



NEWSLETTER

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EDITORIAL

During the Lockdown I watched the TV every evening, waiting for the numbers of Covid-19 deaths and the number of new confirmed cases. As the numbers in Care Home rose I left a particular pang for those vulnerable people! We all feel that vulnerable people need our particular care. The work of medical staff and other front line staff is enormous and as a society we will be in their debt forever.

WHEN CHRISTIAN FAMILY LIFE FLOURISHES, THE CIVILISED WORLD BENEFITS

As I write (13th July 2020) 1746 have died in Ireland. It is great that we have had several days with no new Covid-19 deaths announced.

As reported below there were 6660 deaths of more vulnerable people in Ireland in 2019. However, these people were unborn and not regarded as equal to anyone!!

It strikes me that during the campaign for the “Repeal the 8th” referendum the media allegedly told us both sides of the story and we got people’s own experiences and thoughts, often there were tragic cases! But virtually all the sharings were from a *personal* point of view, we heard very little of Justice for the unborn. (The unborn can’t speak for themselves!)

The sacredness of ALL human life could be viewed as only a theological point of view, but Abortion is actually a JUSTICE issue. Is the child in the womb a human being? And if they are Human why are they not equal to others? If the Unborn people are not Human, then when do they become Human? We have heard it said that “an embryo is a cluster of cells with the potential of becoming Human”.

We believe that the embryo is a Human being with a wondrous potential.

We mourn all those who died, Young and Old, Born and Unborn.

Contents of this issue of the Newsletter:

- Marriage in Ireland continues its decline
- New survey shows 61pc of mothers wish to work part-time compared with 29pc of fathers
- Getting the facts right about reversing effects of abortion pills
- Demographic challenges and sustainable development. A new chapter for family policies in Europe?
- 6666 abortions performed in Ireland last year

Thank you all who have paid their subscriptions and made donations to further our aims. We have put a return envelope with a subscription slip with all copies of the Newsletter as it is simpler than selecting those from whom we have not heard. If you have contributed in the last year ignore this. Please bear with us!

MARRIAGE IN IRELAND CONTINUES ITS DECLINE

Marriage continues to change and decline in Ireland as the latest figures from the Central Statistics Office show. Fewer marriages are taking place, fewer are taking place in churches, more are taking place between people who

were married before and are now divorced, and couples are older when they marry.



In 2019, there were 19,673 opposite-sex marriages in Ireland. This was down from 20,389 the previous year. Just over 60% of the all opposite-sex marriages took place in religious

ceremonies, while this is the case only for 22.2% in same-sex marriages.

Half of first marriages were celebrated in a Catholic Church. If we include also marriages involving someone who has been married before, this figure drops to 45.1%. The second most popular religious ceremonies are performed by the Spiritualist Union of Ireland (7.7%), followed by the Church of Ireland (1.5%), and then Presbyterian (0.3%).

Civil marriages were the most popular form for non-religious ceremonies accounting for 30.6% of the total. In recent years, Humanist Association marriages have also risen in popularity accounting for 9.2% of such marriages in 2019, compared to 8.7% in 2018. The average age of grooms was at its highest to date at 36.8 years, while the average age of brides was 34.8 years.

The crude marriage rate (number of marriages per 1,000 persons per annum) for Ireland was 4.1 in 2019. This is the lowest level on record and is below the EU average of 4.4. In the 1970s our figure was above 6 or 7 per thousand. This means that less and less people get married proportionate to the population, and at a later stage. Just over 12% of opposite-sex marriages involved at least one divorced person. According to the latest available data, in 2018 there were 5,157 divorces or separations. This means that today there are about 20,000 marriages per annum and about 5,000 marital breakdowns, which is equivalent to one breakdown every four new marriages. This is not good news, although it is still a lot lower than in countries like Britain, or France, or Sweden.

A total of 235,910 such marriages were registered in England and Wales in 2017- a decrease of 2.8% compared with 2016. The number has fallen by 45% since 1972, according to the Office for National Statistics (ONS). The figures also show less than a quarter (22%) of all marriages in 2017 were religious ceremonies – the lowest percentage on record.

Last year, the Irish Times wrote that “the institution of marriage in Ireland is in pretty good health.” Quite the opposite, all those figures show that the institution of marriage is in constant decline and deep crisis. As previous reports from the Iona Institute have shown, the situation is far worse the lower down the socio-economic

ladder you go. The social consequences of this phenomenon need to be considered in depth. For instance, fewer children are born and raised in committed relationships between a man and a woman. Will we ever take stock and attempt to arrest the decline of marriage in Ireland?

NEW SURVEY SHOWS 61pc OF MOTHERS WISH TO WORK PART-TIME COMPARED WITH 29pc OF FATHERS

New results from a major international survey show that a big majority of women (61pc) aged 18-50 with children under 18 years of age would prefer to work part-time if given the chance.

The survey shows marked gender differences with only 29pc of fathers in that age group giving the same answer. It also finds that when parents have children aged under 4, there is a marked preference for looking after them at home, and that young parents want flexibility so they can come to the child-care arrangement that suits them best. Government child-care policy must be more suited to what parents want, rather than prioritise the demands of employers, as it seems to do at present. For example, in terms of resources, the Government is currently discriminating in favour of day-care over other forms of child-care, especially minding a child at home. Tax

individualisation strongly favours two-income couples over one-income couples.

Work/life balance responses

The responses to the question, *‘Considering everything, what would be the ideal situation for you – working full-time, working part-time, or not working at all outside the house?’*, were as follows:

- 23pc of women wish to work ‘full-time’ compared with 62pc of men
- 61pc of women wish to work ‘part-time’ compared with 29pc of men
- 12pc of women said ‘not at all’ (meaning they want to stay at home full-time) compared with 5pc of men
- 4pc of both sexes said they did not know.

Respondents were aged 18-50 with children aged 18 or under.

Work/life balance II

Respondents were also asked how much priority they place on marriage, parenting and work.

It is not surprising that 84pc said ‘having a good marriage’ is either ‘very important’ to them, or ‘one of the most important things in life’.

An even larger 97pc said ‘being a good parent’ is of very high importance. A much smaller 52pc gave the same response for work.

Child-care preference responses

When asked, *‘What do you think is the best arrangement for a family where there is a child under 4?’*, they responded as follows:

- 23pc of Irish adults aged 18-50 say the man should work and the woman have the main responsibility for home and children
 - 24pc said both should work, but the woman should work part-time
 - 21pc said both parents should work roughly the same hours and share responsibility for home and children equally
 - 32pc said that parents should divide paid work, housework and childcare ‘however works best for them’.
- Again, respondents (1,253 in all) were aged 18-50 with children aged under 18.

There was little gender difference in the responses to these questions, but we can see the range of opinions among respondents. If we add together the number who believe the mother should stay at home full-time in the early years of a child’s life and the number who think the mother should work part-time, it comes to just under 50pc. Only 21pc say their explicit preference is for both parents to work equally outside the home.

Commenting on the findings, Brendan Conroy, who is a stay-at-home father and a member of the board of The Iona Institute, said:

“What the results show us is that Irish parents value home over work. This is not a surprise, but does Government policy really reflect this, or is it mainly aimed at getting as many people out to work as possible, and preferably in full-time employment because this satisfies the demands of employers?”

He continued: “This would seem to be confirmed by the Government’s preference for day-care over other types of child-care, especially remaining home with a child, and also by the continuing policy of tax individualisation which discriminates against couples where one stays at home in favour of couples where both go out to work.”

Brendan remarked: “The findings also show strong differences between mothers and fathers as to what their preferred work/life balance is. We see that far more mothers than fathers want to work part-time, not full-time, but public debate seems blind to this fact as well.”

He concluded: “The State must help parents to strike the work/life balance they want, and not put the demands of employers first. Parents, especially mothers, want to spend more time at home with their children, especially in their early years. All the evidence suggests that the Government does not share their ambition, and on the contrary, seeks to thwart it”.

GETTING THE FACTS RIGHT ABOUT REVERSING EFFECTS OF ABORTION PILLS

An *Irish Independent* article has attacked Irish doctors who offer medical assistance to women who have taken abortion pills and then changed their minds before the effects were final. The article contains a number of claims that need to be challenged.



A chemical abortion consists of two separate pills: the first, called mifepristone, blocks the effects of progesterone, which is the natural hormone in a pregnant mother's body

necessary for her pregnancy to thrive. The second pill, called misoprostol, is normally taken one to two days later and completes the abortion. (The author of the article, Ellen Coyne, incorrectly writes "The first is misoprostol and the second is mifepristone.")

The Abortion Pill Reversal protocol helps the women who have changed their mind within 72 hours of taking the first abortion pill and it aims at reversing the process and save their baby. In some US states, doctors are legally required to tell about this possibility to women seeking abortions.

There is evidence that the attempts to reverse the effects of mifepristone (the first of the two pills) can be significantly successful and studies are undergoing to improve the efficacy of those protocols.

For instance, a study published in 2017 on the *European Journal of Contraception and Reproductive Health Care* concludes: “Women have changed their mind after commencing medical abortion. Progesterone use in early pregnancy is low risk and its application to counter the effects of mifepristone in such circumstances may be clinically beneficial in preserving her threatened pregnancy. Further research is required, however, to provide definitive evidence.”

There is no scientific evidence, instead, that those protocols are dangerous, even if Ellen Coyne’s article suggests so.

Let’s analyse the article and its faults. At the end of February (Ellen Coyne incorrectly says January), a group of Irish prolife doctors organised a conference on the “Abortion Pill Reversal”, with the participations of medical experts from the US.

Ellen Coyne incorrectly uses the expression “abortion reversal” but obviously abortion cannot be reversed. The medical intervention aims at reversing the effect of the first pill (mifepristone) before it is too late. So, “abortion pill reversal”, or the more technical expression “mifepristone antagonization”, is the correct one.

Dr Fiona O Hanlon was contacted by a journalist of the *Irish Independent* and, on request, she offered to prescribe progesterone to stop the effect of the first abortion pill. “It’s a similar mechanism that we are used to using for a threatened miscarriage so if you have changed your mind it is worth a try”, she told the journalist.

Ellen Coyne claims that there is no medical evidence that progesterone after the first pill can reverse a termination. The 2017 article that I have mentioned earlier disproves this claim. (More evidence can be found at <https://www.irishdoctorsforlife.com/abortion-pill-reversal-conference/>).

Coyne reports that the Dr O Hanlon, when challenged, referred to a 2018 study which suggested progesterone could be used to treat a threatened miscarriage. Coyne comments “More recent research has contradicted this study, and the American College of Obstetricians and Gynaecologists has said using progestins for threatened miscarriages is “controversial, and conclusive evidence supporting their use is lacking”.”

It is impossible to assess the unspecified research Coyne refers to but her quote from the American College of Obstetricians and Gynaecologists refers to a 2011 study, so it can’t be used to disprove something published in 2018. Coyne also omits the next paragraph from the same document, which says that progesterone could be beneficial to those who had three miscarriages.

On this same topic, in January this year the UK Royal College of Obstetricians and Gynecologists announced “Progesterone could prevent 8,450 miscarriages a year, finds new research.” (Remember, an abortion is effectively a deliberate miscarriage).

“Giving progesterone to women with early pregnancy bleeding and a history of miscarriage could lead to 8,450 more babies being born each year, finds new research published today.

Two new studies evidence both the scientific and economic advantages of giving a course of self-administered twice daily progesterone pessaries to women from when they first present with early pregnancy bleeding up until 16 weeks of pregnancy to prevent miscarriage. ... Researchers are calling for progesterone to be offered as standard in the NHS for women with early pregnancy bleeding and a history of miscarriage, after their growing body of research has found it is both cost-effective and can increase women’s chances of having a baby.”

Perhaps Ellen Coyne should rewrite her article to take the above research into account?

Her article continues by mentioning a study about the efficacy of progesterone in stopping the effect of the first abortion pill. “Dr Mitchell Creinin, a professor of obstetrics and gynaecology at UC Davis, told the Irish Independent that the study had to be abandoned amid

safety concerns. A number of women who had taken mifepristone but not followed it with misoprostol were admitted to hospital after they started to bleed.”, she writes.

The suggestion is that the use of progesterone is dangerous and this is why the study had to be interrupted. Quite the opposite. The study involved only 12 women, two of which left before the end. They were divided in two groups, one used progesterone and the other a placebo.

Of the three who were hospitalized, two were from the placebo group while the third had completed her abortion in spite of the progesterone. The study had to be suspended not because progesterone is dangerous but because those in the placebo group were at risk.

The April 2020 issue of *Obstetrics & Gynecology*, published The American College of Obstetricians and Gynecologists, contains some interesting comments to the study.

“The authors’ limited data show that giving progesterone after mifepristone is safe. The significant safety concerns were in the placebo arm only. Moreover, regarding the efficacy of progesterone, the limited data showed that progesterone was effective in preserving embryonic life. Four of the 5 (80%) patients who received progesterone had continued gestational cardiac activity.”, wrote Dr Michael T. Valley.

“Although too small for statistical significance, these data are consistent with previous findings of a 68% live birth rate after treatment with the same dosing for oral progesterone and 25% for embryos exposed to mifepristone only. More research is warranted assessing all outcomes of progesterone after mifepristone.”, wrote Dr George Delgado, Dr Mary Davenport, and Dr Matthew Harrison.

From the dates of the articles mentioned, it should be noted that this is an ongoing discussion in the scientific community. More studies are necessary and, contrary to what Coyne’s article says, there are good reasons to claim that this method could save lives.

Some women are conflicted about their abortion and change their minds between the first and the second pill. (Some even change their mind when the two pills fail to achieve a termination, and they decide to keep the baby rather than going for a surgical procedure.)

Those who are pro-choice should welcome the possibility to give women one last chance.

DEMOGRAPHIC CHALLENGES AND SUSTAINABLE DEVELOPMENT. A NEW CHAPTER FOR FAMILY POLICIES IN EUROPE?

“Family Associations are not a lobby group, they are not a trade union, they are not only a consumers’ association;

they are, first and foremost, the voice of the family, the first basic community, at the service of society at large". These were the words of the FAFCE's President, Vincenzo Bassi, opening the webinar on "Demographic Challenges and Sustainable Development. A new chapter for Family Policies in Europe?". He continued, on this basis, by explaining the reasons behind this webinar, which "comes in an historical moment that is showing all of us that we cannot neglect the demographic challenges if we wish to build a sustainable future".



Earlier this month, FAFCE highlighted how "the current pandemic has reminded to all of us that the rock of people's lives is in the family". In the same way, the Vice-President of the

European Commission in charge of demography, Dubravka Šuica, has stated that "this crisis has exposed many vulnerabilities, some of which are linked to the profound demographic change already affecting our societies and communities across Europe".

The FAFCE webinar, moderated by its Secretary General, Nicola Speranza, took place on this basis, at the end of the Semester of the Croatian Presidency of the Council of the EU, which has put the demographic challenges among its

priorities. Marko Vidakušić, Coordinator of the Employment and Social Policy Team of the Permanent Representation of Croatia to the European Union, gave an overview of the actions taken by the Council of the EU during the last semester, particularly on the Council Conclusions on “Demographic challenges – the way ahead”, inviting Member States to “promote and emphasise adequate and coordinated policies that provide different kinds of financial and other support for families, in particular for those raising children...”.

At the same time, this webinar also took place one week after the publication of the long-awaited European Commission Report on the Impact of Demographic Change. Deša Srsen, Member of the Cabinet of the Vice-President for Demography and Democracy described the report and stressed that “this report is only a starting point, aiming at equipping ourselves to face the demographic change”.

MEP Marco Zullo, Co-Chair of the Intergroup on Demographic Challenges, Family-Life Balance and Youth Transitions welcomed the interest shown by the European institutions to the demographic issues and the family. “We now expect – he continued – that this interest will translate into concrete action, through the allocation of specific measures that go directly to European families. With the Demography Intergroup, we are ready to do our part in the European Parliament”.

MEP Karlo Ressler, Vice-Chair of the Intergroup on Demographic Challenges, Family-Life Balance and Youth Transitions underlined how “the COVID-19 pandemic increased negative demographic effects and has put additional burden on all groups of society, including families, which have proven again to be a fundamental shelter against poverty and social exclusion”. He also proposed concrete guidelines to face the demographic change, on the basis of the cohesion policy whilst always respecting the competence of Member States.

After the webinar, Vincenzo Bassi declared: “We should never forget that the EU has been built by communities and ultimately by families. We could see today that we have very positive interlocutors in the European Institutions, with the European Commission for the first time clearly working on the demographic challenges at its highest levels. We are glad to offer our contribution with serenity and frankness, in a spirit of service to the common good. We follow with interest the preparation of the Conference on the Future of Europe: there is no future without children and there are no children without families. It is urgent to re-establish the intergenerational balance in Europe. To do so, we need to build a new paradigm to put the family at the centre of long-term public policies in Europe”.

6666 ABORTIONS PERFORMED IN IRELAND LAST YEAR

We now know how many women had an abortion in Ireland last year: 6666. If you add in the 375 women who went to England for an abortion in 2019, despite our new law, it adds up to 7,041, a horrible figure. The official figures were published on June 29th by the Department of Health.

If we allow for (a high estimate) that about 5000 Irish women had abortions in 2018, the last year before the liberal new law was introduced, it means that there has been a 40 pc increase in the number of Irish women opting to terminate their pregnancies. The number is almost 20 per day.

In 2019 there were 59,796 live births in Ireland. This means that 10.5 % of known pregnancies (66,837) ended with an abortion.

Those tragic figures go well beyond any previous estimation. In 2018, about 8 Irish women per day went to England for abortion, and according to the pro-choice side, about three per day were taking the abortion pill illegally here, adding up to slightly more than 4,000 per year. If we assume six rather than three women per day were taking the abortion pill illegally, it comes to slightly more than 5,000 abortions performed on Irish women in 2018. Seven thousand still represents a big increase.

The abortion rate is 6.9 per 1,000 women aged 15-44. This is a lot lower than the UK (18 per 1,000) but higher than Italy (6 per 1,000). The abortion ratio (per 100 live births) is 11.7.

Compared to reports produced by other countries, the Irish report gives no details about the mother and the child. There is no mention of age, marital status, ethnicity, number of previous abortions, etc.

The report only tells us that 98.2 pc of abortion were carried out within the 12 weeks of pregnancy period, when no reason for the termination is recorded.

Only in 0.3 pc of terminations there was a risk to the life or the health of the mother.

In 1.5 pc of cases there was a condition likely to lead to the death of the foetus at birth or within 28 days from birth. Those kinds of abortions can be performed at any point of the pregnancy, with no statutory limit.

Apart from this, the report only tells us in which county women resided and it gives the breakdown of abortion per each month of the year, which is not something particularly important to know. If we look at the official reports from England, we know much more about the Irish women who had abortion there in the past.

In 2018, 48pc of those resident in the Republic were single with a partner, 28 pc single with no partner and 4 pc single not stated. So, 80 pc were single while 18 pc were married and the rest separated, widowed or divorced.

This shows once again how marriage hugely reduces the chances of someone having an abortion.

17.9 pc had had a previous abortion. 78.6 pc declared themselves to be “White Irish” while the rest belonged to other ethnicities.

96.8 pc of abortions on Irish women were undertaken under Ground C (physical and mental health of the mother). A further 2.9 pc were carried out under ground E (physical or mental abnormalities of the foetus), and the rest under Ground D (physical and mental health of other children in the family).

We may never again have details of who exactly is accessing abortion in Ireland, and why. The Irish State doesn't want to know.

One of the slogans of abortion campaigners down the years has been that abortion should be ‘safe, legal and rare’. Does 7,041 strike you as rare?

The report is abysmally and purposely poor in terms of information given. It does not include typical data to allow us to analyse what groups are more likely to have abortions and why. Many pro-choice campaigners do not want the public to know more. They want to keep us in ignorance about what is going on.

All across Europe, countries produce an annual report on terminations because statistical knowledge is essential for research and policy development. A comprehensive collection of data about abortions based on the national

reports from 32 European countries can be found at www.abort-report.eu . It gives an insight into the details that are recorded internationally. To have an idea of how poor the Irish report is, it has only 3 tables and is a mere 5 pages long, including the cover and the introduction. The equivalent documents for England and Wales, for instance, have a total of 41 pages and 32 tables. (The Italian one is 55 pages long and the Dutch one 45.)

The Irish official document contains just three pieces of information: the section of the legislation under which abortions were carried out, the county where they took place and the month of the year when the Minister was notified. This last detail is atypical and of little interest. It does not mention abortion rates per number of women and of pregnancies, which are the typical figures for international comparison.

It does not tell us exactly how many babies were aborted. The figure 6,666 refers to the number of procedures but some of them may have involved twins. If we assume that one out of 60 pregnancies involves more than one baby, we can estimate that the final number is 6,778.

Some countries, England for instance, keep a record of “selective reductions”, when women expecting twins or triplets choose to “reduce” the number of fetuses. This is becoming more common for women who use IVF and have multiple embryos implanted.

The British report records in details where abortion took place, the statutory grounds, gestational weeks, procedure (pills or surgery), marital status, ethnicity, number of previous pregnancies resulting in live or still birth, number of previous miscarriages, number of previous abortions, and many more other details. Those are the typical statistical data that one can find in official documents from all countries. When there is foetal abnormality, the medical condition of the foetus is also recorded. This is how we know, for instance, how many babies with Down Syndrome were killed.

None of this information is recorded in Ireland, bar the statutory grounds, which does not say much as no reason for an abortion is required before 12 weeks, when 98,2% of abortions occurred in 2019. We know much more about Irish women, who haven't stopped going to England, from the British reports.

This lack of statistic data is not accidental. It was a decision of Minister Harris and the Dail not to have those records. When, in December 2018, the new abortion law was discussed, some pro-life TDs proposed an amendment to have the Irish report in line with the data categories required under existing UK law. This was to follow international standards.

Not only was the amendment rejected by Minister Harris but the pro-life TDs were accused of bigotry in wanting to know. Deputy Joan Burton said that the amendment

“owes more to the language of South Africa prior to the ending of Apartheid” because it mentioned ethnicity. Jonathan O’ Brien said that recording ethnicity and marital status – which, by the way, are also in the Census – is archaic and racist. Did the deputies know that the ethnicity reference was introduced in the UK legislation in 2002 because of a recommendation of the UK Equality Authority?

The Department of Health in Britain says that information about ethnicity is “vital to addressing health inequalities and improvements in public health and commissioning functions”.

Typical information collected in all Western countries was rejected only because the proposal came from the pro-life side. They do not want the public to know what happens. Deputy Brid Smith claimed that the amendments were “malicious and vindictive”. Deputy Kate O’Connell said “those amendments are about power, control over women, shame and surveillance”.

Because of them, now we have the poorest abortion report in the world. Will this change when the law will be reviewed in 2021? There is no chance whatever that the Government will listen to pro-life voices in this matter, but if more pro-choice groups say we need to produce more information like other countries do, then there is some hope of progress. For the time being, however, the attitude of our authorities is that ignorance is bliss.