Let's Design Equality Together

-

The Push*Back*Lash Cartoon Series

The Right to Choose Abortion

-

Pushing Back Against Attacks in Europe

PUSH*BACK*LASH

UK Research and Innovation

Funded by the European Union

Acknowledgements

The artwork and the accompanying text are the result of a collaboration between Tanith Gould and Isabelle Engeli.

Our gratitude goes to the colleagues on the Push*Back*Lash project - Emilia Belknap, Lidia Bueno, Raphaëlle de Coen, Ermela Gianna, Cato Koomen, Carlos Serra Castells, Juno Juliane Reichelt, Norah Schulten, Magda Szarota, Julia Vilaplana, and Zsuzsanna Vidra, and to the colleagues outside the project - Andrea Krizsan, Roman Kuhar, Emanuela Lombardo, Klejda Mulaj, David Paternotte, and Danielle Pullan - for their invaluable assistance and feedback.

Bath/Bristol, November 2024

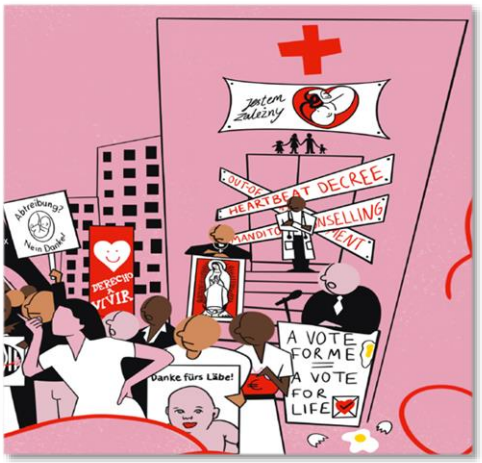
PUSH*BACK*LASH

UK Research and Innovation
Funded by the European Union

The U.S Supreme Court's 2022 reversal of the 1973 *Roe v. Wade* decision, which ended the constitutional protection of the right to abortion, has renewed attention on a fundamental battleground for gender equality; the right to decide over one own's body and the need for universal access to abortion, irrespective of socioeconomic status, age, disability, racial or ethnic background, sexual orientation, gender identity or other characteristics.

Attacks on access to abortion on request have also surged across Europe, shedding new light on what remains a fragmented regulatory landscape with significant disparities across regions and countries. Our artwork illustrates the abortion debate as it currently stands across Europe. The artist, Tanith Gould, took inspiration from photos published in a broad range of media outlets to illustrate the contemporary abortion conflict in Europe. The links to the photos are embedded within the images in the text.

In an urban setting, a Black woman stands in the centre, positioned between two opposing groups arguing about abortion. To her left are pro-abortion supporters, from diverse backgrounds and nationalities, holding placards and symbols seen at pro-abortion rallies across Europe. These signs target various challenges that pregnant people encounter when seeking abortion today in Europe.



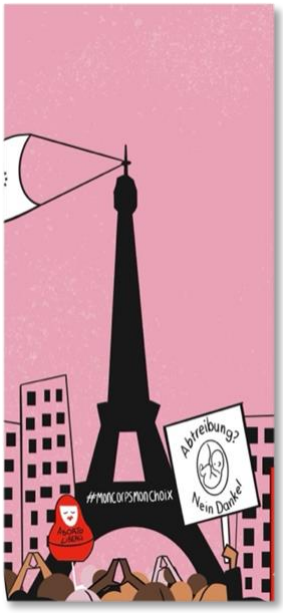
To her right, anti-abortion activists also wave placards and symbols drawn from recent anti-abortion demonstrations across Europe. They stand outside an abortion clinic. A religious official, a politician, and a doctor stand on the clinic's steps. The steps are many and steep, symbolizing the barriers that limit abortion access. The doors are hidden away, sealed with regulatory red tape. Anti-abortion symbols mark the building's facade.

In the background, the Eiffel Tower is lit with the phrase #Mon Corps Mon Choix (#My Body My Choice), celebrating women's guaranteed freedom to abortion enshrined in the French constitution in 2024. Floating above is the banner of the "My Vote, My Choice" movement, which is leading a European citizens' initiative to make abortion legal and safe across the European Union. A red line symbolising an umbilical cord wraps around the scene.

The right to choose abortion for all encompasses women whose gender identity matches the female sex they were assigned at birth, trans men, nonbinary and genderqueer people with female reproductive capacity.

Is there a constitutional right to abortion in Europe?

The Charter of Fundamental Rights of the European Union does not address abortion. This legal vacuum at the European level leaves individual states with substantial autonomy in regulating abortion. So far, the right to abortion is enshrined in only two national constitutions. Slovenia led the way in preserving the freedom of choice in childbearing from the constitution of the former Socialist Federal Republic of Yugoslavia in its new constitution adopted in 1991 following the country's independence. In 2024, France explicitly guaranteed freedom to access abortion in the constitution. (Serbia introduced in 2006 a constitutional reference to free decision on the birth of children that is considered more ambiguous than what was previously in the Yugoslav constitution and is now in the Slovenian constitution).



While abortion on request has become more accessible in most European countries, access to abortion still varies significantly. Anti-abortion strongholds like Ireland and Northern Ireland have recently legalised abortion on request. Other countries have further consolidated the liberalisation of abortion, such as Spain in the early 2020s and France throughout the 2010s and early 2020s. Most countries permit abortion on request within a specific time frame, though some require a state of distress or personal crisis as justification (like in Hungary and Switzerland). The social and medical grounds are generally interpreted permissively. The gestational limits for abortion on request are generally short, ranging from 10 to 12 weeks, some notable exceptions (e.g.-14 weeks in Spain and France). The longest limits are 18 weeks in Sweden, 22 weeks in Iceland and up to 24 weeks in the Netherlands. In England, Scotland and Wales abortion is permitted up to 24 weeks, but only when approved by two doctors on social and medical grounds (in very limited circumstances, abortion can be granted beyond 24 weeks). The limit will be extended to 18 weeks in Denmark from June 2025 on.

Conversely, abortion still is prohibited in Andorra and is allowed only on very restrictive grounds in Malta, Liechtenstein and Monaco. Poland has progressively shifted toward a very restrictive regime. Strictly implemented, it makes access to abortion in practice close to impossible. In 2021, only 107 abortions were performed in Poland, 75 of which were for foetal impairment – a ground since banned. The United Nations Committee on the Elimination of Discrimination against Women has condemned Poland's abortion regime for endangering women's health and lives. The new Polish government has so far failed to secure a majority in Parliament to legalise access to abortion on request.

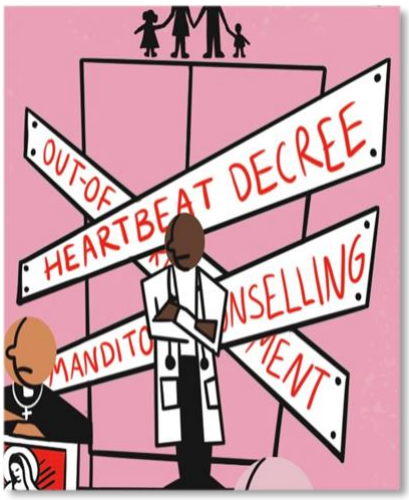
Abortion access under siege

While access on request has been liberalised across most of Europe, this access is hampered by a number of barriers, such as legal conditions, patchy financial coverage, and an increasing number of healthcare providers objecting to abortion. Threats and attacks against abortion are also on the rise in Europe.

Legal barriers

Access to abortion on request is hampered by legal conditions with which women and abortion providers are required to comply. Many of these conditions were established during the liberalisation of abortion laws across Western Europe. That liberalisation was often contentious, and these legal conditions were political concessions to opponents of the right to choose.

More recently, additional conditions have been introduced, particularly in Central and Eastern Europe, to further limit access. These conditions create barriers that make abortion more difficult to obtain, disproportionately affecting marginalised groups such as women living in rural and deprived areas, women in situations of hardship, women belonging to marginalised communities, and underage women. There are a variety of legal barriers, and each country has a specific sets. Some common legal barriers include:



Mandatory waiting periods (also called 'compulsory time for reflection') that require a specified amount of time to elapse between the request for and the provision of an abortion. This mandatory waiting period is often added to the already lengthy delays caused by congestion in healthcare services. For example, Germany mandates a three-day wait. In the Netherlands, the waiting period is five days, and in Italy, it is seven days, unless there is a risk to the woman's health.

Mandatory counselling requires women to undergo counselling prior to being granted an abortion. Such counselling is in addition to the regular informed consent required for any medical procedure. It often includes information about alternatives to abortion, such as adoption.

Mandatory counselling and waiting periods force women to make additional trips, which is both costly and time-consuming. These measures also undermine women's autonomy by questioning their ability to make their own decisions and to determine for themselves whether they want time to reflect and seek counselling. Furthermore, these restrictions effectively reduce the time available for an abortion on request and can limit the options available for the abortion procedure itself.

Some countries have abolished the requirement for mandatory counselling and/or waiting period (such as Spain in 2023). Others have introduced or expanded them years after liberalising abortion (for example, since 2009 Slovakia has mandated a 48-hour waiting period and the provision of information about alternatives to abortion). Hungary mandates two counselling sessions, the first covering alternatives to abortions, and the second addressing the risks associated with surgical abortion, 3 days have to elapse between the first and second sessions. The so-called 2022 Hungarian "heartbeat decree" introduced the obligation for doctors to certify they have provided a clear indication of foetal vital signs to the patient, often by making women listen to the foetal heartbeat (similar requirements have been implemented across the Southern US states over the past decade). Listening to the foetal heartbeat has no medical purpose in the case of abortion and is clearly intended to deter women from proceeding with the abortion.

Parental consent is required in several European countries for minors seeking an abortion. It is required for those under 18 in Italy and Poland. In France, minors must seek consent from an adult of their choice. In Germany, if an applicant is between 14 and 16 years old, the doctor decides whether parental consent is necessary. From June 2025 on, Denmark will not require it anymore for minors over the age of 15. The World Health Organization recommends that abortion be available on request without any form of authorization (Law & Policy Recommendation 7).

Conscientious objection

Doctors and healthcare personnel are granted the right to conscientious objection, allowing them to refuse to participate in abortion procedures based on their personal beliefs. High rates of objection, combined with the lack of reliable data, effectively limits abortion access.

For example, in 2018, 92.3% of gynaecologists and 75% of anaesthesiologists in the Italian region of Molise objected to performing abortions. In the Austrian state of Tyrol, there was only one doctor performing abortion in 2023 for a population of 754,000 residents. The weaponisation of the right to conscientious objection has resulted in a drastic change on the ground that effectively threatened abortion access. Since its legalisation in 2003, conscientious objection has rapidly increased in Croatia and has resulted in the de facto restriction of access while the legalisation of abortion access on request has not changed.

Some countries have introduced measures to improve minimal access to abortion and reduce delays in care. For example, in 2023, Spain made it mandatory for public hospitals to offer abortion procedures and instituted a register for doctors to notify their objections in advance (some regions have not yet implemented it though). In France, a 2021 law banned heads of hospital departments from prohibiting abortion procedures within their departments. Sweden does not allow for conscientious objection and objectors may be denied a position.

Financial coverage for abortion

As with any healthcare procedure, an abortion carries a financial cost. Some countries provide financial coverage for abortion care through basic health insurance or other social security mechanisms, while others either do not offer universal coverage or restrict it to specific categories of women, grounds for abortion, or (public) providers. As a result, women living in countries with limited access to abortion in the public sector are severely disadvantaged, particularly women with low income and minors.

For example, in Germany, Austria, and Hungary, women must pay for abortions on request out of pocket (though the cost is covered for low-income women in Germany). In Hungary, an abortion on request in the public sector currently costs about EUR 110 (which can be reduced or waived off in some circumstances) while in the private sector it can exceed EUR 900 - for comparison, the average net monthly take-home pay in 2023 was 985 EUR. In England, Scotland and Wales, as well as in Spain, abortion is free when provided via the public healthcare system but can be costly when provided by private practitioners. The impact of restrictions on reimbursement for abortion care is exacerbated in cases of healthcare service congestion or widespread conscientious objection among providers. In Switzerland, anti-abortion organisations, along with members of the populist far-right Swiss People's Party and religious parties, launched a popular initiative in 2010 to prohibit reimbursement of abortion through mandatory health insurance. The initiative was rejected in a referendum in 2014.

Anti-abortion mobilisation

Strengthened by the increasing popularity of the anti-gender movement, mobilisation against abortion has been revitalised across Europe to shape the public debate and influence the enactment of further restrictions to reproductive freedom. It is largely supported by far-right groups and parties, the Catholic church, and, to a certain extent, by conservative evangelical churches.

Demonstrations, vigils, and silent prayers against abortion are regularly organised in front of abortion providers and family planning centres. These actions can be intimidating to women at a moment in their life when they need care, safety and privacy. To counter harassment and obstruction, some countries have put in place a series of measures. For example, in 1993 France instituted so-called buffer zones, also called safe access zones, around venues providing reproductive health care.

Vigils, silent prayers, or displaying images of foetuses and babies are not allowed within a 150-meter radius of abortion providers in England, Scotland, Wales (since 2024) and Northern Ireland (since 2023) and Spain (since 2022) among elsewhere. In contrast, a 2024 Italian decree has authorised anti-abortion organisations to enter medical premises to establish contact with women seeking an abortion.

Rallies and public campaigns against abortion showcase imagery evoking elements of life that are valued across the board. They often display images of foetuses at a very advanced stage of development and newborn babies; they refer to the concept of life in general – for example with the frequent use of the heart symbol, the Spanish *Derecho a Vivir* (the right to live) or the Swiss *Marsch fürs Läbe* (March for Life). Religious imaginary such as the Polish slogan *Jestem zależny, ufam Tobie* (I am dependent, I trust in You) or the Virgin Mary is still present.

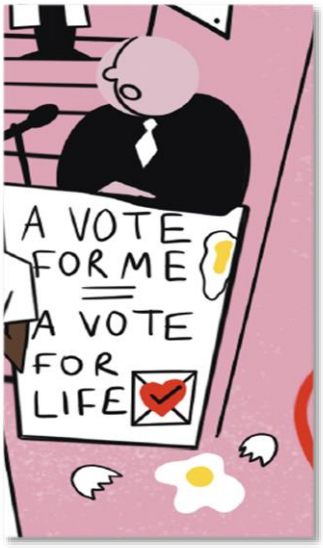
Anti-abortion organisations also provide alternative options to abortion, for example via helplines that deliver misleading or even false information about abortion, via counselling, and even sometimes via housing support for pregnant women. Some also have received public funding for providing sexual health programmes. Often the helplines and counselling that are offered do not state explicitly their anti-abortion slant which can confuse women in search of information about abortion procedures or providers in their area. Anti-abortion organisations have also pioneered the so-called "drop-off baby boxes" where newborns can be left. The boxes are equipped with sensors that alert the presence of a newborn. While the boxes have gained some popularity in countries like Hungary, Switzerland or Germany, they have been severely criticised by the United Nations Committee on the Rights of the Child.

Pushing Back Against Attacks and Promoting the Right to Abortion for All

Feminist movements continue to mobilise, pushing back against attacks and promoting inclusive access to abortion. Visual symbols are core to feminist demonstrations to embody reproductive freedom and the strength of women uniting. The hand-shaped vagina symbolises sexual and reproductive freedom and the matriyoshka (the Russia nested doll), which is used in the Italian NonUnaDiMeno (Not One Less) demonstrations, is the emblem of the infinite strength of women.

Feminist movements and their allies brought the abortion issue to the political agenda in Western Europe in the 1960s and 1970s through large-scale rallies, the organisation of backstreet abortions and transport to seek abortion abroad, and pressure on political parties.

In Central and Eastern Europe, feminist movements fought hard to preserve access to abortion during the independence period of the early 1990s. In Slovenia, feminists successfully defended the right to abortion established under the former Yugoslav republic against attacks from the conservatives. As the new constitution was being debated, they threw eggs at the parliament building as a symbol of male genitalia.



Far-right populist parties have recently found electoral appeal in politicising the issue of abortion. Together with conservative religious parties, they are the main drivers of the recent political attacks against abortion. They are supported by a network of religious conservative organisations across Europe. Politicised anti-abortion messaging and legislative proposals aiming at impairing access to abortion or banning it all together have flourished over the last decade across Central, Eastern and Western Europe.

The Polish women's movement has forcefully mobilised in favour of reproductive freedom to push back against repetitive attempts to further restrict abortion access.

The pro-abortion Black Protests (#czarnyprotest) and the Black Monday strike (*Czarny Poniedzialek*) that took place on October 3 2016 massively rallied pro-abortion sentiment in major Polish cities and smaller locations against a bill aiming at banning abortion in 2016, with protesters wearing dark clothing and holding umbrellas. The **Ogólnopolski Strajk Kobiet** (All-Poland Women's Strike) movement has continued to use the umbrella as symbol of the enduring fight for reproductive rights (*"Nie składamy parasolek" – „We're not closing our umbrellas"*). The proposal to ban was withdrawn shortly after the Black Monday strike. Pro-abortion forces mobilised again en masse in 2020 following the ruling of the partisan constitutional court to ban abortions related to foetal abnormality and another attempt in the Polish parliament to restrict abortion access even further.

Among the many symbols of the Polish fight for reproductive freedom, the red lightning bolt - designed by Ola Jasionowska - as emblematic of women's power quickly emerged as a prominent symbol of women's resistance around the world, alongside hangers, representing the dangers to the health and lives of women associated with backstreet abortions, and the eight asterisks ***** *** standing for *"Jebać PiS"*, reading as *„Fuck PiS"* in English (PiS being the abbreviation of the party in power at the time, the far-right populist Law and Justice party).

Engaging the European Union

The My Voice, My Choice movement advocates for the European Union to take a leadership role in making access to abortion more consistent across its member states. The finger heart is a symbol of the strength to be found in uniting.

Launched by the Slovenian NGO The 8th of March Institute, the movement is currently collecting signatures to support the submission of a European Citizens' Initiative to pass European legislation to encourage member states, through financial incentives, to provide safe and accessible abortion to all. The deadline is April 2025. The European parliament in a 2024 resolution has called for the inclusion of the right to abortion in the Charter of Fundamental Rights of the European Union and the European Court of Human Rights has ruled in 2023 that the restrictive Polish provisions violate the right to private and family life.

Promoting inclusive access to abortion

Even in countries where abortion is legal within a specific time frame, marginalised groups face additional obstacles due a range of factors including low economic resources, marginalised status, immigration status, limited access to information, isolation, and social stigma.

Access for People of Colours and minorities, women from a background of immigration, women with disabilities, and the transgender community is further hindered by systemic xenophobia, racism, ableism, transphobia and interphobia in healthcare. For example, in Bulgaria, Hungary, Romania, Romani women are discriminated against in their access to reproductive health due to intersectional inequalities and systemic racism in the healthcare system. Romani women face higher levels of poverty, they often live in isolated areas with poor or non-existent local abortion access, and have been historically discriminated against in the healthcare system and elsewhere. Transgender men (persons whose gender identity differs from the sex assigned at birth) as well as people who do not subscribe to gender stereotypes and binary gender have been made invisible in abortion policy across the world. The marginalisation and the severe gaps in healthcare for the LGBTQIA+ community may produce serious health risks and isolation. A recent study of the American community reveals that 36% of the respondents had considered a self-managed abortion and 20% of them reported trying to end their pregnancy on their own. Paving the way for an inclusive access to abortion, in 2023 Spain has opened up abortion to women without a resident permit and transgender people as well as introduced a paid sick leave for menstrual pain and abortion.

Abortion without borders

Women regularly travel to receive abortion care abroad or within their country of residency, because of the lack of access to the abortion pill, restrictive gestational time periods and other legal conditions, the lack of available healthcare providers, and humiliating procedures or obstetric neglect and violence.

Initiatives like **Abortion Without Borders** supported by local organisations, such as **Abortion Network Amsterdam**, and international organisations, such as **Women Help Women,** do provide support but it remains a stressful and costly experience for these women and many cannot afford the journey or do not know where to find support and information.

Strengthening reproductive autonomy

For women living in isolated areas, or in areas with a high rate of conscientious objection, obtaining an abortion can be especially challenging. One way to support women in exercising their right to choose abortion is to make the abortion pill accessible over the counter in pharmacies,

prescribable by a nurse instead of a doctor, or at the very least accessible via telemedicine to self-administer at home. In England, Scotland, and Wales individuals can now access at-home abortion pills up to 9 weeks and 6 days without an in-person medical appointment. Abortion advocates, like **Bevormundung – Nein Danke** in Austria, campaign to make at-home abortion more accessible. **Kobiety w Sieci** in Poland provides support for women to access the abortion pill in Poland. The abortion pill is not registered in Hungary, Slovakia, and Bosnia and Herzegovina among others, despite being considered as the safest abortion procedure and less intrusive for women.

Decriminalising abortion

While abortion access has been liberalised (i.e. its access has been made legal under specific conditions), it has nevertheless largely remained criminalised and still figures in a wealth of criminal laws codes across Europe. As such, legal access to abortion is an exception to a general ban, an exemption from a crime. In England and Wales for example, the 1861 Offences against the Person Act is still in place today and makes it a crime to procure an abortion for oneself or to provide abortions for others. The 1967 Abortion Act provides a medical exemption for providing abortion if authorised by two doctors on the grounds defined in the Act.

Criminal law includes sanctions towards anyone who assists or performs abortion outside the legal scope. Some criminal laws still include sanctions towards women who self-perform an abortion or take recourse to an abortion falling outside the legal provisions. In Belgium for example, the prison sentence is from one month up to one year and up to six months in Italy. In addition to contributing to social stigma, the criminalisation of abortion makes women and doctors who practise abortion vulnerable when a government adopts a restrictive stance towards abortion. In Poland, criminal investigations increased against women, civil society organisations, and doctors following the 2020 further restriction to abortion access.

Feminist movements and their allies campaign to make abortion a fundamental freedom, which implies to remove all mentions of voluntary abortion from the penal codes and make it, as for any other medical act, a matter of healthcare regulation. While progress is slow, some noticeable change has taken place. In 2016, France moved the regulation of abortion out of criminal law to health law. In 2022, Germany repealed section 219a, the paragraph in the German criminal code that banned medical professionals from providing factual information about abortion procedures, for which the penalty was a fine or imprisonment of up to two years. Section 219s had a fraught history; it was enshrined in the German criminal code in June 1933 shortly after the nazi regime came to power. In addition, until 2019, doctors were not even allowed to mention on their websites that they performed abortion. Gynaecologist Kristina Hänel, for example, was sentenced in 2017 to a fine of EURO 6,000 for listing abortion on her professional website and providing information about the abortion services provided at her practice. After a long battle, Section 219a was repealed and the criminal sentences of doctors who had been convicted since 1990 were overruled.

Further Resources

Data, Factsheets and Resources on Abortion across the World

The **World Health Organization** publishes the Global Abortion Policies Database which details the regulations and compare them against the World Health Organization's recommendations.

⊃ click here to access the database

The **Guttmacher Institute** has documented trends in abortions and unwanted across the world. You can access data, factsheets, infographics and other documents in English, Spanish, and French

⊃ click here to access the website

The **European Parliamentary Forum for Sexual and Reproductive Rights** and the **International Planned Parenthood Federation-European Network** jointly publish the *European Abortion Policies Atlas*. It covers the legal regulation of abortion across 52 European countries and territories. Both organisations provide a range of publications and resources on abortion and reproductive health in Europe

⊃ click here to access the atlas

The **Center for Reproductive Rights** provides a range of publications and resources on reproductive rights across the world

⊃ click here to access the website

The **Foundation for European Progressive Studies** publishes factsheets on abortion in the Europe Union with an overview of the main barriers to abortion access. They also provide a range of publications and resources on abortion and reproductive rights across Europe.

⊃ click here to access the factsheets

The **PEW Research Center** publishes public opinion data on abortion in Europe and in the USA

⊃ click here to access their latest public opinion data on abortion in Europe

My Voice, My Choice

My Voice, My Choice is a movement across European Union member states to promote safe access to abortion for everyone within the European Union. The website provides a list of supporting organisations across the European Union. The Instagram account shares abortion experiences by women across Europe. My Voice, My Choice is currently collecting signatures for the **European Citizen's Initiative: For Safe and Accessible Abortion**. The end of signature collection period is April 24th, 2025.

⊃ click here to access the website

⊃ click here to access the Instagram account

⊃ click here to sign the European Citizens' Initiatiave My Voice, My Choice: For Safe and Accessible Abortion

Support and Information about Abortion

British Pregnancy Advisory Service provides information about the main abortion procedures and abortion services in England and Wales

⊃ click here to access their website

Abortion Support Network provides support to people who need to access safe abortions. They provide information about clinics, travel, and accommodation. They also provide financial assistance.

⊃ click here to access their website

Abortion Without Borders is an initiative to provide information, practical support and funding to people in Poland who need abortions, in Poland or abroad

⊃ click here to access their website

Women Help Women is an international organization with volunteers across 4 continents to support access to abortion

⊃ click here to access their website

The Artist

Tanith Gould is a Bristol/Bath based artist originally from rural Mid-Devon. Her mural work focuses on community, humanity, spirituality, mental health and the natural world. Her work is notably bright and bold. She believes in 'colour for the soul' and hopes that her work has a positive impact on those viewing it.

Instagram: @tanithgould

The Author

Isabelle Engeli is Professor of Public Policy at the University of Exeter, UK. Her work specialises in the policy making and implementation of gender equality policy across Europe. Isabelle leads Work Package 3 in the Push*Back*Lash project to investigate the dynamics in political attention toward gender+ issues across institutional venues, space, and time.

⊃ click here to access Isabelle's profile

This project has received funding from the European Union's Horizon 2021 research and innovation programme under the grant agreement n° 101061687. UK consortium partners are funded by the UK Research and Innovation (UKRI) under the UK government's Horizon Europe funding guarantee (grant number n°10038117). Views and opinions expressed are those of the author(s) and do not necessarily reflect those of the European Union or the European Research Executive Agency or UKRI. Neither the European Union nor the granting authority can be held responsible for them

Funded by the European Union

UK Research and Innovation

University of Exeter

PUSH*BACK*LASH