

Focus

ABORTION

From criminalisation to the right to self-determination

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 characterised by high levels of underreporting.

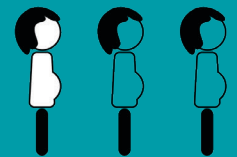
BETWEEN 2015 AND 2019 AN AVERAGE OF 73.3 MILLION INDUCED (SAFE AND UNSAFE) ABORTIONS WERE PERFORMED WORLDWIDE EACH YEAR

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 in 3



WERE PERFORMED UNDER THE LEAST SAFE CONDITIONS, I.E. BY UNTRAINED PERSONS USING DANGEROUS AND INVASIVE METHODS

2010 2014



3 in 4

ABORTIONS IN AFRICA AND LATIN AMERICA WERE PERFORMED UNDER UNSAFE CONDITIONS

IN THE 22 EUROPEAN COUNTRIES, ABORTION IS EASILY ACCESSIBLE* IN 9 COUNTRIES, RESTRICTED** IN 6 COUNTRIES AND PROHIBITED ALTOGETHER*** IN 7 COUNTRIES

1/2

MORE THAN HALF OF ALL ESTIMATED UNSAFE ABORTIONS GLOBALLY WERE IN ASIA, MOST OF THEM IN SOUTH AND CENTRAL ASIA

THE RISK OF A PERSON DYING FROM AN UNSAFE ABORTION WAS THE HIGHEST IN AFRICA

* "Easily accessible" means abortion care is widely available upon a woman's request, is covered by health insurance, and is decriminalised.
** "Restricted" means abortion is available and free of punishment under certain conditions, e.g. within gestational limits or after fulfilling procedural requirements such as mandatory counselling or mandatory waiting periods.
*** "Prohibited altogether" means abortion is banned except under extreme circumstances such as rape or to save the life of the pregnant person, and can result in the imprisonment of doctors and abortion seekers.

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:

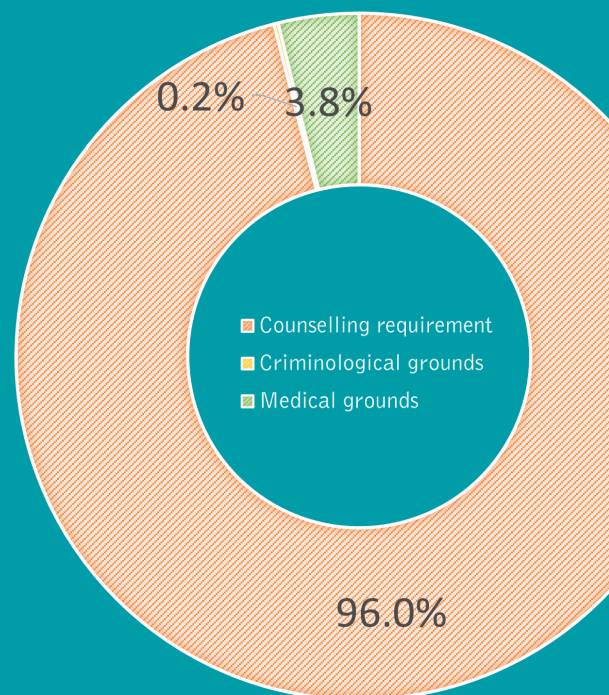
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Focus

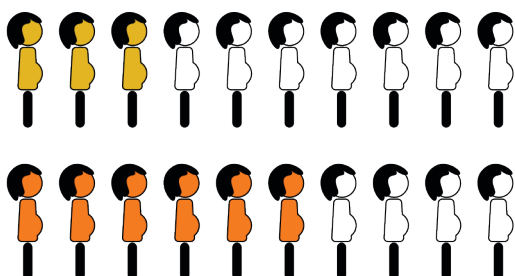
Abortion is generally punishable in Germany, but under certain conditions it is exempt from punishment. The legal basis for this is Section 218, which was first incorporated into the German Criminal Code in 1871. Under today's law there is an exemption for abortions performed on medical or criminological grounds.

Abortion is not punishable in Germany in the following circumstances:



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.



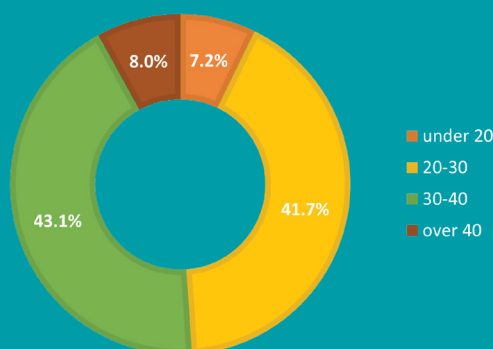
ENDED IN AN INDUCED ABORTION

Source: <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

Abortion in Germany

	Under the counselling requirement (Beratungsregel)	On medical grounds	On criminological grounds
Legal situation	Unlawful	Not unlawful	Not unlawful
Reason	Unintended pregnancy	Life is at risk or physical or mental health is at risk, often after a fetal anomaly diagnosis (disability, malformation)	Pregnancy caused by sexualised violence, such as rape, coercion or child abuse
Requirements	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> No time limit Physician must provide written determination of medical grounds and medical advice about the significance of the operation 	<ul style="list-style-type: none"> Within the first 14 weeks of pregnancy Physician considers the reported facts to be plausible
Costs	Not covered by statutory health insurance Exception: individuals with low income can apply for subsidies	Covered by statutory health insurance	Covered by statutory health insurance

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*.

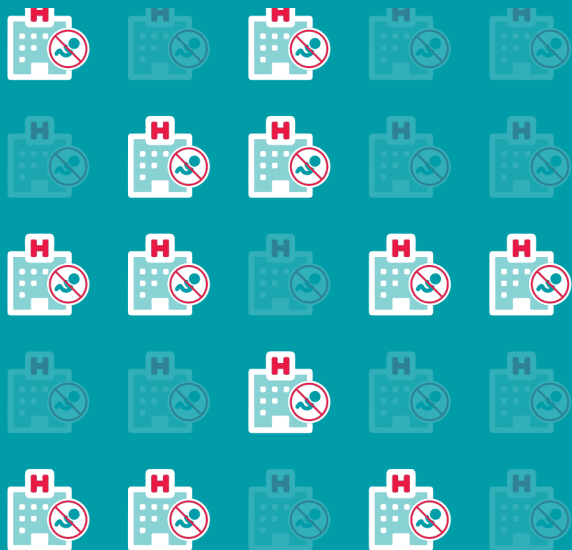


59% of people who terminate a pregnancy already have at least one child.

Source: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Schwangerschaftsabbrueche/Tabelle/03-schwangerschaftsabbr-rechtliche-begruendung-schwangerschaftsdauer_zvab2012.html;jsessionid=210D1D-B3A711AC8B273F2014C3D13014.live741

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.



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

Source: <https://www.mehraalsjudenkst.org>

GLOBAL STRUGGLES FOR SELF-DETERMINATION



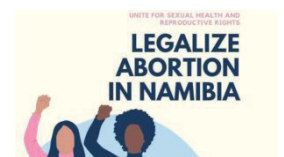
IRELAND

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 organisations 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.



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 women¹ and people with reproductive capacity, culminating in December 2020 in a new law that legalises abortion during the first 14 weeks of pregnancy.



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.

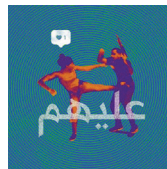
¹ The issue affects not only women but all people who can become pregnant, such as trans, intersex and non-binary persons.

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.



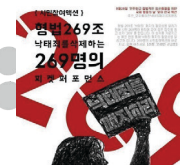
POLAND

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 IN INTERNATIONAL AGREEMENTS

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.



UN (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 reprimands 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 stigmatisation, 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 Matić 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 legalisation 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 and physical health of the mother or the life of the mother or the fetus". A significant number of member states have still not ratified and implemented the Protocol.

ABORTION

THE POLICIES OF INTERNATIONAL FOUNDATIONS AND NGOS

Various international foundations and NGOs work in the field of sexual and reproductive rights and health, collecting data, engaging in political networking, advocating for safe and legal abortion through law and policy reform and, in some cases, providing support and assistance to people with unwanted pregnancies.



International Planned Parenthood Foundation

IPPF is a federation of 131 member associations in 143 countries with an active presence in a total of 164 countries. The federation campaigns for universal access to safe and legal abortion.

AMNESTY INTERNATIONAL



Amnesty International

For Amnesty International, access to safe abortion is “integral to realising the full range of human rights and to promoting gender, social, reproductive and economic justice”. It recognises “the right of anyone who can become pregnant” to safe abortion, provided in a manner that respects their dignity, autonomy and needs. The organisation is therefore advocating for full decriminalisation of abortion and universal access to abortion. It calls on states to address social and economic issues that shape people’s decisions to continue or end their pregnancies.

Ford Foundation

The Ford Foundation believes gender justice and reproductive justice are critical to achieving equality for all people. Its views the “ability to choose whether to have a child and when; to give birth safely; and to raise children in a healthy, thriving environment as central to the opportunities, freedoms and equality of women and gender nonconforming people”. The foundation pushes for policies that strengthen equitable access to quality reproductive care to ensure pregnant people are supported – regardless of their decision to give birth or seek an abortion.



FORD FOUNDATION



Women Help Women

The international feminist NGO Women Help Women supports self-managed abortion, such as the use of medical abortion pills at home. It believes the “key to reproductive freedom and justice is putting abortion pills directly into the hands of those that need them” – especially in places where abortion is restricted by laws, stigma and lack of access. The organisation provides telemedicine support and partners with local feminist initiatives on the ground.

Women on Waves and Women on Web

Women on Waves picks up people who have unintended pregnancies in countries with no legal access to abortion and performs safe abortions in international waters on a ship flying the Dutch flag. It also supports self-managed abortion and provides telemedicine assistance to people who are considering this method. Women on Web provides help and information on safe abortion and contraception in 16 languages. Its mission is to provide safe, accessible and affordable online abortion care around the world.



Center for Reproductive Rights

The Center for Reproductive Rights is a global human rights NGO dedicated to advancing and defending reproductive rights as fundamental human rights. It is, by its own account, the only legal advocacy organisation of its kind in the world, and uses litigation and advocacy to expand access to reproductive health care. This includes contraception, safe abortion, prenatal and obstetric care, and unbiased information about abortion.

CENTER *for* REPRODUCTIVE RIGHTS



Mama Network

The Mama Network brings together 35 organisations in sub-Saharan Africa around the issue of self-managed abortion. The network’s members operate telephone helplines informing and assisting with sexual and reproductive health. Its objective is to disseminate knowledge about and expand access to medical abortion, or as it puts it in its manifesto, “to create a universal opportunity for safe abortion regardless of how abortion is regulated by national laws”.

Narratives and networks of the global anti-choice movement

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.

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IMPRINT

Published by the Global Unit for Feminism and Gender Democracy and the Gunda Werner Institute of the Heinrich Böll Foundation, March 2022

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