important. Severe heart defects, central nervous system defects, and kidney defects are diagnosed there. It is in extremely rare cases that a woman terminates a pregnancy at this time. However, there are cases where we have to accommodate, that is the opinion of the majority and my opinion that we have to accommodate these women (Mogensen, 2019a, May 2).

Not only was the number of weeks based on the view of specialists in Iceland, but also on what the World Health Organization (WHO) says on the viability of a fetus, as Gunnarsson pointed out:

The number of weeks is not chosen by coincidence, but i.e. because of the position of the World Health Organization which concludes that if the independent viability of a fetus outside the woman's womb is great, then it is justifiable to draw the line at that mark. We know that there are societies all around us that have taken different stances. Some states do not even have any time limits on the termination of pregnancy, but we are not there (Gunnarsson, 2019, May 7).

Gunnarsson added that the Bill is not only based on the work of specialists within Iceland, but also on guidelines from WHO. Specialists working in the field were consulted, which concluded that women should be able to decide up to the mark of the 22nd week of pregnancy, or until the fetus could become viable outside the womb (Gunnarsson, 2019, May 7).

5.1.3 Do we trust women?

Supporters of the Bill had argued why women should be able to decide freely whether to terminate a pregnancy. Bodily autonomy had been frequently mentioned, as specialists in the field regarding termination of pregnancy, health care workers and social workers, believed the 22nd to be a crucial period for women to choose. Still, this logic did not seem to convince the opposition to the Bill. The liberal discourse shifted towards emphasizing that women should be trusted, as supporters of the Bill viewed the opposition as not trusting women to make "the right choice." The discourse around trust was frequently mentioned close to the final vote, where many MPs stated that they trusted women and therefore voted yes. Þórhildur Sunna Ævarsdóttir, Pirate Party MP, was one of the MPs notable in the discussion at Alþingi advocating for the Bill. On the matter of whether women should be trusted to make decisions for themselves, she stated to applause from the chamber: "I think we should trust women with autonomy over their own bodies, after all, we own our own bodies (intervened: hear hear), and I am sick and tired of some men telling me otherwise (intervened: hear hear)" (Ævarsdóttir, 2018, December 11).

The debate at Alþingi sometimes shifted toward men versus women, as suggested by Ævarsdóttir when she said she was sick and tired of men telling women what to do with their bodies. Even so, many male MPs supported the Bill and women's bodily autonomy. Jón Steindór Valdimarsson, Liberal Reform Party MP, pointed out that "the woman must be the best judge to know what is best for her and what she wants to do

with her life” (Valdimarsson, 2018, December 11) and others pointed out that they did not find it appropriate to make laws that did not apply to them (B. L. Gunnarsson, 2018, December 11; H. H. Gunnarsson, 2018, December 11). Many MPs stated the importance of passing the Bill to send a clear message to the countries citizens and other people in the world, that Iceland trusted women to make decisions regarding their bodies (Mogensen, 2019b, May 2).

The supporters of the Bill pointed out two issues regarding why the opposition of the Bill did not trust women; that women were not trusted as moral human beings to make the right choice, and if that were the case, who else was competent to decide for the termination of pregnancy than the pregnant woman herself? A sense of distrust was detected as the opposition to the Bill said they trusted women, but... After the word “but” came after the oppositions statements that they trusted women, always came a reason on why women should not be trusted, which there became a contradictory statement. Advocates of the Bill stated that if MPs did not vote for the Bill, it showed that they did not trust women to make the right choice. *Ævarsdóttir* summed up the issue in that “women are not trusted to make an ethical and true decision for themselves about what is best for themselves and their lives” (*Ævarsdóttir*, 2019, May 2), suggesting that the real reason behind the opposition of the Bill was, in fact, a misogynistic view of women. An adjunct at the University of Iceland who followed the discourse around the Bill closely, *Sunna Símonardóttir*, shared a similar opinion. She believes that “fundamentally, society distrusts women to make these decisions for themselves” (*Sigurðardóttir*, 2019, May 10). This idea that *Símonardóttir* and *Ævarsdóttir* present, that society distrusts women, is not only based on termination of pregnancy, but in the grand scheme of things; an overall prejudice women face to be trustworthy individuals. In essence, MPs supporting the Bill emphasized that women should be trusted to make decisions for themselves; it should not be in the hands of the legislature or the state. As *Guðjón S. Brjánsson*, Social Democratic Alliance MP, asked in his speech at *Alþingi* about who should be trusted to make decisions about the termination of pregnancy:

Is the legislature better suited to dispense the categories a woman must fulfill to walk here freely and safely? Or are two doctors better equipped to do so?

If a committee appointed a doctor, a social worker, and a lawyer, would they be better equipped? (Brjánsson, 2019, May 2).

As Brjánsson referred to whether it were appropriate to have specialists make decisions over women's bodies, or whether women should not be trusted to make the decision over their bodies, the discourse emphasized that women must be the individuals in the best position to decide for their bodies and their future. The legislator, doctors, or social workers should have such decision-making power over women's bodies.

Supporters of the Bill pointed out that with the 1975 Act, women's bodies did not become their own when they became pregnant, suddenly, they were not individuals who were trustworthy or able to control their own bodies. Due to this fact, some pointed out that the woman became a host for the unborn fetus and lost her individuality and freedom. An Icelandic pastor stated that the discourse around the termination of pregnancy depended on whether women were individuals who controlled their own bodies and future or "captive hosts for the fetus" (Heimildin, 2019, May 8). This removed the pregnant woman's individuality and moved the reality of her existence toward her relationship with the fetus. Once again, the liberal discourse revolves around women making decisions for themselves as autonomous individuals and not in relation to the fetus. Journalist María Lilja Þrastardóttir pointed out that neither men nor parliamentarians should be making decisions over women's bodies:

the discussion on the termination of pregnancy is not a discussion on premature babies or living babies, cum-owners, or the feelings of parliamentarians. This discussion is for people with uteruses and our rights to make decisions for our futures and our bodies (Guðmundsson, 2019, May 9).

Þrastardóttir's statement nicely concludes the arguments MPs were trying to pose at Alþingi; women are the ones who are impacted by these decisions, therefore, women should be the ones allowed to make the decisions over the termination of a pregnancy.

The discussions around the Bill also touched upon other factors, such as sexual freedom, discrimination against women in diverse and vulnerable situations, and discrimination against disabled fetuses. There was criticism of the number of weeks, but existing data does not support the view that a longer legal time frame increases

terminations of pregnancies, as shown in Canada, the UK, and the Netherlands (Elíasdóttir, 2018). Many MPs pointed out that this was a human rights issue, a woman's rights issue, and Iceland as a society should not restrict women's rights. Gunnarsdóttir said: "dear colleagues, we do not reduce women's rights in the 21st century" (Gunnarsdóttir, 2019, May 13), which was applauded from the stands at Alþingi. To conclude the discussion on the liberal discourse in Iceland, which went into three discussions rounds at Alþingi, journalist Kjartan Hreinn Njálsson at Fréttablaðið summed up the discussions and their results from Alþingi nicely in an opinion column at Fréttablaðið, which the Icelandic critical discourse analysis on Iceland will end on:

In fact, it is unfortunate that there are any time limits on the termination of pregnancy, because if we trust women to make an informed decision, and take the responsibility for the decision, then there is no reason to put restrictions on when that decision is made at all. A legal reservation on the time limit of the termination of pregnancy thus shifts the focus from the woman's decision and onto the biological development of the fetus and its viability, which is dependent on the ever-changing social and technological factors.

At Alþingi yesterday, a clear message was sent to women: We trust you to take responsibility, to decide for your own bodies, and to take a stand on the issue where you alone should have the final say (Njálsson, 2019, May 14).

5.2 Ireland

We have actually rewritten history and we are creating an Ireland which is new, which is fresh, which is honest, which is frank, which values women, our bodies our values, our choices, ourselves our lives, absolutely equally (McDonald, 2018, May 26).

The social debate on abortion in Ireland was cumbersome as a national referendum was held on whether to repeal the Eighth Amendment and replace it by a new law or to hold on to the existing law. A Yes vote meant in favor of repealing the Eighth Amendment, while a No vote would be against repealing it. Both sides were evident in the debate, but the researcher only retrieved articles that supported the liberal discourse, as this is the focus of the study.

The Irish debate will be split into five themes; the most prevalent theme is that Ireland should take care of their women, as many women have had to seek abortion services abroad or illegally within the country. Another theme looks into the danger of criminalizing abortions, called a dangerous path, where individuals, including healthcare specialists, highlight the threat of the current abortion laws as women seek other ways to access abortions. Personal stories were among the essential discourse for those advocating for a Yes vote. Personal stories aimed to help voters understand that the abortion law negatively impacted women all over Ireland, which led to the theme of “personal stories.” The last two themes are “bodily autonomy” similar to the Icelandic discourse, reiterating that women should be able to control their own bodies, and “Ireland is no longer a Conservative backwater.” The latter implies that Ireland is changing and the impact of the Catholic Church is fading. The term “abortion” will be used, as the discourse in Irish society explicitly uses that term. Just like in the Icelandic part, codes that make up the themes will be presented in quotation marks and the researcher also wants to stress that the usage of gender will be in the context of the observed discourse, which primarily showed binary gender language.

5.2.1 Ireland should take care of their women

One of the major themes in the Irish media was that Ireland was not taking care of their women. The Eighth Amendment did not result in no Irish women having abortion, it only meant that women had to find other ways to access abortion. The two options for women in Ireland to access abortions were traveling abroad or having an illegal abortion within Ireland. A common phrase used in the discourse was that Ireland was “exporting the problem,” which became one of the codes for the research. This phrase referred to women in Ireland being forced to seek healthcare elsewhere to receive an abortion, so that abortions were not eliminated in Ireland; rather, abortions became a problem of another jurisdiction.

Taoiseach Leo Varadkar supported repealing the Eighth Amendment and expressed his dissatisfaction with how Ireland had treated their women: “there has been in Ireland a legacy of shame in many ways. The fact that 170,000 women have had to travel, sometimes in secret, to another jurisdiction to end their pregnancies” (Higgins,

2018, May 25). With this statement, Varadkar acknowledged that Irish women were getting abortions; instead of taking care of Irish women and offering abortion services within the country, Ireland was exporting the problem of unwanted pregnancies. Some considered it humiliating for Ireland that the Republic ignored women's issues and let another country deal with what is considered a fundamental human right and healthcare by the UN. The Health Minister Simon Harris further stated on the issue:

can we just pause and picture what this is telling us? Is it acceptable to any of us that women are once again left in a lonely and scary place sending off for a pill to be sent through the post instead of being able to access the medical advice and support they need? How can we ignore it? If it is the sad reality that we have been exporting the issue, are we now accepting that women must import their own solutions? (Doyle & Downing, 2018, January 18).

Harris stated it was unacceptable that Ireland ignored women's needs. He also pointed out the fact that women would find ways of accessing abortion, regardless of whether it was prohibited (Doyle & Downing, 2018, January 18).

Politicians were not the only ones expressing the view that Ireland had ignored the thousands of women forced to travel to access abortion services. Many women shared their experiences where they felt Ireland had let them down by forcing them to travel. Ireland had prohibited abortion even in severe cases of fetal anomalies when there were clear indications that the fetus would not survive. If the fetus had a heartbeat, an abortion was not permitted. Fetal anomalies are one of many reasons women seek to travel across the Irish Sea for an abortion. A Master (CEO) at the National Maternity Hospital explained the traumatic experience many parents had to face when they chose to end a pregnancy abroad; the parents "have to wait for their babies to come home in a jiffy bag" after a termination has taken place abroad (Murray, 2018, May 22). The Master at the Hospital said parents must face two challenging scenarios, losing a pregnancy and receiving the fetal remains through the mail. The latter could be prevented if Ireland permitted women having abortions within the country, being able to choose how to grieve, and be around loved ones during a difficult time. Another woman who traveled for an abortion due to a fetal anomaly said she and her husband lost a wanted pregnancy and had to travel with their daughter's ashes in their hand luggage back to Ireland. She

said: “I felt like we were abandoned by this country. We weren’t looked after here, we weren’t received with compassion at such a difficult time” (Roe, 2018, May 10). She shared the story of many other women who experienced something which could have been prevented through legalizing abortions.

Before the referendum, much of the discourse revolved around why women should have the right to an abortion. Many of the stories that women shared of their abortion experiences were cases of fetal anomalies, as mentioned above. Imagined scenarios for reasons why women have abortions were often presented in the discourse, to help voters understand the various situation women find themselves in to want to request an abortion. These imagined scenarios along with real life personal stories were presented to convince the public on why abortion should be legal, with this type of discourse, it appeared that women needed “a ‘real’ reason” for having an abortion. The word “real” is placed in quotations marks because it is unclear what a real reason is or should be. In the Irish discourse, “a ‘real’ reason” usually referred to the difficult cases, which were related to rape or fatal anomalies. Heather Humphreys, the Business Minister, referred to these “real” reasons when she stated: “I genuinely feel in my heart we have to do something for the women who are in this situation – for all the different reasons, for rape, for incest, for fatal foetal abnormality” (McQuinn, 2018, May 19). Many people in the media spoke about these difficult cases and usually discussed scenarios such as those Humphreys pointed out. An Irish voter contributed to this discourse stating: “would you force a 14-year-old granddaughter who’d been raped to go through with the pregnancy?” (Cotter, 2018, May 17). Many voters who reporters talked to on the streets in Ireland had corresponding views on these difficult situations: “the women and girls who were raped. Should they be forced to carry a baby to full term?” (Doyle, 2018, May 26).

Much of the discourse on why women should be allowed to access abortion referred to these “difficult cases,” and therefore having “a ‘real’ reason” as mentioned above. However, this was not the case for everyone. A woman shared her experience of having an abortion where she simply did not want a child. She expressed that it was easy for people to empathize with women who had an abortion due to fetal anomalies or rape.

Conversely, when it came to abortion based on not wanting to have a child, she said: “when it’s a story like mine, it’s harder for people to empathise” (Lisa, 2018, April 20). Her point puts into focus the dominant debate that abortions should be permitted in these difficult scenarios, but not the fact that women should be allowed to have an abortion whatever the reason. The stories women shared were usually tragic stories of women who wanted to have children, but not the stories where women just did not want to have a child. The woman introduces another theme which regards bodily autonomy, which will be discussed in the next sub-chapter, where women should be able to have access to abortions because it is their right to make decisions over their own body.

5.2.2 Bodily autonomy

Bodily autonomy was a theme in the discourse, where the importance of being able to control one’s own body, regardless of gender, was emphasized. Many individuals pointed out that women should be able to control their bodies, that the state should not regulate a woman’s body as soon as she becomes pregnant. Independent TD (Teachta Dála; member of parliament of the lower house) Thomas Pringle was one of those who pointed out that women’s bodily autonomy was not respected according to the Eighth Amendment, telling the Dáil: “right now only men in Ireland enjoy bodily autonomy” (O’Halloran, 2018, January 17). Pringle not only pointed out the state’s interference with women’s bodies but also further expressed his disappointment that the provision of abortion did not go beyond 12 weeks (O’Halloran, 2018, January 17).

The issue of women not having bodily autonomy when they became pregnant was further highlighted by supporters of the Yes vote when they stated that no one should have the right to decide over the body of a pregnant woman, not men, the state, nor religion. A noticeable discussion regarding bodily autonomy was that “women should decide,” that the decision on abortion should be the woman’s alone. Irish actress Saoirse Ronan put it in simple terms: “I just feel everybody has a right to their own body. Everyone has a right to make their own decisions” (Ellis, 2018, February 17). Her point is very straightforward and reflected much of the discourse on bodily autonomy and abortion, that women should simply be the ones to decide for their own bodies. Many men who supported the Yes vote said that as men, they should not be the ones to tell

women what they do with their bodies, and neither should the state. A radio host told his followers: “not normally one for asking people to vote one way or another. But as an Irish son and brother, no state should have the right to tell a woman what to do with her body” (Phelan, 2018, May 25). This again reflects the view that women should be able to decide, no one else should make the decision for women.

Within the theme of bodily autonomy, a topic that arose was that “women should be trusted” to decide what they do with their bodies. Intervention of the state in a pregnant woman’s life suggests that women are not trusted to decide for themselves. A voter interviewed by The Sun said: “this is a vote of trust in women to make the decisions that are right for them and their families” (McDonald et al., 2018, May 26). The voter draws attention to view that women should be trusted to decide what is best for themselves, the state should not intervene or force a woman to have a baby she does not want. A woman talked about being pleasantly surprised by her interaction with a number of older people, who said: “they don’t need to know the reasons why a woman may need an abortion” (Lisa, 2018, April 20). This mindset shows how simply some people view the topic on abortion, that women should be trusted, others do not need to know the reasons behind it.

The right to bodily autonomy and access to abortion was also identified as a fundamental “human right.” Many voters expressed their shock when they found out as they got older that when a woman became pregnant in Ireland, she lost some of her human rights. Some voters said that they just assumed when they grew up in Ireland that fundamental human rights would be protected by the state (Bardon, 2018, May 14). Many connected a woman’s loss of human rights when she became pregnant to the long history of Catholicism in the state, and that the vote showed that Ireland was moving toward becoming more secular. Oliver Callan at The Sun said in an article that a Yes vote would result in “a joyful recognition of women’s rights, especially the right to choose a medical procedure without being mastered by the State, a religion or others purporting to be the voice of a woman’s unborn child” (Callan, 2018, May 27).

5.2.3 A dangerous path

The problem with making abortions illegal is that it does not prevent them from happening, it only drives women to seek other ways to access abortions. This fact was stressed prior to the referendum, pointing out the thousands of women that had travelled to the UK for an abortion and a more recent trend, where abortion pills could be ordered online and taken under no supervision (Dowd, 2018, May 21). Due to this fact, a major theme in the discourse was that it is dangerous to continue on this path; which referred to the Eighth Amendment putting women at risk by denying them access to abortion services. Under this theme, “making abortion safe” was one of the major topics in the debate; abortions in Ireland were happening regardless, so they might as well be made safe (Dowd, 2018, May 21).

Medical professionals, such as gynecologists, obstetricians, and general practitioners, expressed their concerns over the unsafe situations women were in under the then-current law. They especially mentioned the risk that came along with abortion pills being purchased online, since while generally safe, the pills should be supervised by medical professionals in case something happened. Many medical professionals therefore supported abortion being legalized and regulated instead of being illegal and unsupervised; while abortions were illegal, they put women in uncertain positions which could be dangerous (Leahy, 2018, April 25). Nick Breen, a general practitioner and a member of Doctors for Choice, was one of the medical professionals who expressed their concern regarding abortion in Ireland. He said: “this referendum is a vote on whether we want a safe, regulated and legal system or to continue the unsafe and illegal system we allow today” (Breen, 2018, May 22). Other medical practitioners concurred with Dr. Breen, such as Dr. Peter Boylan, the chair of the Institute of Obstetricians and Gynaecologists, who added that “these pills are very safe when used under medical supervision. However, if taken in the wrong dosage or at the wrong time they can cause serious, potentially fatal problems such as uterine rupture and haemorrhage” (Pope, 2018, May 6). Dr. Boylan further stated that Ireland was playing with fire by criminalizing abortions and taking the “risk [of] waking up one morning to the news that a woman has bled to death, alone in her bathroom” (Pope, 2018, May 6). The problem Dr. Boylan

pointed out with abortion pills is that if something goes wrong, women can be reluctant to seek assistance at Irish hospitals, afraid of being stigmatized and the possibility of being reported to the police (Amnesty International, 2015, pp. 85-86).

Medical practitioners disclosed that abortion was safe when under medical care, stating further that abortion care was a part of proper health care. Besides the importance of making abortion safe within Ireland, while the Eighth Amendment lingered, the law became discriminatory as it allowed for women to travel for an abortion, which could be financially difficult (Leahy, 2018, April 25). Sinn Féin Teachta Dála, Aengus Ó Snodaigh, touched upon how expensive it was to travel for abortion services and estimated the cost to be at least €1,000. He believed the expense of traveling could lead women to “take desperate action” which should be prevented by the state by offering abortion services within the country (O'Halloran & O'Regan, 2018, March 9). The Eighth Amendment became discriminatory for poor women, as those who could afford to travel could access abortion services abroad. A woman shared her experience on traveling abroad for an abortion and said it had cost her €1,000. She said she was shocked how much it cost and further said:

I borrowed from loads of different friends. It was the only way I could have done it, by getting €50 off one and €100 off another. Then when I got back home there was the added stress of trying to pay it all back (Lisa, 2018, April 20).

The law therefore puts women in sensitive positions, in particular poor women, immigrants who need visas to travel, and women in hostile living situations, in a difficult situation as they might not have the opportunity to travel.

A great many personal stories were shared prior to the referendum, where women shared their diverse situations in seeking abortion services. So far, the debate has presented stories of women struggling to afford to travel, while others explained that they felt isolated having to grieve an unborn child with a fatal anomaly in another country. Personal stories weighed heavily in the liberal discourse, which will further be presented in the next chapter.

5.2.4 Personal stories

Many voters said that personal stories women shared were a tipping point toward them voting Yes at the referendum. Countless numbers of women shared their stories online, for the Yes Campaign, and some even contacted MPs personally to share their stories to encourage them to vote Yes at the referendum. Various stories unveiled the horrific impact the Eighth Amendment had had on women's lives.

An immigrant living in Ireland shared her story and expressed her frustration that the doctors had to wait for her condition to get exceedingly bad before intervening. The doctors had informed her at 11 weeks that the fetus was not growing properly, and they would have to observe her condition further. A week later, she came in for an observation and was sent back home, but within 24 hours of the hospital visit, she was rushed to the hospital in an ambulance after she started bleeding heavily. She said:

...the blood was gushing out and they had to give me a blood transfusion. I remember thinking why didn't they deal with it on the spot knowing that the foetus wasn't growing. Why did I have to wait and end up in an emergency situation? (Pollak, 2018, May 16).

She further expressed that it was a traumatic experience for her and her family, and she was dissatisfied that the doctors did not give her options, knowing that the fetus was not growing. She advocated for the Yes campaign, but she was not allowed to vote as an immigrant. She explained that the current law would impact migrant women disproportionately; women in her situation would have to apply for a visa to travel to the UK to have an abortion (Pollak, 2018, May 16).

Of the personal stories shared, the story of Savita Halappanavar influenced voters particularly. Halappanavar died in 2012 of sepsis after being denied an abortion, which caused outrage in Ireland and gained international attention. Harry McGee at the Irish Times said in an article about the referendum:

Savita Halappanavar was also the start of it. Her death almost six years ago planted the seeds for a campaign that would totally usurp, not just the Eighth Amendment outlawing abortion, but also a core tenet of Irish society that had set Ireland apart from all our neighbours for over a generation (McGee, 2018, May 26).

Portraits of Savita were displayed all over Ireland and had a great impact on voters. Multiple voters said her story weighed heavily in their decision to vote Yes prior to the referendum, a story that should never have happened and should never be repeated (Davey, 2018, May 27; Knox, 2018, May 28). According to an exit poll made by the RTÉ (Ireland's National Television and Radio Broadcaster), 8% of voters voted Yes explicitly due to Savita's story (O'Brien & Armstrong, 2018, May 26).

The advocacy group that supported legalizing abortion services, Together for Yes, kicked off a campaign called *She Lives on Your Street*; a method used to personalize the abortion problem. The campaign pointed out that statistically, there was a great likelihood for any Irish citizen to know a woman who had had an abortion. A spokeswoman for Together for Yes said:

the most recent figures from the HSE [Health Services Executive in Ireland] show that approximately one in 20 women in Ireland have had an abortion. So the woman who has had an abortion probably lives on your street and you just don't know it. She hasn't told anyone, because the Eighth Amendment criminalises her and means a cloud of stigma and secrecy hangs over her decision (Burns, 2018, May 5).

The high rate of women who have an abortion in Ireland made it likely that everybody knew somebody who had had an abortion. However, the stigma around abortions resulted in women not openly discussing it since it was illegal.

Fiona Bloomer of the University of Ulster further studied attitudes on abortions by 3,000 individuals from Ireland and Northern Ireland. She stated: "I think the general stigma of silencing over abortion means that women are reluctant to speak [seek] support. They are not sure of who to turn to" (Kelleher, 2018, March 23). Bloomer emphasizes that women feel stigmatized for having an abortion, which makes many women feel alone. In order to respond to the stigma around abortion, the word "compassion" was used repeatedly by Yes voters. Taoiseach Leo Varadkar used the word compassion in a speech in January of 2018 when the referendum was accepted by the government. He spoke of the importance of showing compassion to women who find themselves in the position of seeking abortion services:

I believe this is a decision about whether we want to continue to stigmatise and criminalise our sisters, our co-workers, and our friends. Or whether we are prepared to make a collective act of leadership to show empathy and compassion (Varadkar, 2018, January 18).

Using the word compassion indicated that women should not be shamed, but instead shown compassion, as every woman has their own reason for abortion.

5.2.5 Ireland is no longer a conservative backwater

The theme that Ireland is no longer a conservative backwater has several codes to it, but the theme refers to Ireland changing and its citizens wanting to participate in that change. One of the codes relates to Irish citizens showing great interests in voting and participating to “shape the future” of Ireland. Voters said this is a once-in-a-lifetime opportunity to shape their country and secure a basic women’s right in Ireland (Barker, 2018, May 19). Other voters said they were voting for the future for their daughters, their children, and for the next generation; preventing them having to go out to the streets to advocate for women’s rights (Lynott, 2018, May 26; McDonald et al., 2018, May 26). Ailbhe Smyth, co-director for the Together for Yes campaign, said that if the result of the vote would be Yes: “this will be a moment of profound change in Ireland’s social history, a moment when the nation collectively stood up for women and for their healthcare, and voted for constitutional change” (O'Brien & Armstrong, 2018, May 26). A great interest in participating in the referendum and shaping the future of their country led many Irish citizens living abroad to come home to vote.

Coming “Home to Vote” was visible in the Irish discourse and was one of the most prominent codes for the research. Home to Vote was also an apparent social media hashtag and was a website created to fundraise for Irish citizens who otherwise could not afford to fly home to vote (Kenny, 2018, February 8). Thousands of Irish citizens flew back home to vote; many shared their stories on Twitter with the hashtag #HomeToVote and shared how far they were traveling to come home for the referendum. People were traveling from all over the world, from places such as Buenos Aires, Bangkok, and New York, to simply make sure that the referendum would go through with a Yes vote (Bardon, 2018, May 14; McEvoy, 2018, May 24).

Some voters pointed out the importance of democracy and that they feared how the elections would go, especially due to what had happened in other countries, most pointed out Trump being elected and Brexit. Hence, making a trip to Ireland to participate in a democratic vote would be worth the hassle (Anderson, 2018, May 28). Many voters recognized that the vote concerned a major human rights issue for women, which is why many travelled to Ireland to cast their vote. A woman travelling from Brussels said:

this is a major human rights issue and everyone knows somebody who has been affected by our restrictive laws on abortion. That's why, wherever I am in the world, I will be coming home to vote to repeal the 8th amendment (Kenny, 2018, February 8).

It was estimated that around 40,000 Irish citizens living abroad were eligible to vote in the referendum, but citizens are only allowed to vote within 18 months of moving abroad. It was reported that thousands of Irish people would travel to vote for the referendum (Kenny, 2018, February 8).

A narrative in the debate was that conservative law in Ireland was established on the foundation of Catholicism and voters said "Ireland has changed" and that it had been changing for a while. A voter said that the referendum could have happened 10 years ago and still resulted in repealing the Eighth Amendment (Anderson, 2018, May 28). A woman living abroad said that she felt that Ireland had changed a lot, "I do feel it's become more of a modern, cosmopolitan place. It's such a turnaround. I feel like there is a turning point with our generation. Women are being empowered in a way they haven't before" (Ellis, 2018, February 17). Politicians said that a Yes vote would "bring Ireland closer to the European mainstream," as Ireland had been harshly criticized by the EU and by human rights organizations for its abortion law (The Irish Times, 2018, May 23). Neil Cotter at the Irish Sun said "Ireland hasn't been a conservative backwater for some time" (Cotter, 2018, May 29); as the result of the vote showed that Ireland trusted women to take decisions for themselves, respected their bodily autonomy and wanted to provide fundamental human rights to all their citizens (O'Brien & Armstrong, 2018, May 26).

5.3 Summary

This chapter has presented the discourse on liberalizing abortion laws in Iceland and Ireland. The Icelandic debate was split into three themes which regarded women's bodily autonomy, voting and changing laws in parliament that is based on facts, and the last theme whether Iceland as a society trusts women to make decisions about their bodies and decisions about abortion. The most significant factor in the discourse was women's bodily autonomy; that the legislature should not implement laws to regulate only women's bodies. Furthermore, men should not establish laws that do not apply to them. Another part of the discourse focused on the knowledge of specialists in the field. Those specialists who work around termination of pregnancy recommended that women should be able to decide up to the 22nd week of pregnancy. Lastly, the discourse centered on trusting women to decide for themselves, as denying women their right to their bodily autonomy showed distrust to women as rational beings.

The Irish debate was more extensive than the Icelandic debate in that the social debate was more prominent due to the referendum and because Ireland prohibited abortion unless in very specific situations. The Irish debate was split into five themes; that Ireland should take care of their women, that it was dangerous for the women in Ireland to continue criminalizing abortions, bodily autonomy, the influence of women's personal stories and that Ireland was moving away from a conservative Catholic country.

The similarities found in both debates were that women should be able to make decisions for their own bodies and that their bodily autonomy should be respected. Other resemblances in discourse were that women should be trusted to make the right decision for themselves and that the state should not regulate when or whether women could have an abortion. The discourse in Ireland focused more on personalizing the effect that abortion has on women in Ireland; how the abortion ban impacts women's lives greatly. By placing women's experiences at the forefront, the hope was for compassionate results. Meanwhile, the Icelandic discourse focus was primarily that women should have bodily autonomy, and that the former legislation prevented this. The findings of the research will be further discussed in the findings part below, where the discourse in both countries will be explored in depth.

6 Discussion

The discussion section will connect the theoretical background to the research where critical discourse analysis was used to examine the data. The theories of constructivism and feminism within IR were presented in the research, where norm diffusion was introduced within both theories. Norm diffusion looks at how norms travel across the international system, which helps explore whether similarities of the same phenomena of liberalizing abortion law can be found within two different contexts, Iceland and Ireland. The guiding research question was: *What kind of discourse can be observed when liberal abortion laws were successfully established in Iceland and Ireland?* In this chapter, the discussion will be about whether a trend within the liberal discourse for abortion is detected and whether norm diffusion had an impact on the two cases. A note on terminology: the term “abortion” will be used because it is the word commonly used in English, instead of using the Icelandic translation of “termination of pregnancy.”

6.1 Time for a change

Iceland replaced its 44-year-old abortion law in 2019, while Ireland replaced its 35-year-old law a year earlier, in 2018. The Icelandic discussion substantially involved how old the current abortion law was and that it was time to bring it up to date. Many MPs pointed out that the law was older than themselves, to emphasize how outdated it was (Haraldsdóttir, 2018; Sigurbjörnsdóttir, 2018). The attitudes toward women when the 1975 Abortion Act was established were considered not to reflect modern day attitudes towards women, nor the advancement of women’s rights, which is why the laws should be reviewed (Svavarsdóttir, 2018b).

Ireland had several modifications to their Amendment that impacted the Eighth Amendment since its establishment in 1983. The modifications would permit abortions under strict conditions and allowed women to travel for an abortion (Taylor et al., 2020). In the Irish discourse, the issue many people pointed out was that Ireland was not taking care of their women and had not done so in years. Instead of legalizing abortions and providing women with essential health care, Ireland permitted women to go abroad to be dealt with by another jurisdiction (Doyle & Downing, 2018, January 18). The Irish discourse did not involve how old the Eighth Amendment was, but rather pointed out

that it was time for Ireland to change. The discourse included that Ireland was becoming more secular and the influence of the Catholic church was fading, where topics such as abortions were often put in the context of what was morally right according to the Catholic church (Callan, 2018, May 27). The discourse pointed out that as a society, it was time for Ireland to trust women to make a choice for their own bodies, to respect women's bodily autonomy, and respect women's rights according to international standards (Leahy, 2018, April 25; McDonald et al., 2018, May 26).

Wendt pointed out that the international society did not impact a state's behavior as much as constructivism might assume, but that a state's characteristics were more dominant factors. In the case of Ireland's abortion law, that could be considered true until 2018, where Ireland had not been influenced by the pressure of the international society to conform to SRHR norms. Instead, Ireland considered abortion to be an important matter of Irish morality and would not adjust to international norms. Eventually, norm diffusion did impact Ireland, which can be viewed from two norm diffusion models. First, Checkel's (1999a) model of societal mobilization, where norms are composed by non-state actors and pressure decision makers to change the policy of the state. After Halappanavar's death in 2012, the Irish public increased pressure on the government to change the current laws, which had an impact on Ireland reviewing its abortion laws. The latter reason for norm diffusion was that Ireland was subjected to increased pressure from UN treaty monitor bodies to established new abortion laws. This latter way of norm diffusion can be explained by the boomerang effect that Krook and True (2012) presented. The boomerang effect is when civil society organizations look to transnational advocacy networks for assistance which use their connections to create external pressure on the state in question. The Irish Family Planning Associate (IFPA) had confirmed that they presented abortion as a human rights issue to draw attention of human rights bodies. The IFPA looked for assistance abroad which would put external pressure on Ireland; this succeeded, as Ireland was reviewed by five UN treaty monitoring bodies who pressured the Irish state to review its abortion laws (Taylor et al., 2020). The reason Ireland did revise its abortion laws can therefore be viewed as being from both internal and external pressure. Two ways of norm diffusion, societal mobilization and the

boomerang effect, resulted in an abortion revision group for the Citizens' Assembly, which concluded with the government approving a referendum to change the existing abortion laws.

6.2 Bodily autonomy

Bodily autonomy is a large topic within feminism, as feminists have explored how states seek to regulate women's bodies and thus uphold women's unequal position to men. Feminists have said the most important way for women to gain equal position of men is to control their own bodies, especially when it comes to reproductive decisions (Greenhouse & Siegel, 2011). Feminist theories can explain why bodily autonomy was a notable topic within both abortion debates, but the Icelandic and Irish discourse covered the importance of bodily autonomy. A simple summary on the discourse on bodily autonomy would be that women should have the right over their own bodies (Ellis, 2018, February 17; Svavarsdóttir, 2018b).

Hall and Weissman (2020) had pointed out that women's bodies have been highly politicized and been sought to be restrained, which can be explored through how states legalize or criminalize women's reproductive choices. Restrictive abortion laws are a way to regulate women's bodies, as acknowledged in the abortion debate in both countries. The Icelandic health minister, Svavarsdóttir, who proposed the Termination of Pregnancy Bill, had stated that the 1975 Abortion Act did not withstand modern attitudes towards women's rights and their bodily autonomy. In fact, she stated that the then-current law "...bears marks of old-fashioned paternalism..." (Svavarsdóttir, 2018b). Svavarsdóttir's statement meant that a state's action to decide collectively for all women what to do with their own bodies was not appropriate according to modern attitudes. The Irish debate also touched upon women's bodily autonomy, even though it was not as prevalent. The Irish MP, TD Pringle, stated that in fact, women's bodies were regulated in Ireland, while men enjoyed their bodily autonomy (O'Halloran, 2018, January 17). Pringle's statement matches what feminist literature points out, that women's bodies are restrained while men generally enjoy the right to control their bodies (Hall & Weissman, 2020).

Prior to the 2018 Health Act (Regulation of Termination on Pregnancy), Ireland's abortion laws had undermined the UN human rights law about women's rights to control their own bodies. The UN considers human rights treaties to protect women's rights to abortion care. This interpretation has, however, been disputed at the international level, as not all states agree with the UN's interpretation, as shown by the combined statement of 18 states with the United States at the forefront which had been mentioned earlier in the literature review (Center for Reproductive Rights, 2021a; Gilby & Koivusalo, 2020). Ireland had for a long time resisted the UN's definition of including abortion care in SRHR. Krook and True (2012) had explained that gender equality was one of the most complex issues for norm diffusion, which Ireland's long-time resistance could represent. The terms "gender" and "equality" are often contested subjects according to Krook and True (2012), which explains why a unified universal definition of women's rights and gender equality has largely not been accepted and has been contested.

A common factor within both debates was the importance of liberalizing abortion laws due to women's bodily autonomy. If bodily autonomy means having the right to control and make decisions over one's body, then laws that prevent women making choices over their own bodies must mean that women do not have full bodily autonomy. Therefore, even though Iceland and Ireland had liberalized their abortion laws, both states still had restrictions on the number of weeks women could choose to have an abortion, which must mean that women in either state did not have bodily autonomy. The discussion on women's bodily autonomy was more prevalent in the Icelandic discourse, where it was often stated that replacement of the 1975 Abortion Act would secure women's bodily autonomy (Pálmadóttir, 2018, October 30; Svavarsdóttir, 2018b). However, as Iceland has a limit on abortion on request up to 22 weeks, women in Iceland do not have complete bodily autonomy. The Icelandic law extended women's bodily autonomy but did not completely secure it. If Iceland had removed any time limit, then it would have fully secured women's bodily autonomy. The Irish discourse also spoke about securing women's bodily autonomy by permitting abortions, but Ireland only permitted abortion on request up to the 12th week gestation. Irish women only obtained partial

bodily autonomy by the referendum, which they did not have before, but they did not secure women's bodily autonomy in Ireland.

Gozdecka's (2020) concern that SRHR is too ambiguous reflects the diverse ways in which states interpret their right to control their citizens' bodily autonomy. This can be seen through Iceland and Ireland's 10-week gap between permitting abortion on request. Even though Ireland caught up to international standards of women's rights and SRHR on permitting abortions, it continues to stay at the bare minimum of permitting abortions. The Guttmacher-Lancet Commission pointed out that there were still countries that prohibited women's access to abortion and that "people's sexual and reproductive rights are not respected or protected" (Starrs et al., 2018), even though studies have shown that countries benefit from investing in sexual and reproductive health (Starrs et al., 2018).

6.3 Whose decision?

The discourse in both states had involved abortion being a matter of women's bodily autonomy, but when women do not have bodily autonomy then the decision making is in someone else's hands. Therefore, discussion often led to whose decision it was to have an abortion. It has been established that states seek to restrict women's bodies (Hall & Weissman, 2020), this can be for several reasons; such as that traditionally gender roles assume men's domination over women, which is enforced through cultural practices, religion, and law (Nagoshi et al., 2012). True (2018) had stated that patriarchal systems are dominant in the international system and gender equality threatens the gender hierarchy that patriarchy provides. Therefore, an increase in gender equality, such as women gaining bodily autonomy, threatens existing gender hierarchies, which explains why states resist letting go of controlling women's bodies.

The discussions on liberalizing abortion law did entail that women should be the ones to make decisions about abortion, that it should not be the state, nor men, that should decide on behalf of women. The Icelandic debate discussed that the legislator should not regulate women's bodies, and that men should not make decisions, nor laws, about women's bodies. An Icelandic journalist, Þrastardóttir, had emphasized that the decision on abortion could only be taken by the person impacted by a pregnancy: "this

discussion is for people with uteruses and our rights to make decisions for our future and our bodies” (Guðmundsson, 2019, May 9). Icelandic Pirate Party MP, Ævarsdóttir, had also pointed out the importance of women making decisions for themselves and that men should not be making decisions over women’s bodies. She had stated at Alþingi which was applauded from the chamber that she was “...sick and tired of some men telling me otherwise” (Ævarsdóttir, 2018, December 11), referring to being sick of men telling women what to do with their bodies. An Icelandic MP of the Left-Green Party further stated that “men do not live with limited rights when it comes to their bodies on behalf of the legislator...” (Gunnarsdóttir, 2019, May 13), and therefore they should not make decisions to regulate women’s bodies.

The Irish discussion also involved that women should have the decision-making power, that the state should not put restrictions on women’s bodies. The debate focused more on state not restricting women’s bodies and less on men not interfering with women’s decisions over their bodies (Callan, 2018, May 27).

Men who supported liberalizing abortion laws often made statements in accordance with feminist literature, that women should control their bodies. Some men said they did not feel like they should have the right to tell a woman what to do with her body, and neither should the state. A couple of Icelandic male MPs stated that they did not feel it was appropriate for them as men to make laws that did not apply to them (B. L. Gunnarsson, 2018, December 11; H. H. Gunnarsson, 2018, December 11). Meanwhile an Irish man agreed to Freedman and Isaacs (1993) point that the state should not make decisions about women’s reproductive choices, where he stated: “no state should have the right to tell a woman what to do with her body” (Phelan, 2018, May 25). This topic was more prevalent in the Icelandic debate than the Irish one, but it still presented itself in the Irish debate.

The feminist theories had discussed the importance of bodily autonomy and that equality would not be reached unless women had full control over their bodies and reproduction. If women cannot decide when or if they have children, then they do not have control over their lives (Greenhouse & Siegel, 2011, p. 2042). Rögnvaldsdóttir pointed out in the Icelandic debate that people often assumed that women in Iceland

have bodily autonomy. However, she said that as the 1975 Abortion Act required permission from two specialist to have a pregnancy terminated, women's bodily autonomy was not protected, with the decision in the hands of two other individuals (Pálmadóttir, 2018, October 30). Iceland shifted its abortion laws from allowing abortion with the permission of two specialists over to women being able to decide on their own up to the 22nd week. Therefore, women's bodily autonomy is protected to a certain level, as the state's legislation in Iceland and Ireland provides women's reproductive choices to be respected within a certain time limit.

6.4 Motherhood vs. abortions

During the abortion debates, both states met a resistance to the liberal abortion bills. True (2011) had identified that when gender hierarchies are contested, they are met with resistance to protect the existing power structure. The Icelandic health minister, Svavarsdóttir, had pointed out that the 1975 Abortion Act did not withstand modern attitudes toward women (Svavarsdóttir, 2018b). Despite Svavarsdóttir's statement that attitudes toward women had changed, the Bill was met with resistance. This verifies True's speculation, which Tickner and Sjoberg (2011) agree with, that socially constructed gender hierarchies are persistent. Although attitudes toward women had changed, patriarchy seeks to maintain the gendered hierarchy.

The feminist literature offered a definition of sex and gender, sex referring to biology and gender to the social construction of what is expected of either gender (Tickner & Sjoberg, 2011). Nagoshi et al. (2012) had established that gender roles assume that one's biological sex equals gender and with a set of behaviors. Genders are established in a hierarchy, where men dominate women, and gender roles are then practiced through various ways, for example through laws. Restrictive abortion laws play a part in enforcing gender roles, where women are not in control of their lives if they cannot control their reproductive rights. As feminist activist and writer, Betty Friedan, said: "... there is no freedom, no equality, no full human dignity and personhood possible for women until we assert and demand the control over our own bodies, over our own reproductive process..." (Greenhouse & Siegel, 2011, p. 2043). Therefore, states

participate in enforcing gender roles when they have restrictive laws on reproduction, where women cannot make choices for themselves.

The enforcement of gender roles could be observed in the Irish debate, where a major part of the discourse involved women needing a “real” reason for having abortion, such as in cases of rape or fetal anomalies (McQuinn, 2018, May 19). This idea of women having a “real” reason for an abortion indicated that in other cases, women should carry out the pregnancy. The expectation that women carry out a pregnancy can be connected to the expected gender roles of women being primary caregivers and women’s connection to motherhood (Gozdecka, 2020). Women’s connection to motherhood was established within the literature of feminist theories, but motherhood was not dominant in the discourse in Iceland nor Ireland. Petchesky (1990) had stated that feminist arguments on abortions are twofold; the first argument is based on the social dimension of the genders; women’s roles are linked to motherhood and caregiving responsibility, which the discourse did not echo. Meanwhile, the other feminist argument which Petchesky pointed out was based on the individual and the right to bodily autonomy, which was dominant in the discourse in both countries.

When women have abortions, it contradicts ideas of women’s perceived role of motherhood and of being caregivers. This can be explained by Kumar et al. (2009) definition of abortion stigma. Kumar et al. state that abortion stigma can be found globally, as abortions challenges the idea of women as natural nurturers due to biology. Abortion stigma can explain why scholars had said that women’s perceived role of being primary caregivers restricts women’s opportunities outside the home (Gozdecka, 2020; Ómarsdóttir & Rögnvaldsdóttir, 2015). A member of the Icelandic Women’s Rights Association had said that abortion related to the topic of women’s reproduction and that women do not obtain control over their uteruses. She said that the uterus was “a body part that unlike any other body part is not private property and never has been,” and that it “...plays an important societal role...” (Þórsdóttir, 2019, March 2). This idea that the member of the Icelandic Women’s Rights Association points out, that women’s bodies, specifically the uterus, play an important societal role, can explain why states seek to restrict women’s reproductive choices. Abortion stigma can therefore be a tool used to

control women's fertility. If women stay at home as primary caregivers due to existing gender roles, then they do not have the same opportunities as men outside the home, which reinforces gender hierarchies of male domination as women are forced to rely on men (Nagoshi et al., 2012; Tickner & Sjoberg, 2011).

6.5 Women as moral agents - "This is a vote on trust"

Freedman and Isaacs (1993) said that women needed to be trusted to make decisions for themselves, which includes all areas of life, reproductive rights included. The statement that women should be trusted was established in the discourse in both countries. When states regulate women's bodies and take away their decision-making power, it shows that women are not trusted to make decisions for their own bodies (Freedman & Isaacs, 1993). In the Icelandic debate, statements such as "I think we should trust women with autonomy over their bodies..." (Ævarsdóttir, 2018, December 11) were often referred to. Rögnvaldsdóttir, a sociologist and women and gender studies specialist, had pointed out the reasons women do not have complete decision-making rights over their reproduction: "fundamentally, society distrusts women to make these decisions for themselves" (Sigurðardóttir, 2019, May 10). Rögnvaldsdóttir's statement covered a topic which many MPs at Alþingi had pointed out, that if women are not allowed to make decisions about their own reproduction, that means that society does not trust women to make decisions regarding their bodies. Furthermore, Rögnvaldsdóttir suggested that the resistance against women's access to abortions is based on an overall prejudice that women are not trustworthy individuals (Sigurðardóttir, 2019, May 10).

Rögnvaldsdóttir's argument that society distrusts women was also pinpointed in the Irish debate. A clause of the Eighth Amendment would permit women to have an abortion on the grounds of a life-threatening situations, including suicide. Many opposed women being allowed to access abortion based on the notion of suicide, as they said women would abuse the system and act hysterical to get their way. The topic was so disputed that the government held a referendum twice in order to repeal the clause, but the referendum did not result in the clause being repealed (Taylor et al., 2020). The Irish debate also covered the view that women should be trusted to make decisions that were right for themselves and their families (McDonald et al., 2018, May 26). If women would

be trusted to make decisions regarding their reproductive rights, the state would not ban abortions, nor would the discourse demand that women have a “real” reason for having abortions, which was dominant in the discourse (Doyle, 2018, May 26; McQuinn, 2018, May 19). An Irish citizen had said that “they don’t need to know the reasons why a woman may need an abortion” (Lisa, 2018, April 20), which concludes that if women are trusted to make reproductive decisions for themselves, then they would not have been coerced into giving a reason for them.

In the Icelandic and Irish debate, it had been established that society distrusts women to make decisions for their own bodies. If society would trust women to make decisions for their own bodies, there would not be laws restricting their choices (Freedman & Isaacs, 1993). Feminist literature had identified that women and femininity are associated with emotions, while men and masculinity are associated with rationality (Tickner & Sjoberg, 2011). The ideas of gender where women are labelled as irrational and men as rational explain why women are distrusted to make decisions for themselves and why the state regulates them. These gendered ideas explored by feminists are interesting to apply to the Icelandic debate at Alþingi, where female MPs repeatedly asked MPs (especially the opposition of the Bill) to keep the debate professional, and not based on emotions (Mogensen, 2018, December 11). The opposition of the Bill in Iceland often moved over to an emotional argument about why they could not imagine permitting abortion on request up to the 22nd week of gestation. One member stated that the Bill would permit abortion of “an unborn child” (Sæland, 2018, December 11). Most of the opposition to the Bill in Iceland were men, while it was a female MPs who kept asking their associates to not shift the argument over to emotions, but base it on facts. This is an interesting observation to compare to the feminist literature where men are associated with the rational and women with the irrational, where it does correlate to feminist deconstruction of gender roles where expected behaviors for men and women are not biological, but socially constructed (Nagoshi et al., 2012; Tickner & Sjoberg, 2011).

While the state prevents women making decisions about their reproduction, it shows a sense of distrust toward women. Freedman and Isaacs (1993) said that the state

should not make decisions over women's bodies; the decisions should be entirely in the hands of women themselves. Freedman and Isaacs' point was more notable in the Icelandic discussion, where the liberal side of the Icelandic debate viewed the matter of abortion as a matter of bodily autonomy and trusting women as moral beings to make decisions for themselves. Meanwhile, the debate in Ireland did mention that women should have the right to bodily autonomy, but the debate was on a different level due to the historic abortion ban in Ireland and related to Irish morality. Ireland's debate had a greater emphasis on convincing people that an abortion ban put women in a dangerous situation, and as abortions happened regardless, it was better to make them safe. Women shared their personal stories where many shared their trauma of not being able to access basic health care within their country, and that the stigma around abortion had to be eliminated as women had varied reasons to access abortions.

6.6 A Man's World

Tickner (2001) had highlighted that women are often excluded when it comes to policy making, which is connected to Tickner and Sjoberg (2011) explanation of expected gender roles where women are associated with the domestic, but men with public life. If women do not have an opportunity to participate in public life, they do not have access to areas which create laws that impact women's lives. Ævarsdóttir, an Icelandic MP, had touched upon this topic, where men have disproportionately been the ones making laws, including laws that regulate women's bodies. She had said at Alþingi that "I think we should trust women with autonomy over their own bodies, after all, we own our own bodies, and I am sick and tired of some men telling me otherwise" (Ævarsdóttir, 2018, December 11). Ævarsdóttir pointed out that men should not be making decisions over women's bodies, which was backed up in the Icelandic debate, where men said they felt it was inappropriate to make laws that did not apply to them (B. L. Gunnarsson, 2018, December 11; H. H. Gunnarsson, 2018, December 11). In the Irish debate, men also thought it was inappropriate that men, or the state, were making decisions regarding women's bodies (Phelan, 2018, May 25).

The literature on SRHR established that abortions are a human rights issue. Human rights were touched upon briefly within both countries, where it was stated that

abortion is a human right, but no further discussions or demonstration of why that is took place. Therefore, it was surprising that human rights were not a tremendous factor in either debate, which explains why human rights were only mentioned briefly within the discourse analysis of both countries. Voters in the Irish debate had expressed that they were surprised when they found out that women could lose their human rights within Ireland. The voters had assumed that their human rights would be protected growing up in Ireland (Bardon, 2018, May 14), while others had stated “this is a major human rights issue” (Kenny, 2018, February 8). In the Icelandic debate, it was also said that the matter was a human rights issue and a women’s rights issue (Gunnarsdóttir, 2019, May 13; Svavarsdóttir, 2018b), but this was not illustrated further.

A topic that the debate in Ireland emphasized that was not discussed in Iceland was that it is important to make abortion safe. Iceland has permitted abortion for a long time, which explains why this was not an issue in the Icelandic debate. Ireland had one of the strictest abortion laws in the world, where abortion was only permitted when a woman’s life was in danger (Taylor et al., 2020). A dominant topic within the Irish debate was to make abortion safe within Ireland, and that Ireland should take care of their women, as they were either taking abortion pills illegally and unsupervised, or flying abroad to access abortion services. Many found it unacceptable that Ireland would not simply take care of Irish women where abortion services were obviously in demand.

The UN has established that abortion is an essential part of human rights, which are protected through human rights conventions and treaties (World Health Organization, 2004). Regardless, states interpret international norms in their own way, and as Krook and True (2012) had pointed out, norms rarely reach their intended goal when they are diffused. Norm diffusion explains why abortion laws vary around the world, ranging from being completely banned, over to safe a woman’s life, and up to having no limits at all. Ireland had originally completely rejected the international norm that abortion was a part of human rights, but became influenced by norm diffusion eventually.

Iceland had followed the international norms and is one of the leading countries when it comes to liberal abortion legislation. Iceland would fall under the category of

norm cascades, introduced by both Winston (2018) and Krook and True (2012), where a group of countries with similar cultures adopt similar norms. Reproductive rights shows that international norms can vary and the translation through norm diffusion can differ. International human rights norms establish a foundation for women to have equal rights to men, which contests traditional gendered power structures. True (2018) had spoken about the idea of “gender states” which favors masculinity over femininity, where patriarchy is prominent and maintains a gendered hierarchy. The patriarchal international system explains why many states resist international human rights norms that protect women’s rights, such as reproductive rights, where they contest existing gender hierarchies. Therefore, women’s reproductive rights and bodily autonomy must continue to be advocated for and protected.

7 Conclusion

This thesis explored the discourse that contributed to liberal abortion laws being established in Iceland and Ireland. Overall, abortion law trends are more liberal globally, but they have also faced resistance which can be observed through a backlash against abortion rights. A backlash against abortions corresponds with what feminist theories say; when gender hierarchies are contested, they face resistance. Therefore, it is not surprising that abortion laws have faced a backlash as abortion contributes to women controlling their reproduction, which contests women's expected gender roles. Abortions fall under sexual and reproductive health and rights and are protected under international human rights laws. However, the term abortion is not mentioned specifically in any human rights treaties, which has resulted in states interpreting abortion laws as they see fit. International abortion norms are established through the United Nations treaties, but norm diffusion explains how international norms are adopted or rejected by states, which demonstrates why abortion laws vary greatly between states.

Iceland and Ireland were explored in this case study but both states established liberal abortion laws, Ireland in 2018 and Iceland in 2019. These countries have very different histories regarding abortion laws as well as the liberal abortion laws they established differing greatly; Iceland had permitted abortion on request until the 22nd week but Ireland until the 12th week. The 10 week gap regarding abortion on request between the two countries makes it interesting to explore whether the discourse shared any similarities when legislating new abortion laws. The similarities shared in each discourse were regarding women's bodily autonomy; that it is a human right and the state should not put restrictions on women's bodies. Another shared discourse was that women should be trusted to make decisions for themselves and their futures. By restricting women's bodies, the state indicates that women are not trusted as moral agents to make such decisions for themselves, which results in the state's interference. Both discourses also stated that besides that women should be trusted to make decisions about abortion, women should be the ones making decisions about abortion. Such

decisions should not be in the hands of those who are not capable of carrying a pregnancy, but the people who carry out the pregnancy.

The notable differences in the discourse were that Ireland focused much more on making Ireland a better place for women to live in. Restrictive abortion laws were creating dangerous situations for women, as abortions were happening regardless, but instead being performed illegally. Hence, the Irish discourse focused greatly on personalizing the abortion problem and shedding light on the difficult position that the strict abortion laws can put women in. Ireland's discourse focused on sharing women's personal stories and put the struggles of accessing abortions in the context of women who voters might know or love. What was interesting in the Irish discourse was that despite the discussion on whether women should be able to access abortion as a human right or a right to their bodily autonomy, a large part of the discourse focused on women needing a real reason for having abortions. That is, women should have access to abortions in cases of rape or fetal anomalies.

The research question for the thesis was: *What kind of discourse can be observed when liberal abortion laws were successfully established in Iceland and Ireland?* The simple answer is that the shared discourse within both states was to secure women's bodily autonomy, that women should be trusted to make the decision, and should be the ones making the decision on abortion. The differences in the discourse were that Ireland wanted to make abortions safe for women and that Ireland should take care of their women instead of exporting the abortion problem. Meanwhile, Iceland wanted to secure women's bodily autonomy, but Iceland did not extend its abortion laws but moved the decision-making power from specialists over to the woman.

This research produced knowledge on what discourse can be observed that led to establishing liberalized abortion laws in Iceland and Ireland. The results of this research can provide insight to other research that intends to explore discourse around abortion laws and what might be expected. Cultural context matters greatly which can explain the difference in discourse between Iceland and Ireland, while Iceland emphasized that women should have the right to their bodies, Ireland focused on creating a more passionate Ireland for women to live in.

Limitations of this research includes that Iceland's public debate was not great which makes the data collecting incompatible to Ireland's, as well as the research lacked inter-coder reliability. The research only gives an insight based on data collected but does not necessarily reflect the discussions held in person by members of either society. The researcher strongly believes that data from Twitter would have strengthened the research as public debates are often considerable there, but due to Twitter's policies it does not allow downloading Tweets older than a week. Study on data from Twitter on abortion discourse in Iceland and Ireland would produce further knowledge. Another area of study that was observed in the discourse that the researcher did not find appropriate for this study but would be interesting to explore is that the discourse in both states often said that abortion is one of the most difficult decision a woman makes in her lifetime. However, literature that the researcher explored while writing the thesis did not suggest that this is true. A study that would explore whether abortions are the most difficult decision a woman can make would produce new knowledge by either supporting or refuting that discourse in Iceland and Ireland.

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