About half the people in the world have the capacity to become pregnant. Yet there is still no contraceptive that is 100 percent effective. This means half of all people are potentially at risk of getting pregnant unintentionally. Abortion is not only one of the most common gynaecological procedures, but also the most effective method to terminate an unintended pregnancy. Access to this essential health service varies widely across the globe and is often influenced by socio-economic factors. Laws and regulations also significantly affect access to safe, legal and free abortion. While in some countries abortion is punishable by law or is permitted only under certain conditions, in others it is legal either without restriction or within gestational limits. Criminalisation and stigmatisation of abortion seekers and providers threaten the availability of abortion services and could lead to the use of unsafe abortion methods. The taboo and stigma on abortion also results in poor data quality, so surveys on abortion are likely to be characterized by high levels of underreporting.

**Between 2015 and 2019 an average of 73.3 million induced (safe and unsafe) abortions were performed worldwide each year.**

47,000 people die each and every year because they are forced to resort to unsafe abortions, often performed in unsanitary conditions by untrained individuals. Of all unsafe abortions, 1/3 were performed under the least safe conditions, i.e. by untrained persons using dangerous and invasive methods.

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**About half the people in the world have the capacity to become pregnant.** Yet there is still no contraceptive that is 100 percent effective. This means half of all people are potentially at risk of getting pregnant unintentionally. Abortion is not only one of the most common gynaecological procedures, but also the most effective method to terminate an unintended pregnancy. Access to this essential health service varies widely across the globe and is often influenced by socio-economic factors. Laws and regulations also significantly affect access to safe, legal and free abortion. While in some countries abortion is punishable by law or is permitted only under certain conditions, in others it is legal either without restriction or within gestational limits. Criminalisation and stigmatisation of abortion seekers and providers threaten the availability of abortion services and could lead to the use of unsafe abortion methods. The taboo and stigma on abortion also results in poor data quality, so surveys on abortion are likely to be characterized by high levels of underreporting.

METHODS

Based on evidence-based practice, WHO recommends either medical abortion or surgical abortion by vacuum aspiration to terminate pregnancies. Ideally, people with unintended pregnancies can choose between the two methods and make an informed decision about what is right for them. According to WHO, surgical abortion by dilatation and curettage (scraping) is no longer recommended as a method for terminating pregnancies up to 14 weeks due to higher complication rates. In Germany, however, around 12 percent of abortions are still performed using sharp instruments called curettes.

Medical abortion: This involves taking two medications either under outpatient supervision or in a home-use setting combined with telemedicine support. The first medicine contains the active substance mifepristone (marketed under the trade name Mifegyne®), which inhibits the action of progesterone and initiates the breakdown of the endometrium and amniotic sac as well as the opening of the cervix. The second medicine contains the active substance prostaglandin (known under the trade name Cytotec®) and is taken about 36–48 hours later. It causes the uterus to contract, resulting in menstrual bleeding, thus expelling the endometrium and amniotic sac along with the embryo.

Surgical abortion: This outpatient procedure uses vacuum aspiration (suction), which can take place under local or general anaesthesia. A small sterile tube is inserted into the cervix and gentle suction is used to remove the amniotic sac and embryo. The whole procedure takes about 15 minutes.

Source:
- Doctors for Choice Germany e.V.: Abortion Methods: https://doctors-forchoice.de/unsere-arbeit/information/schwangerschaftsabbruch/methoden/

Access to abortion

Anyone in Germany who wants to terminate an unwanted pregnancy must first visit a recognised counselling centre. While the law stipulates that this compulsory counselling is supposed to be unbiased, it explicitly serves to "protect the unborn life". After completing a pregnancy conflict consultation, a counselling certificate is issued. The person must then wait three days, apply for the costs to be covered if necessary, and then visit a clinic or doctor’s office that performs abortions. People living in rural and religious areas often have to travel long distances and encounter hostile attitudes. Although abortion is one of the most common gynaecological procedures, doctors may decline to perform the procedure “for reasons of conscience”. Medical school curricula do not include instruction on abortion.

Focus

Abortion is generally punishable in Germany, but under certain conditions it is exempt from punishment. The legal basis for this is Section 218, which was first incorporated into the German Criminal Code in 1871. Under today’s law there is an exemption for abortions performed on medical or criminological grounds. Abortion is not punishable in Germany in the following circumstances:

- Counselling requirement: 0,2%
- Criminological grounds: 3,8%
- Medical grounds: 96,0%

3 in 10 of all pregnancies
6 in 10 of all unintended pregnancies

ENDED IN AN INDUCED ABORTION

Source: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion
59% of people who terminate a pregnancy already have at least one child.

Since changes were made to Section 218 in 1995, the number of documented abortions per year in Germany has remained relatively steady. In 2020, 99,948 pregnancies were terminated in Germany, with almost all of these abortions performed under the counselling requirement or Beratungsregel.

### Abortion in Germany

<table>
<thead>
<tr>
<th>Under the counselling requirement (Beratungsregel)</th>
<th>On medical grounds</th>
<th>On criminological grounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal situation</td>
<td>Unlawful</td>
<td>Not unlawful</td>
</tr>
<tr>
<td>Reason</td>
<td>Unintended pregnancy</td>
<td>Life is at risk or physical or mental health is at risk, often after a fetal anomaly diagnosis (disability, malformation)</td>
</tr>
<tr>
<td>Requirements</td>
<td>• Within the first 14 weeks of pregnancy (from the last menstrual period) • Mandatory counselling at a state-approved counselling centre • Mandatory waiting period of 3 days</td>
<td>• No time limit • Physician must provide written determination of medical grounds and medical advice about the significance of the operation</td>
</tr>
<tr>
<td>Costs</td>
<td>Not covered by statutory health insurance</td>
<td>Covered by statutory health insurance</td>
</tr>
<tr>
<td></td>
<td>Exception: individuals with low income can apply for subsidies</td>
<td></td>
</tr>
</tbody>
</table>

Since 2006 the number of facilities providing abortions has dropped by nerly half from 2,000 to 1,100.

### Criminalisation and stigma

The few doctors who perform abortions are also restricted by Section 219a of the German Criminal Code, which makes advertising their services and disseminating information about the procedure a punishable offense. Anti-abortion activists are the only people who file charges. The anti-choice movement in Germany is well networked and growing. They demonstrate outside counselling centres, organise large March for Life rallies and threaten doctors and women’s rights activists. One of the best known doctors who has been charged and fined under Section 219a is Kristina Hänel (co-winner of the 2019 Anne Klein Women’s Award, along with Natascha Nicklaus und Nora Szász). Her public protest against the law has breathed new life into the German pro-choice movement. Activists, counsellors and doctors are fighting for the repeal of Sections 218 and 219a through awareness campaigns, demonstrations and political lobbying.
GLOBAL STRUGGLES FOR SELF-DETERMINATION

ARGENTINA
A nationwide campaign has emerged in Argentina over the last 15 years, and is divided into subgroups that focus on education, health, media and legal issues. The country’s constitution allows social movements to submit bills to parliament for a vote. The campaign for the right to safe, free and legal abortion gathered strength at national demonstrations attended by up to a hundred thousand women and people with reproductive capacity, culminating in December 2020 in a new law that legalises abortion during the first 14 weeks of pregnancy.

IRELAND
Thanks to both global and local feminist struggles, Ireland has gone in a short time from having one of the most restrictive abortion laws in the European Union to having one of its most progressive. Feminist activists joined forces with human rights initiatives and other organizations in a broad alliance that won the right to safe and legal abortion covered by health insurance in a 2018 referendum. In addition to calling for autonomy over one’s own body, the alliance focused its campaign on the right to health.

NAMIBIA
In Namibia’s thirty years of independence, the criminalisation of abortion dating back to apartheid has remained in force. Only about 2 percent of all abortions are legally performed in hospitals, mostly in cases where the life of the child or the pregnant person is at risk. All other abortions are performed clandestinely and pose significant risks to the health of pregnant people. About 500 people die each year as a result of unsafe abortion. More than 60,000 Namibian citizens signed a petition last year to make abortion legal. Thousands took to the streets across the country or went online to demand self-determination and reproductive justice under the hashtag #LegaliseAbortionNa. Already today, feminist activists are helping many women and people with reproductive capacity obtain clandestine abortion care.

1 The issue affects not only women but all people who can become pregnant, such as trans, intersex and non-binary persons.
In many places around the world, people who can become pregnant are fighting for bodily autonomy. Whether it is the struggles in Latin America to overturn restrictive legislation, in Poland to prevent the tightening of laws by right-wing parties, in Germany to stop the criminalisation of doctors and fill gaps in reproductive health care, or in South Africa – where there is access to safe and legal abortion – to remove the social and medical stigma surrounding it. These efforts are directed against complex power structures consisting of right-wing conservative forces and church groups, as well as colonial legacies, social stigmatisation and heteronormative family ideals.

POLAND
After the government announced proposals (which were ultimately implemented) to tighten the country’s already restrictive abortion laws, massive feminist protests, known as the All-Poland Women’s Strike, were held in Poland starting in the autumn of 2020. The unprecedented intensity of the protests is due to the Catholic Church, fundamentalist groups and the nationalist conservative ruling party taking a sledgehammer approach to suppressing social change and especially the aspirations of young people. The struggles of Polish feminists and LGBTIQ persons, which have received worldwide attention, are an example of how global struggles can connect and be a source of motivation and inspiration.

LEBANON
In Lebanon abortion is punishable under the 1943 Penal Code, but in practice it is available in illegal clinics. The penalties are clear: people who have an abortion face six months to three years in prison. Doctors are also liable to prosecution. This patriarchal interpretation of women’s rights is part of a broader discriminatory legal environment in the country. Despite the prospect of changing the law being slim because of the power wielded by religious elites closely intertwined with the government, the protests held since October 2019 have breathed new life into discussions. Feminists have played a key role in the protests, and the calls for change have become louder than ever. The demands also include ending the exploitation of migrant workers, enabling Lebanese women married to non-Lebanese men to pass on their citizenship to their children, and addressing other shortcomings in women’s rights in Lebanon.

SOUTH KOREA
Activist groups, which have been fighting for reproductive rights since 2010, achieved one of their biggest successes in 2019 when the country’s Constitutional Court held that the current ban on abortion might constitute a violation of human dignity. Despite counter-protests by evangelical Christian groups and some constitutional judges ruling in favour of maintaining the criminalisation of abortion, the feminist struggle continues and is gaining support. Evidence of this is that abortion is almost entirely exempt from criminal penalties. Thanks to groups like Joint Action for Reproductive Justice, the government must now lift the existing ban on abortion and legalise it without restriction as to reason during the first 14 weeks of pregnancy.
Abortion is a very controversial issue all over the world. There are only a few places – such as Canada – where it is completely legal. The different positions are also reflected in international agreements and in the policies of international organisations and supranational blocs.

**UNO (CEDAW)**
The UN Women’s Rights Convention (CEDAW) of 1979 does not explicitly mention abortion, but the CEDAW Committee has repeatedly emphasised that the criminalisation of abortion or the delay of safe abortion may constitute a violation of women’s rights. The Committee regularly remands countries – including Germany – for their overly restrictive laws.

**COUNCIL OF EUROPE**
The Istanbul Convention (the Council of Europe’s Convention on combating violence against women and girls) states that forced abortion is a form of violence to which only women can be subjected. The Convention says nothing about a right to access abortion. In 2017 the Council of Europe expressed "serious concern" about the increasing restrictions being placed on access to abortion in Europe. In 2021 the Council called on Poland to adopt “clear and effective procedures” that enable women to “access lawful abortion”.

**WHO**
The World Health Organization (WHO) sees providing access to safe and legal abortion services as essential for the attainment of the highest possible level of sexual and reproductive health. According to WHO, legal restrictions do not result in fewer abortions or higher birth rates – instead they force women to resort to unsafe procedures. WHO also opposes other barriers to safe abortion such as high fees and social stigmatization, but also procedural requirements such as mandatory waiting periods and mandatory counselling.

**EUROPEAN UNION**
In 2013 the European Commission decided against adopting the Estrela report. In June 2021, the European Parliament voted to adopt the so-called Matic report, which calls on EU member states to fully implement access to sexual and reproductive rights and health for all people within the EU. The report understands (discrimination-)free and legal access to sexual education, self-determined birth, contraception, abortion and fertility treatment as a human right, which has not yet been realised for all people within the EU. The member states are called upon to adapt their laws, but also their implementation in the education and health system.

**UNFPA**
The United Nations Population Fund (UNFPA) condemns “any coercive abortion and the discriminatory practice of prenatal sex selection”. It does not promote the legalization of abortion, but instead seeks to prevent abortion by helping improve access to family planning services. Where abortion is legal, UNFPA calls for it to be made safe and accessible – where abortion is illegal, UNFPA supports the right of women to get post-abortion care to save their lives.

**AFRICAN UNION**
Article 14 of the Maputo Protocol on the Rights of Women in Africa guarantees women’s right to health, including reproductive health. The Article protects women’s reproductive rights “by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental health or the life of the mother or the foetus”. A significant number of member states have still not ratified and implemented the Protocol.
各种国际基金会和NGO在性与生殖权利和健康领域工作，收集数据，参与政治网络，倡导安全和合法的堕胎通过法律和政策改革，并在某些情况下，提供支持和援助给那些不想要孩子的人们。

Amnesty International
对于Amnesty International来说，安全堕胎是“实现全面的人权和推进性别、社会、生殖和经济正义”的“基础”。它认识到“任何可能怀孕的人有权利进行安全堕胎，提供给尊重其尊严、自主和需求的途径。该组织因此倡导全面废除堕胎法律和政策，并提供堕胎服务。它呼吁各国解决影响人们的决定的经济和社会问题，即继续怀孕或结束怀孕。

Ford Foundation
Ford Foundation认为性别正义和生殖正义是实现所有人平等的关键。它将“选择是否生育，何时生育；保障安全生产；在健康、繁荣的环境中抚养孩子”视为女性和性别非典型人士的机会、自由和平等的核心。该基金会推动加强平等获得质量生殖关怀的政策，以确保怀孕的人得到支持——无论他们选择继续怀孕还是寻求堕胎。

International Planned Parenthood Foundation
IPPF是131个成员协会，覆盖143个国家的国际性组织。该基金会倡导全面获得安全和合法的堕胎。

Women on Waves and Women on Web
Women on Waves在没有合法堕胎的国家接载意外怀孕的人，并在荷兰国旗的船上进行安全堕胎。它还支持自我管理的堕胎，并提供远程医疗支持给那些正在考虑这种方法的人。Women on Web提供关于安全堕胎和避孕的援助和信息，可以使用16种语言。它的目标是提供安全、可访问和负担得起的在线堕胎护理，无论在哪里。

Mama Network
Mama Network由35个在西非关注自我管理堕胎的组织组成。该网络成员运营电话热线，提供性与生殖健康信息。它的目标是传播和扩大医学堕胎的机会，即在其宣言中所述的“创造一个无论堕胎如何被国家法律监管的普遍安全堕胎机会”。

Women Help Women
国际女性主义NGO Women Help Women支持自我管理的堕胎，例如在家使用药物进行堕胎。它认为“生殖自由和正义的关键在于将堕胎药直接提供给需要它们的人——特别是在堕胎被法律、污名和缺乏获取限制的空间。”该组织提供远程医疗支持，并与当地女性主义提案进行合作。
The anti-choice movement, which is made up of opponents of abortion, stands in opposition to the pro-choice position, which focuses on the right of those with reproductive capacity to self-determination and freedom of choice. Its adherents are often Christian fundamentalists, including evangelicals in the United States, who are internationally networked and engage in political lobbying. Despite the fact that as many as 47,000 women die each year from unsafe abortions, anti-abortion activists like to call themselves “pro-lifers”. Their aggressive campaign against abortion rights centres on the argument that human life is created at the moment the egg and sperm fuse. According to this logic, a two-cell embryo has the same rights as an adult woman, which is why abortion is regarded as murder regardless of when it is performed.

The movement also argues that abortion harms the pregnant woman, who suffers from “post-abortion syndrome” – a scientifically debunked myth propagated by anti-abortion campaigners. Several studies, based on data from the Turnaway Study, show that abortion does not increase the risk of psychological problems, but quite the opposite: women denied an abortion were more likely to suffer anxiety and loss of self-esteem, and less likely to have aspirational life plans, than the group of women who obtained an abortion. Among this latter group, 95 percent believe they made the right decision.

The positions of the anti-abortion activists overlap substantively with those of the new and extreme right, for whom control over women’s bodies plays a central role. Lurking in the background is the idea of “the great replacement”, which is both a call to arms and a right-wing conspiracy theory: “European” societies face extinction because of high birth rates among people of colour and low birth rates among white women. This belief rejects abortions for white women. The Alternative for Germany (AfD) party thus champions a “welcome culture for children” – meaning, of course, only German children.

Poland is just one example internationally of how right-wing governments are restricting women’s rights: the country effectively banned abortion in October 2020. In the same month, 34 countries came together under the Geneva Consensus Declaration to voice their opposition to abortion. Initiated by the Trump administration, most of the signatory countries are authoritarian or illiberal regimes, such as Hungary, Brazil, Egypt, Indonesia and Uganda. The declaration was not signed in Geneva and is not related in any way to the Geneva Conventions or Geneva-based institutions. President Joe Biden removed the U.S. from the declaration.

In the U.S. itself, the issue of abortion has been fought over bitterly for decades. The so-called Mexico City Policy, named after the place where it was first announced by then Republican U.S. President Ronald Reagan, comes and goes depending on which party is in office. It bans U.S. foreign aid from being used to fund international NGOs that either promote or perform abortions, which has led to it being dubbed the “global gag rule”. Bill Clinton rescinded it, George W. Bush reinstated it, Barack Obama rescinded it, Donald Trump reinstated it – and now Biden has rescinded it again. The right to self-determination of people with reproductive capacity has thus become a political bargaining chip, and the regulation and criminalisation of abortion remains, even in the 21st century, an instrument of patriarchal population policy and religious sexual morality.

SOURCES AND FURTHER READING

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