

ABOUT ABORTION

FIGHTING FOR BODY RIGHTS SINCE 1933



WE STAND UP FOR ABORTION RIGHTS

When RFSU was founded in 1933, abortion was illegal in Sweden and ever since then, the question of abortion has been one of RFSU's key issues.

Since 1975, abortion has been unrestricted in Sweden up to 18 weeks of pregnancy. RFSU believes that a woman's right to choose if and when to have a child is a basic human right. To limit, ban or criminalize abortion is a violation of that right.

In countries where abortion is not permitted, the consequence is not fewer abortions, but that women are injured and die. Despite this fact, abortion is still illegal in many countries.

RFSU continues to fight for abortion rights in Sweden and worldwide. Abortion has always existed and will always exist. In Sweden, almost half of all women will have one or more abortions in their lifetime. Through raising awareness and seeking political influence, we want to spread information about abortion and break the stigma and silence that continues to surround it.

WHAT IS ABORTION?

Abortion entails ending a pregnancy. The pregnancy is ended either with medicine or through a minor surgical procedure.

1938

The first Swedish Abortion Act was passed and abortion was permitted under certain conditions. For example, abortion was allowed if the woman was severely ill or if the child was at risk of a severe hereditary illness. Other reasons included rape or incest.

1946

Abortion became permitted for socio-medical reasons as well. Now abortion was permitted if it could be assumed that a woman's physical or mental health would be severely impaired by bearing and taking care of a child.

1965

The so called "Poland affair" exploded with the revelation that Hans Nestius, later chairperson of RFSU, was under investigation after helping Swedish women travel to Poland in order to access abortion. At that time, abortion was legal in Poland and the "Poland affair" launched a heated debate about women's rights to make choices about their own bodies and the right of children to be wanted. The investigation of Nestius was later shut down and the government began an inquiry that resulted in the legalizing abortion in Sweden ten years later.

1975

Abortion is legalized in Sweden. Initially, abortion on demand until week twelve. Between weeks 12 and 18, abortion was only permitted after an evaluation by a counsellor. After week 18, permission was required from the National Board of Health and Welfare and an abortion was not permitted from the week the foetus could survive outside the uterus. This limit still applies.

1996

The requirement for an evaluation by a counsellor in order to get an abortion between weeks 12 and 18 was abolished. Since then, abortion has been available by request from the pregnant person through week 18.

2008

Non-Swedish citizens also have the right to abortion in Sweden without special permission; in these cases the woman herself or her native country pays for the abortion.

ABORTION IN SWEDEN – WHAT DOES THE LAW SAY?

The Swedish Abortion Act of 1975 gives all women today the right to an abortion up to 18th weeks of pregnancy. This right applies no matter the reason and the pregnant person is always the one who decides whether or not to have an abortion. An abortion costs the same as an ordinary visit to the physician. Since 2008, non-Swedish women also have the right to abortion in Sweden. In this case, the woman or her native country pays for the abortion. Since 2013, asylum-seekers and undocumented women also have the right to abortion. For this group, an abortion costs the same as a regular visit to the physician.

1 §

“If a woman requests termination of her pregnancy, an abortion is permitted if the procedure is performed before the end of the eighteenth week of pregnancy (...).”¹

3 §

“Permission under the provisions of the first paragraph may not be granted if there is reason to assume that the foetus is viable.”²

¹SFS 1974:595. The Abortion Act (1974). Ministry of Health and Social Affairs.

²SFS 1974:595. The Abortion Act (1974). Ministry of Health and Social Affairs.

ABORTION AFTER WEEK 18

After week 18, an application must be made to the National Board of Health and Welfare's legal council to have an abortion and extraordinary reasons are required in order for permission to be granted.

In 2018, 370 abortions were carried out after week 18, which corresponds to about 1 per cent of all abortions. Abortion after week 18 requires an evaluation by a counsellor and physician general practitioner; then the National Board of Health and Welfare's legal council decides whether or not to permit an abortion. An abortion is only permitted after week 18 for extraordinary reasons. The most common reason for a later abortion is that foetal damage has been detected during the routine ultrasound carried out in week 18.

An abortion can also be granted for social reasons, for example if the pregnant person is very young or faces difficult life conditions or addiction.

Abortion is not permitted if the foetus is deemed able to survive outside of the woman's body. In the law, it is stated that the fetus must not be viable.

The wording regarding viability makes the law flexible and adaptable based on medical developments. Current practice is that the National Board of Health and Welfare's legal council does not permit abortions after week 22 if the foetus can be assumed to be viable. If the pregnancy is a threat to the woman's life, it can be terminated even after week 22. In this case it is not classified as an abortion but as a termination of pregnancy. Efforts are made to save the child if possible in such cases.



36 000

ABORTIONS IN SWEDEN • YEAR 2018 •

ABORTION IN NUMBERS

Since Sweden gained the right to abortion in 1975, abortion numbers have been at approximately the same level, between 18 and 21 abortions per thousand women of childbearing age (15-44 years).³

In 2018, just under 36,000 abortions were carried out in Sweden and the procedure is most common among women aged 20-29 years.⁴

Most abortions are carried out early in the pregnancy. Today, 84 per cent of all abortions are carried out before week nine and the share of early abortions has increased since the 1990s, when medical abortion became possible.⁵

In 1994, the percentage of abortions carried out prior to week nine was much lower, at just 55 per cent.⁶ Even though the percentage of abortions carried out later in pregnancy – between weeks 12 and 18 – is low, there are strong reasons to maintain the current limit for unrestricted abortion.

ABORTION METHODS

In Sweden there are two kinds of abortion: medical and surgical. Medical abortion is by far the most common method and in 2018, 93 per cent of all abortions were medical.⁷

³State public reports SOU 2005:90. Abortion in Sweden (2005). Ministry of Health and Social Affairs.

⁴Statistics on Abortions for 2018 (2019). National Board of Health and Welfare.

⁵Statistics on Abortions for 2018 (2019). National Board of Health and Welfare.

⁶Statistics on Abortions 2018 (2019). National Board of Health and Welfare.

⁷Statistics on Abortions for 2018 (2019). National Board of Health and Welfare.

MEDICAL ABORTION

Medical abortion can be likened to inducing a miscarriage, and is done using two different types of medications. You begin with taking one medication, at the abortion clinic, which prepares the uterus to contract and softens the cervix. One to two days later you take another medication that causes uterine contractions until the pregnancy is expelled. The process takes between four to six hours and can be done at home or in a hospital.

The advantage with medical abortion is that it entails very few complications and requires fewer resources than surgical abortion. Another is that it can also be performed very early in the pregnancy. After a medical abortion, the woman may experience heavy bleeding and pain. For some women, ordinary painkillers are sufficient while others may need stronger prescriptions.

Until week nine, a medical abortion can be done at home and in 2018, 78 per cent of abortions prior to week nine were at-home abortions.⁸ Home abortion often requires that you are of age, that someone is with you and that you are not too far away from a hospital.

The later an abortion is done, the greater the need for hospital care and pain relief. An abortion also usually takes more time the later it is carried out.

⁸Statistics on Abortions 2018 (2019). National Board of Health and Welfare.



SURGICAL ABORTION

A surgical abortion cannot be carried out during the first weeks of pregnancy and is often first used in week eight. From week twelve it is no longer possible to perform a surgical abortion except in exceptional cases.

Surgical abortion involves removing the foetus and placenta using a suction method. The procedure takes about 10 minutes and is performed by a physician. A surgical abortion is usually carried out under general anaesthesia but sometimes it is done with local anaesthesia. The woman can go home the same day and there is often less bleeding than with a medical abortion. After an abortion, the woman may experience pain similar to menstrual pain, but the intensity varies from person to person.

The share of surgical abortions has declined since the early 1990s, when medical abortion became possible. While medical abortion is currently the most common method by far, there may be reasons to use another method and it is therefore important to choose the abortion method yourself.

If you want to read more to be able to choose the preferred abortion method and where you can go to have an abortion, you can visit 1177.se. You will find information in several languages there.

25 MILLION

**UNSAFE
ABORTIONS**

ABORTION – A MATTER OF LIFE OR DEATH

Between 2010 and 2014, 56 million abortions were carried out per year worldwide. Every year, about 25 million of these were unsafe and at least 22,800 women die each year as a result of unsafe abortions ⁹. According to the World Health Organization, unsafe abortions account for between 4.7 and 13.2 per cent of maternal deaths in the world.¹⁰

The WHO defines an unsafe abortion as an abortion carried out in an environment with inadequate medical standards and/or by people who lack medical skills.¹¹ Unsafe abortions may be illegal, but not necessarily. For example, unsafe abortions may involve eating toxic substances, inserting objects or substances into the uterus or exerting violent force on the stomach.

Almost all unsafe abortions are carried out in low- and middle-income countries. In these countries, over half of all abortions are unsafe, compared to very few in high-income countries. Mortality is highest in Africa, which according to the WHO accounts for 62% of the world's abortion-related deaths.

In addition to the women who die, around 7 million women in low and middle-income countries end up in hospital as a result of unsafe abortions every year.¹² However, many women refrain from seeking hospital care after an abortion, either because their complications are less severe or because they are afraid of being subjected to harassment, stigma or imprisonment. The poorest women face the greatest risk from unsafe abortions. They cannot afford to pay for safer kinds of illegal abortions and their health is generally worse.

In the 2000s, death due to unsafe abortions has declined, especially in Latin America. One explanation is that more unsafe abortions are carried out using the same drugs that are used for medical abortions at hospitals, which is less risky than other methods.

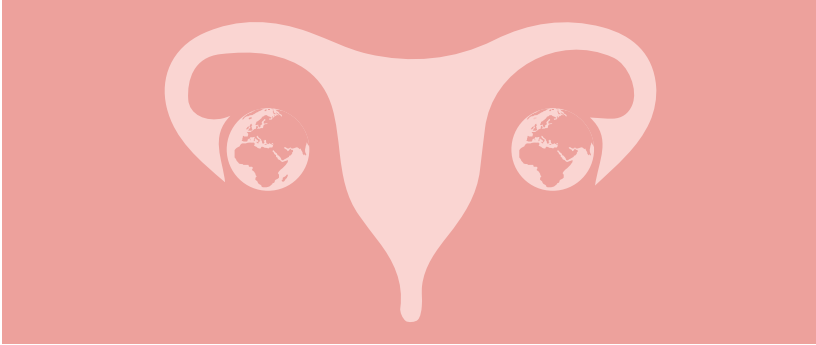
However, the number of unsafe abortions is not declining, even if mortality due to unsafe abortion is. In many countries, complications resulting from pregnancy are the primary cause of death among teenage girls and unsafe abortions are an important factor.

⁹Induced Abortion Worldwide (2018). Guttmacher Institute.

¹⁰Preventing unsafe abortion (2018). WHO.

¹¹Preventing unsafe abortion (2018). WHO.

¹²Induced Abortion Worldwide (2018). Guttmacher Institute.



ABORTION – A RIGHT

Several international human rights documents affirm the need to ensure access to safe abortion, but there is no UN convention that explicitly declares abortion to be a human right. There are, however, several UN conventions that express a woman’s right to decide if and when she will become a parent:



The UN’s 1979 Convention on the Elimination of All Forms of Discrimination Against Women contains an article on the obligation to ensure the right of women “(...) to decide freely and responsibly on the number and spacing of their children (...).”¹³



In the action programme from the UN International Conference on Population and Development in Cairo in 1994, reproductive health is described as including “the capability to reproduce and the freedom to decide if, when and how often to do so.”¹⁴







At the UN’s Fourth World Conference on Women in Beijing in 1995, the Beijing Platform was formulated as follows: “The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health (...).”¹⁵

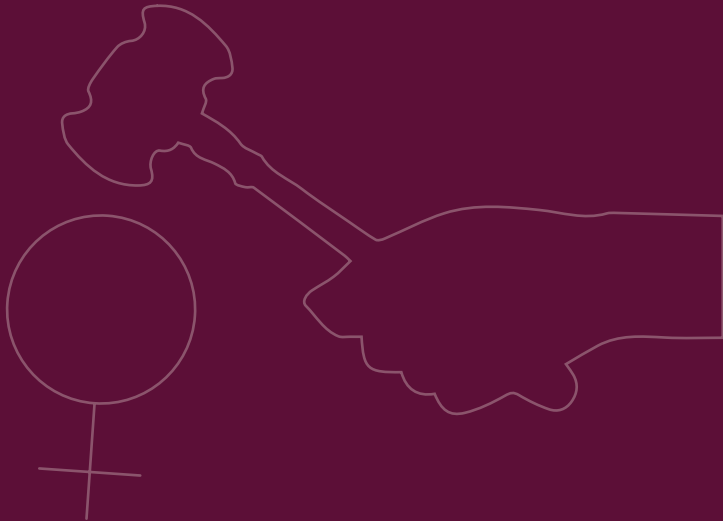
¹³Convention of the Elimination of All Forms of Discrimination Against Women. (1979) Division for the Advancement of Women, UN.

¹⁴Programme of Action of the International Conference on Population and Development. (1994). UNFPA, UN.

¹⁵Report of the Fourth World Conference on Women. (1995) WomenWatch, UN.

RFSU'S POSITION IS THAT LAWS THAT BAN ABORTION VIOLATE THE HUMAN RIGHTS OF WOMEN IN SEVERAL WAYS:

-  **Women who are denied the right to an abortion are denied the right to sexual and reproductive health.**
-  **Women who are forced to have life-threatening unsafe abortions are denied the right to live.**
-  **Women who are forced to carry pregnancies to term against their will are denied the right to be free from cruel and degrading treatment.**
-  **Women who are not permitted to decide for themselves if and when to become parents are denied the right to a personal life.**



ABORTION LAWS GLOBALLY

During the last 20 years there has been a clear trend towards increasingly liberal abortion laws and today, abortion under certain conditions is permitted in almost every country worldwide. These conditions may include danger to a woman's life or health, foetal impairments or if the pregnancy is the result of rape or incest.

The Center for Reproductive Rights has divided the world's countries into five categories based on their abortion laws.¹⁶ The first and second category contains the countries with the most restrictive abortion laws. In these countries, abortion is either illegal or only permitted when the woman's life is at risk. This category includes around 65 countries, or approximately 25 per cent of the global population.

The third category includes countries that permit abortion for health reasons. This category includes around 55 countries, or approximately 15 per cent of the global population.

The fourth category includes countries that allow abortion on socio-economic grounds, such as age, civil status or financial issues. This category includes around 15 countries, or approximately 25 per cent of the global population.

The fifth and final category contains countries in which abortion is legal until a certain week in pregnancy. In most of these countries, women have the right to make their own decision about abortion. This category contains around 65 countries, Sweden included, and approximately 35 per cent of the global population.

OBSTACLES TO SAFE ABORTION

Even when abortion is available in theory, obstacles exist that limit access to abortion in practice. For example, these obstacles could include:

STIGMA

Abortion continues to be surrounded by a powerful stigma that prevents women from seeking the procedure and medical providers from offering it, even in countries where it is legal. Abortion is stig-

¹⁶<https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Abortihttps://www.reproductiverights.org/sites/default/files/documents/World-Abortion-Map.pdf>

matized because it questions many social, cultural and religious norms and values related to women's sexuality and position in society. The stigmatization of abortion can lead to the development of myths and harassment of women who get an abortion and of the people close to them. Even people who perform abortions can be affected.¹⁷

POVERTY

Young, unmarried girls and women who live in poverty have the most difficulty accessing safe abortions. They experience injury and death to a greater extent, including in countries where abortion is legal. They have the hardest time accessing contraception and when they want to end a pregnancy, they often have no other choice than to get an unsafe abortion. They also have more difficulty accessing medical care after the procedure. Women in rural areas and women who belong to ethnic minorities are also affected to a greater extent than women from higher social classes and women who live in cities.

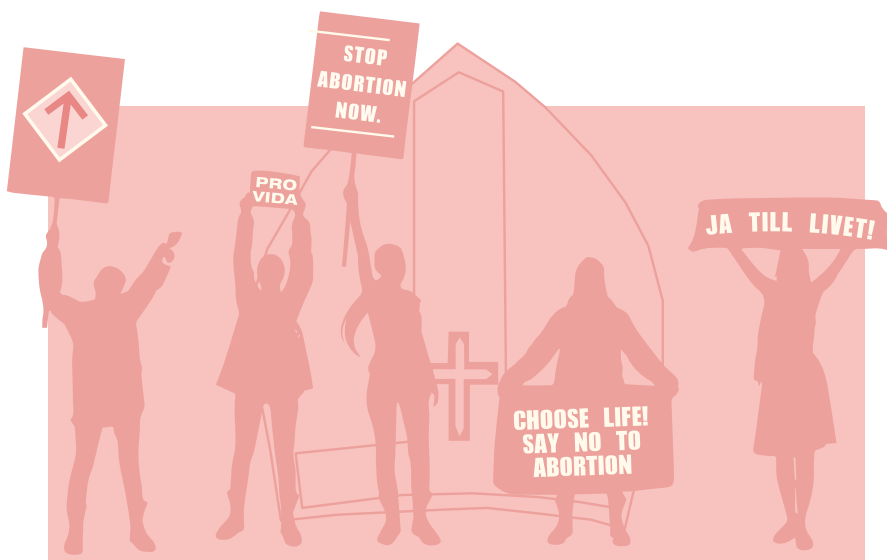
INADEQUATE HEALTH AND MEDICAL CARE

In many low and middle-income countries, healthcare is inadequate. For example, this could mean long waiting times before being able to see a physician, and when it comes to abortion it is especially important to have access to care within a reasonable amount of time. In countries with undeveloped medical systems, care may also be inaccessible to women who live in rural areas, which negatively affects young women in particular. Other obstacles could include that the pharmaceuticals used for medical abortions are not registered in the country, or there may be little information about their availability. In other countries, the problem could be a lack of access to the medicines and equipment required to perform an abortion, or medical staff who lack the necessary training to offer optimal care.

DENIAL OF CARE OR "CONSCIENTIOUS OBJECTION"

Many countries have a so-called conscience clause which allows medical staff to refuse to carry out an abortion because it is in opposition to their beliefs, even though abortion is legal. This significantly limits abortion access in many countries.

¹⁷How to talk about abortion: A guide to rights-based messaging. (2019). IPPF.



OPPOSITION TO ABORTION, THEN AND NOW

Historically, opposition to abortion has been driven primarily by groups with religious and conservative values, such as Christian communities and the Catholic Church. The basic argument of these groups which underpins their reasoning for banning abortion is the desire to protect the life that begins at conception. More recently, religious groups have received support in their opposition to abortion from far-right extremists and nationalist groups. They base their opposition on racial-ideological grounds and family and sexual politics are strongly connected to nationalism.

Part of anti-abortion activism is to spread myths and false claims about abortion. An example of a common myth is that it is difficult to become pregnant after having an abortion, even though the risk of complications that cause infertility are less than one in a thousand with a safe abortion.

Other examples of myths include that abortion increases the risk of breast cancer and mental health issues, even though there is no scientific evidence for either of these claims. Unwanted pregnancy can certainly increase the risk of mental health issues, but abortion itself does not.

Myths and false claims about abortion are a part of anti-abortion activism in Sweden and worldwide. Dismantling the myths is therefore an important part of safeguarding abortion rights.

OPPOSITION TO ABORTION IN SWEDEN AND EUROPE

In recent years, organised anti-abortion movements in Europe have become increasingly visible. Abortion opponents in Europe currently formulate their platform based on three main points: protecting life from conception, preservation of the traditional nuclear family and preservation of religious freedom. In practice, this means they take action against the right to abortion, against sex education and contraception, and against the rights of LGBTQ people.¹⁸

In Sweden, the anti-abortion movement is run by a small but well-funded group. In recent years, abortion opponents have increased in number and become better organised across national borders. Today, they lobby national politicians and decision-makers at the European level. There are also ties to the well-funded abortion opponents of the anti-choice movement in the US.

Today, abortion opponents do not primarily focus on banning abortion. Instead, they focus on limiting abortion rights and impairing access to abortion. Limiting abortion rights forces women to travel to access safe abortions, both within their own country and abroad. As a result, access to abortion becomes a financial issue. Women who can afford to pay can access safe abortions; those who cannot are forced to have unsafe abortions or to give birth to a child against their will. There are no statistics on how many women have been forced to travel in order to have access to an abortion.

Part of anti-abortion activism involves pushing for Sweden to also introduce so-called conscience clauses, which would allow healthcare staff to refuse to perform an abortion if doing so goes against their personal beliefs. Many countries currently have conscience clauses written into their abortion laws, which significantly reduces access to abortion. There are also cases in which women have died after a doctor has refused to provide an abortion even though the woman's life was in danger. In Italy, for example, 70 per cent of gynaecologists refuse to perform an abortion even though it is allowed according to the law. In some areas that number as high as 90 per cent.¹⁹

¹⁸Datta, Neil. Keeping It All in the Family. Europe's Antichoice Movement. (2013). Conscience. The Newsjournal of Catholic Opinion VOL.XXXIV-NO.2

¹⁹ <https://www.ippfen.org/news/announcements/italian-womens-lives-risk-due-negligence-state>

RFSU's position is that conscience clauses are in fact a refusal to give care and they do not belong within health and medical care. Medical care should be based on the needs of patients and their right to care, not on the needs of staff and their moral positions.

Another common strategy of abortion opponents is to use the care of extremely premature infants as an argument against abortion later in pregnancy. Their goal is to create an image of a viable foetus being aborted and to thereby lower the abortion limit.



Photo: Center for Health and Gender Equity, CHANGE

THE US AND THE GAG RULE

In the US, the far-right Christian movement is growing and with it, opposition to abortion. Many states have now reduced the number of abortion clinics to a minimum and women seeking an abortion are forced to wait a long time. In some states, they must undergo a mandatory ultrasound as a way to discourage abortion.

In 2017, President Donald Trump reinstated the Mexico City policy, also known as the global gag rule. This policy terminates the US from funding international organisations that in any way provide information about abortion, offer abortion care, or that advocate for more

liberal abortion laws. The policy stipulates that any organisation that accepts American funding may not work with the issue of abortion, even through their own funding or through means from other countries.

The Mexico City policy was first introduced in 1984 by Republican President Ronald Reagan and it has been reintroduced by every Republican president since then. However, President Trump's interpretation of the policy is the most restrictive since the policy was introduced: it does not only terminate funding to organisations that work with sexual and reproductive health and rights (SRHR). Now, all funding to an organisation is terminated if the organisation in any way works with abortion (including abortion counselling and referral). The US is the country with the largest budget allocated for global health issues in the world and the global gag rule will therefore have dramatic consequences for work with SRHR globally.

STRONG SUPPORT FOR ABORTION RIGHTS

In Sweden, support for abortion rights is very strong both among the general public and political parties. Despite this strong support, there is still cause to be watchful of the threat from groups that want to restrict abortion rights.

Support for abortion rights is also strong in Europe and in recent years, efforts by conservative governments to limit abortion rights have been met with massive demonstrations in countries like Poland, Norway and Spain. In Ireland, the constitution has been amended so that abortion is no longer banned. This opens up the possibility to legalize abortion, as it no longer goes against the constitution.

RFSU AND ABORTION RIGHTS

For RFSU, abortion rights are human rights and a prerequisite for a sustainable and equal society. Since its establishment in 1933, the right to an abortion has been one of RFSU's key issues and still is. RFSU works to expand access to high-quality sex education, contraceptives and safe abortions. Both in Sweden and the rest of the world.

RFSU's aim, since it was founded in 1933, has been to give people the means to change their lives for the better.

RFSU is a nonprofit organisation independent of any political party or religion. We are dedicated to promoting a well-informed, open-minded attitude about sexuality and relationship issues. RFSU is founded on a firm belief that sexuality and relationships are central to the individual and to society. By informing and educating people and shaping opinion, RFSU aims to break down prejudices, overcome ignorance and improve sexual health in Sweden and abroad. RFSU views sexuality as a matter of individual liberty and human rights, in which all of us have the freedom to be ourselves, the freedom to choose and the freedom to enjoy.

When you purchase a product, become a member, collaborate or support RFSU's work, you are contributing to our constant efforts to change people's lives.

RFSU is a member organisation.
Do you want to become a member? Register at
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