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**Abortion in West and East Europe :
problems of access and services**

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"Abortion in West and East Europe: Problems of Access and Services"

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This paper presents the factors that might influence the behaviour of women in the case of unwanted pregnancies in those European countries taking part in the „Family and Fertility Survey“ in the 1990s. The aim is to throw light on the phenomenon of abortion by firstly identifying the political and social background in which women make their decisions and secondly presenting the personal motives tending to favour a decision to abort in cases of unwanted pregnancies. In a brief description of the legal framework of the individual countries (13 states), obstacles are referred to and a typology drawn up. For the respective legal provisions themselves present restrictions which may also result from the implementation of the national legal framework. The public debate and the way it is conducted ideologically prove to be a decisive criterion. Contraceptive practices are another factor influencing women's behaviour. For in East Europe the lack of family planning measures and acute economic problems are a major contributory factor in abortion becoming the main form of family planning. The frequency of abortions and data on possible behaviour patterns in cases of unwanted pregnancies both suggest that abortion meets a much higher level of acceptance in East Europe than in West Europe. An analysis of the empirical data reveals the factors which most influence women at the personal level on whether to decide on the abortion of an unwanted pregnancy. These include the intensity of church links, the status of the partnership, the number of previous children and whether or not women participate in the labour market. Analysis of the Austrian data also confirms the hypothesis that the woman's partner's attitude towards the sharing of family duties has an influence on her decision.

1 Introduction

In this article the phenomenon of abortion shall be dealt with in a comparative perspective as well as as a multilayered topic. In order to cope with that complex topic we decided for a very broad approach, which will cover both political and individual motives, which get women to interrupt an unplanned pregnancy. Within the survey, we took those European countries into account which participated in the „Family and Fertility Survey“ (FFS) considering the various aspects of abortion. The study description is followed by an overview of the abortion rates in the respective ECE countries, which have been taken from the national statistics. The great differences between the various rates and the disposition to abort led us to the hypothesis that politics and the legislation of the respective countries might have a great influence on the women's decision. As we will point out, one actually gets a conclusive correlation by the identification of a certain typology only at first sight. Additionally, we can identify several barriers when implementing the law.

The unsatisfying situation concerning family planning, especially in East European countries, prove to be a further decisive criterion which favour abortion. Another aspect neglected frequently on the individual level is the quality of the partnership regarding the division of duties regarding childcare and housework. Regarding this aspect an Austrian case study is added.

2 The „Family and Fertility Survey“ (FFS)

At the end of the eighties by about the middle of the nineties the United Nations carried through a study called „Family and Fertility Survey“ in 19 European countries. This project was an international comparable, methodological innovative and politically relevant study concerning the forms and formation of family, partnership and parenthood. (Pohl 1995). It includes data on family and partnership as well as attitudes to parenthood and lifestyle. An essential part of the examination was devoted to the wish to have children (ideal and realized number of children, family planning, value of children). The results of the German FFS were outlined in a final report (Roloff/Dorbritz 1999); the Austrian Survey was analysed and published in different articles (Doblhammer et al. 1997 and others)¹. Numerous comparative studies of the FFS were carried through at an international level.

The standardized international questionnaire contains, on the one hand, questions on possible behaviour patterns in case of an unintentional pregnancy and, on the other hand, on motives under which a termination of pregnancy would be accepted. In this article we will present the results of the questioning concerning the possible behaviour patterns in case of an unintentional pregnancy. We do not have the necessary information about all participating countries concerning the questions related to abortion. Moreover, women of different age groups were interviewed, e.g. between 15 and 45 years in Slovenia, and between 20 and 54 years in Austria. Thus we focus on women of the age group between 20 and 40. As a result, we have data sets from 14 countries (Table 1). Germany is regarded as divided into West and East Germany, and therefore analysed and evaluated separately.

¹ For detailed analysis for the abortion in Germany see Roloff 1997 as well as in Austria see Tazi-Preve/Kytir 1997/1999.

Table 1

The results of the questioning were evaluated by means of the Standard Recode Files of the individual countries. The question about possible behaviour patterns in case of an unintentional pregnancy was correlated with selected features like partnership, the number of children and religious denomination. On that basis a country comparison was carried out.

2 Overview of abortion ratios at the time of fieldwork

Table 2

The table (Table 2) shows that the statistics are only valid for some of the presented countries. This is particularly true for the recording of East European Countries. The situation is even problematic in those countries where the recording of abortions is obligatory and where illegal abortion does practically not exist. The numbers are incomplete or of unknown completeness in all West European countries shown here. The only exception is Belgium where the statistics are complete. For Portugal there are no data available at all.

Fig. 1

As you can see in Figure 1 the numbers of abortions in East European countries are fairly higher than those of West European Countries. Bulgaria and Latvia rank among the highest numbers in the world. In Bulgaria between the fifties and the seventies the highest increase of abortion ratios were recorded and they are still increasing. In 1957, 22,5 abortions were counted per 100 live-births; today the number of abortions is already higher than those of the births: in 1998 there were 122 abortions for every 100 life births. These facts confirm the statement of the UN that the termination of pregnancy has got a means of birth control preferred by the women concerned in Bulgaria.

The official numbers (1995 in Latvia: 120 abortions per 100 live-births) are on an average of the abortion rates in the former Soviet Union. This number is even higher, when we consider the abortions which are carried out in health departments and private hospitals as well as abortions at an early stage and abortions which are carried out by the women themselves. The number of illegal abortions recorded due to registered complications amounts to approximately 14% of all abortions in 1989.

In Hungary the number of the abortions rose rapidly after 1955 and became the preferred method of birth planning. The number of abortions carried out legally exceeded those of the births already in 1960. A decade later that development was on its highlight. In the year 1969, 1,340 abortions per 1,000 live-births were counted. Since then their number is dropping continuously.

Despite the fact that Germany was already politically unified at the time of the questioning, the numbers differed extremely between East and West. In 1992, the numbers in the new countries were five times that of West Germany. A considerable part of the women terminated their pregnancy particularly within the years 1989-1991 for fear of the socio-economic changes emerging in the new countries. These fears arose owing to increasing unemployment and the announced shutdowns of childcare facilities. In 1990 the number of abortions increased suddenly by 30%.

Italy, France, Switzerland and Spain are among those countries where the numbers of abortions – per 100 life births – is between 13 and 26. The countries with a rate under 9 per 100 life births are Belgium, Poland and Austria. In Austria the recording of data is not obligatory, they are only registered if accomplished in hospitals.

Italy shows the highest rate of abortion within the group of West European countries examined by us. The number of legal terminations of pregnancy has declined steadily since 1982 while the number of pregnancies at the age of teenager and that one of illegal abortions has increased particularly among unmarried teenagers – two thirds of them live in the middle and south of Italy (UN 1993). Illegal abortions have to be mainly seen on the background of the problematic practice (see section 4.3). The number of illegal abortions in Italy was estimated annually from 220,000 to 800,000 during the eighties.

The frequency of terminations of pregnancy alone cannot be seen as a reliable indicator for the liberalness of the legislation and/or the unhindered access to carry out an abortion. Numbers do not reveal much about the effectiveness of legal regulation. They prove rather to be indicators for the reproductive health which indirectly influences self-determination. Low abortion numbers can be regarded as a reference to the consciousness regarding availability and use of contraceptives. Moreover, they figure as a reference to the fact, how far the support of family planning and sexual education are part of the health policy of the concerned country. The high numbers in the East European countries - with the exception of Poland - have to be interpreted in that sense. In turn, the relatively low abortion rates for the West European countries point out, on the one hand, that contraceptives are far common and on the other hand, that there is an open climate which allows sexual education in schools.

3 Behaviour patterns in case of unintentional pregnancy

In answer to the question "If you became unintentionally pregnant, what would you do?" the following answers – which vary enormously between the different countries – were given (Table 3).

Table 3

In case of an unintentional pregnancy in half of the investigated countries the majority of women would decide to have the child. Thus the portions of these women in Belgium, Italy, Austria, Poland, Portugal, Switzerland and Spain are about 70% and more. Not that high - but still a majority of women are of this opinion in France and in West Germany (approx. 58% and approx. 56%). In Slovenia there are only approximately 45% of all interviewed women, who would decide in favour of the child, and in East Germany and Hungary even less women would accept the pregnancy (about one third). The lowest percentages of acceptance are shown in Bulgaria with approx. 23% and Latvia with 20%.

In all countries only a very small portion of women would have the child and then give it up for adoption. Within the majority of the countries the value is under 1% of the asked women, the „peak“ value can be stated for West Germany with about 2 percent.

When we look at the „extreme“ position (e.g. to have an abortion “for sure”), the following hierarchy of countries can be stated (Fig. 2).

Fig. 2

Latvia leads the ranking with a considerable portion of approximately 37% of those women, who would decide surely for an abortion, closely followed by Bulgaria with approximately 36% of all women. Not that high but still considerable are the percentages for Hungary, East Germany, Slovenia and France, which lie between 18 and 28%.

Almost exclusively within the East European countries as well as the former GDR, women show a quite high inclination towards abortion. Only in Poland a quite low number of women would decide for an abortion in case of an unintentional pregnancy (approximately 3% - the lowest value within all the investigated countries).

The answer „to have perhaps an abortion“ ranks in Poland with 6%, besides Spain (also 6%) and Portugal (5%), who are likewise at the lowest range.

If one adds the portions of women, who „perhaps“² decide for an abortion and the portions of women, who would “surely” opt for an abortion, Latvia and Bulgaria lead this hierarchy with the majority of women (approx. 59% per each). At the third and fourth place we find East Germany (approximately 48%) and Hungary (approximately 41%); again Poland exhibits with approximately 8% the lowest value. Among the West European countries French women (approx. 29%) showed the strongest inclination to interrupt an unplanned pregnancy.

The low inclination towards abortion is faced by a relatively high percentage of women, who – in case of unintended pregnancy - would not know, what to decide - nearly a quarter (21%). Nearly that high and/or even higher are these portions for Hungary (24%), West Germany (approximately 26%), Latvia (21%) and Slovenia (20%).

4. Politics and Legislation

4.1 Politics

During the last decade all nations of West Europe – except Ireland - legalized abortion. With the exception of Germany and Switzerland no essential changes were carried out either. This means that the present situation differs strongly from that one in the seventies and eighties, when abortion was a topic of extremely controversial debates in society and politics. Nevertheless during the last years opponents of „pro life“ and other organizations have strengthened their activities.

Legislation regarding the termination of pregnancy in East Europe seems to be unstable since the fall of the iron curtain. Increasing activities of opponents led to an aggravated legal situation in Poland (reforms in 1991 and 1993).

In West Europe, almost all decisive reforms were effectively carried out between 1970 and 1990 (Table 4). Belgium was the last of the examined countries where legislation on abortion was liberalized. Further reforms are planned in Spain. Switzerland has standardized its legislation this year.

Table 4

² It has to be remarked that the possible answers to terminate a pregnancy „perhaps“ or „for sure“ have quite different significances. Nevertheless at least a tendency can be observed here.

It was repeatedly striven for the construction of a typology (Ketting/Van Praag 1985 and others). Most classifications distinguish between models which restrict the accomplishing of an abortion to a particular time period and different kinds of indication models.

"Term models" include laws which allow an abortion mostly up to the twelfth week or where an abortion is feasible on request. Additional exception regulations by which the temporal limit may be exceeded are often scheduled.

In turn, indication models can be subdivided into such ones, where an abortion is allowed only for medical or criminological reasons:

- if the mother's physical or emotional health is endangered (medical indication);
- at suspicion of a serious deformity of the foetus (eugenic indication);
- at pregnancy due to rape or sexual abuse (ethical indication).

Additionally, we can identify models where socio-economic reasons are accepted as motives for an abortion. In several cases, the indication model which allows an abortion only under certain circumstances cannot be easily distinguished from the time model. In France, for example, the other regulations expire in case of "dire straits".

Generally, „term models“ appear more liberal than indication models. Actually only practice shows, whether an abortion on demand is possible, in which way indications are interpreted and whether women have free access to carry out an abortion. If consultation is obligatory, the ideological attitude of the respective abortion politics comes to light. Furthermore, the interpretation of the law itself might be a barrier (see section 4.2).

4.2. Legislation

The statutory situation of abortion of a large part of the examined countries (Table 5) is presented under the hypothesis that it has a substantial influence on the behaviour of women in case of unintentional pregnancy.

Table 5

We present those East European countries and their legislation, where the inclination to abortion is very high (Latvia, Bulgaria). In **Latvia** the regulations of 1956 and 1982 defined the conditions, under which an abortion could be carried out. Within the first twelve weeks of a pregnancy - a preceding abortion had to be at least six months ago - an abortion is permitted. In **Bulgaria** the release of the year 1956 had been taken back between 1968 and 1990 and hampered by a multiplicity of conditions. In 1990 the term model (free access up to week 12) was introduced into legislation.

Austria, Belgium and France are among those West European countries of our investigation which have a liberal abortion law. These models are essentially characterized by the fact that - in contrast to the indication model - an interruption on demand is available. There are differences in so far as - before carrying out the abortion - in some countries a medical instance has to be consulted (Belgium, France) or the term periods are handled differently. In Austria and Belgium a period of twelve weeks has to be considered. **France** expanded the period of ten up to twelve weeks only this year. The law in **Belgium**, valid since 1990, includes that the woman has to certify in writing that she is determined to have an abortion due to an emergency situation. The woman is obliged to visit an adequate information centre at least six days prior to the procedure. The questioning had taken place short time before the law entered into force (1991/92) and when the problem had been still extremely disputed in society. A very high

percentage of the women questioned indicated at that time to intend to deliver an unplanned pregnancy.

The legislation in **Austria** proves to be an example to which extent the liberal law situation in West Europe affects the behaviour of women and/or whether such a causality is generally permissible. Since 1975 abortion in Austria is regulated by the „Fristenlösung“ which specifies that an abortion is allowed within the 12 week period. Interminable struggles since the fifties anteceded this statutory definition. Despite large acceptance by the population, the term model is not undisputed by the present time. Generally it can be stated that since 1975 abortion has come up publicly in different ways:

- as a scandal (repeated demonstrations in front of Viennese hospitals specialized in abortions);
- as a political problem (as criticism against the law supposed to be too liberal and against the incomplete reporting practice);
- in the context of the birth rate judged to be too low, i.e. as a population problem and finally
- as a medical topic (debate about the permission of the so-called „abortion-pill“ Mifegyne at the end of the 90's).

In connection with the acceptance of an unplanned pregnancy it can be stated that - similarly to Belgium - it is very high. The value actually resembles rather those of South European and Polish women who are confronted with far more restrictive laws in their countries (see Table 3).

The **Italian** law permits an abortion for such various reasons that it can be interpreted as a law on demand. The medical personnel is however entitled to refuse the participation in an abort for moral or religious reasons. In **Switzerland** the 1942 issued law was valid at the time of the questioning (1994/1995), according to which an abortion was feasible only for medical reasons and with the written agreement of the woman. Thereby, an abortion for socio-economic reasons or on demand was not permitted. The regulations were standardized and liberalized in 2002. Also **Portugal** and **Spain** have a legal situation, which can be classified as indication model in a narrow sense. Apart from medical and ethical reasons, an abortion might also be permitted upon the suspicion of serious diseases of the foetus.

The legal situation in Poland and Germany is separately described due to its special problems. **Poland** takes a special position within the East European countries. As it was the case for the large majority of the former East European countries, a liberalisation of the legislation took place also in Poland during the 50's. The changed political situation however resulted in crucial changes. In 1990 these new regulations determined that abortion remained legal only upon certain social and legislative reasons during the first trimester of the pregnancy. In 1991, thus at the beginning of the FFS questioning, a regulation for the accomplishing of abortions entered into force, which impeded practice substantially. The national congress of Polish physicians decided for a resolution concerning medical ethics, which specified that the „death of the foetus“ was justified exclusively in the case of the endangerment of the life or the health of the woman or if the pregnancy resulted from rape. The „eugenic indication“ was not accepted any more to be a sufficient motive. This regulation remained valid until 1993. As a consequence, many hospitals in general did not accomplish abortions any more. In 1993, a new law of family planning entered into force. It determines that an abort is permitted within the first twelve weeks of pregnancy in case of medical, eugenic or ethical indication. Although the parliament decided for an extension in 1994, the former president inserted his veto at that time and thus prevented to permit an abortion for socio-economic reasons, too. This means that the „Family and Fertility Survey“ took place against the background of a socially and politically tense situation. Polish

women showed restraints upon the decision for an abortion (8%), appeared however also quite uncertain, which choice they would take in case of unintended pregnancy (21%).

In the former **GDR**, the legal regulations concerning abortion were gradually changed since 1945 and were completely liberalized in 1972. The „term regulation“ permitted an abortion on demand within the first twelve weeks. A restriction was applied only if the woman had an abortion within the preceding half year. Soon a strong rise of abortions was stated and led to measures in family policy. It was intended to prevent abortions due to a social state of distress.

The former **FRG** applied the indication model in 1976, which entered into force after political controversies for many years. An abortion was not considered to be criminal, if it was accomplished by a physician who stated it to be a medical indication and upon approval by the woman. Upon suspicion of a serious disease of the foetus the abortion was permitted as well. Beside the eugenic, also the ethical indication applied as a legitimate reason for an abortion. Furthermore, the indication regulation permitted an abortion also for economic reasons. The decision concerning the existence of an indication was met by the advisory physician. The abortion itself had to be accomplished by another health-care establishment.

Despite the political reunification of the country, the legal situation in **Germany** was by 1992 based on a governmental compromise. It was scheduled to maintain the legislation of the two former states within their one-time national borders. The Federal Government tried to expand the indication regulation of the old countries into the new countries, which caused resistance there. The situation, which existed at the time of the questioning in the year 1992, was marked by the effort to create a revised version of the law. This took place against the background of severe social and political debates. After tedious controversial consultations as well as hearings of experts coming from all socially relevant groups, in June 1992 a "pregnancy and family assistance law" was adopted by the Bundestag. This new law corresponded to a term regulation which determined that an abortion is permitted within the first twelve weeks. The interruption of the pregnancy was allowed under the condition that the pregnant woman had to undergo a counselling regarding the coping with her conflict situation and that a respite of three days had to be kept. However, this law did not enter into force; thus up to the judgement of the Federal Constitutional Court the different legal handlings of §218 were applied for the old and new countries. In its judgement of May 1993, the Federal Constitutional Court stressed the fundamental prohibition of abortion and the fundamental obligation to deliver the child. It approved however a concept, which set the emphasis in pregnancy conflicts on the consultation of the pregnant women with the goal of winning the woman for delivering the child. In the case of a decision for an abortion however, which is then carried out within the first twelve weeks by a physician, the woman should not be threatened by punishment. In 1995, "the pregnancy and family assistance law " was adopted. The only condition which remained, was the certificate of the consultation issued by a certified advisory board for the pregnant woman. This must take place within the last three days before the interruption by a physician. The installation of such advisory boards did not proceed without conflict in the East Countries of the Federal Republic, since they primarily aim at protecting the „unborn life“ and encourage the woman to deliver the child. Catholic countries issued additional regulations which – as it is the case in Bavaria – aimed to aggravate the duty of counselling (see Roloff 1997).

4.3 Barriers

As it becomes evident in the legal regulations of the individual countries, various barriers can be identified. They prove to be crucial, whether women are free to decide and whether they have free access to abortion or not. First of all, there are obstacles which result from the **legal situation**:

- Does the law permit an abortion on demand, or does the pregnant woman depend on further decision makers (medical certificate and so on)?
- Does the law framework give a precise definition of the indications?
- Are there temporal limits, which may not be exceeded?
- Is there a prescribed waiting period between the time, when a physician is consulted and the time of the interruption? (e.g. Italy)
- Is the registration of the abortion obligatory?
- Do you need the opinion of a second doctor?
- Is the agreement of parents required, when minors are involved?
- Is the consultation obligatory? What kind of consultation is it and where does it aim at? (e.g. Germany)
- Does the law include regulations, which specify the place of the abortion?

Secondly, barriers can result from the **implementation of the respective law**. Problems arise primarily regarding the *availability of adequate institutions* where an abortion can be carried out. The management at public hospitals frequently refuses to accomplish an abortion. Additionally, the attitude of the medical personnel affects the practice substantially. Most European laws contain a *conscience clause*, which permits the personnel to refuse the cooperation in an abortion. Furthermore, physicians cannot be forced to refer a pregnant woman to a cooperative colleague.

Due to such restrictions, the implementation of the existing laws is very difficult in *catholic countries* (Austria, Italy, Poland). The implementation of the relatively liberal legislation in France was impeded by conservative physicians for a long time; in 1982, the situation finally improved by a legal reform. Also in Spain and Portugal women suffer from the lack of possibilities to carry out an abortion. Even those women, who intend to terminate the pregnancy due to the indications, experience considerable difficulties. Secret abortions are frequent; for Spain approximately 70,000 are estimated annually (Githens/ Mc Bride Stetson 1996).

Also *inter-regional* differences can be identified. Germany and Italy show a clear north-south gap, which in Germany is due to religious orientation (protestant /catholic), in Italy additionally to economic barriers (the wealthy urban north vs. the rural south). Beyond that, the influence of the Holy See on Italian social politics is of considerable importance. When the law was approved, the Holy See issued a warning that any person performing an abortion and any woman obtaining an abortion would be excommunicated. Nearly 70 per cent of physicians in Italy and a majority of other health-care professionals invoke the conscience clause. However, the problematic situation in Italy proves to be even more manifold. Due to the lack of hospital facilities, the delay between the issuance of a certificate and the intervention is in some areas of Italy at least three weeks. In addition, not all areas have family planning centres. Sexual education programmes are not provided in schools and the government has no special programmes for family planning. Recently, clerical interventions have the support of the present government, which aims at a revision of the valid law.

In Austria, only in the East parts free access is available. In Belgium, the language borders mark also the borders of free access to abortion. Flemish women prefer to travel to the Netherlands as a consequence of an active policy of preventing abortions at hospitals in Flanders. This „*abortion tourism*“ has always been common within Europe. This fact disposed in the past the governments of the individual countries to introduce reforms. Since West German women went to the East regions in order to require an abortion, the German government was obliged to aim at an all-German regulation.

The *costs* of an abortion as well affect the decision, whether women decide for such a solution or not. While in most Eastern European countries all abortions can be carried out in a public hospital free of charge, in Western Europe this is possible only for those pregnant women, who have an abortion due to a medical, eugenic or ethical indication. In dire straits due to social or economic reasons, abortions are feasible only in private medical practices or hospitals and have to be paid privately. Thereby, considerable financial barriers may develop.

As a summary, we can state that none of the West European countries examined by us actually offer conditions in order to allow women to take her own choice. Liberal regulations are rarely followed by measures which guarantee free access to all women.

5 Family planning in East Europe

A large part of the East European countries shows relatively high numbers of abortions, whereby this tendency increased throughout in the 90's. In Latvia and Bulgaria, the abort rate exceeds that of births. The correlation of abortion and the access to contraceptive use in East European countries was pointed out already several times (Kamarás 2001 and others).

The high numbers of abortions in Latvia are the result of several motives. Among those are the lack of access for reliable contraceptives, the practice of traditional methods, the lacking knowledge of couples concerning family planning as well as the insufficient training of physicians, teachers and other specialists. The ban of modern contraceptives had predominantly political reasons. In 1974, the use of contraceptives imported from West countries was forbidden with reference to their side effects. The former East European Countries realized a policy of family planning which handled the abortion law liberally, but aggravated the access to contraceptives. Besides that, the sexual education for young people in schools was extremely unsatisfactory (Roloff 1997). Since the 70's, the Latvian government showed its concerns towards the declining birth rates. As a consequence, population politics was intensified. In the 90's, a more positive attitude towards modern contraceptives developed under the government of the independent state of Latvia. Programs for the improvement of health indicators were developed.

Investigations in Poland showed that contraceptives are not usual at all. Only a small part of the population uses modern contraceptive methods, approximately two thirds uses a combination of several, among others traditional methods (David 1999). The access to contraceptive methods proves to be difficult even today. At the beginning of the 90's, a political attitude opposing against West contraceptive methods prevailed in society. Today the clerical attitude, which rejects all not-natural methods of contraceptive use, has a large influence on the political decision-making processes. As the - however incomplete - Polish statistics show, the abortion rates are at the bottom of the scale. Actually, in Poland a contradictory situation shows up: both the access to contraceptives and to the accomplishing of an abortion are subject to various obstacles, nevertheless, the abortion ratio is very low.

In Bulgaria, the practice of abortion was preferred to contraceptives imported from the West countries. Without access to effective contraceptive methods, women trust in abortion to terminate an unplanned pregnancy. Furthermore, a great part of physicians refused any innovation in the area of family planning for a long time. While the access to the pill was facilitated, women were at the same time discouraged to accept contraceptives. Effectively, abortion is of great importance for women for their further sexual active life, after having married early and soon after that getting one or two children. Only at the end of the 80's, a reorientation in public health policy showed up, which since then focuses more and more on family planning measures, in order to offer unintentionally pregnant women an alternative solution to abortion.

Pregnancies in East Europe are primarily terminated for economic reasons. While an abortion is accomplished free of charge, for the majority of women modern contraceptive methods are unaffordable. In Bulgaria, the unemployment rate was in 1998 at about 25%, whereby women are most strongly affected. At that time more than 80% of the population had an income at or under the poverty level. When primarily the needs for food and accommodation have to be satisfied, no resources for modern contraceptives are left. In such a context, abortion remains the preferred method of family planning. In addition, the majority of women suffers from such a precarious income situation that bringing up children is not possible.

6 Soziodemographic factors and behaviours in case of unintended pregnancy - a comparative analysis

Behind the presented, regionally to some extent rather different possible behaviour patterns of women in case of an unintentional pregnancy, we can identify various mostly simultaneously acting personal motives as well as social acceptances. The decision for an abortion might depend on the religious denomination. Of quite great importance are furthermore the age of women, their partner relationships and the number of already born and (still) desired children.

6.1 Partnership

The intention to keep a baby resulting from an unintentional pregnancy, depends substantially on the fact, whether these women (age 20 to 39 years) live in stable partnerships or not (Fig. 3). Women with a partner decide for a(nother) child more often than women without a partner. For example, in Austria about 85 % of married and about 75 % of unmarried women having a partner would have a child from an unintentional pregnancy. Among single women without a partner a relative percentage of only about 59 % is indicated.

Fig. 3

In countries with a generally high preference for abortion, the presence of a partnership proves to be decisive for the wish to have a child. However, it appears that in East European countries (with exception of Poland) the status of the partnership (whether married or living together with a partner) does not have any influence on the acceptance of an unplanned pregnancy.

6.2 Mothers and women without children

In most East European countries, the abortion behaviour is strongly influenced by the fact, whether women are already mothers or not. Apart from East Germany, a far higher percentage of childless women would accept a pregnancy than those who have already one or several children (Fig. 4). In Bulgaria, 73% of women without children would keep the child, whereas only 23% of all mothers would decide to have another child.

Fig. 4

The opposite is true for West and South Europe. With the exception of Austria and France, mothers are inclined to deliver an unplanned pregnancy. In Belgium, scarcely 80% of mothers would expect a child, whereas only 57% of childless women would opt for a child. In Spain the allocation of percentages is similar.

When we look at the number of children of the polled women and combine it with a potential abortion, the results are far less clear. Out of all women from West and South Europe with a high number of children (two and more), only Italians and Portuguese exhibit an increased tendency towards abortion than women with fewer children. In Italy, 10% of women with many children would decide for an abortion for sure, whereas only 4% of women with only one child would opt that way.

In the East European countries, the variations prove to be larger and a clearly increased inclination to terminate an unplanned pregnancy shows up after the first child. In Bulgaria, 40% of women with two children would opt for an abortion and, on the other hand, 30% of women with one child would do so. A similar tendency appears to Latvia: 41% of women with three and more children and 42% of women with two children would decide for an abortion, whereas only 29% of women with one child would not deliver the pregnancy.

6.3 Religious affiliation

In earlier investigations (Wimmer-Puchinger 1983 and others) it was pointed out several times that the question of religious affiliation and - still more clearly - the religious denomination - may play an important role when deciding against or for an abortion of an unwanted pregnancy. This fact will be illustrated by the example of two countries, in which nearly all of the asked women belong to the catholic church, i.e. by the example of Italy (approximately 98%) and Poland (also approximately 98%).

Fig.5

The results (Fig. 5) show that religious affiliation (catholic, protestant) is not crucial in any of the examined countries, whether women want to deliver an unplanned pregnancy or not. If one regards, however, the frequency of church attendance as an indication for the intensity of religiousness of catholic women and their possible behaviour with an unplanned pregnancy, it can be stated very clearly that women, who go regularly (once per week or more frequently) to the service, both in Italy and in Poland, are rather bent to deliver the child. Thus in Italy, of those women who attend once per week or more frequently the church (approx. 56%), approximately three quarters would keep the child; of those, who only once in the year or nearly

never visit the church (approximately 15% of the asked catholic women³), only approximately 57% would deliver the pregnancy. From the latter, however, nearly 30% would have an abortion perhaps or for sure; among women who attend church regularly, only approximately 13% would do so.

The correlation between religious denomination and the decision for or against an abortion becomes even clearer when looking at catholic women in Poland: Among all polled women, approximately 77% - which is the large majority - attends the service regularly. Approximately 74% of these women would deliver the child and only approximately 5% would break off an unplanned pregnancy perhaps or for sure. The latter would be true, however, for 25% of women who rarely go to church (approximately 6%), and only approximately 39% of these women would want to deliver the child. Generally, these women are rather uncertain in their behaviour – about one third would therefore not know, how they would decide in case of an unplanned pregnancy.

In all of the examined countries, the question concerning the frequency of church attendance proves to be essentially more meaningful than those concerning religious affiliation. The probability to consider an abortion in case of an unplanned pregnancy rises, when religious denomination does not play any role in the women's lives. In Slovenia, only approximately 8% of those women who go to the service frequently, would consider an abortion – in contrast to 29% of women considered to be not religious. Only Bulgaria is an exception: Here the trend behaves contrarily: The more frequently church is attended, the more frequent is the probability that a pregnancy is broken off (41 and 31%).

7. Housework, childcare and partnership

The group examined by us are women at the age of 20 to 39 years who belong to a generation, which established itself at the labour market in the nineties and which has a higher level of education than the generation before. In East Europe, the process of integration in the labour market happened earlier than in West Europe. These women consider professional activity and having children at the same time an increasingly normal way of life. Besides the political aspect, we think that the personal circumstances, which hamper or facilitate the reconciliation of maternity and occupation, form the background of the decision-making process for or against a (further) child.

7. 1. Housework, childcare and partnership in Europe

Data of the European Union⁴ commission offer an overview of the distribution of housework within partnerships. In the report of the Council of the European Union (Work and Social Matters), nine indicators were compiled by means of which the progress of female employment,

³ The possible answer of „once a month, at holidays“ is not to be taken into account.

⁴ Following the Fourth Women Conference (Pejing 1995) and the approval of a comprehensive action platform (twelve points) by the individual governments the Council of Ministers of the European Union decided the examination of one of the problematic areas. Under the Austrian European Union presidency 1998, a strategy was suggested, which aims at preparing indicators and bench marks for each of the ranges of the action platform of Pejing. In 1999, the Finnish presidency provided therefore a very comprehensive report about "women in decision-making processes", which relied on the answers of the member states and the European institutions by a questionnaire prepared by the latter.

parental matters and professional environment in the member countries can be measured regularly. Therein the following factors - among others – were recorded:

- Available time (maternity/paternity/parents leave, vacation due to illness of a child).
- Childcare according to age groups
- Support of elderly persons in need of care
- Expenditures for social security
- Opening times of offices and shops
- Distribution of housework (daily time exposure for job and household).

The last section of the study (Council of the European Union 2000) refers to the timing within households as well as the linkage of the amount of time spent for occupation and domestic tasks. Unfortunately, the data collected in this area are extremely incomplete. Based on the few usable answers available, however, we can formulate the following remarks.

It was stated that in all European Union countries, the amount of time spent on the job and on domestic tasks is not distributed evenly on both sexes. Since it is difficult to standardize the data on the Union's level, only two kinds of domestic work were considered: the actual housework⁵ and the support of children and other adults (care and education). Regarding the West European countries taken part in the FFS, it can be stated that men dedicate clearly more time to their occupation. Men living together with a partner spend approximately one hour on household activities. Women, however, spend mostly more than two hours on housework (except in the Netherlands and in Sweden). Depending on the country, we can determine different amounts of time spent on domestic tasks: In Italy, employed mothers with three and more children dedicate about 4.5 hours per day to domestic tasks.

Generally, the following table (Table 6) shows that in all countries which provided relative data, the equal division of household tasks is quite limited. Between 70 and 80% of all domestic and family tasks are assumed by women. It can be marked that only in the Netherlands and in Sweden the situation is more balanced. In contrast to that, the largest imbalance concerning household duties is to be stated for Italy: when women have three children, they carry out 90% of the tasks. In Belgium and Austria, the portion of household tasks and childcare assumed by mothers is just as high as in South Europe (Spain, Italy).

Table 6

7.2 Housework, childcare and partnership in Austria – a case study

Data about lacking satisfaction in partnerships and/or the frequency of conflicts concerning housework and childcare are not seized by the international standard record file. The study of the Family and Fertility Survey in Austria might serve to illustrate the topic. We have considered the data of women at the age between 20 and 44 years, who live with their partners in a common household. Only partnerships supplying a child were investigated to which extent children are educated and cared for together.

In the study of the FFS, partnerships are surveyed under the aspect of the equal division of household tasks, which was intensively discussed in Austria at the end of the 90's. Because the increasing participation of women in the labour market, however, is not accompanied by a

⁵ As housework duties we rank cooking, cleaning, laundry washing, ironing and shopping. Other domestic work such as garden work, smaller repairs and handcraft work is not taken into account, as these activities are included partly in domestic tasks and partly in leisure activities.

rising assumption of house and family work by men (Bacher/Wilk 1996).⁶

The study reveals that a relative small percentage of women makes a comment on their experienced disadvantages referring to household tasks⁷. 11% of women and only 4% of men consider the allocation to be unfair. A further result of the questioning is the fact that the relevant satisfaction proves to be remarkably age-dependent. 46% of women between the age of 20 and 24 estimate their domestic situation to be “very fair”, while the partnerships of women between 45 and 49 correspond in that point only to the extent of 24% to their expectations. 27% of the polled women think that their partners’ share to housekeeping is „quite fair“. Only 7% of women think that the distribution of obligations in the private sector is full of conflicts. Concerning the male partners, it can be stated that younger men feel the allocation as fairer than men of the older generation. At the same time, the readiness of young men and women to argue about the share of housework duties is very high.

A similar picture appears, when we view the allocation of obligations for the support and education of the common children. 8% of women point out that the share of childcare is „unfair“; further 27% regard them to be „quite fair“. Only 5% of men, however, experience the household and 4% the share of childcare duties to be problematic for the partnership. But conflicts concerning the allocation of housework and childcare can be interpreted quite differently. Men being dissatisfied might think that their partners demand too much work of them. On the other hand, women require an equal share due to the changed female self consciousness and/or the double and three-fold burden of occupation, household and family. Whereas men of all age groups signal an equally high satisfaction with their portion of childcare, the results differ substantially when asking women. The satisfaction ratio of approximately 49% among the youngest polled women drops to approximately 25% of the eldest.

The data of the FFS for Austria document clearly that the readiness for delivering a pregnancy is affected and favoured by the extent of the woman’s satisfaction with their partner in questions of household and childcare. When these questions are frequently argued within a partnership, the risk of an abortion rises up to the double. When, for instance, the share of childcare is estimated to be fair, only 10% of women would decide for an abortion. When women regard share in this field to be unbalanced, 21% would plead for an abortion.

8 Summary

One of the hypotheses of this investigation was that the legal situation in the respective countries had a determining influence on the behaviour patterns of the polled women. This assumption could be verified. Additionally, it can be stated that the striking differences between the various ratios of women who would abort in a case of distress, clearly correspond to the differences between the (former) political systems of East and West Europe. Besides that, however, the classification of countries according to ideological criteria (liberal/conservative) and to the extent of religious denomination appear insufficient. Contradictions turn up for

⁶ The former Minister of Women’s Affairs continued the work of her antecessor concerning obligating measures to promote an appropriate allocation among spouses. On January 1st, 2000 a reform of the „Marriage and Divorce Act“ entered into force, where special attention is paid to the fair arrangement among partners.

⁷ The FFS regarded the following activities to be household duties: cooking, vacuum cleaning, shopping, washing the dishes, completion of financial affairs, dealing with authorities, smaller repairs, care of elderly relatives, laundry washing and ironing.

instance with Belgium and Austria. In spite of the liberal statutory situation, women would opt relatively rarely for an abortion. Bulgaria - in contrast to Latvia – had a long tradition of restrictive policy, yet the readiness for an abortion proves to be very high. Therefore, a crucial criterion seems to be - apart from the kind of law – the public discussion itself and to which extent it is ideologically burdened.

In case of an unintended pregnancy, women tend to abort when the legal situation is clear (Bulgaria, Latvia), or an abortion is accomplished on request without need to indicate the reasons (Bulgaria, East Germany, Hungary). In those countries where abortion seems to be a socially and politically controversial item, women tend to not consider an abortion at all (Austria, Belgium). When clerical institutions fight the free access to abortion very strongly, women are very uncertain how to decide in such a situation (Poland, West Germany). Obstacles also arise from the wording of the law itself. Vaguely formulated statutory texts permit a large clearance for interpretations, causing occasionally interregional differences. Furthermore, the implementation of the law might prevent an abortion. In predominantly catholic countries and/or regions, the conscience clause causes a lack of institutions where an abortion can be accomplished.

The high abortion ratios in East Europe (except in Poland) actually correspond to a liberal legislation and a high readiness to terminate an unwanted pregnancy. This situation must be interpreted, however, from another point of view as well. In East Europe, lacking family planning measures and acute economic problems contribute to the fact that abortion became the preferred means of family planning.

As the results of the FFS data show, there are moreover certain factors, which affect substantially the decision making of women at a personal level: the intensity of religious denomination, the presence and the kind of partnership, the fact, whether women are already mothers or not and the extent to which women are employed. Additionally, the thesis that the family framework affects the women's decisions can be confirmed. The results deriving from the Austrian data can be interpreted as an indication for the fact that deciding for a (further) child(ren) depends also on an equal share of household tasks and childcare duties.

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Table 1: Women participating in the FFS (aged 20 to 39 years)¹⁾

Country	Time of fieldwork	number of women
Austria	December 1995 - May 1996	1 366
Belgium ²⁾	March 1991 - December 1992	273
Bulgaria	November 1997 - March 1998	993
East Germany	May 1992 - September 1992	757
France	January 1994 – April 1994	771
Hungary	November 1992 - December 1993	2 084
Italy	November 1995 - January 1996	1 211
Latvia	September 1995 - October 1995	860
Poland	December 1991 - December 1991 ³⁾	1 949
Portugal	April 1997 - June 1997	1 505
Slovenia	December 1994 - December 1995	952
Spain	November 1994 - November 1995	1 107
Switzerland	October 1994 - May 1995	553
West Germany	May 1992 - September 1992	2 704

Notes:

¹⁾ Only women answering the respective question.

²⁾ In Belgium only women aged from 25 onwards were asked.

³⁾ Time of fieldwork could not be verified.

Source: FFS Standard Recode Files

Table 2: Abortion Rates in Countries of the ECE Region (Time of Fieldwork)

Countries	Time of field-work	Abortion rate per 100 life births	Statistics believed to be complete	No statistics available	Statistics incomplete or of unknown completeness
Bulgaria	1998	122,1	x		
Latvia	1995	120,0	x		
Hungary	1993	64,3	x		
Slovenia	1995	56,8	x		
East Germany	1992	49,5			
Italy	1996	26,4			x
France	1994	21,5			x
Switzerland	1997**	15,3			x
Spain	1995	13,1			x
West Germany	1992	9,4			
Belgium	1992	8,2	x		
Poland	1991	5,6			x
Austria	1996	2,8*			x
Portugal	1997			x	

Notes: * Austria: Data based on hospital discharges only, ** Switzerland: Data available only for the year 1997.

Table 3: Behaviour patterns in case of unintentional pregnancy – Women aged 20 to 39

Country	Answering the question „If you get pregnant unintentionally“ 100% ¹⁾ of the women would:				
	Deliver the pregnancy and keep it	give it for abortion	Terminate the pregnancy perhaps	certainly	I do not know
Austria	81,3	0,7	11,3	6,7	0,0
Belgium ²⁾	77,3	0,0	12,5	9,5	0,7
Bulgaria	23,3	0,6	23,1	36,0	17,1
East Germany	35,3	1,2	20,2	27,3	16,0
France	57,5	0,0	11,3	17,9	13,4
Hungary	34,5	1,1	12,5	28,4	23,6
Italy	74,2	0,3	8,9	6,0	10,5
Latvia	20,0	0,1	22,3	37,1	20,5
Poland	70,8	0,1	5,6	2,7	20,8
Portugal	82,1	0,1	4,9	5,0	7,9
Slovenia	45,2	0,1	13,4	21,1	20,2
Spain	77,0	0,2	5,6	6,4	10,8
Switzerland	81,7	0,2	9,0	4,9	4,2
West Germany	56,3	2,2	9,6	6,4	25,6

Notes:

¹⁾ With 100% related to all women, who answered this question.

²⁾ In Belgium only women aged from 25 onwards were asked.

Source: FFS Standard Recode Files; J. Roloff

Table 4: Abortion in Western Europe; Year(s) of last reform(s)

Country	Year(s) ¹⁾
Austria	1975
Belgium	1990
Bulgaria	1990
Germany	1972 (East), 1976 (West), (1995, union)
France	1975, 1979, 1982
Hungary	1992
Italy	1978
Latvia	1955, 1956, 1982, 1987
Poland	1991 (1993)
Portugal	1984
Slovenia	1974
Spain	1986
Switzerland	1942 (2001)

Notes:

¹⁾ Years in brackets refer to reforms which came into force after fieldwork.

Sources: David 1999; Simon 1998; UN 1992, 1993, 1995, 1999

Table 5: Statutory Regulations in Countries of the ECE Region within the Nineties (Time of Fieldwork)

	Statutory regulation (grounds on which abortion is permitted, special arrangements)						
Countries according to the type of abortion legislation	To save the woman's life	To preserve physical and mental health	Foetal impairment	Ethical indication (rape, incest)	Economic or social reasons	On request*	Consultation obligatory
Term model							
Austria (1995/96)	X	X	X	X	X	X	
Belgium (1991/92)	X	X	X	X	X	X	X
Bulgaria (1997/98)	X	X	X	X	X	X	
East Germany (1992)	X	X	X	X	X	X	
France (1994)	X	X	X	X	X	X	X
Hungary (1992/93)	X	X	X	X	X	X	X
Latvia (1995)	X	X	X	X	X	X	
Slovenia (1994/95)	X	X	X	X	X	X	
Indications (broad)**							
Italy (1995/96)	X	X	X	X	X	X	X
West Germany (1992)	X	X	X	X	X		X
Indications (narrow)**							
Poland (1991)	X	X	x(before 1991)	X			X
Portugal (1997)	X	X	X	X			X
Spain (1994/95)	X	X	X	X			X
Switzerland (1994/95)	X	X					X

Notes to table 5:

* On request: no statements on grounds are necessary.

** Indications: narrow: only medical indications; broad: include socioeconomic grounds

Termination of pregnancies till

12 weeks: Austria, Belgium, Bulgaria, Hungary, Latvia, West Germany, East Germany, Poland,
Portugal, Spain

10 weeks: France, Slovenia

None: Switzerland

Exceptional terms (extended terms in case of danger for the woman's life or foetal impairment):

All countries except Switzerland, Portugal (foetal impairment: 16 weeks), Spain (foetal impairment: 22 weeks)

Special features

- Hungary: Minority accepted as a ground for abortion
- Slovenia: Exceptional terms on certain grounds (medical, eugenic, juridical, economic or social)
- Italy: General term of 90 days
- Germany: 1989 - 1995: Actually the regulation of former parts of the country were maintained
- Poland: December 1991 till February 1993: Abortion only to preserve physical health or after rape
- Switzerland: Abortion practices are very different in the various cantons. New legislation in 2002.

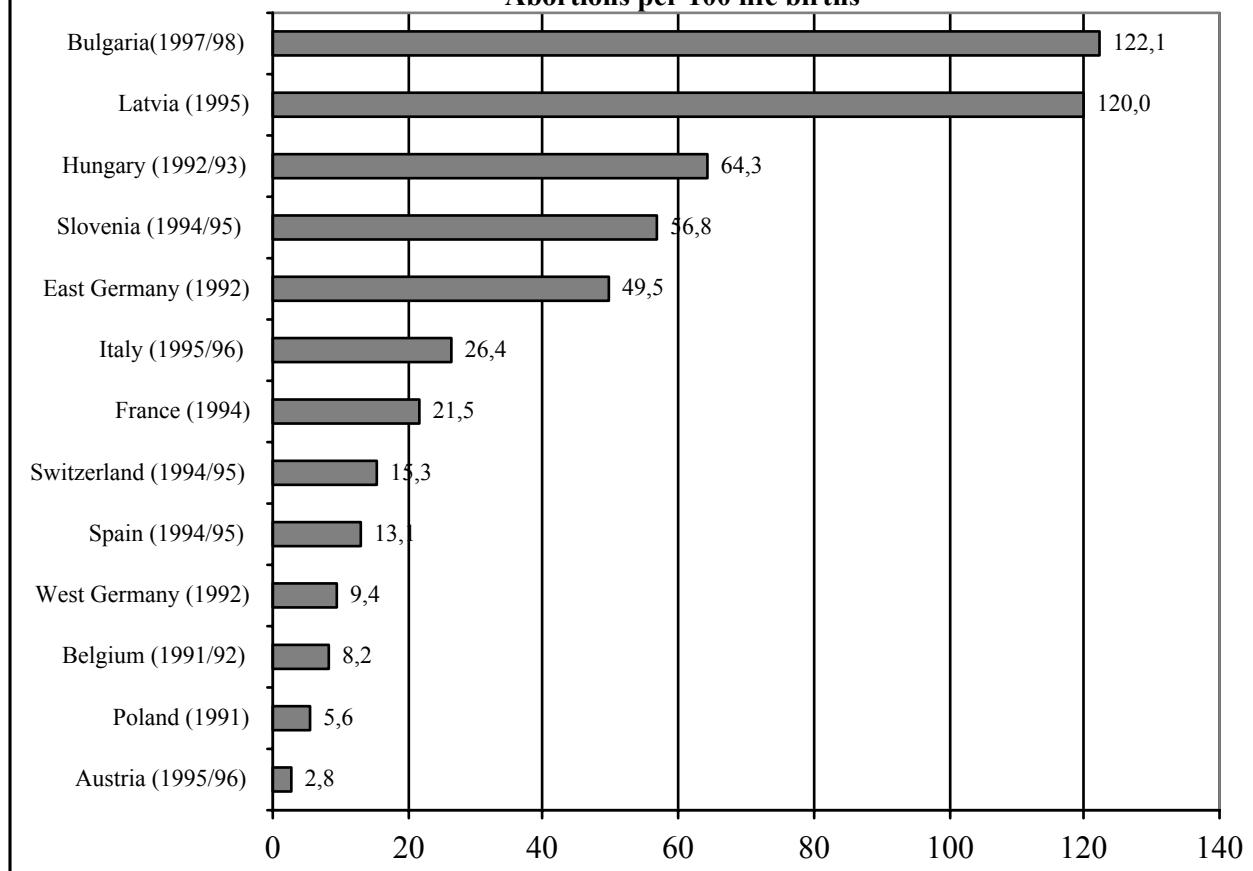
Sources: David/Skilogianis 1999; Githens/McBride Stetson 1996; Roloff 1997; UN 1992/93/95; UN 1999.

Table 6: Share of housework taken over by women (percentage)

Country	Year	1 child	2 children	3 and more children
Austria	1988		81,8	
Belgium	1997	child 0-5 y. 88	child 6-14 y. 88	
Germany	1991-92	70,3	72,1	73,7
France	1998-99	78	78,5	81,1
Italy	undated	84,6	87,9	90,1
Spain	1998		84,6	

Source: Council of the European Union 2000

**Fig. 1: Abortion ratios in Countries of the ECE Region (Time of Fieldwork).
Abortions per 100 life births**



Notes:

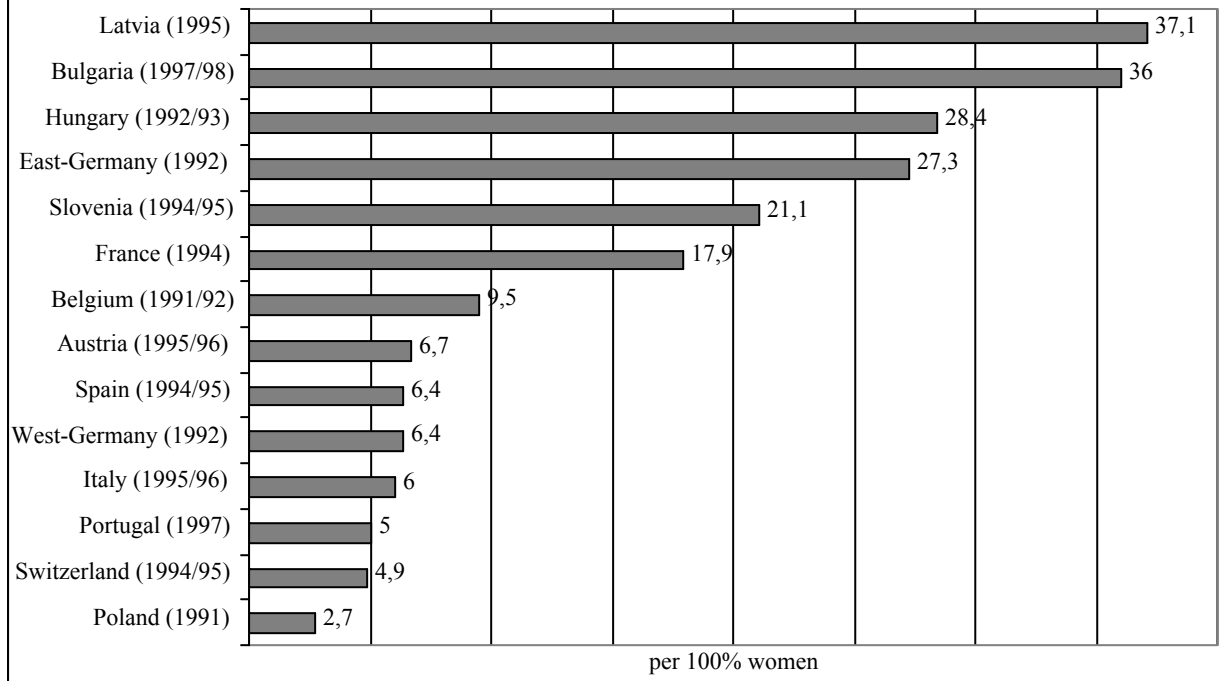
Portugal: no data available.

Switzerland: Data available for the year 1997.

Austria: Data based on hospital discharges only.

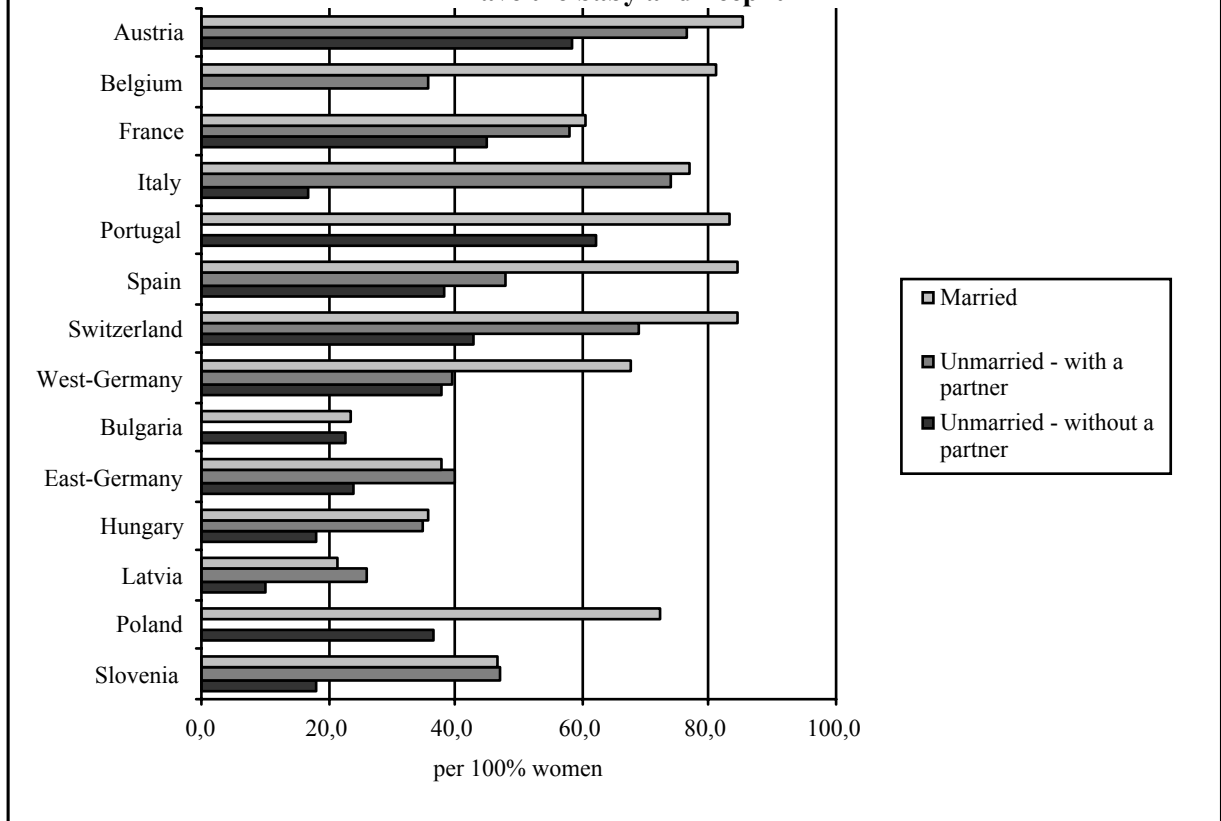
Source: EUROSTAT

Fig. 2: Behaviour patterns in case of unintentional pregnancy. Women aged 20 to 39 years. "Certainly have an abortion".



Source: FFS Standard Recode Files

Fig. 3: Behaviour patterns in case of unintentional pregnancy and partnership. Women aged 20 to 39 years.
"Have the baby and keep it"



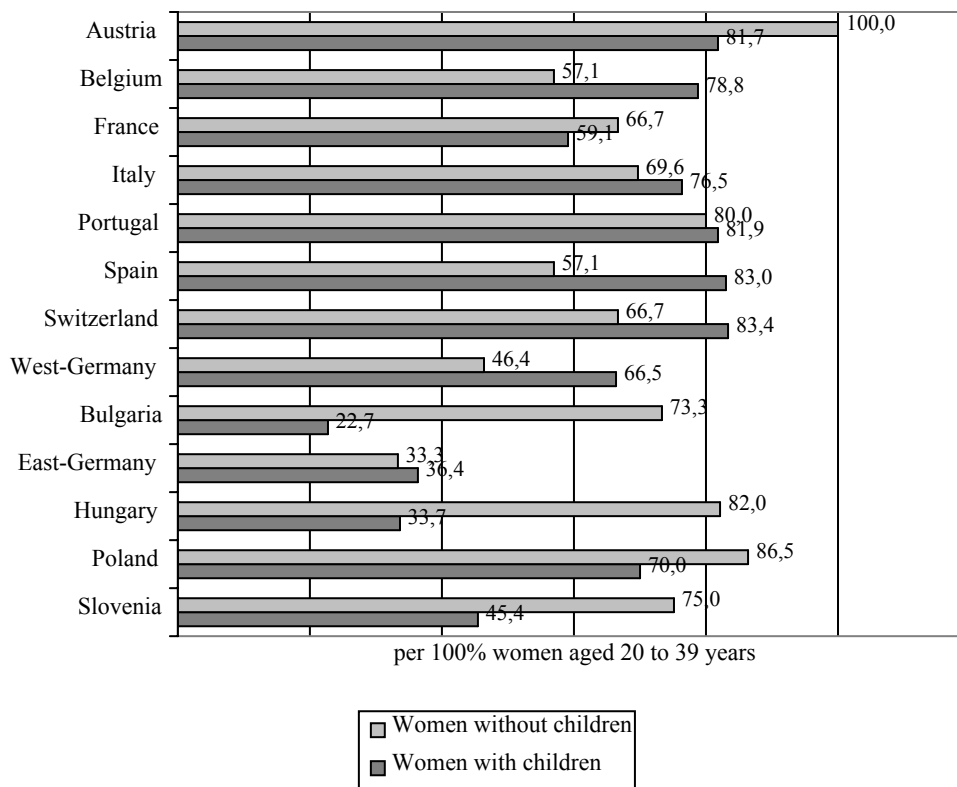
Notes:

Unmarried with a partner: For Poland and Portugal no representative data available.

Unmarried - without a partner: For Belgium no representative data available.

Source: FFS Standard Recode Files

Fig. 4: Behaviour patterns of women without children and women with children in case of unintentional pregnancy. "Have the baby and keep it"

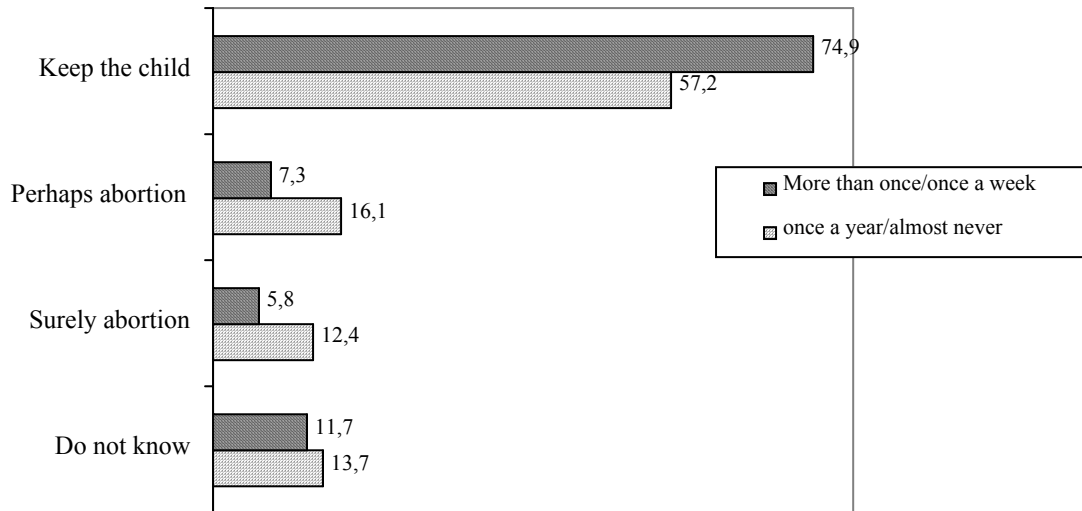


Note:

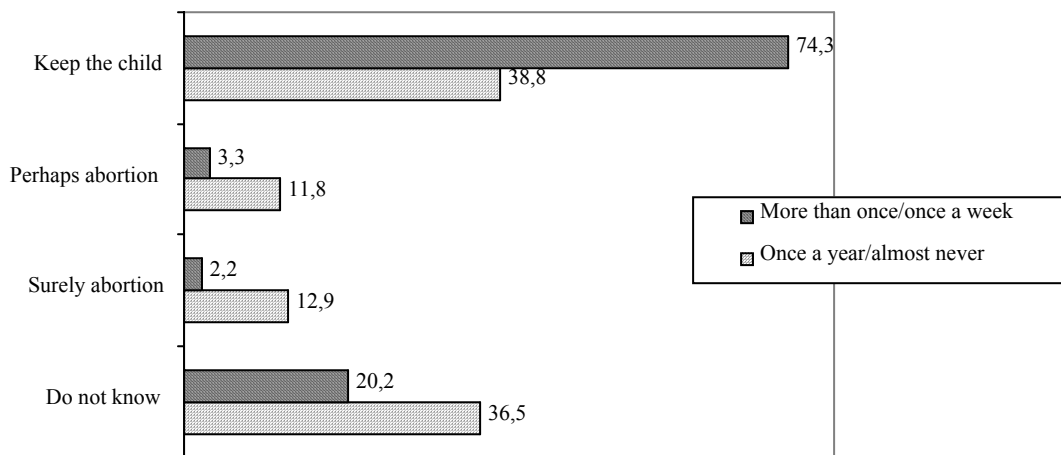
Latvia: no data available

Source: FFS Standard Recode Files

Fig. 5: Behaviour patterns in case of unintended pregnancy with catholic women in Italy and Poland according to intensity of visiting the church



Poland



Source: FFS Standard Recode Files