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Abortion information governance and women's travels across European borders

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ABSTRACT

The World Health Organization considers the provision of information about safe, legal abortion essential for good-quality abortion care, but the question remains about who is responsible for providing information to people whose needs are not met in their own countries. Using data from a mixed-method research conducted with women travelling from France, Germany, Italy, and Ireland to seek abortion care in the UK, the Netherland, and Spain, we map the trajectories through which people receive information about accessing abortion abroad. We analyze the role of health professionals, activists, and online sources in people's accounts of information gathering. We argue that different formal approaches to information on national and international services distinctively affect women's experiences, and that transnational information flows occupy a crucial role in women's ability to travel. We also argue that managing information is an important aspect of how governments, practitioners or other actors navigate and exercise reproductive governance.

Introduction: abortion information governance

The World Health Organization identifies the provision of information about safe, legal abortion as "an essential part of good-quality abortion services" (WHO, 2012:36). The question of how people access information about available abortion services is significant when we consider the experience of people who, for a variety of reasons, cannot find abortion care locally and intend to travel. We address this topic by exploring how information about available services is delivered to, and experienced by, women[2] who intend to seek abortion care across European borders. This paper maps the trajectories through which women receive information about obtaining abortion in their circumstances. We present three dimensions to this map based on a study we conducted with women travelling to England (UK), the Netherlands, and Spain from other European countries for abortion. The three dimensions are presented as information flows involving: (1) health professionals – including general practitioners (GPs), obstetricians/gynecologists (OBGYNs) and nurses operating in the public or in the private sector; (2) the third sector – including local nongovernmental organizations (NGOs), and activists advocating for sexual and reproductive rights; and (3) online resources – including governmental and non-governmental platforms and what we define as transnational flow of information. By dividing our analysis in this way, we intend to trace what role different local and transnational actors have in the decision-making process of women who travelled to the UK, the Netherlands and Spain from other EU countries to have an abortion.

We argue that managing information – including entitling or preventing anyone from delivering information – is one of the ways in which reproductive governance (Morgan & Roberts, 2012) is implemented, navigated or upset by governments, medical professionals or other actors in different ways. We illustrate that while national governments may implement policies which make information on local and transnational abortion services more or less accessible, transnational flows of information and services through individuals, providers in the

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[2] Not only women but all pregnant people need abortion care. As our sample is composed of people who did not refuse the label "woman", in this paper we use woman/women when referring to people in our sample and pregnant people when making general statements about people seeking abortion care.

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destination countries, or activists play a crucial role in helping people find abortion care abroad.

Theoretical framework

Public health literature suggests that pregnant people who do not receive reliable and comprehensive information about abortion may experience delays to care, at additional health risks (WHO 2012). While global guidelines on safe abortion call for States to provide easy access to information such as 'where to access lawful services' (WHO 2012:95), access to abortion information 'vary widely from one country to another' (Chavkin et al., 2018: 4). Legal scholars and human rights' bodies have grounded the need of reliable abortion information in the realm of human rights (Erdman, 2017; UN Human Rights Committee (HRC), 2019), including the right to health, underscoring how failure to provide such information may result in the violation of other human rights, by delaying access to care and generating distress (de Londras & Enright, 2018).

However, the question remains who is or shall be responsible for providing information about safe abortion beyond local policies to those people whose needs are not met by local services. Telemedicine services offered by organizations such as Women Help Women, Women on Web, safe2choose, and many others offer online detailed information, hotline and email contacts for people who want to know more about self-managed medication abortion and how to access abortion pills (Gomperts et al., 2008; Berer, 2017). Such work has certainly challenged the idea of management and dissemination of abortion information by formal governing bodies and authorities.

The possibility of conceptualizing the delivery of abortion information as a form of governance has not been explored sufficiently in the scholarship. While online sources of knowledge about health care are increasingly important to people's experience of health information seeking (Hardey, 2001), including on abortion (Duffy et al., 2018), health professionals continue to be important sources of reproductive health information (Quagliariello, 2018). Medical anthropologists and sociologists have long illustrated how the ways in which doctors deliver information to their patients and the kind of information they share affect patients' decision-making (Fainzang, 2006; Johnson, 2014). Anthropologist Chiara Quagliariello (2018) recognizes a form of 'governance through speaking' in the practice of doctors who inform patients about abortion options in a public hospital in Northern Italy. They inform patients selectively, either stressing or downplaying abortion-related risks and benefits according to their socio-demographic characteristics.

Focusing on transnational abortion flows, Ruth Fletcher (2013) analyzed the delivery of abortion information in Britain to pregnant people living in Ireland prior to the 2018 legislative change, and after the European Court of Human Rights ruled in 1992 that restrictions on abortion information abroad was an interference with the right to provide or receive information (ECHR, 1992). Fletcher sees the participation of Irish governing bodies in transnational healthcare networks as 'peripheral governance' which aims to normalize abortion travel instead of creating local policy changes. Indeed, the Irish Department of Health and the Crisis Pregnancy Agency offered information about transnational abortion options and after-care, thus governing abortion information and travel from a peripheral role and without challenging the criminalization of abortion. Anthropologist Joanna Mishtal (2017) also observed that while Irish doctors tended to support women's choices, some were cautious about providing information. The political climate at that time was one of 'semantic subterfuge' (McDonnell & Allison, 2006: 819–820) – a reluctance to openly engage discourses about reproductive policies among policymakers and the medical community, thereby creating a public illusion of consensus to not discuss abortion. This silence coexisted with the reality of Irish pregnant people travelling abroad for abortion and of information passed on by individual doctors during private consultations.

These analyses position doctors among the actors who take part in producing a specific reproductive governance, a concept that has been used by medical anthropologists to include 'the mechanisms through which different historical configuration of actors – such as state, religious, and international financial institutions, NGOs, and social movements – use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviors and population practices' (Morgan & Roberts, 2012: 243). As anthropologist Lynn Morgan suggests, 'anthropologists are uniquely positioned to witness and connect the dots among [the] dizzying developments' (Morgan, 2019: 115) that characterize the contemporary global reproductive landscape, and calls for new analyses of transnational aspects of such governance. In this article, we respond to this call by focusing on abortion information governance, i.e., how abortion information management constitutes a relevant element of reproductive governance. Drawing on research we conducted on abortion travel across several European countries we explore two lines of analysis: (1) where do women who travel abroad for legal abortion find the information they deem important to make decisions?; and (2) what kind of information governance is facilitating or obstructing women's trajectories to safe abortion across borders in Europe?

Abortion information policies and abortion travel

Although abortion policies around the world have tended towards liberalization in recent decades, in Europe scholars observe a 'fragmented landscape' (De Zordo et al., 2016), with varied abortion policies: for example, Poland and Malta restrict abortion in almost all cases, while many others, including France, Germany and Italy, make abortion available on request or on broad grounds in the first trimester and in second trimester in cases of maternal life or health risk, or foetal anomalies (Berer, 2008). England, Wales, the Netherlands, and Spain, have progressively allowed abortion access on broad grounds through the second trimester, therefore making them into destinations for abortion travels from other locations (Best, 2005; Gerdts et al., 2016; Loeber & Wijsen, 2008).

Many European abortion laws address the management and delivery of abortion information explicitly, but again, this topic is treated differently from country to country. In the Republic of Ireland, the Abortion Information Act of 1995 addressed the question directly, strictly mandating that women were to be given information about alternative pregnancy options other than abortion, while not regulating nor prohibiting the delivery of wrong or misleading information about abortion (Fletcher, 2013; Oaks, 2002), thus attracting harsh critiques by human rights scholars (de Londras & Enright, 2018:66).

The German case is among the most notorious in this respect. Only in 2019, a national outcry led to the amendment of Paragraph 219a of the Criminal Code, introduced in 1933 and establishing a fine or jail for those who 'publicly offered their own services or the services of others in promoting or carrying out abortions' (German Criminal Code §219a).

Germany's abortion law continues to be part of the Criminal Code, which considers abortions non punishable on broad grounds until 12 weeks of pregnancy, provided that a woman presents a certificate proving she has obtained mandatory counselling. An abortion provider cannot also act as her counsellor. The law states that the counselling "serves to protect unborn life" and should include "efforts to encourage women to continue the pregnancy" (German Criminal Code §219a). A similar agenda inspires the Italian abortion law (Law 194/1978), whereby health professionals must inform women on social services which may help to 'remove the causes' which lead them to want an abortion (Law 194/1978). This is in line with the law's explicit primary goal of 'protecting motherhood' and 'encouraging to carry on the pregnancy' (Caruso, 2019).

Almost all European policies include the duty by health professionals to inform about procedures involved in pregnancy termination and potential risks. The French and the Spanish laws also explicitly mention women's right to information about abortion methods. Remarkably, French legislators made 'illegal interference' (*délit d'entrave*) to abortion (Law 2017/347) a felony, specifically targeting acts which aim to prevent pregnant people from getting abortion information or to mislead them.

While abortion laws and policies are crucial in delineating available access to care, pregnant people's experience with access to information and care is affected by organization of services, health insurance coverage, availability of providers, training of professionals, and the degree of potential stigma. Certainly, a number of factors (restrictive laws, unreliable or poor care) may lead pregnant people to seek abortion abroad or to self-induce through safe or unsafe procedures (Aiken et al., 2017, 2018). For example, the Italian Ministry of Health recently estimated that 10.000 to 13.000 procedures annually are performed outside the formal medical setting (Ministero della Salute, 2020).

Extensive safe abortion helplines worldwide, run by feminist collectives, offer information on safe self-managed abortion using misoprostol or mifepristone and misoprostol (Aiken et al., 2017; Jelinska & Yanow, 2018). Such helplines assist pregnant people through the process thereby reducing potential risks in proceeding with no guidance (Drovetta, 2015; Dzuba et al., 2013; Gerdts et al., 2014). Helplines also contribute to the growing internet-based telemedicine that assist pregnant people in obtaining and using abortion pills outside the clinical setting, and represent a significant example of how grassroots feminist activism may introduce pioneering reproductive health practices, while remaining close to individual needs and claims.

In this paper we focus on the experiences of women seeking abortion information in order to secure care across European borders. While current literature on abortion travel in Europe reports that pregnant people mainly consult the internet prior to travel (Gerdts et al., 2016), the process through which people obtain information before travelling remains poorly understood. In the following sections we present the study methods and then organize the findings into three subsections based on information sources and the way abortion information is subject to governance by a variety of actors. The first subsection analyzes women's experiences with local health providers as a source of information, and the second focuses on the role of reproductive health advocates and associations in delivering useful information for abortion travel. For clarity purposes, data in these two subsections are further grouped by participants' country of residence—the Republic of Ireland, France, Italy, and Germany—because of the varied abortion policies in each context. The third subsection examines women's experiences with transnational information flow online, which includes governmental and non-governmental sources. We conclude by considering the implications of the governance of abortion information.

Methodology

We draw on data collected through a 5-year mixed-method anthropology and epidemiology study, funded by the European Research Council (ERC) and hosted by the University of Barcelona, about barriers to access to legal abortion in European countries and on abortion travel. While the overall study addresses numerous aspects of women's experiences with cross-border abortion travel, in this paper we focus on data that capture women's experiences with abortion information for those who reside in the Republic of Ireland, Italy, France, and Germany, and who travelled to clinics in England (UK) and the Netherlands between July 2017 and March 2019, and in Spain between March 2018 and April 2019. Five anthropologists collected 278 surveys and 61 in-depth interviews (IDIs). We recruited participants in clinics in the destination countries, selected based on the high numbers of clients from abroad. Eligible women were 18 years of age or older and could speak French, Italian, English, German or Spanish. They were invited to read the study's information summary and consented before starting data collection. Surveys were self-administered on tablets using Qualtrics and analyzed by epidemiologists using SPSS software. The qualitative data were collected via face-to-face or telephone interviews following an interview guide. Interviews were transcribed, the transcriptions were coded using Atlas.TI software and analyzed following the grounded theory approach (Strauss & Corbin, 1998). Researchers or external translators translated transcripts into English. All participants were assigned pseudonyms. For clarity, we use Irish, French, Italian and German to refer to women living in the respective country, notwithstanding the nationality of each woman. We will also refer to the Republic of Ireland as Ireland. Northern Ireland was not part of our study. The ethics committees of the European Research Council, the University of Barcelona, the University of Central Florida, the University of Tilburg, and the British Pregnancy Advisory Service approved this study.

Mapping trajectories of information seeking

Results here draw on 278 surveys and 61 interviews. Forty-two interviews were collected with women travelling to England, 14 with women travelling to the Netherlands, and 5 with women travelling to Spain. Interviewees' countries of origin include Ireland (28), France (13), Italy (11), Germany (5), Malta (2), Austria (1) and Poland (1).[3]

Our survey data showed that women seeking information about abortion services offered in Britain and the Netherlands searched 'General websites' online. This was especially true for women living in Ireland, Germany, and Italy, but less so for women in France. For Irish and German women, the second option was to seek information from 'Family and friends', followed by 'Government websites' for Irish women, and by 'doctor, nurses or health care providers' for German women. For Italian women, seeking information from 'doctor, nurses or health care providers' was their second choice, followed by 'family and friends'. French women relied on 'doctors, nurses and health providers' more than any other group of participants, and secondly they pursued information online.

To make sense of these survey answers, our in-depth interview data and a close analysis of abortion policies and implementation have proven especially valuable. Interviews allow us to unpack the information process that women have navigated before reaching abortion clinics where we have met them. When deciding whether, where, when and how to have an abortion, women need to find out about available procedures, risks, practicalities, and after-abortion care options. The inability to find care locally adds multiple dimensions to the kind of information they need, including navigating foreign languages and legal contexts and arranging travels abroad.

In the following three subsections, we explore how the women we encountered managed to find all the information they needed to obtain abortion care in clinics abroad. For this analysis we focus on data about Ireland, France, Italy and Germany, which were resident countries for the majority of our interviewees.

I. The role of health professionals and the healthcare system

The interview narratives revealed that depending on their location and circumstances, women sought different sources to obtain information about abortion locally and abroad. An analysis of the trajectories that women followed to obtain information illustrates that women can be aware of local policies and either avoid or seek local health professionals to gather information about abortion abroad. In this section, we show how women in Ireland, France, Italy, and Germany have differing expectations about local health professionals' ability to provide

[3] At the time of our study, England attracted the higher numbers of abortion travellers because of its closeness to Ireland, where abortion was mainly illegal, and its higher gestation age limits for an abortion compared to other European countries (Gerdts et al., 2016). The numbers of interviewees in our study mirror this.

the information they need, and analyze the kind of information they end up obtaining from providers they consult. In this section we focus on professionals who work in national healthcare systems or private practices. We include Italian family planning centres because these are typically administered by the Italian healthcare system. We cover Irish, German and French family planning associations and networks in the next section, because these are mainly publicly funded but maintain an independent administration.

Republic of Ireland

All 28 Irish women reported they knew abortion was highly restricted in Ireland until a national referendum vote repealed the 8th Amendment in May 2018 and expanded access to abortion in 2019. All of those interviewed between June and November 2018, except for one, assumed correctly that it was still impossible to find a provider in Ireland. Altogether, 14 of 28 Irish women mainly obtained information on abortion online, six then chose to visit a local family planning association or counsellor for a free counselling session after they learnt online that completing counselling locally would reduce their expenses in England. Eight women never sought information in person in Ireland, and instead found all information online, including providers. Women's narratives illustrate that they did not want to see any health professionals locally for fear of stigma, potential legal consequences of seeking a locally illegal practice, or because they had past experience with abortion abroad. But there are also some who assumed it would be forbidden for any health professionals or counsellors to inform them about abortion options abroad, given local extremely restrictive policies on abortion.

Only seven of 28 women searched for information about abortion abroad by consulting health professionals locally. Three were diagnosed with foetal anomalies and were informed by the same health provider in charge of such cases about the option to travel to England for care. One of them, Darissa, 34 years old and employed full-time, reported such an experience when asked about where and how she sought information:

> *The hospital in Ireland…[g]ave us all the information that we needed to contact (…) They gave us the contact information so we were able to contact them ourselves, the clinic, and that's when we got the appointment for today so. (…) I felt supported. They made me feel relaxed.*

Paula, a 34-years-old waitress and 13 weeks pregnant also sought abortion information from health professionals in Ireland by visiting her GP. The GP directed her to a local counsellor who gave her information about how to make an appointment in England and the kind of procedure she might be offered. Leyla, 28 years old, employed full-time and cohabiting with a fiancé, visited a GP too. However, for fear of stigma and breach of confidentiality, she avoided her own male GP she attended a lifetime and instead booked an appointment with a young woman doctor whom she assumed might be more understanding of her situation. She eventually secured information about two abortion providers in England. Hannah, 52 years old and unemployed, was instead accompanied to the hospital by the personnel of the woman's shelter where she was living. The hospital healthcare staff gave her the contact of abortion providers in England and support organizations, who then supported her with travel to a clinic abroad, organized her trip, and partially funded her procedure.

Six women went directly to a local family planning association or counsellors who suggested contacts of providers in England, and two called hotlines where they found useful information about care in England. Overall, Irish women generally preferred to avoid healthcare providers, but they tended to feel more comfortable seeking information from family planning organizations and online sources.

France

All women from France in our sample travelled abroad because they exceeded the legal gestational age (GA) limit for obtaining an abortion in France (12 weeks of pregnancy by law) or could not find care in the time between deciding to get an abortion and exceeding the GA limits. All women contacted a health professional immediately after suspecting they were pregnant. After that, their trajectories to find information about abortion locally and abroad varied. Some immediately disclosed to the same provider their intention to have an abortion, while others sought other health providers or sought information online. At this point in particular, four women visited a GP; one an OBGYN; and three visited a hospital. Two GPs mentioned the countries where their patients could find abortion care; two GPs referred them to the local family planning service; the OBGYN referred the patient to a clinic abroad; and in two cases hospital medical staff gave women contacts for clinics abroad. Five self-referred to a planning familial service (see Section II).

Overall, the experience of French women in our study stands out in that many sought initial advice from health professionals in France, suggesting a greater level of information comfort and/or trust in the French healthcare system as a reliable source of information, as compared to women in Ireland.

Italy

Italian women's experience was similar to those in France in that the majority contacted healthcare providers when they found out about their pregnancy, however with varied outcomes. Five of 11 Italian women in our sample visited an OBGYN in public hospitals or private practices. As OBGYNs are the only professionals allowed to perform abortion in Italy, it is not surprising that people turn to them when seeking abortion information. Two more women facing foetal impairment initiated abortion talks with hospital physicians who followed them throughout the diagnosis process. Both were offered an induction of labour procedure, the only method used in Italy for abortion for foetal anomalies after 12 weeks of pregnancy. Both women reported feeling not heard when they asked about different abortion procedures and turned to online sources for alternatives. Elisabetta, a 36-years-old teacher living in Central Italy, explained that searching online she unexpectedly found that surgical abortions are performed in other European countries for women in the same situation:

> *Institutional websites explaining women's rights or how therapeutic abortion works do not exist in Italy. I have found information on other more specialist websites, such as 'Vitadidonna' or interviews by women who deal with these topics, associations etc. (…) and then I wondered: if I find on these websites that I have the right to aspiration until 16th week, why is this not performed in Italy?*

Elisabetta was surprised that although information about different abortion methods at her GA was available online, she was not offered any by health professionals in Italy.

Unlike what happens in France, no publicly-funded helpline is available to pregnant people in Italy. The Italian Ministry of Health website provides basic information on the abortion law and on medication and surgical abortion, but fails to explain in what circumstances these are available and where. The website provides contacts to *consultori familiari,* which are regionally regulated public health centres offering resources and some services on family planning, contraception, abortion, maternal and newborn's health, and counselling. Pregnant people who seek abortion care are expected to visit their GP, OBGYN or a *consultorio familiare* to obtain a certificate that will allow them to access legal abortion, knowing that each of these services is available only during specific variable hours during working days.

In the majority of cases in our sample, Italian women seeking abortion abroad did so because they exceeded GA limits. Five of them were within these limits when they first sought abortion care, but were then delayed by the dysfunctionalities of the services they contacted. Given the difficulties they encountered in finding care locally, three other women decided to travel abroad despite their GA being within legal limits. Women's paths to find information on abortion locally and abroad is similar only in that they sought different information sources, including health professionals, without being sure their inquiries would be welcome. Three women first faced refusals of abortion information by OBGYNs who declined to give them referrals and turned to other OBGYNs who informed them about abortion procedures locally and, in one case, abroad. Among the 11 Italian women we interviewed, only three tried to contact the *consultorio*, and only two of them managed to talk to someone there. Despite finding the staff supportive, neither of them felt they received the guidance they needed. One woman, Carla, single mother of one, visited a *consultorio* in Centre Italy. She reports her GA was miscalculated twice during the first weeks of pregnancy. When she asked for an abortion, thinking she was still on time based on previous estimates, she was told she had exceeded the legal GA limit. She was advised to look for information at the local hospital, where the head OBGYN mentioned to her England or Spain as possible destinations for an abortion and gave her the name of a British abortion provider.

These experiences illustrate how difficult it can be for pregnant people in Italy to figure out where to find information when they intend to terminate their pregnancy and they are near or have exceeded GA limits, or want to explore different abortion methods (i.e., surgical abortion in the second trimester). They show, especially, how much people's search depends on fortunate encounters with well-informed and well-intentioned individual health professionals.

Germany

Before the Bundestag intervened to expand access to public information on abortion provision in March 2019, pregnant people mainly learned about abortion providers when they underwent their compulsory counselling service. Thus, they had to rely on information given by intermediate actors, word of mouth, or general online information, while abortion providers were not allowed to publicly inform patients about their services, and the German government failed to openly inform the public about available abortion care.

Among the five German women we interviewed, four learned about being pregnant beyond the national GA limit of 12 weeks. Two of them did not suspect to be pregnant when visiting their OBGYNs for pain symptoms. Once they learned about the pregnancy, they asked for information about abortion. Julia, a 23-years-old student and 21 weeks pregnant, went on looking for information about abortion online after her doctor told her that her only option was giving birth. The doctor of Anna, 27 years old, 20 weeks pregnant, took a different approach and vaguely suggested she might want to look into abortion policy in the Netherlands. Another woman described a similar conversation with her doctor. In all cases, doctors underscored how they were disallowed to mention providers abroad, and therefore refrained from doing so, and felt uncomfortable documenting the patient's intention of terminating a pregnancy.

This kind of conversation between doctors and pregnant people having exceeded the local limit has been confirmed to us by doctors and advocates in Germany as well. The misunderstanding that may arise in such an encounter and the unsatisfactory, unclear or missing information that pregnant people may be confronted with can certainly be seen as a result of national policies that paradoxically limit information about abortion, on the one hand, while promoting sexual and reproductive health and rights, on the other. Moreover, given that the law explicitly mandates counselling before an abortion, pregnant people may be in a difficult legal position if they have an abortion abroad without receiving counselling. The perceived threat generated by the criminalisation of action (and inaction) regarding abortion information on the part of professionals and pregnant people produces a type of information governance which makes practical conversation between doctors and their patients around abortion abroad and necessary papers to do that legally, an insecure and unpredictable interaction.

Moreover, the refusal by local counsellors or doctors to write a referral has negative consequences for people who eventually decide to obtain abortion in the Netherlands, where the law dictates a mandatory waiting period of 5 days between counselling and abortion. As a result, some women we met had to travel twice to the Netherlands to obtain counselling and abortion care there.

II. The role of reproductive rights' organizations and activists

Many of the women we met particularly appreciated being able to contact family planning associations and other activist groups in their information seeking journey. The availability of these places and people as well as organized groups or volunteers that women found important in their search for information reveal the extent of official or unofficial room made for such actors to inhabit abortion information governance.

Republic of Ireland

Irish women reported that they were aware that abortion was illegal in Ireland, and expected to have to seek abortion through illegal practices or travel to England. When we conducted this research, abortion was at the centre of public debates in Ireland and internationally because of the Referendum in 2018. Almost all our interviewees mentioned abortion being discussed in the Irish media and nearly all participants we met after the Referendum were aware that it would lead to expansion of abortion access locally. Our interviews illustrate that the presence of abortion talks in the public sphere exposed two sides of abortion practice for Irish pregnant people, namely online purchase of abortion pills and travels to England.

Interestingly, this time also drew attention to reproductive rights activists making their work and contacts more visible to those in need. For example, the Together for Yes campaign lobbied to make public the stories of women who travelled to England for an abortion and, in doing so, it exposed the routes through which pregnant people were obtaining information about travels. Among the women we have interviewed, many expressed being pleasantly surprised to find out that they could contact local family planning associations or local or transnational activist groups to receive information and support about abortion travel. Moreover, our data illustrate that restrictive policies in combination with a legal distribution of abortion abroad information has produced a specific reproductive governance wherein supportive associations and public initiatives during and after the Referendum successfully boosted the visibility of abortion options abroad and their assistance to pregnant people, despite some local opposition to abortion.

France

In France, 'Le planning familial' (PF) is the major national network of local, independent associations for sexual and reproductive health. These are present in the majority of French departments, offer contraception, abortion, sexual and domestic abuse services, and are responsible for the national hotline on sexual and reproductive health. PF is funded by the French Ministry of Health and private donations. Five French women told us they directly contacted a PF centre when they decided to terminate their pregnancy. Three other women were referred to the PF by a GP or another provider they consulted. Although not all women who contacted PF reported doing so comfortably, all of them found the process easy by locating their contact online or being given their telephone number by health professionals. Addresses, emails, a publicly funded national hotline number of PF association appear clearly online when looking for abortion information, including on the French government website, which offers information about the abortion law, medical visits, procedures, and post-abortion care. After contacting the

PF, only two women reported they were unable to obtain any useful abortion information in their case. Delphine, who was 22 weeks pregnant, first visited a GP who confirmed her pregnancy, heard her intention to terminate it and gave her the national helpline number, which she called immediately. When asked in September 2018 where she found information about abortion care abroad, she explained:

Delphine: Well…in a family planning clinic in France. [I called] a number which was given to me by my GP. […] They [family planning] gave me the number of [a city] in England.

Researcher: Did you find it difficult to find information?

Delphine: No, not to find information.

In some cases, the PF association informed women about local policies without providing contacts of foreign providers, but women report to have easily found more information online (see Section III). Among the French women in our sample, none contacted a different activist group beyond the PF, although, as we will illustrate in the next section, some have benefited from information obtained through other transnational sources, either online or through direct contact with foreign abortion providers. Women in France mainly welcomed the support they got in finding information in a moment in life where they sought immediate care and considered information as part of reproductive care. At the same time they were puzzled by the different abortion policies in different countries and the majority among them supported an extension of GA limits in France.

Italy

Two women living in Italy we interviewed reported to have contacted an Italian women's health charity. In one case, a woman was suggested to investigate clinics in Spain and England, something she appreciated, because it confirmed what she had been finding online. Our data overall suggest that it may not be as common for Italian pregnant people to acquire information about abortion abroad through local associations or activist groups, as for pregnant people in other countries, but when they do, they particularly appreciate this support.

Germany

Two women visited a German nation-wide publicly funded family planning association providing counselling and referral for abortion – when they found out about their pregnancy or when they decided to terminate. However, neither of them described the information they received useful for abortion options and travels abroad. These reports raise questions about the extent of the information provided by family planning associations, and whether staff may be constrained by the German legal framework that impacts the interaction health professionals are permitted to have with women.

Altogether, the interviews with women from the four countries discussed suggest that women from Ireland and France had an easier access to information about abortion options abroad than those living in Italy and Germany, due mainly to different types of abortion information governance. In France, governmental websites and independent national family planning associations seem to have cooperated in creating a relatively easy access to information on abortion locally and abroad. Ireland represents a specifically interesting case of abortion information governance, where the role of activists and organizations – such as the Together for Yes campaign, the Irish Family Planning Association, and the Well Woman Dublin Clinics, as well as the UK-based Abortion Support Network – have been crucial to the way in which abortion was made accessible to Irish pregnant people, despite very restrictive local policies. Italy and Germany represent different cases in this respect. Women in our sample were uncertain about where and whether they could find abortion information for their particular case (i.e., the majority exceeded GA limits), and they were less likely than women in France or Ireland to be well informed about abortion options abroad by local family planning or activists' groups. Our analysis shows that abortion information accessibility results from the combination of different factors: policies, organization of services, the visibility of associations' or activists' groups, and the political momentum where abortion information is being sought, all of which constitutes what we define as abortion information governance.

III. Online and transnational information flows

Our research shows that online sources and transnationality are key dimensions of abortion information governance when referring to cross border travel, and that they strongly affect the experience of pregnant people seeking cross border abortion care. All women in our sample have searched for online information at different stages of their research for care abroad. Some women report to especially value the availability of governmental sources delivering reliable information on this topic. Tien, a 30 years old Vietnamese woman, living in Ireland, explained she decided to seek information online without talking to anyone outside her household.

Researcher: And when you decided that you wanted to stop the pregnancy where did you go? You went online? Or you went to your GP?

Tien: Yeah. I go online. […] Yes. (…) I saw the NHS first. Maybe we just believe and trust in the government site and just read the information from that. […].

Research: And why didn't you go to anyone in Ireland?

Tien: You know, because in the past we saw a lot of people [who wanted to] terminate the law. The law in Ireland. And they also are very sensitive, […] about abortion. And I think we shouldn't talk about that in that country.

It was reassuring for Tien to find a governmental website presenting abortion policies, options and useful contacts in the country where she is considering having her abortion, especially in light of her perception that abortion cannot be freely publicly discussed in Ireland.

Governments have different approaches about their online participation in abortion information. While the French government has a website where legal and medical aspects of abortion in France are thoroughly described and contacts to the national helpline provided, the Italian government's website includes information about the law and abortion techniques but no addresses, telephone numbers, nor any indication on how to proceed (see previous section). Before March 2019, no governmental website was available in Germany with information on abortion procedures, counselling centres or abortion providers, while Pro familia (a well-known family planning NGO) included in their website a list of counselling centres.

Among the women we interviewed, many talked about how finding websites by abortion providers based in the UK, Spain, and the Netherlands made their search easier and more comfortable. In particular some British, Dutch, and Spanish providers have well-organized websites where they explain local policies, their services, treatment, costs, booking appointments, and directions to their venues, something which is absolutely welcome by women. Fiona, 19 years old, 22 weeks pregnant and living in Ireland, was clear about receiving crucial information on websites by UK providers and a UK-based abortion fund:

Like, the clinics. The BPAS clinics and the Marie Stopes clinics, and then that ASN Helpline, which was like if you don't have enough money to travel they help you.

Associations and activists providing information to pregnant people are becoming increasingly transnational (Bloomer et al., 2019). Their importance grows as abortion right movements are becoming more transnational (De Zordo et al., 2016; Pardy, 2018). The presence of reproductive rights activists' transnational networks exposes not only abortion options, but also information to audiences that span across borders. For example, committed charities such a Women Help Women and Women on Web provide online information about abortion in different languages and are easily accessible through search engines in restrictive legal contexts, including Poland, Malta, and Gibraltar.

Online visibility of abortion rights supporters was crucial for some women in our sample to be able to travel for care. Bridget, 30 years old and mother of one, was familiar with abortion travel because she participated in the Irish campaign to repeal the 8th amendment. Nevertheless, when the time came that she had an abortion in England, her childcare plans fell through and she found herself stuck without the money to travel back home. It is then that she searched for help online:

> *In the run up to the Referendum there was a big Facebook group. It was like Abroad for Yes and there's people, Irish people, around the world who were paying people's flights to go back and vote. So, I contacted the admin of that page and because the flight back was €400 because it was so last minute. Yeah, it was really expensive. But there was this amazing group of people who actually chipped in and helped pay my flight home.*

This transnational dimension of certain providers' initiatives and associations or activists' groups significantly contributes to shaping a transnational abortion information governance, where local obstructive policies or official gaps in information are being contrasted by and filled in by other actors. At the same time, such transnational accessibility of information appears to be very much connected to online multilingual resources, something which is strictly dependent on digital resources and literacy, thus making in-person or telephone interactions and information flows even more important for some pregnant people seeking information.

Conclusion

This research illustrates that available information on both national and international services differently affect pregnant people's experience of information seeking about abortion, and especially about laws and services across borders. While acknowledging the disruptive role of anti-abortion movements, people and services who intentionally withhold information or provide misinformation in an attempt to hinder pregnant people from seeking abortion care through dedicated pregnancy crisis centres or websites, we have focused in this analysis on women's expectations about information seeking and on the actual trajectories which made them obtain the information they used to seek abortion abroad.

Overall, our data demonstrate six distinct findings regarding experiences of women living in Ireland, France, Italy and Germany: (1) France stands out as a case where it is structurally easier for women to access timely information about abortion beyond local GA limit compared to Ireland, Italy, and Germany; (2) in Italy and Germany there is a structural information barrier about available services for women who are approaching or have exceeded the local GA limits, for those who need a prompt termination of pregnancy for foetal anomalies, and for women who have a strong preference for a specific abortion method; (3) in Italy and Germany women have to rely on good fortune and good will of others to get accurate and timely information, making activists' actions crucial to their experience; (4) in Ireland, a long term political activity by abortion rights advocates has made the presence of abortion support and information accessible to pregnant people despite the local ban on abortion before 2018; (5) the growing transnational information flow has an important function to ameliorate the local and national structural information gaps; and (6) information that women manage to gather through healthcare providers locally can be wrong or misleading, delaying access to timely care.

Interviews with women travelling abroad to seek abortion care illustrate that formal public or publicly-funded services directly affect the experience that people have when looking into abortion services locally and abroad. This includes public policies, publicly-funded websites and helplines, *consultori familiari* and family planning associations, and healthcare providers. They also unravel how these public interventions shape abortion governance by making information about local and transnational abortion services more or less accessible and appearing more or less reliable. We have observed that women in different countries navigated local abortion politics by seeking information through health professionals only where they expected to find them, sometimes being disappointed by the responses. Abortion policies and organization of services that claim formal accessibility to abortion care while maintaining unclear or loose policies around the distribution of safe, supporting and reliable abortion information transform formal healthcare settings into places where lack of information or misinformation delay care and disrupt instead of facilitating information flow and abortion seeking.

The countries from where women in our sample travelled represent different approaches to information governance. In France the state funds initiatives and actions supporting pregnant people who exceed local GA limits and seek abortion care abroad. While highlighting that public services do not always meet people's needs concerning abortion information in France, women's experiences illustrate how a public effort is being made both at governmental and local level to offer accessible information about abortion in general. Moreover, French PF workers and GPs seem to be fairly open to guide people in finding useful information on policies and providers across border. In this context pregnant people receive support to find information about abortion abroad within the same system where they are denied abortion locally, illustrating how policies carve out a specific type of support for people seeking abortion.

This approach differs from the ones we have found in Italy and Germany. The narratives of Italian women illustrate how they struggled to obtain enough information to confidently access abortion abroad. In fact, delivery of such information was left up to the rare initiative of individual health professionals, or to online sources. Such specific information governance is interesting, if we consider the significant number of estimated abortions taking place outside the formal legal setting in Italy. Abortion policies in Germany and Ireland respectively partially and radically changed during the time of our research. Our interviews with women living in these countries, however, were collected prior to these changes and helped to shed light on how German and Irish abortion information governance affected women's ability to access information and find abortion across national borders before such changes. Germany resembles Italy in that the information women were able to collect through formal and public services about abortion options abroad was inadequate. Additionally, German criminalization of abortion information created a situation in which health professionals and family planning workers did not feel secure in offering such information to women who needed to travel abroad. This approach to information dissemination illustrates a type of abortion governance that intends to establish a strong control over pregnant people's reproductive options and not only ignore but also make invisible the reproductive needs that go beyond locally available services. Women in our sample demonstrated a high level of insecurity about where they would find support, showing how local restrictive policies around information produce feelings of precariousness in people needing care.

While our interviews with women living in Ireland confirm Fletcher's findings (2013) that Irish abortion information governance made room for pregnant people to access information on abortion travel, while keeping strong local restrictions on abortion services, they also suggest that when a restrictive legal framework is challenged by a grassroots nationwide campaign, such contestations augment the visibility of activist groups who facilitate information about abortion and abortion travels. This is crucial to people's ability to find the care they need abroad, while carving out possibilities for local changes in policies and provision and people's perceptions about possible changes. While uncertainty prevails about the kind of information women might get from Irish health professionals, because of the restrictive abortion policies, women were nevertheless exposed to public information about activist groups' support, abortion stories, and policy changes in the making.

Moreover, this research illustrates how online sources maintained by providers in UK, the Netherlands, and Spain and by activists' groups play an important role for the experience of many women in our sample. Our findings show the importance of the same actors to continue to commit to be present online with clear, accessible, and updated information about policies and services in different locations. Our research did not include pregnant people who did not find the information they might have needed to be able to travel abroad, making it difficult to assess how their experience unfolded. However, the data we collected definitely call for a more robust commitment by local governments and family planning organizations. These public service actors are vital in making trustworthy information about abortion options and methods locally and across border easily accessible to pregnant people to enable them to have a timely and safe treatment, including if they decide to travel for abortion care, while working on improvements of local policies and accessibility. Thus, the role of the state remains important both directly for pregnant people and for non-profit organizations which in turn can support them in their reproductive needs.

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Declaration of competing interest

The authors have no competing interests.

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References

Aiken, A., Gomperts, R., & Trussell, J. (2017). Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland: A population-based analysis. *BJOG: An International Journal of Obstetrics and Gynaecology, 124*(8), 1208–1215.

Aiken, A. R. A., Guthrie, K. A., Schellekens, M., Trussell, J., & Gomperts, R. (2018). Barriers to accessing abortion services and perspectives on using mifepristone and misoprostol at home in Great Britain. *Contraception, 97*(2), 177–183. https://doi.org/10.1016/j.contraception.2017.09.003.

Berer, M. (2008). A critical appraisal of laws on second trimester abortion. *Reproductive Health Matters, 16*(sup3), 3–13.

Berer, M. (2017). Abortion law and policy around the world: In search of decriminalization. *Health and Human Rights, 19*(1), 13–27.

Best, A. (2005). Abortion rights along the Irish-English border and the liminality of women's experiences. *Dialectical Anthropology, 29*(3), 423–437.

Bloomer, F., Pierson, C., & Claudio, S. E. (2019). *Reimagining global abortion politics* (1 ed.). Policy Press.

Caruso, E. (2019). Il crocevia mancato tra Roma e Strasburgo in materia di interruzione di gravidanza. *La comunità internazionale, 74*(3), 447–474.

Chavkin, W., Stifani, B. M., Bridgman-Packer, D., Greenberg, J. M. S., & Favier, M. (2018). Implementing and expanding safe abortion care: An international comparative case study of six countries. *International Journal of Gynecology & Obstetrics, 143*(S4), 3–11.

De Zordo, S., Mishtal, J. Z., & Anton, L. (Eds.). (2016). *A fragmented landscape: Abortion governance and protest logics in Europe*. New York: Berghahn Books.

Drovetta, R. I. (2015). Safe abortion information hotlines: An effective strategy for increasing women's access to safe abortions in Latin America. *Reproductive Health Matters, 23*(45), 47–57.

Duffy, D. N., Pierson, C., & Best, P. (2018). A formative evaluation of online information to support abortion access in England, Northern Ireland and the Republic of Ireland. *BMJ Sexual and Reproductive Health, 45*(1), 32–37.

Dzuba, I. G., Winikoff, B., & Peña, M. (2013). Medical abortion: A path to safe, high-quality abortion care in Latin America and the Caribbean. *The European Journal of Contraception & Reproductive Health Care, 18*(6), 441–450.

Erdman, J. (2017). The global abortion policies database: Knowledge as a health intervention. *British Medical Journal, 359*, j5098.

Fainzang, S. (2006). *La relation médecins-malades: information et mensonge*. Paris: Presses Universitaires de France.

Fletcher, R. (2013). Peripheral governance: Administering transnational health-care flows. *International Journal of Law in Context, 9*, 160–191.

Gerdts, C., De Zordo, S., Mishtal, J., Barr-Walker, J., & Lohr, P. A. (2016). Experiences of women who travel to England for abortions: An exploratory pilot study. *The European Journal of Contraception & Reproductive Health Care, 21*(5), 401–407.

Gerdts, C., Hudaya, I., & Belusa, E. (2014). Mobile health innovations for improved access to safe abortion in Indonesia. *Contraception, 90*(3), 299.

Gomperts, R. J., Jelinska, K., Davies, S., Gemzell-Danielsson, K., & Kleiverda, G. (2008). Using telemedicine for termination of pregnancy with mifepristone and misoprostol in settings where there is no access to safe services. *BJOG: An International Journal of Obstetrics & Gynaecology, 115*(9), 1171–1175.

Hardey, M. (2001). E-health: The internet and transformation patients into consumers and the producers of health knowledge. *Information, Communication and Society, 4*, 388–405.

Jelinska, K., & Yanow, S. (2018). Putting abortion pills into women's hands: Realizing the full potential of medical abortion. *Contraception, 97*(2), 86–89.

Johnson, K. M. (2014). Protecting women, saving the fetus: Symbolic politics and mandated abortion. *Women's Studies International Forum, 47*(A), 36–45.

Loeber, O., & Wijsen, C. (2008). Factors influencing the percentage of second trimester abortions in the Netherlands. *Reproductive Health Matters, 16*(31 Suppl), 30–36.

de Londras, F., & Enright, M. (2018). *Repealing the 8th: Reforming Irish Abortion Law*. Bristol: Policy Press.

McDonnell, O., & Allison, J. (2006). From biopolitics to bioethics: Church, state, medicine and assisted reproductive technology in Ireland. *Sociology of Health & Illness, 28*(6), 817–837.

Ministero della Salute. (2020). *Relazione del Ministro della Salute sulla attuazione della legge contenente norme per la tutela sociale della maternità e per l'interruzione volontaria di gravidanza (Legge 194/78)*.

Mishtal, J. (2017). Quiet contestations of Irish abortion law: Reproductive health politics in flux. In S. Stettner, K. Ackerman, K. Burnett, & T. Hay (Eds.), *Transcending borders: Abortion in the past and present* (pp. 187–202). New York: Palgrave Macmillan.

Morgan, L. M. (2019). Reproductive governance, redux. *Medical Anthropology, 38*(2), 113–117.

Morgan, L. M., & Roberts, E. F. S. (2012). Reproductive governance in Latin America. *Anthropology & Medicine, 19*(2), 241–254.

Oaks, L. (2002). "Abortion is part of the Irish experience, it is part of what we are": The transformation of public discourses on Irish abortion policy. *Women's Studies International Forum, 25*(3), 315–333.

European Court of Human Rights (Ed.). (1992). *Open Door and Dublin Well Woman v. Ireland*. Pars. 66–77.

Pardy, M. (2018). Transnational feminisms and cosmopolitan feelings. *Women's Studies International Forum, 67*, 94–101.

Quagliariello, C. (2018). *Beyond medical bureaucracy: An inquiry into Women's right to abortion in Italy Antropologia, 5 (2)*.

Strauss, A., & Corbin, J. (1998). *Basics in qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). London: Sage Publications.

UN Human Rights Committee (HRC). (3 September 2019). General comment no. 36, Article 6 (Right to Life). In *CCPR/C/GC/35*. available at: https://www.refworld.org/docid/5e5e75e04.html. (Accessed 12 March 2020).

World Health Organization. (2012). *Safe Abortion: Technical and Policy Guidance for Health Systems Evidence Summaries and Grade Tables*. Geneva: World Health Organization.

Legal references

Criminal Code, sections 218 and 219. Germany.

Law 22 May 1978, n. 194. *Norme per la tutela sociale della maternità e sull'interruzione volontaria della gravidanza. Italy.*

Law n° 2017-347 du 20 mars 2017 relative à l'extension du délit d'entrave à l'interruption volontaire de grossesse. France.