

Welfare Policies and Women Rights:

Case Study of Abortion Act in a Comparative Study of the UK and France

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Abstract:

Donald Trump's time in the White House has done decades of damage to women's rights, especially their right to self-determination. President Trump's appointment of two new Supreme Court justices has allowed the central decision making system on abortion rights to be repealed by making it federal, which has allowed dozens of states to repeal and ban it. This event demonstrated to the world that once again in times of crisis women are the first victims of the state. However, it also demonstrates that the state can protect its women, and force the acceptance of a population hostile to certain rights such as abortion. The controversial issue of abortion, when it was voted on in France and the UK, provoked a strong reaction in public opinion and politicians alike. This thesis aims to demonstrate how the state through its welfare politics, in this case abortion, manages to influence popular mores and norms to achieve the assimilation and acceptance of this inherent right of women to decide and dispose of themselves.

Key Words: abortion act, women rights, welfare policies, welfare states, implementation; human right, policy process

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Welfare Policies and Women Right:

Case Study of Abortion Act in a Comparative Study of the UK and France:

I. Introduction

In recent decades, human rights have been at the centre of many debates and questions. Especially the rights of "minorities" but also of women. A recurrence is observed in the struggle and movements to fight the age-old patriarchal diktats, but also for the assurance that women can safely dispose of their bodies. This notion of disposing of one's own body as a woman is not at all rooted in Western traditions and mores. Reversing these mores is a challenge for society because it means fighting laws that have been in place for centuries and that mostly stigmatise the same people. The anti-abortion laws in France or England, countries with a strong Christian influence, would have made it impossible for women to legally dispose of their bodies. Abortion even less so. Until the 1960s, there were still many "angel makers" who allowed women to have abortions, but not without danger. Many risked their lives to be able to choose their destiny, and in no case was society ready to accept that these women could legally dispose of their bodies. Moreover, it was unimaginable for the same society to treat these women as anything other than criminals. Whether the choice to have an abortion was for reasons of rape, incest, health or simply choice, abortion was murder and these women should be punished. When in 1967 in the UK (until to the end of this thesis, when the UK will be writing, it will be only to appoint Wales and England, Scotland and North Ireland for this Act had some prerogative to decide for their own), and in 1975 in France, abortion acts were enacted, there was no indication that this would change. The vehemence of opinion towards abortion and the women who have it is extremely violent. Social policies that aim to legislate from a social and societal point of view are taken into consideration. The penalisation of women for abortion was very important and real. It was not just a matter of pointing the finger at these women and humiliating them in the eyes of society. As a woman could not knowingly continue her life normally after an abortion, as she would be completely criminalised and ashamed or even treated as an outcast (Brunerie-Kauffmann J., 1967) if she survived, it is estimated that before the Weil Law in France and the Abortion Law in England, one woman a day died as a result of a clandestine abortion. If she survived this operation in more than atrocious conditions (Brunerie-Kauffmann J., 1967), the majority of the time she had to end up in hospital emergency rooms to be treated for haemorrhaging, infections or other post-abortion complications. If the hospital should be a place of safety for the population, before the abortion

laws, for these women this was not the case. The doctors quickly understood why they were there. They did not hesitate to reprimand them, to humiliate them, and even worse, to denounce them to the authorities for illegal practice and embryo disposal.

In recent decades, human rights have been the focus of much debate and questioning. Especially the rights of "minorities" but also of women. Throughout history, women have always been disadvantaged in legal matters. Even in our developed countries, nothing is taken for granted and there is constant vigilance to maintain them. Sometimes even in countries that claim to be the land of freedoms, the struggle must continue. It is hard not to think of the United States, in these dark hours, with the federalization of abortion rights. On July 12, 2022, no less than 10 states (NYT, 2022, 07/11) have now banned abortion outright and penalised it. This reminds us of the importance of transforming the demand into a public policy, especially for public acceptance. The principle of many welfare policies is to improve people's lives. A number of these policies are even public health policies and are essential for their survival. The number of victims of uncontrolled abortions testifies to this. It became unthinkable to continue to let hundreds of women die when the state could work to save them. It is clear that many of these policies go against the prevailing mores and public opinion. Abortion is no exception.

In European countries, notably France and England, this is evident. These two countries have experienced quite important revolutionary periods; France in 1789 to 1799, then in 1830 and 1848, as for England between 1642 and 1651, then great social movements as in 1913 with the suffragette movement (Marx R, 1980). These social movements enabled millions of people to obtain rights because the demands were enshrined in concrete public policies. The same is true for women's rights, where in societies strongly imbued with patriarchy, obtaining and maintaining them has been all the more complicated. In our societies strongly influenced by Catholic doctrine (Bertina L., 2013), the place of women has always been inferior to men, at least in the political and social space. A woman must be a wife and a mother, but is by no means the equal of the man, to whom she is subordinate all her life. First under her father's, then later under her husband's (Napoleonic Code, 1802). This millenary submission makes it all the more difficult to emancipate women (Biland-Curinier E., 2020), who are locked into a straitjacket accepted by good morals and which will probably take centuries to break. The balance of power between men and women is so unbalanced that social movements in the fight for basic rights, such as the right to have control over one's own body (with the notion of consent). This notion of a woman's right to control her own body is still an important issue, and the law continues to pass decrees to reinforce this right.

1. Aim of research:

The aim is to demonstrate the importance of the Welfare State and welfare policies in the significant improvements of social achievements and human rights. Here, the aim is to demonstrate the right of women to have control over themselves and their bodies, thanks to the abortion act and the intervention of the state in this process of individual freedom. The principle of the welfare state falls into several categories but all have the same objective, to protect their population. The welfare state refers to the set of state interventions in the social field that aim to guarantee a minimum level of welfare to the whole population, in particular through an extensive system of social protection (Maigne G. 2016). This objective is observed through the vote of public policy to guarantee this welfare.

To understand the impact of public policies in the process of acceptance and assimilation of women, through their implementations and applications, as having control over their bodies. This process is the key to understand how Welfare State is working and how they influence life of their people. This will be done through the case study of the abortion law, in France and in the UK. The aim will be to demonstrate how the implementation and enforcement of a law forces people to accept it despite their disagreement. In addition, this study will show how public opinion is often opposed to laws affecting the advancement of fundamental rights. The example of the abolition of the death penalty in France and the UK in particular provoked a wave of protest in public opinion. For a variety of reasons, including a tradition that has been in place for thousands of years, public opinion was not ready for such a step forward. Nevertheless, it appears that 40 and 24 years later (abolition dates from 1981 for France and 1998 for England), i.e. a very short period of time on the scale of history, public opinion has fully assimilated this state of affairs. Here we tend to want to demonstrate the link between the entry into force and implementation of abortion in France and in England, and the trigger for the assimilation of this right for the opinion globally against abortion.

2. Case Study:

This research will take the form of a case study and a comparative study. The cases chosen are France and England (i.e. the United Kingdom at the time of the vote). This choice was made because these two countries are similar in terms of their economic development, their demography and their social objectives. Although the means used may differ, their objectives are the same: to ensure better living conditions for their populations. Similarly, both countries have undergone important revolutionary processes, although again radically different. The British and French peoples each achieved equivalent rights by different means. It seemed

appropriate to understand the path of abortion rights through these two powerful states with social prerogatives and the state influence that both countries have on their nations. Also, their past and religious mores are different but equally important, and these same mores and traditions have a huge influence on the population. The other point of comparison on the same line is the separation of church and state in France (Briand, A. 1905), as well as the total dissociation of the church in all public space (secularism of all public domains: education, administration) contrary to England or even the United Kingdom where religion is still important (monarchy, with the monarch represented as divine). As will be shown, religion is an effective tool for influencing consciousness (Freud, S. 1938).

While in one case, France, religion has been ousted from the republican framework, religious traditions and thought are still embedded in the collective consciousness. Similarly, in the United Kingdom, religion is an important part of British life. The issue of abortion is therefore all the more thorny in societies where religious thought is nonetheless important. The importance of this research lies precisely in this phenomenon, which could be considered paradoxical, where the state oscillates between religious mores and public health. If in states like the UK and France, the central state is very strong and can pass laws without consulting the population, laws as important as the abortion law inevitably provoke strong reactions in public opinion. The state has to deal with this state of affairs, improve the living conditions of women, as abortion in clinics is a public health issue, and go against the population's customs, where abortion is mostly badly perceived. A Welfare State's first priority is to look after the well-being of its population and to solve, as soon as possible, problems that may be detrimental to this population.

These cases are adequate and relevant to demonstrate the importance of the Welfare State in making decisions in the interest of the people, despite the paradox that this may represent in its moral tradition, but also how these same States manage by passing these welfare policies to change collective consciousness and improve women's rights as well as to endorse them while providing better living conditions.

3. Abortion Act's background:

The implementation of a law implies that it has previously been voted on and approved. However, for laws such as the abortion law, public opinion has been swayed and parliamentarians have often been reluctant to support the law.

In France, when the law started to be formulated (stage 2: policy formulation, Dough), Simone Veil (the Minister of Justice in 1974) was already expecting to face a lot of criticism and opposition during the policy adoption (stage 3, policy adoption, Dough) (Assemblée Nationale,

2019). In view of the societal issue that this law raises, and despite the presidential parliamentary majority in the Assembly, the minister cannot be sure that her bill will be adopted, and relies on certain legal loopholes in old legislative provisions that were not applied (act of July 16th, 1974) but also on existing manifestos 343 and 341 on amnesty for people prosecuted for abortion (National Assembly, 2019). The groundwork is therefore being laid to counteract as much as possible the detractors of this law. Nevertheless, the minister admitted that she 'did not imagine the hatred [...], the monstrosity of the remarks made by certain parliamentarians, nor their coarseness' (Veil, S. 1975). All the more so since the first attempt to pass the abortion bill was still in connection with Social Affairs under the aegis of Pierre Messmer on 14 December 1973. On the assumption that the bill had already been totally rejected, the stakes for the Minister were high. The debates in the Chamber remained extremely violent, particularly with the apostrophe of the deputy Jacques Médecin: "This is no longer called disorder, Madam Minister. It is no longer even called injustice. It is barbarism, organised and covered by the law, as it was, alas, thirty years ago, by Nazism in Germany" (National Assembly, 26 November 1974), this is a direct reference to the fact, Mrs Veil is a survivor from concentration camp during the Nazi period; or by the deputy Jean-Marie Daillet "One has gone - what incredible audacity - so far as to declare quite simply that a human embryo was an aggressor. Well, madam, you will agree to see these aggressors thrown into the crematorium or filled with garbage, as happens elsewhere" (National Assembly, 27 November 1974). This virulence could have stopped the adoption of the law, but with the determination and support of part of the majority and almost all of the opposition, Simone Veil obtained that the text be only slightly amended. The provisions relating to abortion were adopted without modification and the affirmation of the principle of respect for the right to life was recalled in Article 1.

The text was finally adopted at first reading on 28 November by 284 votes to 189. Unlike the first draft, which did not pass after three readings, this one finally passed after one. The majority of the opposition to this law was Catholic, male and over 50 years old. It is always a question of morals influencing decision-makers, despite the public health necessity of a law like the abortion law. There is a significant distance and dichotomy between morality and the welfare state, which must protect all its citizens. This issue will also be present during the implementation of the law, because if many deputies were against it, the same is true in the opinion. And this could be detrimental to the proper functioning of the abortion act.

In the UK the relationship with abortion is less virulent than in France. Indeed, as early as the 13th century references to abortion are already present "law followed Church teaching that abortion was acceptable until 'quickening', which, it was believed, was when the soul entered

the fetus. "(NAC & ALRA, 2003). On the basis of this premise, despite existing sanctions, in 1803 the death penalty was imposed on anyone who had recourse to abortion or who had allowed it. The more the years go by, the harsher this treatment becomes, despite the need for it in view of the disaster, particularly in the 1930s, for women who die or ruin their health after illegal abortions (NAC & ALRA, 2003). For this reason, as early as 1934, the Conference of Co-operative Women called for the legalisation of abortion. The Abortion Law Reform Association: ARLA was created in 1936 to counteract the phenomenon. After that, several acquittals took place, such as that of Dr Alex Bourne in 1938. Between 1952 and 1961, the ARLA led several campaigns to legalise abortion, to no avail. However, the initiative received increasing support. In 1967, the Abortion Act was passed despite strong tensions in the House of Commons, and was defeated in 1974 due to various threats from majority leaders like James White. The National Abortion Campaign: NAC, was established in 1975 to ensure the sustainability of the abortion act.

4. Current Situation:

The current situation in France and the UK is quite similar. Both countries have made revisions to their abortion laws, France has made 6 revisions since the 1974 law (1993: offence of obstructing abortion to protect women against doctors who would refuse to perform the procedure; in 2013: also allows full reimbursement of abortion and contraception for minors; 2014: Removal of the distress condition from the conditions for recourse to abortion; 2016: removal of the minimum reflection period; 2017: extension of the offence of obstruction to the internet and social networks, 2022: extension of the time limits to 7 weeks, and drug treatment outside hospitals) (Choffat, A. 2022); in the UK there was a review in 1990 and 2008 to reduce the number of weeks, successively from 28 to 24. What about the numbers? In France in 2020 about 220,000 abortions were performed compared to 214,869 in the UK. These figures are roughly similar, for a population of 69 million in France compared to 83 million in England and Wales. French women therefore have slightly more abortions than English women. Similarly, while the French social security system covers the full cost of abortions in France, the UK's NHS fund also covers women in financial difficulty. But not all women, there is still an income requirement. As for the stigma, or the perception of abortion, France and the UK are no longer on the same dynamic. We are seeing more and more strong positions in favour of abortion and free access for women to this procedure. Similarly, there is a tendency for conservative political parties to take less extreme positions (Rassemblement National and Sens Commun in France; the Conservative Party in the UK). Even if they still exist, this is less and less assumed and publicly announced.

- Positive aspects:

In both countries there are many positive points that have really changed the popular approach to abortion, but also its access. Indeed, in France, as described in 4.1, revisions to the law have allowed for very flexible access to abortion, in complete confidentiality and safety, while being reimbursed and covered by the state. In England and Wales, the same is true despite few revisions, and coverage is provided for indigent patients. There is also, it would seem, a greater openness to talking about it, and this is an increasingly important issue for many governments, particularly since the American feedback.

- Negative aspects:

Abortion remains a controversial subject, despite considerable progress in attitudes and in practice. While we will discuss in the data analysis section how the abortion law has changed the lives of millions of women chronologically, there are still undeniable obstacles for women today. In the UK, there have been numerous amendments (no less than 5) in 1979, 1988, 1990, 1998 and 2002 to revise the abortion law to further reduce the number of weeks. It should be noted that the number of weeks in England and Wales to have an abortion is exceptionally long (24 weeks compared to 14 weeks in France for example).

- In France, many professionals denounce the inequality of access to abortion, depending on the person, the place of residence or the standard of living of women (Archambault, C. 2022). In addition, the problem of the number of practitioners performing abortions also makes access complex, in France it is estimated that only 2.9% of general practitioners and gynaecologists perform abortions (Archambault, C. 2022). Another problem is that the choice of how to perform an abortion is not guaranteed for the patient either (medical or surgical), bearing in mind that the medical route is becoming more widely used than the instrumental route (Archambault, C. 2022). Often centres only use the drug route due to a lack of competent personnel for the surgical route, to the detriment of the patient. Similarly, medical deserts force 14% of patients to have an abortion outside their department.
- In the UK, one of the major problems is the abortion clinics, which prevent the confidentiality of women who wish to have an abortion. Also, the agreement of two doctors to authorise the abortion is necessary, unlike any other medical (Dulieu, S. 2021), and they can refuse the procedure because abortion is also the only medical procedure presented as a moral dilemma (Dulieu, S. 2021). This is despite the fact that 90% of abortions in the UK are within 12 weeks and are not surgical but medical

(BPAS, 2022). This means that sometimes a number of women are denied the right to an abortion on demand. In practice, only some doctors refuse, but this also means that discrimination against women can occur and prevent them from having an abortion when it is their right (Dulieu, S. 2021). The UK was one of the first countries to legalise abortion, but 54 years after it was introduced, this law still discriminates against and stigmatises those who have recourse to it (Dulieu, S. 2021). The lack of free access to abortion is the main negative point.

To sum up, despite great progress in terms of abortion, with the number of abortions remaining stable over the years (France about 220,000 per year, UK 210,000), and a moral decriminalisation of the women who have recourse to it, there is still a gap between theory and fact. While the law normally ensures that women have unconditional access to abortion, it can sometimes be difficult for some women to access abortion. Nevertheless, it will be seen in the analysis of the data collected how the abortion act has changed women's lives and the public's perception of the act.

5. Research Question:

How can welfare policies and their implementation positively impact the living conditions of a population, as well as influence the process of assimilation and acceptance by that same population of women's right to self-determination in the case of the abortion act in the UK and France?

To answer to this question This research will use several means to gather evidence to understand the stated phenomenon. By means of welfare politics analysis, acts, group observation, interviews, document analysis and testimonies via a survey. This cross-referencing of data will allow us to establish a relevant and argued answer to demonstrate the importance of the Welfare State and welfare policies in the decision-making process for the improvement of the living conditions of its population but also in terms of influence on the collective conscience. By the way, this study will show how, through realism theory, the central state leads the different right of its citizens and the power it has on them, without a decision from the state, nothing will really move.

6. Structure:

This thesis will be organized as follow first I will develop and present relevant theories and previous research, as well as some key concepts and definitions linked to my topic. Secondly, the method will be presented and motivated, as well as the choice of material, delimitations and other methodological considerations. Thirdly, the background of the vote of Abortion Act in France and the UK to obtain important information which illustrate the context before this

Act in both countries. In the fourth part, will be explained the results, an analysis of the data through the theoretical framework described before. Finally; will be conclude and discuss the data and interpret them to answer the research question.

II. Theory:

In this part, will be describe and define the different key concepts, relevant theories and previous research link to the topic and research.

1. Concepts:

A. Welfare States:

The concept of the Welfare State may differ from country to country. In this case, a British and French definition of the welfare state will be established in order to understand precisely what is involved in the selected cases. The welfare state or Bismarckian state, as the model emerges in Germany in 1880, on the initiative of Chancellor Bismarck, who introduces three fundamental laws: on health insurance (1883), on workmen's compensation insurance (1884) and on disability and old age insurance (1889). Europe, the United States and even Japan quickly became interested in these novel measures. Here, the interest will focus of the two Welfare States' model, the French and British. In France, the definition of the welfare state, according to Maigne (2016), refers to the set of state interventions in the social domain that aim to guarantee a minimum level of well-being to the whole population, in particular through an extensive system of social protection. It is commonly contrasted with the 'police state' or 'protective state', in which the state's intervention is limited to its regalian functions (justice, police, diplomacy, etc.). Pierre Rosanvallon (p.72, 1981) makes a distinction between the Regalian State and the Welfare State. For him, the two statuses are not different, the Welfare State is in reality "only an extension and a deepening" (Rosanvallon, 1981, p.72) of the Regalian State. Indeed, the welfare state performs the same functions as the Regalian state but with additional functions: the well-being of its population. The first use of the term welfare state in France was by the deputy Emile Ollivier in 1864, to denigrate the lack of state assistance to the population in the midst of an economic crisis. From then on, a gradual evolution and reform of the so-called Regalian State took place to move towards a so-called Welfare State which is concerned with the interests of its population (Chaulin,C. 2021). Its conception in the 20th century with the implementation of policies to fight against economic and social inequalities and the birth of the "welfare state", i.e. an interventionist state that redistributes

wealth to correct social inequalities(Chaulin, C. 2021). The social protection provided by the welfare state is, as the historian and sociologist Pierre Rosanvallon analyses in *The New Social Question* (1995), 'the execution of a contract in which the state and citizens are equally involved'. On the one hand, individuals have to contribute to compulsory welfare schemes. On the other hand, the state pays these contributions in the form of social benefits.

The distinction is there, the State is concerned with the interests of its nation before its own, we stop practising individual interest for that of the greatest number. All social issues are overseen by the state which supervises everything (Maigne, 2016). There is talk of national solidarity, thresholds are imposed (social security 1945, protection of workers). The population is no longer left to its own devices in social matters but is protected by the state, which ensures its survival. All the social reforms stem from the welfare state: social security, unemployment, paid holidays, free schooling for all, harmonisation of working weeks, compulsory day off, abolition of death penalty and abortion act. All of these acts passed thanks to the Welfare State.

While there are several models, the welfare state is defined by the move away from liberalism to state intervention aimed at ensuring the well-being of citizens and reducing social inequalities through solidarity. For the British, a liberal state par excellence especially since the industrial revolution, the importance of the welfare state for citizens is undeniable. The Beveridge State, the Welfare State according to Lord William Beveridge and his report *Social Insurance and Allied Service* (1942), develops the notion of the Welfare State. He rejected the system of social insurance reserved for workers and the principle of assistance limited to the most disadvantaged, and introduced the idea of universal protection for all citizens, financed by taxation. This principle is similar to the one established by Rosanvallon for the French welfare state on the redistribution of wealth. This theorisation demonstrates the importance of the state and its interventions for the improvement of the living conditions of its populations. These interventions cannot be initiated by citizens despite the influence of certain movements (Bourdieu, P. 1962), interventions of this magnitude must originate in the state. Abortion is one of the exclusive prerogatives of the state, which alone can put pressure on all institutions and its population to decide on laws on human dignity (Veil, S., 1973).

The protection of the population is no longer based solely on individual provision or on collective protection by private initiative but by the state. As will see later, the question of abortion, with the Welfare State, change of level, it is not anymore an individual question, but society question, and State's issue. It is the State's duty to protect its population.

As long as a Welfare State exists it can pass, what will see after, some welfare policies, the concrete actions of the State. They allow to change the life of population for the best.

B. Abortion Act and Welfare Policies, the stage model:

Welfare states want to guarantee the well-being of their citizens. In doing so, their duty is to ensure that actions are taken to achieve this mission. Their main field of action will be directed towards what they can do best: enacting welfare policies. These laws have the sole purpose of improving the lives of the beneficiaries. According to the University of Nevada, welfare policies are there to guide government programmes to assist those in need, as welfare states have a leitmotif and responsibility to protect its citizens. According to the principle, a society can thrive only when it provides safeguards for those who face risks to their well-being. To do this, the state must put in place policy programmes to provide this public service as well as the necessary financial support to stem these problems. Based on this premise, it can be theorised that the laws to legalise abortion in France and the UK are part of welfare policies. When the Weil law was passed in France (1975) and the abortion law in England (1967), the primary aim was to respond to a public health issue (De Viguiet, P. 2015; BPAS. 2015) but also for social and economic reasons. Indeed, it is considered that before the Abortion Act one woman died every day from the causes of a clandestine abortion. Similarly, the subsequent miscarriage of those who succeeded was equally terrible. The integrity of these women was essential to preserve so that they could continue to live their lives with dignity. Confidentiality, safety and integrity were the watchwords of these abortion acts (BPAS. 2015). The aspect of protecting the population can already be considered as fulfilling one of the conditions of the welfare policy. The aim of these laws is to protect the lives of these women, who often undergo abortions in atrocious conditions. Another criterion for considering the Abortion Act as a welfare policy is the socio-economic aspect. The principle of a welfare policy according to Gough (p.42, 1979) is to ensure a form of social equity in society. In the years before the Abortion Act in France and the UK, only women of modest means were forced to have clandestine abortions (Weil, S. 1974). Upper-class women in most cases could afford the child, but it was almost impossible to go to a foreign country where abortion was legal. Indeed, in Europe few if any countries allowed abortion until the United Kingdom passed the Abortion Act in 1967 and paved the way for Denmark in 1973 and France and Sweden in 1975. So there was no alternative for women to have a safe abortion before then. It was therefore socially necessary to provide access to abortion for all under the necessary health and safety conditions. The principle of equity in abortion law also classifies it as a welfare policy (Gough, I. 1979).

The economic aspect is also very important. Indeed, despite the legalisation of abortion, the price of this procedure may prevent some women from having access to it. To remedy this in the UK, the NHS, a department of the British government, pays for abortion for women in precarious situations, under social criteria. Otherwise it is private insurance for those who can afford it. In France, the government's social security system covers the full cost (Vie Publique, 2010) to prevent social discrimination. For this third criterion, the Abortion Act can definitely be considered a welfare policy. Equal access is a very important condition in the Abortion Act, this aspect is also linked to the Human Right concept.

The right to abortion refers to an important concept for women: the right to self-determination and the right to control one's body. This, according to the Welfare policies also have this role in a sense, as they are there to preserve an inherent right to protection for everyone, as having control over one's body and the power to decide on it is a way for women to be able to protect themselves from the decisions of others. The state guarantees this power to women through the abortion act. Thus the implementation of these abortion acts profoundly changes the destiny of these women who take control of their bodies. Further on through this research it can be established whether the facts agree with the theory and the laws.

The implementation of these abortion acts were key moments in this revolution for women's rights. This is the stage where the welfare policy takes on its meaning, and becomes concrete because it is the implementation. In the policy process stage model (Benson & Jordan, 2015) implementation is the penultimate stage. The stage model is conceptualisation of policy processes, where you can find 6 stages : (1) problem emergence, (2) agenda setting, (3) consideration of policy options, (3) decision-making, (5) implementation, and (6) evaluation (Jordan and Adelle, 2012). It was developed by Laswell in 1956. It allows to analyse each step of a policy to understand how it is working. For the implementation stage, it consists of executing a law adopted by the government (Theodoulou & Kofinis, 2004). During this stage the cooperation of various government agencies, lobbies and public departments is essential for the smooth running of the process. "Policy implementation is what happens after a bill becomes law. (Theodoulou & Kofinis, 2004). Moreover, it is implementation that gives substance and reality to a proposed law, and it is at this stage that it exists. As part of the implementation of the abortion acts, several ministries were required: the Ministry of Justice, the Ministry of Women's Affairs, the Ministry of Health, as well as all public hospitals, private clinics and, in the case of the United Kingdom (Wales + England), the creation of abortion clinics (BPAS, 2015) to provide care and various procedures. This will be an important point

to develop in the data analysis section, the principle of confidentiality and the stigmatisation of patients. The implementation of laws such as abortion is an important issue and a challenge for institutions. Abortion is a new intervention in hospitals, which were not originally intended for it. New niches and new practitioners will have to be found and the procedures will have to be priced (Addison, P. 1969). This Act had a major impact on hospitals, with an explosion in requests in the UK from 1968 and in France from 1976. Moreover, in this case of social reform, an equilibrium must be found for it to be socially optimal (Sjöstrom & Maskin, 2002). Furthermore, in order to implement a law, society has to deal with one type of issue (Sjöstrom & Maskin, 2002): the economic problem of producing and allocating private and/or public goods; in our case, allocating budgets to hospitals, competent services that meet the standards of safety and protection and confidentiality for women. In the case of the UK and France, we are dealing with two countries that have both private and public goods (public hospitals and private clinics), which according to the Walrasian rule allows for competitive pricing (Sjöstrom & Maskin, 2002). The state also comes into play in terms of the care it will provide to its citizens.

The pre-post implementation is the core of this research, to really understand how the political process and welfare policies can change women's lives, in this case, and improve women's security. Has there been a fundamental change for these women? Were they significant? How did they take on this new power to dispose of their bodies without being legally penalised? Do the facts live up to the theory?

C. Human Rights and States' role:

The issue of abortion act is literally linked to Human Right. Only women can be victim of abortion. This issue of Human Right is usually used to fight abortion act with the invocation of the right of birth and living for the foetus. When we speak of human rights, especially in France, the translation is quite different, we speak of "droits de l'Homme", literally Men's Right. "L'Homme" with a capital H in French encompasses the whole human race, but with a small h it means man. This subtlety in the French language denounces a patriarchy that is very much rooted even in the language. The fact that women were forgotten in the early days of human rights is not as obvious as in France, where they were regularly side-lined (male-only right to vote until 1945, total dependence on their fathers or husbands for the slightest decision), the UK has the same characteristics, even though women's rights have improved more rapidly than in France. One of the main concepts of this thesis is the human rights conferred by the democratic state. More precisely, as we saw earlier, the right to self-determination as a

fundamental freedom, and not to have to suffer in one's flesh from the arbitrary decisions of a third party, to have the freedom to choose what seems to us to be the most appropriate for our well-being (which again refers to the notion of welfare policies and welfare states).

According to Amnesty International and the Universal Declaration of Human Rights (UDHR) of 1948, these fundamental rights depend on the universality of rights and freedoms and apply to all "without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status". With regard to the integrity of the body, and in particular the 1979 Convention on the Elimination of All Forms of Discrimination against Women, which reaffirms "fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women". Human dignity is intimately linked for women to the right to abortion, in the French law of 1975 the law states "to allow women to have safe, confidential access to abortion is part of her inherent right to human dignity" (Veil, S. 1974). Similarly, the EU Charter of Fundamental Rights, in its Article 1 on human dignity, states "*Human dignity is inviolable. It must be respected and protected.*" Similarly "*The dignity of the human person is not only a fundamental right in itself, but constitutes the very basis of fundamental rights.*" The state as such is the guarantor of this dignity and has a duty to protect it. For the UK its rights are enshrined in its constitution in Article 1(1) of the Basic Law and Section 10 '*human dignity is an attribute inherent in every human being, and has to be recognised and respected by the state and fellow men alike*' (Steinmann, R. 2016), while in France in the 1958 constitution no reference to human dignity appears, only the Declaration of the Rights of Man and of the Citizen makes mention of it in its *Article 6*. This already allows for a different approach to the motivations of the two countries in this matter, even if each of them follows the international principles set up by the UN and the EU in terms of fundamental rights, the fact that dignity does not appear explicitly in the French constitution despite its democratic and libertarian aspect raises questions.

According to John Pitseys, (2017), the bond between citizens and their democracy is very strong as it is the fundamental basis for the very existence of a democracy. Each party therefore has rights and duties towards each other to ensure its continuity. Firstly, citizenship is the principle of political legitimacy in our democracies. The citizen is not only an individual endowed with rights allowing him to assert his social and political prerogatives. They also hold a share of political sovereignty (Pitseys, J. 2017). All citizens constitute the political community. It is in the name of this whole that the rulers have a title to govern. And it is this body that is supposed to choose the rulers, control their action and sanction it. According to Alexis de Tocqueville, what characterises democratic citizenship is the "equality of

conditions", whether physical, moral, at work or in human relations. The citizen has the duty to keep his democracy alive and to make it last. This is the social contract (Rousseau, J-J. 1762). Secondly, democracy also has its duties, such as recognising someone's right to act, which means recognising everyone's right to act (Pitseys, J. 2017). Similarly, it provides a framework for its citizens through various institutions and laws, as well as by guaranteeing them freedom, acquired rights and fundamental rights through its laws (Pitseys, J. 2017)

Here the main concepts around which this thesis will be structured have been addressed: human rights, democracy, the political process, abortion and the interdependence between the democratic state and citizens. The perspective used to construct this study and the previous research will now be discussed, as well as a review of what we know about the concept of central government and its importance in influencing the mores and lives of its citizens.

2. Theory:

A. Welfare State and Abortion: What do we know? A statement of previous research:

1. Abortion Act:

Many authors, such as Elizabeth Hira and Kelly Percival, see abortion as essential to a democracy, as it guarantees freedom and dignity for women, but also an escape route. If a few months ago the main liberal democracies in Europe and North America had this right, this is no longer the case today (July 2022) with the authorization of the Supreme Court to delegate to each federal state to legislate on abortion. As a result, the United States is the first developed and democratic country to no longer guarantee one of the fundamental freedoms for women. So why is abortion such a democratic factor and evaluator? For Ian Vandewalker and Mira Ortegón (2021), abortion is one of those laws that do not bring any positive outcomes to the state. Often the law is not welcomed by public opinion, but also by the politicians in place (due to Christian morals which have always condemned these practices) and also from an economic point of view, as it is expensive for the states to implement. In the case of the United Kingdom and France, the state takes charge of almost all the interventions, and has also created structures to allow them. It estimates that 99% of abortions in England and Wales were funded by the NHS (the health organism in the UK which take in charge health bill) in 2021, with 77% of abortions taking place in the independent sector (UK Government, 2021). This partly reflects the welfare state aspect of these states, as the interest of the greatest number comes before everything else (Tringali, I. Kirschenbaum, J. 2021). For France and the UK, despite regular attacks by conservative and religious groups, there has never been any question of reversing

this law which guarantees the lives and safety of millions of women. As previously defined, the Welfare State has a duty to protect its citizens, to ensure their health and well-being and ultimately to eliminate all public health problems. Similarly, many abortion detractors, the so-called "pro-lifers", argue that legalizing abortion is unnecessary because women of good character would not risk it (Limon, G. Weiss-Wold J. 2021), whereas the figures speak for themselves, in the first year of legalization 35% of procedures in the UK were for abortion (BPAS, 1973) and 27% in France (Legifrance, 1981). If these figures are so significant, it is because they demonstrate an urgent need for women to be able to have access to this type of intervention in a safe and supervised manner, as it is obvious that they will resort to it in all cases despite the risks involved. In 2021, no less than 214,869 abortions took place in the UK (UK governments, 2022), and if the abortion law had not been passed, it is estimated that 20% of them would have died of complications due to the lack of hygiene and skills of practitioners (Séhier, V. 2018).

Nevertheless, in contrast, in countries where abortion is prohibited, there is rarely any question of a welfare state, and in countries where abortion is legalized, there is a tendency for strong central states.

2. Presence of the Church in France and in the UK:

Probably with different morals, a different religious past or present, it would have been less perilous to pass a law like that on abortion. As we will see in sections 3.1 and 3.2, the presence of a strong religious anchor was one of the most significant obstacles to the vote. The presence of the Church in France and the UK is centuries old. If the reformation affected England via Henry VIII in the 15th century, the Catholic anchorage and its doctrines remain very present. After regimes of divine rights, very religious populations and indoctrination by the "Christian truth" (Leroy, M. 1972), the secularisation of institutions did not allow centuries of control over the entire life of the French and British populations to be erased in a few decades.

3. Obstacles to Abortion Act:

a. The Church against the State:

For laws as controversial as the abortion act, states need to be strong in the face of centuries-old laws in place, in order to repeal them. Many people do not understand why anyone would want to change things since they have always been this way and it is against good morals. The main antagonist of the abortion act is of course the Church. In countries as steeped in religion as the UK and France, despite the latter's fairly open secularism, neither state can shake off the

religious influence on public thinking. The antipathy and condemnation of the church for abortion is no longer in evidence (Sevegrand, M. 2015). Especially in France before the Veil law, the vehemence of the Church had reached its peak with the famous "natural law" (Sevegrand, M. 2015) and "therapeutic" abortions. Similarly, before 1974 and the promulgation of the law, the systematic guilt-tripping and stigmatisation of women having recourse to abortion was not at all hidden. The influence of this Christian morality on society was also important (Sevegrand, M. 2015). The emergence of ethical commissions to combat anti-abortionists such as the National Association for the Study of Abortion (ANEA) is composed of professors, doctors, researchers, two of its presidents are Christians. This association was decisive in the adoption of the abortion law (Palmer, R. 1970), and demonstrating its ethics was essential to convince people. This ethical commission wanted to be open to all, but also wanted to free speech on an act often practised in infamous conditions that went against the very principles of the Christian religion (Beirnaert, 1971). Moreover, it was out of the question for a certain number of professors to let the Church interfere, "a secular State cannot impose a religious law on its subjects", said Jacques Pohier (1970). The Church, however, does everything to control opinion, multiplying articles in press reviews, asserting that the embryo is already "a human being" (Etudes, 1972). However, the Church was dealt a blow in 1971 when the moralist Pierre de Loch, a lecturer at the Catholic University of Louvain in Brussels, insisted that "only the parents can make a decision in conscience". Then comes the position of the Fédération Protestante de France insisting on a "morality of responsibility" called to replace "the morality of respect for nature" (Sevegrand, M. 2015), and stressing in certain cases, "there is more courage and love in taking responsibility for an abortion than in letting lives come into the world that would either threaten the physical and psychic health of the mother, or threaten their own future viability." This forced the Church to face up to the fact that one could be a Christian, follow God's precepts, but be in favour of abortion. Bruno Frappat (1972) reaffirms this position by demonstrating that theologians themselves question the Church's positions.

These tensions and this war between pro-abortion and anti-abortion are causing a strong reaction in the public opinion, which does not know where it stands anymore. In the UK, we are also faced with this type of reaction from the Anglican Church, but with more moderation because the head of the Anglican Church at that time (1967) is only the Queen of England, Elizabeth II. Her status prevents her from taking a position on any law or policy. Despite the significant hardening before the passage of the law in 1967, the need for it meant that the law was passed earlier than in most countries. Nevertheless, as for France from a Christian point of

view, abortion is an abomination. Also, here the comparison with Jesus (an embryo in Mary's womb), what would have happened if Mary had decided to have an abortion. It would have been a tragedy, how many of God's children have been eliminated for comfort, say a number of reverends (Mildred, J. 2022). Both in the UK and in France, the episcopate went on a crusade against abortion and the possibilities it offered, with assemblies such as the "Congregation for the Doctrine of the Faith" affirming the importance of the Christian conscience, which carried the right to life in Article 1 of the Constitution: "the first right of a human being is his or her life" (Cardinal Marty), and the public authorities were to protect it. This perspective removes the welfare side of the state and the protection it owes to all its citizens, even embryonic ones. According to Simone Veil, who finds it harmful that once again it is men, and in the case of Catholic priests men who are not supposed to procreate, who decide for women. She returns more than ever to the need to enact this law, which aims above all to protect the most vulnerable women (from the lower classes) who are often subjugated to religion under its control, and they absolutely need to free themselves from its control for their own health and life (Sevegrand, M. 2015). After the enactment of the Veil in France and the Abortion Act in the UK, which is a secular victory over the Church for both countries, which was one of the main obstacles of the abortion law, another obstacle appears: social pressure.

b. The social pressure:

The approval of others is often an important decision-making driver for a majority, especially a few decades ago when group harmonisation was so important (André, C. 2005). The idea of individuality and making decisions against good Christian morals was not conceivable or could lead to the group being sidelined, "the self is hateful" said the French philosopher Blaise Pascal in the 16th century. Just as honour was a primordial notion, one did not take a decision that could tarnish one's family name, at the risk of humiliating it (André, C. 2005). In every dimension of life social pressure was everywhere and supported by the regime often constrained and constrained by the same rules. State intervention in the decision-making process of a population can greatly push it to assimilate and accept a situation that it would have considered unimaginable perhaps only a few years before, as the social pressure is reversed. Indeed, going against the grain of the laws and more or less the general thinking, stepping out of the societal lot is not always well perceived (André, C. 2005). If today we readily speak of 'reac' (reactionary) (a person opposed to progress and conservative) to designate those people who believe that 'the good old days were always before' (André, C. 2005), at the time before the abortion laws these people were the norm. Women who had to

undergo an abortion rarely did so out of desire and were often victims of other tragedies to get there (single mother, rape, sexual assault, no access to contraception). In addition to having to undergo a traumatic act for the body, Dr. Pelletier in 1972 returned to this act "the bravest of the soldiers in the war would not want to undergo an abortion such as women are undergoing at the moment, all because some of you are not capable of putting away your rifle". Women not only had to undergo this dangerous act clandestinely in atrocious conditions, but also had to suffer all the stigma and humiliation of society afterwards, thus living as an outcast. Faced with these pressures, the Jesuit Bruno Ribes, director of the magazine Etudes, insisted on "the legitimacy of man's control over the biological" (1972), the growing dissociation of sexuality and fertility, but also on the imperative to "make life happen" which leads to a greater awareness that life is not restricted to the biological. Similarly, this notion of "making life" was not allowed for all, and women who underwent clandestine abortions were nothing more than criminals, but took enormous risks to undergo them and had a high probability of dying as a result of these abortions. This hypocrisy is noted by contemporaries such as Philippe Roqueplo, a Dominican monk. If a society that tolerates clandestine abortion is "a guilty society", he asked: "Is it moral [...] that a birth can be the pure fruit of chance?". France and the UK respond to similar state logic, welfare states both have a genuine duty of protection to their citizens (Lloyd, G.D. 1922). And clandestine abortions are an open secret, everyone knows it, and no one does anything about it. It is therefore vital that this social pressure ceases for the benefit of the many, which is still the main reason for refusing any change.

B. British and French social pressure, what do we know ?:

What is the situation for the UK from a societal and social point of view in the case of abortion? At first glance, social norms are characterised by popular beliefs about what a group of people can do and the mass approval or disapproval of actions taken (Makleff & al, 2019). The UK, is a country where codes and norms are very important and often followed to the letter and where it is very much frowned upon to go against its rules. Even within the family, the very strict supervision, especially of women who must be respectable in the eyes of society, is meticulously scrutinised to avoid humiliation. In the context of abortion, it was of course unthinkable for a young girl from a good family to have an abortion (14/40 is the age between which women are usually aborted). The main reason for state reluctance is this social stigma (Makleff & al, 2019). It is this same stigma of abortion that women who need an abortion face. According to Makleff & al abortion stigma is "a shared understanding that abortion is morally wrong and/or socially unacceptable." Similarly, individual beliefs about apprehension and what

one thinks one knows about the group's reaction encourage negative thinking about abortion. Several factors come into play in the case of abortion, whether one is the person having the abortion or a person who has knowledge of an abortion, fear and expectation of stigma (perceived stigma, how one will be perceived), judgement, negative perception of someone's abortion (internalised stigma) and then the experience of negative treatment for having an abortion: shunning, insult, denial, rejection (felt stigma) (Makleff & al, 2019). These stigmas initially prevent the passage of legislation allowing women to access safe abortion, as society (British or French) has specific expectations of women. They are responsible for births, childbearing, rejection of sexuality before a certain age (adolescence) but also the responsibility of the woman for contraception. The established norms greatly affect a woman's perception of motherhood or childbearing, as she knows that it will not necessarily be a choice, but a societal lever. They are worried that if they have had an abortion or are due to have one, they will have to disclose it or risk the stigma of being ostracized. The French and British cases are similar in many ways: the type of pressure exerted, the feeling of being ostracised in the event of an abortion, the stigma, the idea that the family will be stigmatised if the abortion becomes known, if it is out of wedlock that the woman will never find a husband because she will no longer be suitable.

Social pressure, as we have already seen, stems from several factors: cultural, religious, societal. If religion has an important share of responsibility in this stigmatization of women, we will see that the state has its share of responsibility in this criminalization of women with regard to abortion, and why as it will be developed in the part it is essential that the state changes the norms via laws to force acceptance and societal assimilation, as well as progress.

C. State responsibility of this social pressure, what do we know?

The state in this study will meet the criterion of a strong central state, and supremacist in decision-making, but also according to Max Weber's definition "a state is a human community that claims a monopoly on the legitimate use of physical force in a given territory". This notion of legitimate violence refers to the sovereign principle that the state can use violence if it is necessary to do so without any questioning of its legitimacy (Weber, M. 1917). This legitimacy is very important, and it is this legitimacy that is called into question during revolutions (UK: 1642, 1688, France: 1789, 1830, 1848) because it calls into question the legitimacy of the state; the population takes a monopoly on violence by legitimising its right to use it, thus overturning the laws and inverting the 'natural' roles of a stable state (Pincus, S. 2011) In times of civil peace, the state reigns supreme over its population through laws, which legitimise what it

deems right or wrong. This legitimacy is nevertheless conferred on it by the population in a certain way because it tacitly accepts this authority and the legitimacy of the state to repress it if the law is not respected (Weber, M. 1919). Both in the UK and in France, a number of laws have been passed and established regarding the criminalisation of abortion, thus aiming to punish women or any accomplice assisting in an abortion. In France, and in the UK, numerous laws have been passed to prohibit abortion in all its forms (law against contraception in 1920, prohibition under penalty of imprisonment or death to have an abortion), and ultimately push women to have clandestine abortions (Cahen, F. 2011) and to risk their lives. These laws criminalising women, push the population to consider them as criminals, because insidiously and unconsciously one does not question the legitimacy of the state to legislate, what has been considered as criminal for so long by the state will also be considered intersegment by the population (Cahen, F. 2011). The state of course has a big responsibility in criminalising and stigmatising women who have abortions, just by the fear that these women have of being reported or caught for what is considered a crime. The emergence, historically situated, of a social and political enterprise of systematic, conscious and organised struggle that translates into collective action, makes these women condemned and guilty on two levels: legal and social. Hence the importance of changing and passing these abortion laws. Especially in countries like France and the UK where the judgements are made public, women know that even once they have paid their debt to the state, the debt to society will never be erased, they will always be stigmatised by their contemporaries.

The theory behind this research will be established later on. State's theory, which emphasises how the state influences the lives of its citizens, is inescapable, but so is the power of the state in terms of decision-making and impact on its citizens.

3. Theoretical Framework:

Now that the concepts have been established, as well as the definitions and precepts of each of the important points for this study, it will be possible to set up our theoretical line of analysis, in order to be able to study the phenomenon of the impact of the welfare policies initiated by the state to favour the acceptance and assimilation of interventions such as abortion, to decriminalise it, but also to make women aware that they are free to dispose of themselves or their bodies.

Max Weber provides a comprehensive approach to the symbolic power of the state and its functions as such. The Weberian definition of the state has several advantages. Firstly, it can

be adapted to any type of ideology, which is an advantage because in the context of this study it will not be a question of political ideology as such, but rather of the role of the state vis-à-vis its population (Weber, M. 1919). The stability of Weberian analysis is a considerable asset, and this theory provides a reliable analytical tool for the study of the state process. Secondly, it allows us to highlight two characteristics of each state: power and representation. For a state, power is essential to be stable, to prevent internal struggles and to be able to impose its law. Representation is also the key to a strong state, it must appear as a state with power vis-à-vis other states if we do not want our country to be too easily attacked by foreign powers (Weber, M. 1919). Thirdly, the state is the central object of Weberian thought, so the rest of the elements revolve around it. For our study, the state is at the centre of our analysis, it is the state that will allow, thanks to its welfare policy, to modify the situation for its population (Weber, M. 1919). Thus, a deliberately interpretative approach is adopted via Weber's conception of the state. It is assumed here, through interpretivism (Max Weber was an author of interpretivism theory and thinking), that the phenomenon of assimilation and acceptance by the population of abortion and of the right of women to choose for themselves, and therefore to dispose of their bodies as they see fit, comes from the state and its ability to impose its legitimacy in terms of policy (Weber, M. 1919) (Eabrasu, M. 2012). Moreover, the fact that the state, through its monopoly on imposing its violence on its territory (here we mean the laws applied and to be respected), allows for a reversal, even if it is not desired by a large number of the population, as in the case of abortion, of a trend in political thought. If the state is a political machine, to make it work you need people, which from an interpretivist point of view will make it possible to understand how attempts to pass laws to abort it were aborted because they were not carried by the right people at the right time (Eabrasu, M. 2012). For if the State, through its welfare politics, can influence mentalities, it is above all thanks to its representatives. For this reason, the Weberian definition will be used within the framework of epistemological interpretation, because they are based on rules and patterns in human behaviour that depend on circumstances and contexts. In a study that highlights the powers of welfare states, functions that are quite different from the state in essence as Max Weber explains: "The birth of the welfare state marks a break with the liberal conception of the state as a gendarme state or a 'night watchman' state. (...) The notion of the welfare state clearly evokes one of the new functions of the modern state: to take care of the social welfare of its citizens, and not only to police, coin money, manage its international relations, or wage war" (1919). This reinforces the theory of a state that is in a logic of monopoly of violence, in the sense of imposing its will, if it believes that it is for the good of its society and its people. In the context of the Abortion Act, the legitimacy of the state

to maintain its law (thanks to the determination of the deputies) despite the disapproval of a majority of citizens and politicians. Of course, the use of the word legitimate violence has to be contextualised. In his formula, Max Weber seeks rather to demonstrate that the welfare state rarely uses violence against its population, quite the contrary. The objective is often to avoid it as much as possible, because we are more in a conception of the gendarme state. Nevertheless, in some cases where it is obliged to do so, the state may resort to violence to ensure peace and respect for the law.

To understand better how this thinking will be organised:

Table 1: Analytical framework: State and population: Duty and rights:

<i>Welfare State</i>	<i>Population</i>
<ul style="list-style-type: none"> - Vote acts - Monopoly of violence - Can decide against improvement of its population - Power decision-maker - Have to protect its population 	<ul style="list-style-type: none"> - Vote for the governments - Can show disagreement - Socially organised - Normed

1. Ontology and epistemological approach:

To go further and define more precisely where our thinking, we start from claim that follows; ontology refers to the nature of things that exist in social reality and to assumptions about the form and nature of that social reality. (Snape & Spencer 2003, p.134). Without going into cliché, we can largely assume that Western human societies, particularly those that occupied France and the UK, have often lived under the principle of a society organised under the aegis of some power (monarchy, tribe, oligarchy, empire etc.), with laws to be followed by the populations without them having the possibility of really being able to evade these laws, In spite of a potential disagreement, this study refers to the power of the central state to impose (in our current democratic societies to a lesser extent) its vision of things and its laws, however contrary they may be for the population, as is the case for abortion. For this study, the favoured perspective will be that of idealism, which holds that reality can only be understood through the human mind and socially constructed meanings (Snape & Spencer 2003, p.135). In terms of social reality, in societies such as the one studied, this revolves around a hierarchy of power and a certain balance of power (Barberis, M. 2012). In this social reality, the principle of

theoretical obedience of the population to the laws decreed and voted by the state is articulated, with the legitimacy of the state to be able to impose this law in spite of the moral and displayed disagreement of the population and of a part of its elected representatives. In spite of this, the state by its legitimacy manages to impose acceptance by its nature of dominance. The aim is to understand how our socially constructed norms (here the moral of Church and all the social usuals), despite its strong disagreement to the central state which vote acts as Abortion Act, finish to be influenced by the state's decision and shift the human mind and thus change its socially constructed norms, even at least to upset these, but achieve to reverse the tendency from a antiabortion society to a proabortion society in its majority?

As for the epistemological approach, which will focus on the nature of knowledge as well as learning about social reality, the angle of study will be interpretativism (Guba & Lincoln 1994, p.34). Indeed, it will help us, via Weber theory about the state, to identify the basic principles according to which our reality, our norms in terms of political thinking are socially constructed (Robson 2002, p.26), and how the monopoly of legitimacy from the state forces the population to shift its beliefs. This study seeks to highlight how a state socially normed may have 'altered' existing social reality by voting an act against the basic beliefs of its citizens.

Now that is established the theoretical framework and concept, more the line this study will follow for its analysis of data, it will be develop how these data will be collected, and the different process used.

III. Methodological approach:

1. Choice of Method:

The method of this study consists firstly of a comparative case study of France and the UK in the context of the passage of the abortion act by their respective governments, and the impact that this state decision had in modifying the process of acceptance and assimilation by a population initially hostile to the act itself. According to Verba & al "case studies are essential for description, and are, therefore, fundamental to social science" (1994). This approach will make it possible to illustrate the following assumption, that the state via its welfares policies can force the assimilation and acceptance of a given phenomenon to which its population is hostile. Thus, we are also using a qualitative method that will allow us to identify and understand the attributes, characteristics and attractions of the object of study (Landman, 2008), as we will be studying a social trend before and after the passage of the abortion act. First of all it is necessary to define what a case study is. According to Gerring, the case study must

include certain indispensable points: a qualitative method; a minimum number of subjects (cases) and a holistic approach (2009). In summary, it is necessary to have an understanding of a given phenomenon and its examination; an in-depth description of the phenomenon being introduced; and a significant source of information (Gerring, 2009).

As expressed in the aim of research, several contributions would like to be made via this study. Firstly an empirical part, and secondly a theoretical part. For the empirical part, I would like to be able to contribute to shedding more light on the perception that two different populations have of a phenomenon, in this case abortion. In this way, it may be possible to de-demonise to a certain extent an act which is rarely desired by those who have recourse to it, but which nevertheless remains a necessary evil. Abortion is often taboo, and we don't talk about it much, so I wanted to show how much this phenomenon has and continues to unleash passions within the social classes and citizens. Then, from a theoretical point of view, I would like to be able to demonstrate via Weberian analysis how a central state such as France and the United Kingdom have succeeded in a tour de force, before many other states, in modifying societal behaviour and the assimilation of a new "norm" via one of its welfare policies. by the concept of "legitimate monopoly of violence" (Weber, M. 1919). In order to do so, this study has no choice but to be very descriptive in order to establish a framework of established data, a context as well as an overall view of the situation in each of the two states. This case study is, of course, a descriptive case study, which is quite common elsewhere (Landman, 2008). The core of this study is really to understand how state policies enable a reshaping of political thought and popular opinion, and this through the tools that the state has at its disposal. This will allow for a broader understanding of other similar phenomena, not just in France and the UK but elsewhere, such as the acceptance of gay marriage, LGBTQA+ status, the abolition of the death penalty and so on, all of which stem from the same issue. This will really help to understand the phenomenon of the Welfare State and its true role, which is to protect its population above all, sometimes even from itself, to understand the importance of welfare policies even if this sometimes comes at a financial and moral price for a certain number of citizens. But also the importance of women's rights, often forgotten by their male counterparts, and unfortunately not so often in key positions to make things change. Understanding how democracy and women's rights work, sometimes flouted even when laws as important as abortion are passed. Another purpose is also through the link between abortion and state responsibility, the importance for a state to be strong, because progress in terms of human rights requires a strong state when these laws pass in times of civil peace, it is necessary to be able to defend one's

project, the convictions that they animate in order not to bend in the face of opinion for fear of being out of favour.

I chose a case study primarily to study a specific phenomenon and the methods used by states to achieve their goals and implement their policies despite the reluctance of a large part of the population and in this case the medical profession. It also allows us to understand the functioning of two different welfare states, which are driven by the same desire to protect their citizens and offer them better living conditions, while also contributing to a clear improvement in public health. It also shows the central role of the state in the decision-making process and in the establishment of societal norms. As will be described later in the data analysis section, but which is already true for the United States, it is the refusal of a political but also popular majority when the abortion act passed the Supreme Court in 1973 and the rejection, whereas in 2022 when it was repealed the trend had been completely reversed, and the population was indignant about this repeal. Here the state had made a difference by passing the abortion act, like any freedom that is given, even if it is initially refused, when it is taken away without consulting us a deep feeling of injustice takes hold of us (Mirabeau, 1765). The case study is also very interesting in this case because of the veracity of the facts and the reliability of the data. Another interesting aspect is the numerous contextual and temporal factors, as well as the study of similar cases by other authors, which allows for the development of new hypotheses, other perspectives and also new variables. This allows one to contribute new knowledge and insights on a similar and/or equivalent topic (George & Bennet, 2005).

If the basic assertion is that welfare states through their welfare policies allow for an improvement in the acceptance and assimilation of women's right to self-determination, in the next case of abortion, there are limitations to this study. Researchers may be biased by the cases chosen (George & Benett, 2005). Indeed, it may be common to choose cases that only confirm our hypotheses and do not refute our expectations. In this case I was careful to choose a comparative case study of two countries that are comparable in terms of population, economy and political situation, but which are different enough from a cultural and religious point of view, but also in terms of the democratic and political process, to be able to have a wide and rich enough scope not to fall into the trap of the case that only serves the cause I wish to demonstrate. Of course, a certain number of elements serve my research but others, as we shall see, do not go in the direction I expected. I was careful to provide a rich and precise description of the regimes, cultures, religions, factors that could influence the population and the background of the abortion act in each of the two countries. This does not, however, protect

me from an error of judgement. Similarly, vigilance also works for generality. Indeed, it could be easy to fall into the trap of generalisation if this study proves positive for the problem set, and to apply this case to all available cases. The spatio-temporal context is of course very important, even for the selected cases, nothing says that in other contexts this could have been possible, nor feasible again. For the sake of credibility, the answer to the problem will only be given for these cases, but for a more general expansion it would be necessary to study other cases, which would have a similar context. Each case, government, regime, population, culture is different, and the aim of this study is to understand how welfare policies in France and the UK have enabled the assimilation and acceptance of women's right to control their bodies. As the main interest is the one mentioned above, it is important to understand how the influence and impact of welfare policies works in the process of popular opinion and in the process of acceptance and assimilation of a situation that is the antithesis of societal norms established centuries ago. However, the democratic process will not be studied, nor the votes, we will be at a national state level. The state will represent those who have contributed to the establishment of this law, and the authority conferred by the state. As far as possible parallels will be drawn with women's rights, popular conception, religious influence and the notion of democracy.

If this has already been discussed in previous sections, France and the United Kingdom have been chosen for their avant-garde character in terms of human rights and social progress. Compared to the majority of European countries, they have evolved at roughly the same time. Similarly, their economic, political and cultural conditions are very similar. The demographic situation as well, and the rivalry of the two countries is not to be underestimated, which makes it all the more interesting to study, as these two powers have often been in competition. Their influence on Europe is also quite important, and they are among the most important countries on the continent. Whether it be through their cultural, historical or even revolutionary influence, these two countries have become references in politics, diplomacy and law. All these reasons pushed me to choose these cases. For their capacity to be strong states, to be two different type of Welfare States, with radically different culture and beliefs. The advantage of this comparative study is to be able to give convincing and concrete examples of the same situation, in spite of different contexts, which allows us to bring more diversity and credibility, and richness to our assumptions and hypotheses.

2. Material:

Two types of materials will be used, primary sources: through laws, interviews, group observation and surveys, and secondary sources through: newspaper articles, expert reports, academic articles written by philosophers, scholars and experts. The most important sources are interviews, questionnaires to be linked to the legal texts. Cross-referencing these sources will help to make the link between the theory behind the laws and the facts. For official information, the majority of sources come from government websites. The transparency of official French and British information provides reliable information on quotas, the number of abortions, the conditions of access and reimbursement, the number of doctors performing abortions. It is also easy to cross-check the sources with free or foreign newspapers regarding the overall conditions of abortion in these two countries. Numerous testimonies attest to the veracity of the information and are independent of the state.

The interest of this study is to understand, in particular, the feelings of women who had to turn to abortion, before the abortion laws in France and the United Kingdom. While the legal texts inform us about a change in legislation and new compulsory and legal practices, they cannot inform us about the actual facts and conditions of abortions experienced by women. As most social phenomena (Bourdieu, P. 1975), especially changes in norms, take time to be assimilated, which is why I chose to use the survey, group observation and the interview.

- Primary sources:

a. Acts:

The first primary sources to be used will be the laws, more precisely the abortion acts and their various revisions, which will illustrate how the state has decided to change its law (in one direction or another). As we observed in part I.3, the voting of these acts has often been in stormy contexts within the respective parliaments, with conditions of debate sometimes complicated, this tension has demonstrated, as we will see, the taboo side in perceptions of abortion. For the UK the Abortion Act of 1967 will be used which established abortion up to 28 weeks, the introduction of the moral dilemma, subject to joint acceptance by two doctors and a criterion justifying an abortion (Legislation Government UK, 1967); and its 2008 revision which shortened the time limit for abortion from 28 to 24 weeks (the act can be found in the Appendix). For France, the act used will be that of 1975, as well as the revisions of 1983, which established the assumption of responsibility by the state for the expenses incurred by the health insurance system for abortions; of 1993, which created the offence of obstruction to the voluntary interruption of pregnancy, to combat the anti-abortion commandos who wanted to prevent the practice of abortion in hospitals; 2000 for the introduction of emergency

contraception; 2001 which extends the time limit from 10 to 12 weeks; 2004 possibility of medical abortion at home; 2014 more restrictions on access to abortion according to a criterion; 2016 abolition of the reflection period; 2017 extension of the offence of obstruction to the internet to social networks; finally 2022 the time limit increases from 12 to 14 weeks. These sources are important because they serve as a starting point for cross-referencing the rest of our data with the legal theory established by the state. "Necessity is law" (Garci Marquez, G. 1967) as we will see in our data analysis.

b. Interviews:

For the interview I chose to interview 6 French women and 6 British and Welsh women. The aim was to interview a panel of women who had experienced abortion before the 1967 (UK) and 1975 (France) laws, in order to have concrete accounts of what it was and can be like to have an abortion before and after the law was passed. To do this, I contacted associations, in France the family planning of several regions, the National Association of Abortion and Contraception Centres, and then the UK Abortion Support Network. This enabled me to approach women in both countries who were having abortions or who had already had them because they were still being followed by these associations. Similarly, the associations did not give me their contact details directly, they simply proposed to patients if they were interested in collaborating on my project. I had several dozen positive responses, but for a research project like this one I could not interview too many people due to lack of time and it was important to me to conduct these interviews in the best possible setting, without any time limit so that they could express themselves fully. I also used a form on various Facebook groups for profiles that had experienced abortion before the abortions act, so it was necessary to make word of mouth. Thanks to this I was able to choose 6 French women, 2 before the abortion act (83 and 79 years old), 1 having had an abortion before and after (67 years old), 3 after having had abortions recently (15, 21 and 30 years old), then 6 British and Welsh women, 1 Welsh woman and 1 British woman before the abortion act (79, 88 years old), 4 after the abortion act, 3 British women and 1 Welsh woman (16, 23, 27 and 32 years old). This panel made it possible to have a vision of all ages, all situations that could have led to abortion, but also the conditions of access to this abortion. The interest of the interview is to be able to have a more complete account of a lived experience and is something intimate, because a relationship of trust is established between each of the interlocutors. It turns out, however, that for an area as thorny as abortion it was crucial to establish a real circle of trust between the interviewee and myself. For the interviews, before the real one on their respective experience, I conducted several

informal interviews for each of them, by phone, zoom or physically when possible. This was done in order to establish a link and also to allow them to confide in me without having to do so to a complete stranger. This approach helped a lot to get to know us better, some chose to do their interview accompanied for moral support, others not. But each of them did me the honour of revealing themselves with great sincerity about these experiences which can be painful and traumatic for the body as well as for the mind. These semi-structured interviews have several advantages (DeJonckee, M. & Vaughn, L.M. 2019). Firstly, it was important, after several meetings, to adapt, for a semi-constructive interview (in a desire to respect the narrative of my participants, which may bring up difficult memories, and thus to leave them as free as possible to share their story without fear of being cut off), the way of approaching my participants according to what I was able to perceive of their personalities. Similarly, the method of data collection also differed according to the participants, some of whom had no problem with me taking notes, while for others this disrupted their story and blocked them, so I could only record and listen to it again later (with their agreement). The places were also important, for those by zoom it was easier, but those I met all chose different places, a park, a café, a restaurant and another at home.

c. Group observation:

Another method of data collection was note-taking via group observation. Unfortunately this was only physically possible for France, due to health reasons, however I was able to participate in a focus group between young British women via Discord. In each of these situations the subjects were aware of the reason for my presence and my motivations. In France I was able to participate in a psychological session for young women in family distress with a psychiatrist. As there was the presence of a minor and a sworn doctor, I naturally had to sign a discharge and a promise of confidentiality to anonymise all the names and not to divulge anything that could make them recognisable. Of course, I would never have given the real names or identity information of all the people I interviewed, so for the rest of this study no name will be the real name of any of my subjects. The group interviews were also very interesting because I was immersed in their stories (non-constructive group interview) and I did not intervene at any point. This allowed me to collect another type of narrative and experience between people who had all experienced the same events. For each of these interventions, the participants quickly forgot about my presence, which made for very lively and interesting discussions for this study, and I felt privileged to be able to participate in these intimate exchanges about their personal lives.

d. Surveys:

In an effort to add nuance to my remarks, in addition to the interviews and observation of groups in non-conductive interviews, two types of questionnaires were distributed to obtain additional concrete data in terms of experiences and perceptions of abortion procedures, but also one intended for all types of public (over 18 years of age) to observe the opinion that these people have of abortion years after the passage of the abortion act but also after the American events. To do this, a questionnaire in French and in English were created (the latter will be annexed, the questionnaire which will be present will only be the English one for questions of comprehension, the differences in the questions concern the coverage for the questionnaire intended for the British territory, as the act is 100% covered in France regardless of the cases by the French state, and the political parties) More than 200 people, women, (238) answered the one on the act of abortion. 43 of these people had not undergone an abortion but had accompanied people who had to undergo an abortion, which gives another, perhaps more distant but equally convincing, view of the treatment of women seeking an abortion. 348 responded to the Abortion Act opinion survey. For this I used the google survey tool for practical purposes. This method of data collection is also perfectly suited to our case study, which is intended to be descriptive of a given social phenomenon (Dillman, D. 1978). Also, through this questionnaire, it will allow to apprehend several issues that would be difficult to observe without them, such as political orientation, religion, the opinion that these people have of abortion, if they would accept an abortion for themselves or for a relative, but also it informs on the social class to which they belong to observe the trends. Similarly, the survey is ideal for large-scale studies such as this one (Dillman, D. 1978). Of course, these are trends in a given sample, which cannot be attributed to the whole population, but it at least allows us to observe a trend in a given group: French and British, and to compare two populations faced with the same phenomenon: the act of abortion and its access. Another advantage of the questionnaire is that it is anonymous, much more so than telephone or face-to-face interviews, and people are more open to saying things that they would certainly not have said in person. Especially on such intimate and personal subjects, where public opinion tends to be very judgmental about the actions of those who have had recourse to it. Knowing that one can say what one thinks without fear of being judged helps honesty and transparency (Rasikski, K. 1989). Interviews, questionnaires and group observation complement each other perfectly in this respect.

e. Speeches:

Another important primary source is speeches. In the case of abortion and the passage of abortion act it was common for a number of politicians, professors, doctors, lawyers, to

intervene to express their opinions on the issue. The idea is not to embark on a full discourse analysis as this is not the objective of the chosen method. Nevertheless, it seemed interesting to me to choose speeches of influential people at the time of the abortion act to at least have a tendency of what abortion could provoke in people of a high social level, with an important education and a comfortable financial situation.

For France, a speech by Pierre de Lochet, professor at the University of Louvain in Brussels, at a 1971 conference on abortion, in favour of abortion when he "stresses that only the parents can make a decision in conscience". A speech by Simone Veil, the minister responsible for the Abortion Act, in the National Assembly in 1974. The speech of the deputy Jacques Médecin during the debate session of 26 November 1974 at the National Assembly. An article by the theologian Bruno Ribes published in the journal *Etudes* in October 1973. Finally, a letter from Doctor Michel Chartier, a gynaecologist and obstetrician, to Cardinal Marty who had informed him of the abortions he had performed before the law was passed.

For the United Kingdom, that of Minister David Steel of 23 March 1967 to the Royal Commission for the passage of the Abortion Act. Leo Abse's speech in the House of Commons in 1967, from the Welsh Labour MP party, politician and lawyer. Then Edwin Brooks, and his intervention in 1961 on the BBC regarding the need to legalise abortion; after the passage of the contraceptive pill for all. Finally, the session of 13 July 1967 in Commons Chambers on the Medical Termination Of Pregnancy Bill, with the intervention of several ministers and experts (Mr Michael English, Mr John Hall, Mr Angus Maude, Mr Grant-Ferris, the Minister of Defence for Administration, Colonel Sir Tufton Beamish, Mr John Tilney, Sir Knox Cunningham, Mr David Steel, Mr Roy Roebuck, Mr Eric Ogden).

The context around Abortion Act in France and in the United Kingdom, social and societal, which lends itself completely to the analysis of the CDA. Indeed, CDA allows us to go further in the analysis of discourse because it takes into account the level of language but also the context which has a huge influence on the interpretative analysis of a text, hence the choice of an interpretative theoretical perspective. As Fairclough explains "(a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power" (1995). In the continuity of interpretative theory, CDA allows for critical work Hodge, R., & Kress, G. 1979), but it remains subjective or subject to interpretation. In the same way, from the perspective of our research question, CDA allows us to understand how information is disseminated (because of its social context, ease of use,

level of language) but also the extent to which the event is given a voice by these same discourses. The ideological dimension in CDA is very important - intertextuality between the social context and the discourse is key (Hodge, R., & Kress, G. 1979). Here the context of tensions (a new act that create a deep shift in the norms) around abortion and the new conception of life for people, and the acceptation and assimilation than women can choose for themselves is at the center of the research question. These data will be crucial to understand and answer the research question. The data we want to collect, the tone of speech, the type of words, level of speeches are all important to understand the perception of abortion question before the vote of the Act. The particularity of the CDA studied: genres (ways of acting), discourses (ways of representing), styles (ways of being) (Fairclough, 1995), which allows for a complete analysis of the discourse. Similarly, the analysis proposed by Fairclough relates the speaker to the audience. The perception of the speech is significant, but so is the direct audience of the speech, because the words and the level of the speech change according to the audience. One does not address rivals in the same way as one does one's supporters, for example.

All of this primary data will make it possible to build a solid base and thus introduce secondary data that will also make it possible to refine the analysis of the primary data.

B. Secondary sources:

Secondary sources are essential to flesh out this study; these (scholarly) sources will provide another analytical bias for our research question. Several kinds of secondary sources will be used, articles from newspaper, report from expert, academic articles from scholars, philosophers.

In two countries where press freedom is guaranteed and free to criticise state decisions, on the other hand, the press is widely regarded as a counter-power or counter balance. It is even necessary for a democracy to see its power challenged by an external power (Nabli, B. 2020), the press acts as a fourth power and has the function of regulating or at least denouncing potential abuses. The newspapers used will be newspapers recognised as serious by the national press institutions, and only with the objective of reporting opinion trends at the time of the abortion acts, the revisions and the US repeal. The newspapers consulted for France will be: Le Monde, Le Figaro and La Croix. Three newspapers with different political positions and perspectives, to avoid as much as possible being biased in our data collection. For the UK, the Times (the world's largest daily newspaper), the Guardian and the Sun will also be used, each with different editorial lines, and each having been around long enough to be serious. Thanks

to these sources and the cross-referencing of these data, it will be possible to compare whether the trend at the time of the vote of these laws, the opinion trends will be similar or not.

With the newspaper article, it will be used, academic papers will include different types of publications. Expert reports, primarily colloquia, scholarly articles, but also philosophical essays related to abortion. The main objective, is to analyse the different perspective used to describe and study the abortion phenomenon how it is perceived by these authors.

For secondary sources a textual analysis will be carried out, given the difference in publication genre and style, which appears to be the most appropriate. Similarly, the trick is to be careful in the level of interpretation that will be used, as a solid analytical framework must be established before anything else. This is why the analytical process has been developed upstream, along with the type of sources that will be mobilised for this research. Among all the possibilities of textual analysis the one proposed by Weber with the QCA: Qualitative Content Analysis. This analysis makes it possible to interpret the meanings of the data collected (Hsieh & Shannon, 2005). In summary, each of the selected sources was motivated and justified by its relevance or usefulness in answering the research question of this study. Each source is referenced in the "references" section, and the figures or laws come from governmental sites.

3. Limitations and delimitations:

The delineation of concepts and definitions to frame this research have already been established. The definitions chosen encompass the points necessary for this research to be clear and relevant without straying from the main subject: the influence of the welfare state through its welfare policies in the process of acceptance and assimilation of women's right to self-determination in the context of the abortion act in France and the UK. The chronology will run from 1967 to the present day in the United Kingdom and from 1970 to the present day in France. Beforehand, the different influences on the population in France and the UK have been presented, as well as the age-old traditions around the principle of ownership of women's bodies. The focus of the analysis will be the before and after of the passage of the abortion law, and the observation via the different methods mobilised if there is a change in the acceptance and assimilation in the right of women to decide for themselves without having to justify themselves. Also the different correlations between the UK and France will be illustrated as they represent the core of this study. At the end of all these analyses, we will finally be able to answer our research question, and determine whether in this case the state can through its actions influence its population in the direction of acceptance and greater openness. A parallel

will also be drawn with other countries in order to attempt a wider opening. And above all to show that all this reflection is not limited to France and the United Kingdom but could easily have been done in other countries, despite different parameters and perhaps different results. From the moment I decided to choose an interpretative perspective I knew that I was exposing myself to fluctuating data, but also to an interpretation that could be from a completely different perspective. The analysis and the result of this qualitative study is only the result I arrived at and I do not claim that it is the Truth. This is also one of the limitations of this type of study, that it can also to some extent be refuted with other parameters taken into account.

4. Results and Analysis data:

In this part we will develop the results obtained from the data collected through our sources and which through our theoretical framework will serve to build the answer to our research. For the sake of clarity, the results for France and the UK will be presented in separate sections and compared in another section. Finally, in the conclusion, the final answer to this research will be provided.

1. France :

As already stated in a previous section, to establish a clear point of view on France, it is that since 1905 in law it is a country where the Church is separated from the State. This point is important for the rest of the analysis, as it implies that the Church has, theoretically, no influence on the state process. To be complete, will be cross-referenced with the testimony, the legal texts and the expert analyses will also be coupled to understand the phenomenon from start to finish. This scheme will be valid for all analytical parts. In order to divide the discussion in the parts properly, the following will be mentioned:

- the conditions that led them to have an abortion
- the conditions of access to this abortion and the cost
- society's view of abortion

a. 1970/1975:

- Before the vote for the abortion law, as we saw in Part I, the conditions for access to abortion were complicated and dangerous. In interviews I was able to conduct with three women who had abortions before the 1975 law was passed. In addition to interviews, questionnaires and testimonies were also studied. For a majority of

women, those interviewed or in the questionnaire all felt that they had to have an abortion because it was impossible for them to keep the child for financial reasons or because of social pressure if they had been single mothers, or the result of a rape (this was the case for 13% of the women interviewed).

- For 87% of them the choice of abortion was a non-choice, in the sense that they had no other alternatives to continue a normal life. Of these 87%, about half were advised to have an abortion by a female family member, fearing the possible repercussions if they kept it. Doctor Chartier, in a 1971 confessional letter, said that most of the patients he aborted came to him because they were referred, but not necessarily of their own free will. Most of the time they came under advice to keep their reputation intact and thus be able to marry later. From his point of view, this was so because the usual conditions for abortion were so terrible that many chose this option voluntarily. Also, few were lucky enough to have a doctor to go to for the procedure.
- As far as the conditions of access to abortion are concerned, there is once again a profound inequality between women. Two of the three women I interviewed had great difficulty in finding what was popularly called an "angel maker". Few were lucky enough to be able to turn to a doctor who would not ultimately report them. One of these three women, whom we will call Elise, lived in the countryside and had to go to her father's veterinary friend to have an abortion, because she was so far from everything. As a victim of incest, it was absolutely unthinkable for her to keep the child. This example could be found in other testimonies via the questionnaires, access to abortion for women living in isolated places was perilous. Most of the time they also did not have the possibility to ask someone to take them for fear that the rumour would spread. As for the cost of a clandestine abortion, it could vary between 500 francs at the time and 5,000 francs depending on where you were. The main problem was of course that the procedure was not capped as it was illegal, so those who performed it could set the rates they wanted. Most testimonies agree that the fear, especially in the countryside, that people would find out that one had had an abortion or was going to have an abortion, terrified young women for fear of having their reputation shattered. An abortion outside of marriage was very much frowned upon, and women who had an abortion were reported to have a much harder time finding a husband. Still in the countryside, the major influence comes from the church, which changes the situation profoundly. The

church's guilt over abortion is very strong. 77% of respondents who had an abortion before the Abortion Act came from a religious family and went to church regularly.

b. 1975/2022:

- The move to legalization has changed many things for women needing abortions. The conditions that led them to it were still the same as before. Unable to keep because of financial, family, out of wedlock, rape, no family situation. The creation of family planning where abortion could be performed helped thousands of young women to get advice and guidance for their abortion. The fact that they could be listened to and given proper advice was also a great advance for women. It helped to distinguish between those who came against their will and those who chose to have an abortion.
- The conditions of access, especially for the woman interviewed who had had an abortion before the legalisation, said that it had been a blessing. "The last time I had to go to a midwife who was doing it in her house, in her cellar, so that no one could hear what kind of business she was in. Being able to go to the hospital alone, even knowing that it was an ordeal, made me feel worthy and treated like a human being. I would be under anaesthesia, not risking my life. 89% of the women interviewed said that they felt dignified and safe to go to the hospital without anyone knowing, as they would for a conventional operation. Similarly, many women who had an abortion before the abortion law welcome (93%) the possibility of having an abortion via medication at home, completely anonymously. But also the fact that the legalization allows to give a legal status to abortion in case there are abuses. This often happened before, but without the possibility of prosecution because abortion was illegal, and even the victims risked prison. Legalization has also allowed free access to abortion. So it is open to all, regardless of income.
- Nevertheless, 93% of the women surveyed felt that the mentality towards abortion had not changed that much in the first few years. 39% of the women interviewed even said that they had experienced discrimination and value judgements because they came for an abortion. Some doctors or nurses even tried to dissuade them from having an abortion by threatening their reputation later on. We observe that women who feel that the opinion of abortion has become more positive, had an abortion in 2010 and 2022. Similarly, 84% of the women surveyed feel freer to talk about the

subject of abortion now, and even to talk to their children to raise awareness. Things they thought were unthinkable before legalisation.

2. United Kingdom:

a. 1967/1970:

- According to the interviews and questionnaires, British women who had an abortion before the Abortion Act of 1967, what led them to have an abortion despite the conditions were much the same reasons as those seen above, lack of financial means, unmarried women, fear for her reputation. Nevertheless, 34% of the British women interviewed indicated that another means, equally illegal at the time, existed if abortion was not possible or if the cost was too high: "leaving your child in a 'baby farm', where every month a sum of money was sent for the baby's education to the nanny, or else you left the baby with these people so that they could get rid of it for you", testified the woman who would become known as Mildred, 88.
- Also if you were in the city it was easy to find an abortion provider. In extremely precarious conditions, of course. In London in particular, networks of midwives carried out abortions in the poorest districts, Illona, 79, confided to me, which is how she was able to have an abortion at a lower cost. In exchange for her abortion (which she had to have late in the pregnancy because of denial), she had accepted various tasks to pay for it, as abortions were paid for at up to £5000, which was absolutely beyond her means. However, if you were in the countryside, 28% of the women interviewed said that they had to have an abortion at home, especially in the stables, so that no one would hear them. For example, Elise, who was 17 at the time, said: "I had been raped by my neighbour, I was alone, I couldn't tell anyone for fear of not being believed and of being seen as the village 'slut', and when I realised I was pregnant I cried like I had never cried in my life, I knew I had to do it for my future sake, I went into the stable and I think I'll skip the details, but it was a terrible moment, there was blood everywhere, but it was done. No one had been able to help her and she could not ask anyone. These testimonies are obviously chilling, about what the reality of women left to their own devices without the help of the state to protect them can be.
- Public opinion, according to 76% of respondents, but also from the debates during the vote on the Abortion Act of 1967, was absolutely hostile to abortion. The last decades had only strengthened the laws against abortion, and a change in the law was

unthinkable. Illona continues to testify, "I knew I had to hide my abortion, the day it happened I had to go to work straight afterwards so that no one would notice, I was 19, I had no husband, my parents would have put me out on the street. This reality, even if it is not applicable to 100% of cases, remains a norm before the passage of the Abortion Act. Treated as criminals by the state, they are also treated as criminals by their families, who are afraid of what people will say.

b. 1970/2022:

- The passage of the abortion act in 1967, which is relatively early compared to other countries, has, according to feedback from questionnaires and interviews, provided a real sense of security. While the reasons for this do not change, abortion centres and clinics are listed, access is not always guaranteed, especially for women living in the countryside.
- The safety of women had been greatly improved because the state set up abortion clinics. However, 49% reported a lack of confidentiality in these clinics. Similarly, the same respondents complained about a lack of choice, as at least two doctors are required to approve the abortion. However, 37% said that the time limit allowed did allow women to have an abortion without fear of missing the deadline (28 weeks at the time). In the 1980s, almost 10 years after the passage of the abortion act, access to and development of medication (which was becoming the norm) allowed much easier access for all women to abortion.
- As far as public opinion is concerned, it would appear that 94% of women feel that the public's approach to abortion has changed significantly for the better. If in the law, the consent of two doctors is required and the law is still governed by the dilemma of conscience. In fact, these women report and testify that none of them have been refused an abortion or have been dissuaded from having one. The relatively long waiting period also allows women to have time to reflect on their decision, as after the revision of the 1967 law, the waiting period was reduced from 28 to 24 weeks, which is twice as long as in France.

3. Comparison:

The UK and France are very different in many ways. However, on the issue of abortion they are not. Before abortion the only access options were illegal ones. It was very expensive, and the hygiene conditions were disastrous. Many were left with after-effects, or even died as a result of an abortion. The testimonies I have gathered concerning the popular opinion towards

abortion before the abortion act, are in the same direction in both countries. The majority of people were against it and viewed it very negatively. Between being shunned if people knew about a woman's abortion, discrimination for having it outside of marriage and possible denunciation to the law because it was illegal. All of these conditions made women shut down and do it on their own or turn to often malicious people to get an abortion without fearing for their lives and safety. The thing that comes up the most is the notion of safety and dignity, the gaze of others is very heavy for most of these women, but their dignity and integrity when they had to have these procedures was really undermined. The anguish they felt before the act, sometimes in unhealthy cellars, made them hope, without really believing it, that one day the law would change.

When the law was passed, many of these women (54%) did not immediately see the difference, especially because of the radical positions taken by some politicians and the population, often religious. Public opinion would not change its mind just like that, but at least the law was passed. A major difference between France and the UK is the moral dilemma. If France had initially allowed a doctor to refuse an abortion, this is no longer the case since 2004, a doctor cannot refuse the intervention (if he or she has performed it) on pain of legal proceedings: the offence of obstruction. In the United Kingdom, the consent of two doctors is required to perform an abortion. And this is the only law concerning the medical field to be placed under moral dilemma. This puts women in an unequal position in terms of access to abortion if they are denied it. French women are not necessarily the best treated, and even today a number of patients complain of mistreatment during the procedure, of reflections or attempts to dissuade them. However, there has been a significant change in attitudes, with more freedom to talk about abortion and real government support for abortion. Certain grey areas still exist, such as the ever-present stigmatisation.

IV. Conclusion:

In view of all this data, can we say that the states, through their welfare policies, are succeeding in changing the acceptance and assimilation of women's right to self-determination in the context of abortion? Overall, the answer is yes, despite some nuances. It has been noted that France and the United Kingdom, if they had not decided to enshrine abortion in law, would have remained as before, as is the case in dozens of countries where abortion is illegal. The importance of religious mores in these two countries has remained anchored in the way people act and has necessarily made abortion undignified and badly perceived. The duty of the state,

especially in our welfare states, is to protect its population, and clandestine abortion in both countries caused deaths, was dangerous and took away human dignity. Nevertheless, even at the political level abortion is a moral dilemma for everyone. At what point can a woman's pregnancy be terminated without killing a human being? This is the paradox, which made the law all the more difficult to pass, just as the strong patriarchy did not improve things. However, in both countries we have gone from countries where the populations were generally very hostile to abortion to countries where abortion is accepted. Similarly, when the United States left it up to each state to decide the fate of abortion, which led to the abolition of abortion in a dozen states, demonstrations took place in France in protest, and there was a great deal of reaction in the United Kingdom too. This shows that a country where the state grants such a precious right, affecting human dignity, its security, even if the population does not want it at first because it affects its established order, if several years later it is taken away, it will refuse. The importance of state intervention to protect the population against its will. If a harmonisation of thought is not possible, and there are of course still people against abortion, in most cases it is well accepted and defended.

In conclusion, it can be said that the intervention of the state via its welfare policies is almost indispensable for certain social issues to force popular acceptance and assimilation. This process is not immediate and may take a long time, but what we can be almost certain of is that it would not have taken place without this intervention at that time. The legitimacy of the state in this process is also important to stress. It is not an arbitrary decision, which contributes to popular acceptance, but a decision voted by parliaments and originally elected by their citizens. If this law changes radically the way of thinking of a majority at the beginning, it is the fruit of popular suffrage, therefore more difficult to contest at least from the democratic point of view, which is already important. It is directly in line with the state's duty to pass laws to improve the daily life of its population, especially on issues of security and protection of human dignity.

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