Women’s sexual and reproductive rights are under threat in Europe, in a climate of growing attacks on human rights, democracy and civic space. Ultra-conservative forces are trying to stifle people’s reproductive freedom and impose a coercive worldview about gender roles in family and public lives. Their cruelest tactic is forcing women through pregnancy by promoting refusal of abortion care.

IPPF European Network champions reproductive freedom and access to abortion care, adapting our approach to the reality and needs of women from Norway to Tajikistan. Our work ranges from ensuring women have a voice in decision-making spaces to supporting grassroot activists and civil society movements. From providing abortion care services, to supporting health care professionals to provide the safest, highest quality care. Our members and partners are campaigners, care providers and advocates.

We work to ensure that dignified, women-focused abortion care is a reality, both in terms of legislation as well as implementation.
Mismatch between laws and women’s experience

In most countries in the region, access to abortion care is widely supported by public consensus and legal frameworks. However, legislation does not always reflect the reality that women face.

In some countries, while safe abortion care is legally required to be accessible and available to people who need it, women face a range of obstacles that delay care and sometimes deny it altogether. These range from doctors who refuse care, to being forced to undergo biased counselling and endure medically unnecessary waiting periods. As always, it is the most vulnerable and marginalised women who suffer the greatest harm.

In other countries, although the law requires women to meet certain conditions, such as getting authorization from one or more doctors, in practice this vital health care remains readily available because women’s needs are at the heart of system.

Even where abortion legislation is focused on women’s needs, they still face many obstacles that undermine their reproductive autonomy and make it difficult to access basic health care. For example, in Macedonia, women are forced to wait for 3 days between the time when they request an abortion and when the procedure can be performed. This delays access to safe abortion and undermines women’s decision-making. The country also requires pre-abortion counselling that is designed to persuade a woman to continue through a pregnancy. In Belgium, women are also forced to endure a 6 days waiting period. In Denmark, young women under the age of 18 need written authorization from their parents. In Germany, medical professionals can refuse to provide women with care on grounds of conscience, but there is no registration or monitoring of practitioners who deny care. There are also not enough providers throughout the country. By failing to take measures to ensure that women receive care they are entitled to by federal law, the state is abandoning them.

Resisting the backlash on women’s rights

In many countries, women continue to face legal and social barriers to accessing abortion care. In the most extreme cases, such as in Malta, laws and society force women to continue through pregnancies or abandon them to fend for themselves even when there is a fatal fetal abnormality or when the pregnancy is a result of rape or incest. This is life-threatening, cruel and degrading treatment, and it is unacceptable.

Across Europe and in countries under Russian influence, coordinated actions by reproductive bullies are leading to regressive pressures and policies. Attacks on women’s autonomy in relation to abortion rights and access to contraception in Poland are the most extreme manifestation, but the danger is present in many places, from Croatia to Sweden.

IPPF EN and our partners are standing up throughout Europe and Central Asia for women’s safety and freedom from coercion. In some countries, we are part of movements resisting aggressive attacks on access to abortion care, while in others we are working with our allies to advocate for reproductive freedom.

Our member FPSHA (Family Planning and Sexual Health Association of Lithuania) - fought against the adoption by the Lithuanian Parliament of a draft law that would almost have banned women’s access to abortion, only allowing it in cases where a pregnancy posed a risk to a woman’s life or health, or when it was a result of rape. This bill - submitted by the Polish minority party to emulate the Polish war on abortion - was just the latest in a relentless series of attacks on abortion care access that FPSHA has been countering.

In Poland, women and activists are fighting against constant efforts to crush reproductive freedom beyond the current highly restrictive law. Worldwide, solidarity movements such as Poland’s #CzarnyProtest and the international #WomensMarch are beautiful examples of powerful grassroots activism across borders, and we are proud to stand with them.
**Denial of care**

Doctors have a duty to provide unconditional support and care to women as they make private decisions about their own health care. And yet there are many instances where the medical profession is failing women by withholding abortion care when they need it.

For example, in ultra-conservative Georgia, young girls face widespread refusal of care both by individual doctors and entire institutions. Some are forced to travel very long distances to reach a center which provides abortion care, only to be faced with additional barriers such as requests for parental consent that is not legally required. Our Georgian member Association HERA XXI works with medical professionals, especially in rural areas heavily influenced by the Church and social stigma, to make sure women and girls have access to respectful, high-quality and affordable abortion care, without discrimination. They ensure that service providers have the skills to provide care and information so that in particular younger women lacking resources and support from their families are not left behind.

In Italy, mass refusal of care by doctors and other medical professionals means that unsafe and illegal abortions are on the rise in spite of abortion care having been legalised in 1978. Women are routinely humiliated and stigmatised in hospitals. In 2005, 58.7% of gynecologists refused to provide care, a number that had spiked to 70.9% by 2016. The situation is even more critical in Southern Italy, where over 80%, and in some areas over 90%, of doctors refuse care. Women in those areas are forced to travel long distances and pay considerable additional costs to access the care they are entitled to by law. With our Italian partners, LAIGA, AIED and VITA DI DONNA, IPPF EN has for several years been at the forefront of litigation aimed at increasing access to abortion care. In 2014, we won an important victory with a collective complaint against the Italian government brought before the Council of Europe. And following a joint report by IPPF EN, its Italian partners and the Center for Reproductive Rights, the UN Committee on Human Rights expressed serious concerns about the difficulties women face across Italy as a result of the authorities’ failure to address widespread gaps in abortion care.

**Public opinion is on women’s side**

The vote by a resounding majority of Irish citizens in May 2018 to repeal their country’s cruel decades-long ban on abortion was a landmark moment for abortion rights, and a triumph of compassion over coercion. Activists and civil society organisations including our member IFPA (Irish Family Planning Association) campaigned tirelessly for many years to ensure a silent social revolution that made this positive change possible, opening spaces for discussion, putting pressure on different Irish governments by working with regional and global human rights mechanisms, and raising public awareness of the harm and hurt endured by so many women. In the end, Ireland’s referendum debate was not ideological and abstract, but a story of a painful reality with women at the centre. It showed clearly that when the public have the facts, when they hear women’s voices, they understand that health and lives are at stake, and are moved to support them.

Of course, the ‘Yes’ vote has repercussions outside of Ireland, bringing into even sharper focus Europe’s outliers – Poland, Malta, Andorra - that still refuse to end forced pregnancy, restricting access to safe and legal abortion care to the extent that it is virtually inaccessible to most women.
My doctor refused to perform an abortion and took me to her priest. The priest explained to me the religious perspective on abortion, that it was a deadly sin, then he spoke with my husband. Finally, we changed our mind.

- 30-years-old woman, Georgia

In all countries we must take concrete actions to defend reproductive freedom. Together, we can resist and defeat the coercive control measures that reproductive bullies seek to impose. We urge governments to ensure women across the region have access to reproductive care and can live free and safe reproductive lives by:

- Firmly denouncing regressive discourse, laws and policies that undermine gender equality and women’s sexual and reproductive health and rights, reiterating that those retrograde measures have no place in the 21st century.

- Investing resources and making a political priority out of delivering far-reaching initiatives to change harmful social norms, to defend women’s dignity and autonomy, and to protect them from violence.

- Providing political and financial support to women’s rights groups and human rights defenders.

- Excluding abortion from the criminal code. This is a relic of the past, which in many countries is adding to the stigmatisation of women and of vital health care.

We urge governments and the international community to ensure women’s access to abortion care and protect all citizens from coercion and ill-treatment.

IPPF European Network cares. We are working in 40 countries across Europe and Central Asia so that all women, men, children and young people can lead safe and dignified sexual and reproductive lives, free from harm and discrimination.

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