2 Decreasing Abortion: The Potential and the Constraints

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In the whole field of health there is no topic that has, throughout history, created more controversy than the voluntary interruption of an already-established pregnancy. Already centuries before Christ, the issue was debated and Hippocrates, the great Greek Physician of the 5th Century B.C., placed in his oath the prohibition to induce an abortion in a pregnant woman.

This fact alone is sufficient to explain why voluntary abortion has been the source of bitter disagreement even among gynaecologists. Indeed, the ethical considerations brought forward in favor or against abortion are so opposing that nothing one can say will ever create unanimity.

For this reason, it is probable that each reader of this paper will find some reason for disagreement; the truth of the matter here is that everything said about voluntary abortion borders on philosophy.

It is important, therefore, to state that we are convinced that the termination of a pregnancy entails the termination of a human life and is something that, intrinsically, should be avoided; at the same time, we believe that voluntary abortion should not be criminalized, because – as physicians – we have to recognize that abortion, when performed, must be safe. We therefore find that the position held by President Clinton, that “abortion must be safe, legal and rare” [1], deserves consideration.

Under the circumstances, we wonder whether it is possible to establish a dialogue – any dialogue – between those who consider abortion an evil to be fought at all costs and those who believe that women have a right to terminate an early pregnancy.

The answer we propose is a daring “yes” and the reason for an optimism so unwarranted by the reality we see around the world, is that we know that there is a sufficiently large portion of the international community which would easily agree with the idea that our main goal is to minimize the need to recur to the voluntary termination of pregnancy. Therefore, to make an alliance based on this fundamental premise seems – in theory – possible, although it will be necessary to keep the two extremes out of the effort, because no dialogue seems possible with those who consider abortion such an abominable crime to warrant bombing abortion clinics or, at the other end of the spectrum, with those who advocate abortion as a method of family planning, and therefore wish to see more – not fewer – women utilizing it.

The creation of a minimum common ground, however implies decreasing the need for abortion by increasing contraceptive prevalence – a fact, unfortunately, not accepted by everyone.

The best way to start this discussion is to explain why restrictive legislation might have been good to appease the conscience of policy makers and a part of the public,
but definitely has never deterred women from terminating a pregnancy when they felt strongly they could not afford it, nor has it – per se – moved women to prevent unwanted pregnancies.

In a conversation held almost 3 years ago in London, the President of IPPF’s Central Council, François Ekam of Togo, a businessman, explained that his interest in family planning dated back to when he was a student at the Sorbonne in Paris more than 30 years ago. He was then a member of the board of the student health insurance plan, and this insurance group was chronically in the red; being an economics student, he started investigating the reasons for the deficit and found out that female students purchased large quantities of antibiotics. He then discovered that this was a consequence of the fairly large number of clandestine abortions among these students, which – of course – carried complications necessitating treatment. Therefore, the criminalization of abortion and the lack of access to contraception simply made termination of pregnancy a health hazard, rather than a procedure that young French women would not utilize.

Legalizing abortion does not entail, per se, a more widespread utilization of the procedure, and may – on the contrary – help decrease its incidence, provided decriminalization is linked to a series of other public health measures. The situation is however very complex; to prove this complexity, we have three examples – all from Europe – of the consequences of legislation liberalizing voluntary pregnancy termination.

The first is the United Kingdom. As shown in Figure 1, following legalization in England, both the number of legal abortions and the ratio of abortion to live births continued to increase [2]. Several observations can be made about these statistics: first of all, looking at the incredibly low numbers and rates in the 1970s, it is easy to suspect that, in fact, what we observe here is a gross underreporting in the early days. In addition, all pill scares in Europe originated from the United Kingdom; each involved a steep surge in the number of abortions performed, thereby nullifying the positive effects of contraception.

The impact – locally and internationally – of the latest pill scare, caused by action taken by the U.K. Committee on Safety of Medicines at the end of 1995, has been analyzed in detail by the British Birth Control Trust. They have calculated that some 3000 extra abortions took place because of the sudden abandonment of contraception by women worried about their health [3].

The second example is France where, historically, the situation has been different from England. There, as shown in Figure 2, a decrease could be observed between 1973 and 1993 both in the absolute number of abortions, in the ratio of abortions to term pregnancies (which is today approximately 0.3) and in the number of abortions per woman (which is approximately 0.5). France has today one of the lowest abortion rates in the world; however, it has to be stressed that, although it legalized contraception quite late in 1968, the country has made good progress in its utilization [4].

The third example is Italy, where, following legalization, abortions decreased from about 235,000 in 1984 to some 150,000 in 1993. Also, the ratio of abortion to live birth decreased from 38% to 27%. Finally, abortion rates among women of reproductive age decreased from 17 to a very low 10.5 per thousand. The downtrend continues to this day [5].

As can be imagined, there are many factors contributing to this very positive trend; the first is that, in Italy, a voluntary abortion is taken very seriously from an ethical