

Why we need to talk about abortion



Of the 210 million pregnancies that occur each year throughout the world, around 46 million, or one out of five of these ends up in an abortion. Even in an ideal world where everyone would have access to modern contraceptives and would use them correctly, there would still be an estimated six million unplanned pregnancies, for the simple reason that no contraceptive is 100% effective.

However, the real drama in regard to abortion is that the majority of the world's population does not have access to safe abortion services. More than 43% of all abortions are performed under unsafe conditions, and approximately 70,000 women die each year from abortion-related circumstances.

An unplanned pregnancy is almost always a shock. It generally falls into the category of 'one of the things which won't happen to me'. If it does happen, the first barrier to overcome is the acceptance of the fact, which is made harder when often combined with clear-cut panic. It is also the moment that help is most needed.

Abortion rights are intrinsic to a woman's freedom to decide when or whether to bear children. Wouldn't it be hypocritical to fight for accessible and affordable contraception, but be silent about the needs of women who are confronted with an unwanted pregnancy?

Europe must deal with abortion

The Netherlands and Belgium are among those countries in Europe with the lowest abortion rates in Europe. It is no coincidence that these countries are also where abortion legislation and services are best developed and where the cost for the woman involved is very low or even free. This is definitely not the case for the whole of the European Union, not to mention beyond the EU's borders.

The situation of abortion in Europe ranges from complete liberalization to being available only in extreme circumstances, such as rape, severe malformation of the fetus or if the woman's life is at risk. For example, in Portugal, Ireland and Poland, access to abortion is so heavily restricted that it frequently results in women having to risk unsafe, illegal abortions, or face financial difficulties resulting from the only available alternative: travelling to a country where abortion is available upon request.

In other countries, although the abortion law may not be heavily restrictive, in practise it is often subject to limited interpretation. In Slovakia, many healthcare professionals uphold "conscientious objection" and therefore refuse to perform abortions – the 'right' of an individual to refuse to act in a way that is impermissible to his or her conscience. However, this should never be a reason for refusing to refer a client for further help elsewhere.

It is often argued that giving women the legal right to abortion will only mean that the number of abortions will increase. In fact, legal restrictions do little to reduce the demand for abortions and the number carried out, and lead to increasing numbers of unsafe abortions. Denying the right does not make the need disappear, and desperate women always find ways to end pregnancies they cannot sustain.

Every abortion has a story...

Nina, a 20 year old university student is in a relationship, on the pill but was sick after contracting food poisoning and then found out she was pregnant. Nina feels too young to have a child right now, especially when she is still studying. However, Nina lives in **Belgium** and goes to see her general practitioner with whom she discusses her situation

in a confidential environment. He refers her to an abortion centre, where she is counselled by committed, non-judgmental staff on whether she truly wants an abortion. She has a choice between surgical and medical (non-surgical) abortion, receives contraceptive advice afterwards and this is at almost no financial cost. Nina can go on with her life.

Noeleen is in the same situation but lives in **Ireland**. She has difficulty in finding out what she can do, as abortion is illegal for a woman in her circumstance. She has lost a lot of time before finding out that the only possibility is to travel to the UK for an abortion. She feels very lonely and has nobody to speak to or help

her in making the arrangements. She has to be very cautious about making the appointment and taking time off to go to the UK. It also costs her a substantial amount to have the abortion, especially since she is scared of asking for help from her parents.

Thea is 29 years old, and is married with two children. One night with her husband the condom breaks, and she subsequently finds out she is pregnant. Thea and her husband do not want any more children – they are happy as they are, and Thea has recently gone back to work after her children started school.

Thankfully, she lives in **Norway**. Good quality abortion services are available to her. She can easily obtain an appointment for an abortion to fit in with her working life, and receives confidential guidance and support on her decision. She can go back to work and continue her life with her family.

Katarina is also 29, and married with three children. She lives in **Slovakia** in a small village. Her husband is unemployed and they struggle financially to support their children. Katarina finds out she is pregnant. She does not use contraception for ideological reasons. She knows her family, who are very religious, would never agree with an abortion. Katarina's religious principles mean having an abortion is a very hard decision to make, but she knows she cannot afford to raise another child. She has to find out about abortion in secret. Her local hospital refuses to provide an abortion because

they cite objection of conscience. Katarina has to travel a couple of hours to a large city to terminate her pregnancy. It is difficult to explain at home why she is away the whole day. The money is a problem as well; it is more than half the month's income. Katarina confides to a friend about what has happened. However, the friend tells the local priest. Next Sunday, the priest publicly points out her behaviour which is against the Catholic teachings. The family of her husband reject her and finally, her husband leaves her.

Neda is 36, and works part time as a teacher in a small town in **Bulgaria**. Her husband died when her child was one year old. Life has been difficult during the past few years and she is finally recovering from her husband's death. She has met a man in an evening class she really likes. They start seeing each other and one night they sleep together. They didn't use any contraception because Neda was embarrassed to raise

the subject with her new friend. Neda discovers she is pregnant. Her friend panics when she tells him she is pregnant and ends the relationship immediately. Fortunately for Neda, she has access to safe and legal abortion at no financial cost, (since she is over 35), and receives information about contraception at her family planning clinic.

Elvie is just like Neda – a single mother working part time. However, Elvie lives in **Malta** where abortion is illegal in all circumstances. She cannot afford to travel to another country where abortion is available for her situation. Elvie feels trapped – there is no-one to turn

to and the guy she got pregnant by also can't help out with the cost. She has heard about illegal abortion clinics but is worried this could mean putting her health in danger. She decides the only option is to continue the pregnancy and put the child up for adoption.

The right of every woman to choose

IPPF EN stands for the right of every woman to make her own decision on whether to have an abortion, which should always be both safe and legal.

If that right is not recognized and a woman cannot find the help she needs, this often leaves no other option than a forced pregnancy, adoption or abandonment of the child. No woman ever having faced an abortion, nor anyone working as an abortion service provider, will say that having an abortion is the easy way out. Women should be able to make informed decisions, free from coercion, on the number and spacing of their children and the use of contraception to prevent unwanted pregnancy. If an unwanted pregnancy has occurred, then women should have access to safe, legal abortion. Therefore, IPPF labels itself as a 'pro-choice' organization while our opponents in this debate are clearly anti-choice.

Since IPPF started work, more than 50 years ago, the main focus has always been to provide contraceptives and sexuality education in order to avoid women and couples facing a situation where they are confronted with an unplanned or unwanted pregnancy - a situation everyone wants to avoid. Although the use of modern contraception has enormously increased in Europe, there will always be a need for abortion because humans and contraceptive methods are not infallible.

It is crucial therefore to have an overall approach, including quality, well-balanced sexuality education and access to affordable contraceptives, and creating a society that does not blame and shame. The goal cannot be to strive for an absolute ban on the need for abortion or to make it illegal in the hope it will disappear. Unwanted pregnancies and abortion are a reality in every society and country and consequently needs to be addressed. A reduction in the number of abortions requires not only safe and legal services but also education, contraception (including emergency contraception), and good quality, accessible services at affordable prices for adolescents and adults..

Anti-choice groups give the impression that pro-choice organizations are against life. However, organizations like IPPF want to protect the life of the woman, to make sure she can become a mother, if and when she wishes to, who can love and care for her children.

It is clear that the issues of illegal, unsafe abortion as well as the moral right for women to choose what to do with their bodies are still a crucially important matter for Europe. No woman should be denied access to affordable, safe and legal abortion in their own country.

What can be achieved in Europe?

The European Commission has confirmed its full support for sexual and reproductive health and rights strategies, such as those set out at the 1994 International Conference on Population and Development (ICPD). It is often misconceived that this only applies to outside Europe, such as Africa; in fact, these strategies have worldwide implications, including for Europe. However, the ultimate responsibility for national policies on sexual health and rights lies with national governments. Despite this mandate, European parliamentarians are still able to drive the issues forward, and must continue to keep them high on the political agenda both in the EU institutions and at national level. Some recent documents promoting sexual and reproductive health and rights at EU level include:

- *In July 2002, a clear majority of the European Parliament adopted a **Resolution on Sexual and Reproductive Health and Rights** proposed by MEP Anne van Lancker, recommending governments of the EU Member States and candidate countries that 'in order to safeguard women's reproductive health and rights, abortion should be made legal, safe and accessible to all'.*
- *In October 2004, the Parliamentary Assembly of the Council of **Europe adopted a European strategy for the promotion of sexual and reproductive health and rights** based on a report by UK MP Christine McCafferty. This called upon member states to 'adopt comprehensive national strategies for sexual and reproductive health', while at the same time acknowledging that according to the definitions adopted by member states at the ICPD, 'every individual should have a right to sexual and reproductive health, defined as a state of complete physical, mental and social well-being'.*

For more information:

- **Report of the International Conference on Population and Development (ICPD)**
<http://www.un.org/popin/icpd/conference/offeng/poa.html>
- **European Parliament resolution on sexual and reproductive health and rights**
www.europarl.eu.int/plenary/default_en.htm (text adopted by Parliament, 3 July 2002)
- **European strategy for the promotion of sexual and reproductive health and rights (Oct 2004)**
<http://assembly.coe.int/Documents/AdoptedText/TA04/ERES1399.htm>
- **Abortion Legislation in Europe (IPPF EN, updated February 2004)**
<http://www.ippfen.org/site.html?page=34&lang=en>