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## 'More than a defence against bills': feminism and national identity in the Scottish abortion campaign, c. 1975–1990

Kristin Hay 

Department of History, University of Strathclyde, Glasgow, United Kingdom

### ABSTRACT

In 1967, the Abortion Act was passed which legalised terminations conducted by a doctor between the first and twenty-fourth week of pregnancy in Britain. Despite having abortion legalised in law, the cultural shift from the prejudiced to permissive took far longer to arrive, and women continued to face barriers to their reproductive autonomy in the 1970s and 1980s. The inequalities in abortion healthcare were most pronounced in Scotland, prompting the emergence of the Scottish Abortion Campaign in 1980. This article explores the role of the Scottish Abortion Campaign and their efforts to defend and extend the Abortion Act of 1967 in post-legislation Scotland. Through archival research and oral testimony, this article demonstrates that the SAC operated semi-autonomously from the broader National Abortion Campaign, demonstrating a distinctive, Scottish feminist identity that influenced their activities during this period.

### KEYWORDS

Abortion; feminism; Scotland; pro-choice; identity; oral history; activism; reproductive rights

We in Scotland ... want NAC to be much more than a defence against bills—we want to fight for right to choose, and that means fighting for more and better facilities; fighting against cuts in the NHS and fighting against the anti-abortionists. These are the fights and campaigns we are conducting in Scotland. These are what keep our local groups active.<sup>1</sup> (Geri Smyth, Scottish Abortion Campaign, 1982)

In the early 1980s, the National Abortion Campaign (NAC) was at a crossroads. Believing that their 'focus on abortion' was 'ignoring too many other, equally important and totally related, issues,' some Steering Committee members suggested that the organisation diversify the organisation to include all reproductive issues. Whilst the motion was supported by a number of branches in England—including Leeds, Merseyside

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Wellcome Library [hereafter WL] SA/NAC/F/1/3, G. Smyth 'Reply to Statement about NAC made by NPM' (1982).

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**CONTACT** Kristin Hay  kristin.hay@strath.ac.uk  Department of History, University of Strathclyde, Level 4, Lord Hope Building, 141 St James Road, Glasgow G4 0LT, United Kingdom

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and Norwich—all branches in Scotland were, in contrast, fervently against reorganisation. In response, members of the Scottish Abortion Campaign (SAC) argued: ‘without the right to control her body, a woman cannot control her destiny ... why abandon the original demands of the Campaign, when we have not yet won them?’<sup>2</sup> Their comments suggest that in the aftermath of the legalisation of abortion, women in Scotland continued to face distinctive barriers to their reproductive autonomy. As a result, the SAC rejected proposals to expand campaign energies, believing that they had not yet obtained ‘a women’s right to choose’ for all women in Britain. This exchange epitomises the differences between abortion activism on a national and local level following the introduction of the Abortion Act of 1967.

The Abortion Act is described by Gayle Davis as ‘one of the most significant and contentious medico-social legislative developments of the twentieth century.’<sup>3</sup> Following the successful, yet highly controversial, Private Members Bill by David Steel MP and subsequent implementation in 1968, the Abortion Act legalised pregnancy terminations conducted by a doctor between the first and twenty-fourth week of pregnancy in England, Wales and Scotland. It also enabled doctors to consider socioeconomic factors when deciding to permit an abortion. Although this had theoretically existed in Scotland prior to 1967—where doctors could legally offer terminations in ‘good faith’—this was the first piece of abortion legislation to cover all British nations, excluding Northern Ireland.<sup>4</sup> Emerging during a time of socio-political change in Britain—considered by some commentators as a ‘Sexual Revolution’—the Act was seen to both facilitate and demonstrate the relaxing of attitudes towards sex and sexuality within Britain.<sup>5</sup> Its apparent success was demonstrated the following year, with an increase across Britain from 2,300 registered terminations a year to 9,700 on the National Health Service (NHS) by the end of the 1960s.<sup>6</sup>

However, legislation did not lead to a natural acceptance of pregnancy termination. Indeed, the cultural shift from the prejudiced to the permissive took far longer to arrive and, following the implementation of the Act, the provision of abortion facilities remained inadequate, information was limited, and anti-abortion sentiments dominated political, medical and public spheres. This medico-moral paradox was heightened in Scotland, where the provision of abortion care was sporadic and the hostility of doctors towards the procedure were most pronounced. Additionally, historians Roger Davidson and Gayle Davis show that nine attempts were made to restrict and limit legal access to abortion in the first six years of its implementation—the most infamous of which were forwarded by Scottish MPs.<sup>7</sup> This highlights a uniquely hostile climate towards abortion in Scotland, with anti-abortion activism building momentum following the 1967 Act and influencing implementation.

In response to increasing parliamentary challenges to legal abortion and compounded by the disparities in the provision of abortion healthcare, the SAC formed in 1980. The SAC was a coalition of feminists, trade unionists, politicians and health workers who sought to form a strong pro-choice presence in Scotland and defend the Abortion Act from parliamentary attack. Having operated as individual branches of the NAC from 1975, historian Sarah Browne argues that the perceived distinctiveness of Scottish women’s experiences of abortion encouraged these groups to amalgamate into a ‘decentralised group’ of the wider organisation. Although still part of the NAC, the abortion campaign in Scotland exercised a great deal of autonomy in their campaign strategies.<sup>8</sup> This was reflected in their Constitution:

- (1) To establish the right in law for a woman to choose whether to continue or terminate a pregnancy.
- (2) To campaign for free abortion on demand available on the NHS without let or hindrance, whatever the nationality of the woman.
- (3) To publicise the inequality of abortion provision throughout Scotland.
- (4) To work towards abortion being given a more positive place in existing sex education programmes.<sup>9</sup>

Consequently, the Scottish campaign operated differently to its British counterpart. Responding directly to the needs of Scottish women and their access to legal abortion, they had their own Steering Committee, affiliations and campaign strategies. However, this unique example of women's health activism during the second half of the twentieth century is absent within the dominant historiography.

The history of abortion activism in Britain remains a limited area of historical inquiry—despite the central role of activists in achieving legal abortion during the 1950s and 1960s, and the consequent significance of pro-choice activism in the post-legalisation era.<sup>10</sup> However, it is universally acknowledged that the campaign for abortion rights in Britain was facilitated by the growing influence of feminism during the twentieth century. Historian Barbara Brookes' significant work on the legalisation of abortion in Britain shows that women remained 'on the periphery of the medical and legal debate on abortion,' until the formation of the Abortion Law Reform Association (ALRA) in 1936. As a key example of early women's health activism in Britain, ALRA played a central role in the implementation of the Abortion Act of 1967. The founders of ALRA included notable feminists such as Stella Browne and Janet Chance, as well as physician Joan Malleson.<sup>11</sup> The emergence of women in abortion activism reframed abortion as a feminist cause, which played a significant role in its subsequent legalisation. Similarly, after legalisation, the NAC—and latterly, the SAC—was born out of the Women's Liberation Movement of the 1960s, emphasising the influence of feminism within the organisation with their slogan 'a women's right to choose.'<sup>12</sup> However, Lesley Hoggart's examination of the organisation suggests that the feminist ambitions of the NAC were often diluted through their connections to the Labour Party and the trade union movement—which, at the time, was highly male-dominated. As a single-issue campaign, the NAC had to compromise to appease the political alignments of all those who were attracted to the cause, which meant their more feminist-leaning aspirations 'only had minority support,' amongst affiliates. As a result, Hoggart concludes that the post-legal abortion activism was mostly reactionary: 'without a defensive campaign to unite its supporters, NAC was not such a vibrant national organisation, and that it even had difficulty maintaining itself.'<sup>13</sup> However, the Scottish experience appears to be notably different. Whilst Hoggart asserts that in the national campaign feminist politics heightened tension within the movement, Sarah Browne argues that single-issue campaigning surrounding reproductive health provided an avenue for continued feminist activism within Scotland.<sup>14</sup> By virtue of the more centralised nature of their campaign, the SAC were able to operate more homogeneously with trade unionists than within the NAC. This meant that their campaign had the freedom to pursue more radical aims—including free abortion on demand and the removal of two doctors' approval. This indicates that abortion activism in Scotland had a unique, Scottish

feminist identity which influenced their ambitions of both defending and extending the Abortion Act of 1967.

This article combines underutilised archival research with oral testimony to highlight the distinctiveness of the campaign for legal abortion in Scotland during the late 1970s and 1980s. It will explore the heightened disparities in abortion healthcare provision following the passing of the Abortion Act in 1967 which provided an impetus for renewed abortion activism; the ways in which the SAC recruited and motivations behind those who joined the campaign; and how the SAC attempted to not only defend the Abortion Act but extend it to free abortion on demand. In the United States, Jennifer Nelson has highlighted the significance of what she terms ‘regional diversity,’ wherein the development of feminist health activism across America was often instigated by local—as opposed to national—conditions.<sup>15</sup> The work of Esther Breitenbach and Sarah Browne, among others, further suggests that in the context of Britain, the differences between Scottish feminist activism and British feminist activism requires greater historical attention.<sup>16</sup> This provides a useful methodological framework for understanding the divergences between the NAC and SAC during this period, and offers a fresh lens through which to analyse post-legal abortion activism in Britain during the latter twentieth century.

Using the archives of the NAC and SAC from the Wellcome Library and Glasgow Women’s Library, supplemented by three oral history interviews with prominent SAC members, this article will demonstrate that feminism and the perception of a distinctive national identity strongly influenced the actions of the campaign: from how individuals decided to join to the ‘positive legislation’ put forward by the SAC and the criticisms they had of the Abortion Act itself.<sup>17</sup> These underutilised sources emphasise the duality between feminism and Scottish national identity present within the SAC. Finally, it will show that despite the best intentions of the SAC, they ultimately failed to achieve their aim introducing positive legislation to secure free abortion on demand for Scottish women. Hoggart argues that such efforts ‘seems to be hidden from history, possibly because they were not very successful.’<sup>18</sup> Her accurate analysis demonstrates that stories of success are privileged in activist history narratives. This article thus seeks to problematise the concept of ‘success/failure’ binary of social movements and advocates for an improved way of evaluating the significance of feminist health activism not by their successes but by their efforts to influence social change. In 2017, Scotland was considered a pioneer in British abortion healthcare by allowing women to take the abortion pill at home.<sup>19</sup> This suggests that the legacy of the SAC lies not in their short-term achievements, but their long-term legacy of curating a pro-choice consciousness in Scotland.

### **Motivations for the cause: abortion in post-legalisation Scotland**

The emergence of the SAC in 1980 was in response to a growing awareness that the experiences of legal abortion in Scotland was distinctive to that of England and Wales. However, across Britain, issues occurred during the implementation of the Abortion Act. Although popular memory heralds the 1967 legislation as a monumental shift in attitudes towards female autonomy during the twentieth century, in reality it did little to change the legal position in Scotland and so many barriers remained in place which limited women’s access to pregnancy termination.<sup>20</sup> In part, this was the result of the Abortion Act itself which remains, as Lee states, ‘one of the formally most restrictive abortion laws of

those countries where abortion has been legalised.' The act did not require Area Health Authorities (AHAs) in Scotland, England and Wales to provide abortion facilities, creating sporadic provision across the three countries. The law also made 'no reference to freedoms and rights for women who want[ed] to terminate a pregnancy,' removing any notion of 'a women's right to choose' from the legislation.<sup>21</sup> Instead, the 1967 law enabled doctors to decide between 'deserving' and 'undeserving' abortion seekers. This created an uneven power balance between 'patients' and practitioners, facilitated to a greater extent by the ambiguous language used in the act which legitimised doctors' own interpretation and conscience. Yet, in Scotland, heightened hostilities towards abortion compounded these broader issues. Davis and Davidson show that a number of medical professionals in Scotland, including doctors and nurses, were hostile towards their increased role in abortion position, through what they consider to be a 'reluctant medicalisation' of reproductive health.<sup>22</sup> Furthermore, of the nine attempts to restrict the abortion act made between 1970 and 1990, James White, MP for Glasgow Pollock, and John Corrie, MP for Bute and Ayrshire, were among the most fervent and infamous.<sup>23</sup> Doctors, MPs and pro-life pressure groups, including the Society for the Protection of the Unborn Child (SPUC), mounted a significant anti-abortion lobby in Scotland in the post-legal period, leading to varied provision from region to region. In this melting pot of inaccessibility and hostility, the conditions in Scotland prompted a centralised pro-choice response to emerge.

One of the biggest issues which facilitated the emergence of the SAC in 1980 was the clear disparities in the provision of abortion healthcare in Scotland. In 1987, 10,093 abortions were carried out in Scotland compared to 156,191 in England and Wales. These statistics translated into an abortion rate of 14.1 per 1,000 women in England and Wales and a 9 per 1,000 rate in Scotland.<sup>24</sup> Although these statistics could be interpreted as an indication of low demand, the particularly low rates in Scotland suggested that obtaining an abortion was more difficult than elsewhere in Britain. This analysis was strengthened by the fact that women in Scotland continued to travel for their terminations. In 1972, the Family Planning Association (FPA) Clinic in Glasgow followed the experiences of 250 unmarried pregnant women. Of the 88 who obtained terminations, 35 were carried out in Glasgow whilst the other 53 were done in Birmingham.<sup>25</sup> In 1980, the Scottish Home and Health Department (SHHD) estimated that of the total number of terminations carried out in Scotland, an additional fourteen per cent—around 1,000 Scottish women—annually travelled to England to obtain an abortion.<sup>26</sup> This emphasises that the problem of access persisted into the later decades of the twentieth century. Thus, Scotland's low abortion rate was considered to be the result of inaccessibility rather than low demand.

There were also differences in how terminations were accessed which further limited abortion services. In the early 1980s, fifty per cent of abortions in England and Wales were conducted on the health service, with the other half performed in the charity or private health sector. However, in Scotland, ninety-nine per cent of all abortions were conducted on the NHS.<sup>27</sup> Whilst, on the surface, it appeared that the Abortion Act was best implemented in the north, in reality the lack of NHS abortion facilities meant that women were limited in their options for where to obtain a termination. In 1978, 56,000 women obtained their abortions in Britain through charities—none of which had clinics in Scotland.<sup>28</sup> Consequently, Scottish women were reliant on the NHS to access abortions which, despite being free, led to long waiting lists and the risk of being assessed by a pro-life

doctor. These issues were epitomised in 1982 at the Western Infirmary, Glasgow, where a lack of facilities and hostile attitudes towards abortion made it ‘impossible for most women to get a termination there even if ... they are largely entitled to one.’<sup>29</sup> Another report in 1981 further suggested that abortion services were in ‘crisis.’<sup>30</sup> In England and Wales, the British Pregnancy Advisory Service (BPAS), a pro-choice charity, charged a small fee for women to obtain abortions. Yet, when BPAS set up their only Scottish clinic in Glasgow, they too could only provide NHS referrals.<sup>31</sup> Therefore, Scotland had no charity or private sector to supplement the increasing numbers of women seeking terminations through the NHS in the years following legal abortion, and without the requirement to fund abortion services, these services remained inadequate. This particularly impacted working-class women and women from remote, rural areas. As the FPA in Glasgow argued:

Often the only way in which termination can be obtained [in Scotland] is for the girl to be given the address of a pregnancy advisory centre in England ... this costs the patient from £45 upwards depending on the stage of the pregnancy.<sup>32</sup>

The high cost of travelling and paying for a pregnancy termination in England thus priced out many young, working-class women from accessing abortions. The continuation of the need to travel emphasised the poor state of abortion provision acutely in the north, and thus encouraged a coordinated response to a distinctively Scottish issue.

Finally, not only were facilities on a national level inadequate, but also on a regional level. Location had a significant impact on one’s ability to access abortion healthcare. Individual area health boards were responsible for the provision of family planning services, which led to variances in abortion facilities. Ann, a long-time trade union activist and SAC member, recalled the consequences of these regional variations:

I know we had many health boards at that time, a huge number of Area Health Boards, and they all delivered, em, [the Abortion Act] in a slightly different way. There were hotspots where you knew you would get ... good health care.<sup>33</sup>

Regional provision was particularly sporadic in Scotland, with doctors in ‘hotspots’ such as Edinburgh and Aberdeen performing dramatically more abortions than those in Glasgow or the Borders. In 1985, the SHHD found that Greater Glasgow Health Board had among the lowest abortion rates with an average of 6.2, whilst Tayside was the highest with an abortion rate of 11.6.<sup>34</sup> This highlights a notable disparity in abortion rates from region-to-region as well as nation-to-nation. As previously shown, a lack of facilities in areas such as Glasgow and Lanarkshire partially contributed to an uneven distribution of services. Yet, equally, this was the result of differences in the attitudes of doctors and their interpretation of the Abortion Act. As Davis notes, even in the pre-1967 period, variations between the East and the West existed, with doctors in Aberdeen being far more amenable towards abortion. This can be largely attributed to the pioneering work of Sir Dugald Baird, who liberally interpreted the existing laws in Scotland regarding abortion and created a proactive abortion policy in Aberdeen that inspired much of the 1967 legislation. Due to the fact that the 1861 Offences Against the Person Act—which criminalised abortion in England and Wales—did not apply to Scotland, Baird took advantage of Scotland’s more ambiguous legal position by offering abortions on the basis of ‘good faith,’ and worked with David Steel to include social factors in the Abortion Act.<sup>35</sup> His influence created a more liberal medical community

which recognised the social benefits of accessible abortion services. Contrastingly, in Glasgow, Dr Ian Donald, a founding member of SPUC, was Regius Professor of Obstetrics and Gynaecology at the University of Glasgow. His influence equally played a role in the heightened difficulties in accessing abortions in this region. Religion also impacted services in Glasgow where, as Davis suggests, ‘abortion was a notoriously unpopular procedure ... due primarily to the relatively high proportion of Roman Catholics.’<sup>36</sup> These regional issues further compounded access for working-class women. This was demonstrated in 1977 by one SAC member who stated:

[In] a town that has the unenviable reputation of the worst housing, the highest death rates ... the worst dietary habits, the worst post-natal mortality ... a woman coming from this area has about half the chance of a woman coming from the rest of Scotland of having an NHS abortion.<sup>37</sup>

This account reflects the bitter irony of inadequate abortion provision occurring in areas where women traditionally needed access the most: poorer, densely-populated communities.<sup>38</sup> Therefore, religious tensions, variations across regions, and the declining national average in abortion provision prompted the SAC to organise a direct response to the state of abortion healthcare in Scotland.

These issues represent some of the key agitating factors which encouraged a centralised branch of the NAC to operate within Scotland. However, the reasons of the individuals who joined the cause reflect deeper motivations for the emergence of the SAC. Ann explained that whilst access encouraged her to join the SAC, the attacks made by Scottish MPs further influenced her decision:

It [was] more about “we want to improve legislation, we’re not going to have anybody tell us we can’t get access”. But the nature of the abortion campaign itself, it’s the most attacked piece of public health legislation ever in Britain ... and a disproportionately, it felt, number of MPs and Westminster who were bringing forward attacks on the ‘67 Act were from Scotland and Scottish constituencies, so we always felt we had a bit of a responsibility to say everybody in Scotland actually doesn’t think this way.<sup>39</sup>

Ann’s recollection emphasised the influence of national identity in the creation of a Scottish-centric abortion campaign. Whilst she saw the role of the SAC as a proactive—as opposed to reactive—abortion lobby, she ultimately decided to join in retaliation to what she saw as a misrepresentation of Scottish values. Ann believed it was her personal duty to mount a pro-choice resistance to Scottish anti-abortionists and show the permissive side of Scottish attitudes towards pregnancy termination. This was reflected in another account made by Carol, an ex-secretary of the SAC:

It was the fact that we had Scottish MPs who were really anti-abortion who brought forward anti-abortion bills ... I felt we had a responsibility because some of these bloody Scottish MPs were responsible for attempts ... It was our responsibility to try and do something.

Carol’s memory also highlights the significance of Scottish national identity on activist recruitment to the cause. Scottish MPs were considered a Scottish problem which required a Scottish response. However, Carol was also influenced by what she saw as a threat to women’s rights following John Corrie’s private members bill:

I think it was the ten o’clock news and they talked about, oh it was just mentioned this bill that would restrict abortion rights was passed by a large majority, and I just—I burst into



tears. It was just terrible. I was so affected by it ... I hadn't ever needed to have an abortion because I hadn't become pregnant but it was like—you needed to know that was there.<sup>40</sup>

Carol's recollection demonstrates the role of emotion in influencing individuals to join social movements. As Jasper notes, 'anxiety is useful, perhaps necessary for mobilising protest ... long-run anxieties are background emotions: more a part of how we understand the world.'<sup>41</sup> Carol felt personally attacked by Scottish MPs attempts to restrict abortion because she saw it as a restriction to her autonomy. Her anger and frustration towards the perceived threat to her rights prompted her subsequent course of action, as she continues: 'I was just so upset by it and I thought, right I have to do something about this. I have to get actively involved in this.'<sup>42</sup> Thus, emotion played a key role in encouraging Carol to get involved. However, as Jasper also notes, her fervent reaction to the bill also reflects her background as a self-identified feminist. This strengthened her emotional response towards the Corrie Bill and her resolve to act. Similarly, Liz, a prominent SAC Steering Committee member and women's activist, stated: 'basically people used to say we promoted abortions and we never promoted. What we promoted was choice. We said women should have *the choice*.'<sup>43</sup> Her centrality of the issue of choice emphasises her feminist ideology and commitment to women's liberation.

This highlights that the wider influences of both feminism and Scottish national identity facilitated the emergence of the SAC in 1980. Not only did Scotland have distinctive legislative and structural issues surrounding access to legal abortion in the post-1967 years, but the attacks fronted by Scottish MPs further encouraged the creation of a centralised response to anti-abortion sentiments in the north of Britain. Influenced to a further extent by the feminist ideal of 'a women's right to choose,' the SAC responded to issues from a distinctively Scottish feminist perspective. Although many other attacks on the Abortion Act came from MPs from England—including William Benyon and Ann Widicombe—the Scottish-led proposals cut most deeply in the hearts of SAC activists. This highlights the role of both Scottish and feminist identities in the formation of the abortion campaign and the de-centralisation of the NAC during this period.

### **Building a strong pro-choice alliance and protecting the Abortion Act**

As mentioned previously, the SAC sought to not only defend access to legal abortion in law but to mobilise a mass resistance against anti-abortion legislation in Scotland. Consequently, the SAC sought to influence Scottish politics in favour of abortion through seeking the support of trade unions. The Scottish Trade Union Congress (STUC) were seen as a key means of influencing Scottish MPs, most of whom were from the Labour Party. As Ann explained:

The trade unions ... had much tighter links with the Labour Party so if you were trying to change the minds of your Labour politicians, adding more and more voices to the movement—the pro-choice movement—made it harder for individual Labour MPs—and in our case in Scotland—to argue that their conscience prevented them from doing something like supporting the '67.<sup>44</sup>

The SAC—a product of the Women's Liberation Movement (WLM)—had little links with political parties. Thus, by obtaining the support of the STUC, the SAC secured an important ally in defence of legal abortion in Scotland. However, getting 'a women's right to

choose' into trade union policy was far from simplistic. It required framing abortion as a workplace issue and influencing a male-dominated environment to vote it into trade union policy. One intersection between the two movements was the issue of class. The SAC argued that poor access to abortion disproportionately affected working-class women. As early as 1977, the SAC sought out trade union support, arguing that: 'abortion is a class issue and the organisation and strength of the working class in the trade union and Labour movement is needed to win the struggle for abortion rights.'<sup>45</sup> This highlights the commitment of the SAC to build an alliance with the STUC. The SAC saw their involvement as essential in protecting and extending the Abortion Act. As Reverby suggests, 'class attitudes ... shaped what happened to women who had to rely upon publicly funded care.'<sup>33</sup> Women who were more likely to be dependent on NHS-funded abortions struggled to a greater extent than those who could afford to travel and pay for the procedure in England. Thus, 'abortion is a class issue' became a significant slogan for the SAC, who argued that, as poor access to abortion disproportionately affected working-class women, the STUC had a duty to defend it. Breitenbach and Abrams have noted that historically, women activists utilised 'the expression of a shared national identity' to 'enlarge their sphere of action,' in Scotland.<sup>46</sup> Scottish class consciousness created a dialogue through which the SAC could appeal to wider audiences, such as trade unions, and effectively recruit them to the cause. Thus, national identity also played a significant role in fostering this relationship. Not only did the SAC campaign for union support, they also operated within the STUC system by encouraging members to take motions to their local branch and reaffirming it into STUC policy. As Ann recalls:

We would do model motions and then send them out to all our supporters and if they were members of any political [party] we'd say, 'take it there, any trade union take it there, take it to the trade union council' ... every layer of representative democracy.<sup>47</sup>

This action not only reflected their commitment to securing trade union support, but also reflected changing attitudes ushered by second-wave feminism. As Ryan notes, during the 1980s 'activism was being defined not just as unusual, daring or attention-seeking action; but also as the hard, boring, long-term commitment of efforts to effect change.'<sup>48</sup> This suggests that the SAC were additionally influenced to a notable extent by the changing face of the feminist movement during this period. Motions were forwarded by many within the SAC which, in turn, forced the issue to be raised in STUC conferences. The success of their efforts was exemplified in 1987, when the STUC Women's Conference 'recognised the difficulties experienced by working-class women when an unplanned pregnancy occurs,' and made a commitment to 'mobilise support against any further restrictive legislation proposed in Parliament and actively work for and support pro-choice groups campaigning to extend present NHS abortion facilities in Scotland.'<sup>49</sup> This highlights the effectiveness of the SAC in infiltrating the STUC and ensuring their support for future campaigns and demonstrations. Through constructing abortion as a class issue, the SAC reinterpreted reproductive health as a workplace matter and successfully secured a strong ally in their defence of the Abortion Act of 1967. Therefore, the SAC successfully built a strong pro-choice voice in direct response to heightened anti-abortion sentiments in Scotland.

Although the affiliation of the STUC was a significant gain for the SAC, it is undeniable that the bigger challenge remained protecting the Abortion Act from parliamentary

challenge. The efforts of the SAC in lobbying against restrictions during this period were also undeniably strengthened by the support of the STUC. As Browne states, ‘STUC were extremely important in galvanising support ... they financially supported NAC’s efforts and organised demonstrations.’<sup>50</sup> In Scotland, the involvement of the trade unions during protest marches was perceived as a key means to amplify the SAC’s message. Indeed, Ann said:

It’s quite different to walk through the streets of Glasgow with, I don’t know, several hundred women with nothing to identify who they are, to walk with [pause]—we all had banners who said who was who—“we are health workers we’re rail workers, we’re community groups ... we’re bigger than [pause] this movement is bigger than a few hundred people you see in the street.”

This emotive quote shows that trade union support helped to augment the SAC’s socio-political presence. The trade union element transformed individual protesters into representatives of large organisations, which held great influence over public attitudes towards legal abortion, as Ann continued:

Banners are important for me, even if there are three of you, it will be representing a union branch or an organisation ... [the public] will recognise ... a logo, maybe, from their own trade union membership card and they’d be like “God, I didn’t even know the union cared about this issue!”<sup>51</sup>

Trade union visibility thus enabled the SAC to engage with wider audiences hitherto disengaged with the politics surrounding abortion. Overall, it is clear that the defensive tactics of the SAC were successful, as no attempts to restrict the Act of 1967 were passed during this period. Faced with the most hostile politicians to the abortion issue, the SAC appealed effectively to the Scottish public and successfully organised a mass opposition to anti-abortion legislation in Scotland. Trade unions involvement was essential in increasing their visibility and providing both financial support and manpower in defence of the Abortion Act of 1967.

The fruitful relationship between the SAC and STUC offers an alternative perspective on the relationship between feminist and left-wing social movements during the second half of the twentieth century. Whilst it appears that the SAC and STUC worked homogeneously in their support of the Abortion Act, the affiliation of trade unionists within the NAC has been depicted as a tenuous and fragile alliance.<sup>52</sup> However, the success of Scottish activists in affiliating the STUC reflected the distinctive context in which the SAC operated. From the 1960s, Scottish women represented an increasing percentage of the workforce which in turn increased their presence in trade unions. As Breitenbach estimates, between 300,000 and 353,000 women were unionised in Scotland by the 1980s: forty per cent of the female workforce, higher than the national average.<sup>53</sup> This indicates that SAC members had a proclivity to already be unionised. Indeed, all of those interviewed were involved in trade unionism before engaging in abortion activism and Carol explicitly discussed the benefits that offered to the campaign:

For people like me—and other’s like me who were in trade unions—we were used to working with men ... so we didn’t think it was appropriate to exclude them from the campaign ... Now that was difficult with [others] to really sit down and talk to them about it. But they accepted that.<sup>54</sup>

This suggests that tensions did exist between SAC activists and (male) trade unionists. Issues such as the SAC offices being located in the exclusive Women's Centre in Millar Street, Glasgow, created friction between the two groups. However, Liz's testimony further reasserts that these issues were kept to a minimum:

Further on when we were fundraising and what not we would have fundraising disco nights in the Communist Party Star Club and who would be doing the DJing? Lesbian Line! [Laughter] and our sisters in London couldn't understand how we could be so accommodating to each other.

Liz's warm anecdote about SAC fundraising emphasises that identity played a significant role in the success of the SAC/STUC alliance, as she continued: 'Whether it was scale or whatever in Glasgow, or Scotland, we seemed to have a very good [relationship].'<sup>55</sup> Her suggestion that the centrality of the SAC allowed for more homogeneity across affiliations presents a compelling hypothesis in understanding the distinctive operations of the SAC. By virtue of being a much smaller campaign, SAC could operate more smoothly across the board, whilst the NAC had to contend with a broad spectrum of political alignments. This, combined with the greater participation of women in trade unions prior to the emergence of the SAC, provides some insight into the successful engagement between the SAC and STUC.

The efforts of the SAC in defending the Abortion Act of 1967 went beyond traditional modes of political opposition. It was a long process which required building a strong foundation of pro-choice support in Scotland in preparation for both parliamentary attack and future pro-choice lobbying. The SAC's relationship with the trade union movement was a pragmatic and ultimately fruitful affiliation. Consequently, the role of the SAC in redefining abortion as a class issue—in a period of heightened political hostility towards legal abortion—must not be understated. Unlike the NAC, the SAC welcomed the STUC almost unanimously and recognised the benefits of their alliance despite the inevitable involvement of men in the campaign. This highlights the influence of the local context within larger organisations and the politics of national identity in single-issue social movements.

### **Extending the Abortion Act: a failed enterprise?**

Despite having exerted considerable energy in defending the Abortion Act, the SAC was ultimately unsatisfied by the law and sought to extend the rights of women to legal abortion. The SAC Constitution reasserted their commitment to both ensuring the full implementation of the abortion act as well as seeking to establish 'a women's right to choose' in law.<sup>56</sup> However, like NAC, they were ultimately unsuccessful in fulfilling these 'positive' aims. The Abortion Act remained virtually unchanged and women continued to experience issues of access throughout the second half of the twentieth century. For this reason, as Hoggart has argued, their efforts in seeking to extend the Abortion Act have received limited historical interest. This has led to an erasure of what could arguably be described as the more feminist aspects of their work. Indeed, much of their attempts to introduce 'positive legislation' in regards to abortion reflected the ideals of second-wave feminism, including women's autonomy and the creation of feminist-driven health care. This emphasises the influence of the WLM on the SAC and its enduring role in

their subsequent activism. In contrast to the dominant narrative which argued that feminism was in decline during this period, the SAC's attempts to revolutionise abortion healthcare strengthens Browne's assertion that 'far from the [women's] movement declining, it actually fragmented into a number of different campaigns.'<sup>57</sup> Thus, the SAC's proactive activity during this period reflects the diversification of feminist activism in Scotland.

As reflected in the first aim of the organisation, one of the key ways the SAC sought to positively advocate for improved abortion healthcare was through challenging the power of doctors to delay or refuse to terminate a pregnancy. This contradicts Halfmann's assessment that 'feminist demands for abortion on request were part of the American reform debate, but not the British one.'<sup>58</sup> In fact, both the SAC and NAC maintained the aim of 'a woman's right to choose' without limitations. The SAC sought to redefine the role of the health practitioner in pursuit of greater patient autonomy for women seeking abortions in Scotland. As Davis shows, Scottish doctors were particularly reluctant to embrace the purported new freedoms offered by the 1967 act, seeing 'a fundamental conflict between the established role of doctors to save and preserve life and the more destructive implications of abortion.'<sup>59</sup> In response, the SAC sought to reform abortion provision through advocating for doctors to be sympathetic when consulting a woman on her options and to be open with her about their own beliefs. As Carol explained: 'we were [campaigning for things] like doctors ... should have to tell a woman if he was anti-abortion instead of just saying 'I'll think about it,' and then delaying things.'<sup>60</sup> Her statement reflects a number of reported instances where an anti-abortion doctor would delay decision-making until a woman could not legally have an abortion.<sup>61</sup> Thus, appealing for doctors to provide honest, impartial information on abortion in a timely manner was seen as a key way to speed up the process and alleviate the confusion surrounding abortion. As O'Neill argues, women went to great lengths to overcome the professional barriers maintained by anti-abortionist doctors 'creating a situation which some have argued facilitated performance and game playing.'<sup>62</sup> The SAC's campaign to appeal to doctors thus responded directly to these issues. Pamphlets were also created and distributed by the NAC and the SAC throughout the 1980s explaining in detail how to get an abortion, the law, and the different types of abortion available. These booklets aimed to inform women about abortion law and practice. This was a further reaction to another misconception perpetuated by some members of the medical profession that they could outright deny women access to an abortion.<sup>63</sup> As Ann recalled:

Women were phoning in from parts of Scotland where they'd been told wrongly by their GP that it wasn't going to happen, and GPs were not supposed to do that. For conscientious reasons they could say they wouldn't deal with it themselves, the health service is supposed to refer you ... You weren't just supposed to say no.<sup>64</sup>

The explicit misinformation spread by certain medical professionals in regards to abortion led the SAC to include sections in their pamphlets such as 'You and Your Doctor,' which offered practical advice to women on how to manoeuvre around unsympathetic GPs. This included recommendations such as to 'register as a temporary patient with a doctor you know is sympathetic using the address of a friend in the area. Say you are on holiday.'<sup>65</sup> This advice directly responded to the uneven power balance between (male) doctors and their patients, and empowered women to challenge anti-abortion doctors in Scotland. Moreover, it reflected the centrality of the power of knowledge in SAC campaigning,

reflecting the wider influences of feminism on the movement. As Morgen states, a key issue of second wave feminism was that doctors 'monopolised knowledge of (thus exerting control over) women's bodies and reproductive decisions.'<sup>66</sup> Therefore, education became an important means for women to take control of their reproductive lives and acted as a form of empowerment. The work of the SAC in circumventing doctor's control was thus clearly influenced by their feminist roots.

Furthermore, the SAC sought to alleviate the poor provision of services through raising awareness and advocating for increased facilities. As mentioned previously, the vast majority of abortions in Scotland were carried out on the NHS, with the alternative for Scottish women requiring them to travel to England to a charitable abortion service. However, national abortion statistics did not include women who had been refused a termination, nor did they include individual hospital statistics, class, or race. Consequently, in 1983, the SAC embarked on a campaign to improve SHHD statistics. Through lobbying individual health boards, the SAC aimed to collect information regarding regional divergences on a hospital-to-hospital basis. This was an attempt to illuminate the individualistic provision of abortion services and the lower abortion rates in Scotland compared to England and Wales. They also sought to diversify statistics to include ethnicity and social class, and to document those who were refused an abortion to highlight the unrepresentative nature of available abortion statistics.<sup>67</sup> The limited information available on abortion meant that there was little public discourse concerning women's experiences. By shedding light on these regional variations, the SAC contributed to emphasising the inadequacies in NHS abortion healthcare. They also advocated for the creation of out-patient abortion clinics across Scotland, in particular Glasgow, where, as previously shown, issues of access were particularly prevalent. For this, the SAC held two fundraising discos, sold a newsheet which they advertised directly to the public and collected signatures for a petition which they delivered to Glasgow Council. Their efforts to secure more abortion facilities further raised awareness of abortion inequalities and reflected the enduring influence of feminism within the campaign. This was demonstrated by a statement made in reference to the proposed outpatient clinic in 1977: 'unless better NHS facilities appear in Glasgow then phrases "a women's right to choose", "abortion on request" and "the sexual revolution" are meaningless.'<sup>68</sup> The connection made between abortion and the sexual liberation of women epitomised the politicisation of accessing reproductive health facilities, which in turn demonstrates the commitment of the SAC to feminist ideals. Consequently, the actions of the SAC are distinctive within the broader historiography. As Schoen shows, in response to poor state-coordinated facilities in America, feminist abortion activists set up their own clinics as a means of rejecting capitalist-driven, male-dominated medical control over women.<sup>69</sup> Yet, in Britain the existence of the welfare state made channelling campaign energy into separate feminist-driven healthcare impractical.<sup>70</sup> The SAC recognised that they could not radicalise health care in Britain and instead had to work to reform the system from within. Yet, far from making the movement less feminist, the practicalities specific to Scotland strengthened the SAC's commitment to the cause and led to an exceptional example of feminist abortion activism. This shows the impact of local surroundings in responses to abortion inequality and provides a different example of feminist praxis operating within social healthcare.

Finally, the feminist influence of the SAC was best embodied by the activists themselves. The SAC emerged largely from activists who had previously been involved in the

WLM. Indeed, all women commented on their identities as feminists and their engagement with the women's movement. Ann recalled finding feminism during university which she said 'opened my eyes,' to women's issues.<sup>71</sup> Similarly, when asked about whether feminism influenced her work with the SAC, Carol responded: 'totally. I mean I read extensively, everything that I could find.'<sup>72</sup> Both testimonies stressed the importance of their feminist identity. Both also emphasised education in their feminism: Ann through university; Carol through literature. They also all had a commitment to educating women on their experiences, citing the Boston Women's Health Collective's *Our Bodies, Ourselves*, as a major source of inspiration, and Liz describing it as her 'bible.'<sup>73</sup> The feminist identities of the SAC activists influenced the spaces they occupied, featuring frequently in feminist magazines such as *MsPrint* and *SpareRib*, and attending events such as Women's Health Fairs.<sup>74</sup> The first Women's Health Fair in Scotland was set up in 1983 and acted as a medium for women to share their experiences and politicise their engagement with healthcare. The SAC was involved in the planning and organisation of the fair and held a 'bookstall and exhibition,' at the event.<sup>75</sup> Fairs gave exposure to the SAC and, through their increased visibility, helped to raise awareness of abortion as a women's rights issue. The SAC's engagement with Women's Health Fairs solidifies the fact that, at its roots, the organisation was a continuation of second-wave feminist activism. A final echo of the WLM within Scottish abortion activism was the continuing practice of consciousness-raising within the SAC. The SAC was more than a political movement; for both activists and the public it became a space through which women could learn about reproductive health and, more broadly, their shared experiences as women. Central to this were so-called Consciousness-Raising 'CR Groups,' small groups where activists came together to discuss their daily lives and learn to politicise their shared experiences.<sup>76</sup> Whilst Liz and Carol both discussed the 'support' they drew from the WLM, Ann was most vocal about its impact on her life:

'I got a lot of strength from the Women's Movement ... [women would] maybe talk about their own cultural backgrounds ... or arguments that had been used against them when they just said something that they thought was completely obvious and, you know, you'd use it to strengthen your own confidence in your argument. And you'd always find other women who'd had exactly the same response to something that you thought had only happen to you.'<sup>77</sup>

From Ann's testimony, it is clear that holding CR meetings were a significant way of sharing experiences and thus improving public engagement strategies. Additionally, as Doyal notes, such meetings were 'concerned primarily ... with the bolstering of women's confidence,' which further highlights the significance of these meetings in empowering women to the abortion cause.<sup>78</sup> Furthermore, they acted as means of support and solidarity. This sense of camaraderie went further than abortion activism, for Ann it additionally provided support during her employment in a male-dominated railway industry:

'You'd go back into the Women's Movement meeting and it's like you'd get like a wee boost ... but day-to-day I was in an environment that didn't talk about it these things and [I] wouldn't have [otherwise].'<sup>79</sup>

Therefore, consciousness-raising was also a place of support for women engaging in a new labour market. This highlights that the SAC continued to uphold the values of women's

liberation. It was an environment where female campaigners could foster relationships with other members and share their experiences both as activists and women. Therefore, the role of feminism within the SAC cannot be understated.

Whilst ultimately unsuccessful in their attempts to revolutionise legal abortion in Scotland, the attempts made by the SAC to improve inequalities in abortion healthcare emphasise the centrality of feminism in the organisation. This reaffirms Browne's assessment that abortion campaigning acted as a site for continued women's rights activism during this period and calls into question the decline of the broader WLM in the second half of the twentieth century.

### **Historicising Scottish feminist abortion activism during the 'second wave'**

In summary, the SAC was a distinctive form of post-legal abortion activism in Britain during the second half of the twentieth century. Prompted by the acute inequalities in abortion provision in Scotland following the passing of the Abortion Act, the SAC sought to not only defend legal abortion, but to establish a strong pro-choice voice in Scotland in the name of women's reproductive rights. Their influence on Scottish MPs, coupled with their unique relationship to the STUC, demonstrates the significance of Scottish national identity within the campaign which influenced their strategies to a notable extent. However, feminism also played a key role in the politicisation of abortion healthcare, which inspired many of the SAC's actions. The legacy of the SAC on Scottish society and culture was demonstrated in 2017 by the decision of the Scottish Parliament to allow women to take the second abortion pill—misoprostol—at home.<sup>80</sup> This indicates the emergence of a pro-choice consciousness in Scotland: from one of the most hostile countries towards abortion in 1970, to a pioneer in accessible abortion care in Britain today. The shift in sociocultural attitudes towards abortion rights reinforces the importance of abortion activism in the closing decades of the twentieth century, and the work of the SAC in agitating for institutional change in support of 'a women's right to choose.'

The role of the respondents' during the research process for this article must not be understated. Through their own words, they aided in reconstructing the work of the SAC which had been previously underappreciated within the historic literature. Yet, this also revealed key issues in the historicising of feminist abortion activism in twentieth century Britain. Firstly, the erasure of the work of SAC activists to improve access had an impact on respondents' sense of self, as characterised by Liz's assertion that:

Nobody ever thanks you [by] saying 'thank you for fighting in the parliament so that I can get access,' because a lot of younger women, we found—well I still do find—think ... that its always been there, and abortion has always been there as an option. You know, it didn't just happen.<sup>81</sup>

Her feelings of being unacknowledged for her work in the SAC was partly influenced by the marginalisation of their work in historical literature which, as shown, was considered ineffective, thereby insignificant.<sup>82</sup> Yet, as this study highlights, the institutional change that the SAC sought to implement was idealistic and proved to be a greater challenge than previously estimated. As Ryan analysed in her study of feminist campaigners in America:



Activists no longer expected to see the changes they hoped for in their lifetime ... these issues were seen as more complex, more deeply rooted, and more difficult to achieve than they had seemed in the earlier period.<sup>83</sup>

This indicates that defining success within such a limited time frame becomes problematic in the context of the ongoing struggle for women's rights in the West. As this article proves, through analysing the influences, motivators and reasoning behind the actions of activist movements, we produce a richer, more comprehensive understanding of their activities during this time. Through avoidance of defining activists by their successes and failures, we can appreciate the movements themselves and their contribution to the continuing pursuit of progress. A second observation was that decentralised experiences have been further obscured from the dominant narrative. This article highlighted that despite the representation of the NAC as a site of continued feminist conflict towards the end of the second wave, the SAC operated fairly harmoniously across a broad political spectrum. This trope within feminist histories was observed by interviewees. Indeed, Carol considered it a 'misrepresentation,' of experiences, commenting:

[Historians] really focused on the split ... between socialist feminists and radical feminists ... it wasn't as awful as [history books] have made out. There were difficulties, but it wasn't that bad, at all ... that didn't happen to us in Glasgow.<sup>84</sup>

Her rejection of the dominant narrative emphasises the importance of including local experiences within broader social movements. The actions of the SAC was influenced by a distinctively Scottish feminist identity which requires greater analysis within the historiography. Moreover, the experience of the SAC offers a revision to the assumption that the 1970s and 1980s represented the decline of feminist activity in Britain. As Orleck argues, 'historians of social movements ... have been drawn to moments of turbulent unrest,' which often comes to define the movement as a whole.<sup>85</sup> However, activist movements are inherently sites of conflict and tension. Whilst it is important to analyse these conflicts, it is equally important to avoid privileging their significance in an attempt to fit into the dominant historical narrative. Appreciating the complexity and inherently intense nature of feminist health activism leads to a deeper analysis of social movements and a greater overview of the history of feminism in the second half of the twentieth century.

Consequently, this work provides an avenue for continued reassessment and greater historical inquiry into the role of feminism in women's health activism in twentieth century Britain. By diverting focus away from the 'successes' and 'conflicts' within the movement, we can gain a deeper understanding how feminist activism changed throughout the course of the 1970s and 1980s. Through a bottom-up approach, we see how individual, local campaigns contributed to broader organisations differently due to their distinctive cultural identities. It is essential that historians trace this history in order to contextualise current events and to provide a better understanding of the development of abortion rights in the U.K. At a time when women across the world are gaining and losing their right to reproductive autonomy, understanding the controversial history of legal abortion and its significance to women's liberation holds acute relevance to present times.

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17. Although this project is among the first to interview SAC activists directly about abortion activism, it is preceded by oral history interviews with prominent members of the WLM who were involved in the Campaign. See Browne, *The WLM in Scotland*.
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40. Interview with Carol T., 2 August 2018, 4–26.
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## Notes on contributor

*Kristin Hay* (BA, MSc) is a PhD student at the Centre for the Social History of Health and Healthcare at the University of Strathclyde, Glasgow, U.K. Her doctoral research focuses on the history of birth control in Scotland during the second half of the twentieth century. This article was prepared as part of her MSc project on Abortion Activism in Scotland, supported by the Wellcome Trust under Grant 208532/Z/17/Z.

## ORCID

*Kristin Hay*  <http://orcid.org/0000-0002-0109-9167>