



HIGH LEVEL EUROPEAN SEMINAR

PREVENTING ABORTION IN EUROPE

Legal framework and social policies

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Is a prevention of abortion possible in France?

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Alliance VITA has developed a telephone counselling service, “SOS Baby”, for more than 20 years concerning questions in relation to maternity: miscarriage, pre- and post-natal mourning, unexpected pregnancies, questions concerning abortion, post-abortion support, announce of a handicap, infertility and sterility.

This service is currently in contact with more than 2500 people every year. The website SOS baby is also a place of information of the public: it should reach one million connections in 2017.

This service thus constitutes an **observation pole of the French reality** with tens of thousands of exchanges, written or by telephone, with women, men or couples confronted with difficult and painful questions around maternity and the pursuit of a pregnancy.

The number of abortions has not known any significant decline in France since its legalization in 1975 and has only increased to then stabilize at a high level, when France knows a record use of contraceptive methods rate.

Day-to-day, we measure a discrepancy

- Between slogans displayed (“Sexuality, Contraception, Abortion: a right, my choice, our liberty”, “My body is mine”) that inspire the multiple aggravations of the law on abortion;
- And on the other hand, what women and couples go through in reality.

1- A paradoxical situation on several levels

1st paradox

France has both **one of the highest natality rates** in Europe - even if it remains insufficient for a generational renewal¹ and a **high number of abortions**, According to official statistics², 218 000 abortions are performed for 800 000 births; 33% of women go through at least one abortion during their lives. The abortion rate in France is at least twice that of Germany. Although family policy has had a tendency to erode itself these past years, France offers one of the world’s most developed facilities to support maternity.

We observe a **distortion** between the official line of speech asserted by political measures taken to facilitate access to abortion, and the important support and assistance facility for pregnant women.

2nd paradox

Public authorities speak of a “French contraceptive paradox”, in which coexist one of the world’s highest use of contraception rate³ and a high abortion rate.

According to the French National Institute of Demographic Studies (INED), **72% of women who resort to abortion were using a method of contraception when they discovered their pregnancy⁴.**

The majority of abortions are the result of contraceptive accidents.

In reality, a difference exists between theoretical efficiency and practical efficiency: omission to take the pill, incorrect use of the condom, without counting the pregnancies that develop despite the use of an Intrauterine Device (IUD) or an implant.

“A total control of fertility is illusory” as underlined a ministerial report in 2010.

This reality is largely ignored.

¹ FNISER (French National Institute for Statistics and Economic Research): the fertility indicator, which maintained itself at 2 for a long time, has decreased in the last 2 years (1,93 in 2016), nevertheless stays under the generational turnover that is situated at 2,1.

² RSESD (Research, Studies and Evaluation of Statistics Direction) – 2015.

³ Strategic Center of Analysis: How to improve young people’s access to contraception? An international comparison – June 2011.

⁴ Cocon Study – GISA (General Inspection of Social Affaires) report on the practice of abortion and evaluation of unwanted pregnancies prevention policies – 2010.

The idea that fertility can be controlled has imposed itself in parallel to the injunction to have a “liberated” sexual life, dissociated of any idea of engagement, of procreation and of family.

Concerning young people, the French state has given itself the priority of “the entry and installation” of young people in to sexuality, while also enjoining them to avoid pregnancies. To not limit sexuality, even premature, but pregnancy is considered as a prohibition.

More widely, all women can eventually find themselves in difficult situations, if a surprise pregnancy occurs.

Abortion is often considered, **when in a difficult situation**, to be the only possible option, whether the relations between the partners are stable or not.

At the heart of this is the fact that the **“planned” child has progressively become the norm** to which our contemporaries have conformed to.

In stable couples, procreative and familial “norms” have progressively imposed themselves for the last 40 years: it is true in France and in many other countries: they concern the number of children (one, two maybe three maximum in France), the spacing between births, the maternal age (the average being 30) when the 20-29 age group knows the highest abortion rate.

To “allow oneself” motherhood, a number of conditions must be met: stable employment, relative stability of the union between the partners and a certain material comfort. This is not bad in itself, but the lack of these conditions can make someone lean towards abortion when these conditions may evolve in time.

Our opulent societies paradoxically aim high in terms of requirements. A form of pressure is exercised on women: they have to reconcile their professional and familial lives, decide of the moment when the baby will come, be “good mothers”. This is not without consequence on the relations between men and women.

The apprehension of the pregnancy can provoke dissensions, misunderstandings and suffering.

Are we allowed a mistake, is it possible to welcome an “unexpected” child?

These are often painful dilemmas that provoke deep tensions amidst couples and families. Many women are under multiple direct and/or indirect pressures.

Societal pressure

Many women, young or less young, feel judged and rejected when they have to reveal the fact that they are pregnant without having planned it. They often find themselves

confronted to intimate conflicts and are subject to exterior pressures, **especially masculine**.

While one pretends to have liberated them, women are actually too often summoned to “choose” between the baby and the partner who may threaten to leave... Abortion became, in many cases, a demand of men.

The pressure of time

An additional demand has developed in France in the last 10 or so years with medicinal abortion which represents close to 60% of abortions in France.

Performed up until 7 weeks into the pregnancy, when the legal delay is fixed at 12 weeks, this method has the effect of hurrying the decision in moments where women would need time to appreciate their situation.

Pressure of the “choice”

To this has just been added the elimination of the one week cooling-off period in order to be able to resort to abortion in 2016. This is not without consequences on women, since society seems to disinterest from the distresses they may feel.

What we observe, it that there is little space left for the **ambivalence** of the desire, which is yet at the heart of the start of any pregnancy, especially in the case of an “unplanned” pregnancy, that may be accompanied by contradictory feelings where the happiness of knowing you are pregnant and anxieties concerning the situation entangle.

2- Another important element in France, the anxiety generated by the suspicion of a handicap before birth

In the social and sanitary dynamic that characterizes France, the follow up of pregnancies is highly medicalized. Positively, this has allowed to save women and children.

But today, the pre-natal diagnosis is taking worrying proportions when it leads to the proposition of so-called “medical” abortions, after the period of 12 weeks – the legal delay for elective abortion – authorized by French law without any delay.

All pregnancies are controlled by ultrasound and 80% of them by pre-natal tests, particularly to detect trisomy.

These diagnosis technics lead to the practice of about 7,000⁵ abortions for the reason of handicap.

Despite the fact that we have assets in France: the Jerome Lejeune Foundation is at the forefront of the research on Down syndrome and the defence of people with Down syndrome.

⁵ Annual report of the Biomedicine Agency

But the pressure is immense: these practices make many pregnancies a source of anxiety for couples, especially as it is hard to resist to the pressure of prenatal detection that is today systematically proposed.

VITA, like other associations and multiple personalities, denounces the eugenic excesses and the mentality of exclusion of handicap that is developing.

Initiatives are born in France, to favour places that welcome handicapped persons or are places of shared community life with handicapped persons. They are encouraging signs. But globally the French situation is very alarming.

Globally, while public authorities acknowledge that the high number of abortions is not decreasing, the solutions they propose are limited to reinforcing contraception, and facilitating access to abortion.

Why? The state is not officially carrying out a policy of prevention of abortion but one of prevention of unwanted pregnancies.

We have progressively slipped from the distress criterion of 1975 – which was eliminated from the law in 2015 - towards the notion of wanted pregnancy.

Today, we have a tendency to classify, as if it were obvious, pregnancies and children as “wanted” or “unwanted”. It is a vocabulary that does not convey the ambivalence and the evolution of desire, as if it were **constant and definitive**.

In reality, many women express a real desire of children that is hindered by obstacles:

- Fear of losing a companion
- Material preoccupations
- Anxiety of the parents for young people
- Or reluctance of friends and family

We know that a pregnancy causes physical and psychological turmoil. In these conditions desire is not always stable and it evolves.

An initially rejected pregnancy perfectly can evolve into welcoming the child.

Facing this context, how to act to prevent abortion?

Today most of the French politicians stay distant from these realities. They are trapped in a conceptual debate, even though many recognize that abortion is not an insignificant act.

The fact that abortion is legal and that there exists a claim to the “right to abortion” tends to make it “mundane”. That stops us from seeing that, objectively, it is human lives which are at stake. Yet, many women are conscious of the fact that a pregnancy introduces a life.

In the face of ideology, the matter is to come back to reality.

This denial of life constitutes in reality a violence and a mistreatment.

It is not by preaching the banalization of such an act, nor by imposing silence concerning abortion that we answer the needs of women.

Three significant orientations can lead the way for the prevention of abortion.

1st orientation: To act as close as possible to realities, to consider the prevention of abortion

In order to respond to the real distresses and anxieties of women and couples, support and counselling services are more than ever necessary.

For only real counselling allows to reveal the **desire of life buried deep down in the heart**.

Our society claims to reduce the occurrence of an “unplanned” pregnancy to a sexuality accident that abortion must be able to erase.

Yet the discovery of a positive pregnancy test is always an intense emotional moment, whether the pregnancy is welcomed or not. In reality, pregnancy links sexuality and maternity, which is what makes questions concerning abortion painful and often panicked. We observe a great solitude of women.

We are experimenting that opening other horizons than abortion to those who want to avoid it is possible.

It means welcoming the ambivalence that many women express in the face of an unexpected pregnancy: it takes time to free oneself from pervasive pressures et societal conditioning, to open oneself to maternity, to reconnect with your profound desire.

We are witnesses to the fact that taking the time and providing balanced information helps a lot of women to continue their pregnancy and constitutes a real prevention of abortion.

<p>We must dare to encourage a prevention of abortion when the pregnancy has begun.</p>
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To ignore the pressures, misunderstandings and interior conflicts that can lead to an abortion constitutes a form of psychological violence and stops from being able to take the appropriate measures to prevent it.

2nd orientation: Hence the importance of break the silence about abortion

When we interrogate women, which is what we have done 4 times with different polling organizations (French Institute of Public Opinion – Ifop, or BVA), their answers are stable year after year and confirm our experience on the field.

- Ifop survey, sept. 2016

Women ask, as a high majority (72%), that society do more to avoid abortion for women.

91 % think that abortion leaves psychological marks that are difficult to live with. (89% for men)

It is what we observe when we accompany women after an abortion. Without claiming that all women suffer, or even with the same intensity, some need to be accompanied and sometimes for a long time after.

We need to liberate women's speech, in respect for everything they feel.

Despite this fact, many of them find it hard to find a place where they are listened to, help or the consolation that they need, for society tends to downplay abortion so much. It is a challenge that we are trying to take up with other associations.

Much is unsaid in our society. No serious study on the consequences of abortion has been led yet in France, in spite of our repeated demands.

We have, currently, brought a **claim** against the partial information of the government's website dedicated to abortion, as a response to the "offence of obstruction of information" that the last government wanted to impose in the end of 2016.

In a video, a gynaecologist assures that abortion does not lead to psychological consequences on the long term for women. **It is important not to have freedom of speech confiscated.**

3rd orientation: to engage a real policy of prevention.

First, by rebuilding bridges between the help and support for maternity policy and the prevention of abortion policy that have been artificially separated.

The French state eliminated in 2001 the presentation of these aides to pregnant women who are consulting for a potential abortion, under the pretext of not influencing them. When the majority of French women wish that these aides be presented (84% FIPO survey).

This is why since 2010, we are editing a complete guide about the aides for pregnant women. Available under the form of a booklet and accessible also on the internet⁶, these 60 pages have been consulted by over 250 000 visitors in 2016. Numerous professionals ask for it.

The presentation of these aides and of the rights of pregnant women help women to regain self-confidence and confidence in the fact that the welcoming of a child is possible and that means exist.

But more generally, what is really at stake when considering the prevention of abortion is cultural and social.

The misunderstandings between men and women concerning sexuality, contraception and pregnancy explain a lot of abortions undergone by women, reluctantly, and that could be avoided.

In November 2016, 600 women of the VITA teams went to meet men in 80 cities to carry out a street study on sexuality, contraception and pregnancy and they issued a leaflet of prevention « Are you ready for the unexpected? ». A dedicated website with videos was launched. In total, 3,200 men were met.

They gave a particularly positive welcome to this campaign, which had a resonance in the local media.

All men met said they were happy to be able to address this subject on which they are never consulted.

Many became conscious of the fact that totally dissociating sexuality and procreation was an illusion.

Today young people but also less young people are lost.

Another speech directed towards young people is urgent: an approach that integrates affectivity and sexuality, and that promotes a lasting engagement, like some associations in France do.

To conclude:

The urgency is to integrate the capacity of the female body for maternity as a wealth for the implication of women in society and as a place of conciliation with men rather than of confrontation.

It is in the end **the whole of our culture** that must evolve in order to reinvest an adjusted articulation of sexuality, of procreation and of maternity. It is probably the major challenge of a new feminism.

⁶ www.sosbebe.org or www.jesuisenceinteleguide.org