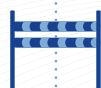


ABORTION IN GERMANY

To terminate a pregnancy is a fundamental prerequisite for reproductive self-determination and as a result a crucial precondition for gender equality. In Germany, accessing an abortion holds several barriers for affected pregnant persons.

Detecting an unintended pregnancy



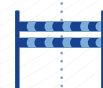
- Incomplete, non-inclusive sex education, some groups are not addressed or reached, e.g. LGBTIQ* people, people with disabilities, or people without formal leave to remain
- Difficulties obtaining and taking a pregnancy test, e.g. due to costs or lack of privacy of people living in situations of domestic violence, young people, people with disabilities living in assisted living arrangements, refugees in supervised accommodation, homeless people, or those living in rural areas

Deciding for/against parenthood (again)



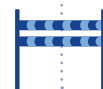
- Societal constraints and stigma
- Socioeconomic situation
- Patriarchal structures of violence

Attending mandatory counselling



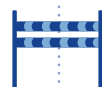
- Finding a counselling service and booking an appointment
- Anti-abortion activists harassing people in front of pregnancy counselling services: The German Cabinet has agreed on a law proposal to criminalise this kind of harassment.
- Time and financial organisation
- Language barrier: difficulties with spoken language or terminology can impede affected pregnant persons's access
- Domestic abuse: people affected by domestic abuse may find it difficult to access facilities due to being observed and controlled by a perpetrator or feelings of fear and shame at having to explain injuries
- Non-inclusive address: trans* people potentially have to out themselves and may find themselves excluded or misgendered by information about 'motherhood' and other material

Adhering to three days of mandatory waiting period between counselling and carrying out of termination



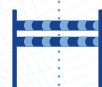
- Mental burden, feeling patronised

Finding a doctor



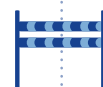
- Medical staff may refuse to provide abortions on the basis of conscience
- Developments in the provision of pregnancy terminations:
 - Decline in reporting facilities
 - Generational change and lack of qualified staff
 - Regional gaps in provision
 - Deterrent effect of anti-abortion activists
- Harassment in front of clinics, domestic abuse, non-inclusive addressing of patients, not having health insurance
- Organisational challenges: taking time off work, organising childcare, costs of travelling

Adhering to a gestational age limit or determining grounds



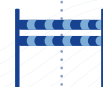
- From 13 weeks after conception (p.c.), an abortion is punishable by law
- From 13 weeks, a legal abortion can only be obtained if there are medical grounds for it. These need to be determined by doctors. This includes:
 - Establishing that the foetus has severe physical impairments or might not be viable or
 - Establishing that there is significant risk of severe physical or psychological impairment or of danger of life to the pregnant person

Documenting third party consent



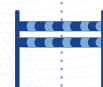
- Under 18 year olds, although doctor can decide to exempt them
- Need to tell the custodian (problematic in situations of domestic violence)
It may be unknown who is responsible in case of unaccompanied minors

Choosing an abortion method



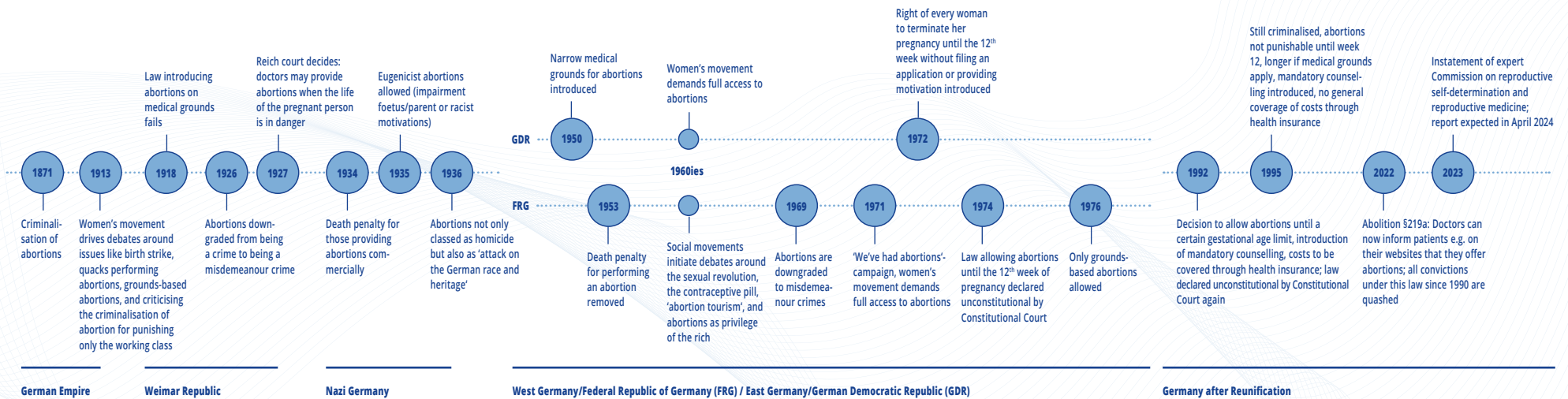
- Medical abortion is only allowed up until the 7th week p.c., partly not available at all
- 14 % of all abortions in Germany in 2017 performed using the unsafe (sharp) curettage method rather than vacuum aspiration

Covering the costs



- Muster the costs for an abortion (200- 600 €)
- Administrative process upon applying for reimbursement in cases of social need or of grounds-based abortion (language barrier, burden of proof, communicating sexualised violence, mental stress)

REGULATION OF ABORTION THROUGH TIME



ABORTION-RELATED RECOMMENDATIONS OF THE WORLD HEALTH ORGANISATION AND REGULATIONS IN GERMANY

Recommendation by the World Health Organisation	Germany
Full decriminalisation: pregnant person and medical staff are not punishable by law for an abortion	✘ Criminalised but not punishable if gestational age limit or grounds-based justification and other conditions laid out are adhered to
No gestational age limit: abortions should be legal at any point during a pregnancy	✘ Gestational age limit set at 12 th week after conception (p.c.)
No grounds-based restrictions: abortions are not tied to medical, criminological, or social grounds	✘ Medical and criminological grounds
No mandatory counselling	✘ Mandatory counselling aimed at „protecting unborn life“ provided by approved counselling services
No mandatory waiting period	✘ At least three days of a mandatory waiting period between counselling and abortion
No third party consent: Young people should not be required to have their custodians agree to the procedure	✘ Under 18 year olds need to demonstrate their custodians' agreement, exemptions possible
Eliminate gaps in care provision resulting from staff refusing to perform abortions based on conscience (conscientious objection/refusal)	✘ Conscientious refusal allowed, sometimes not just individuals but also whole facilities practice conscientious refusal
Costs should be covered	✘ Costs are only covered if it is a grounds-based abortion (through the health insurance) or for low income people (through the regional state)

SOCIETAL ATTITUDES

Societal attitudes towards abortions differ and are ambivalent. With regards to the legal policies on pregnancy termination, a majority of surveyed Germans in an Ipsos study agrees with a statement in favour of allowing abortions on request.

Societal attitudes on the regulation of abortion (2021):

- 54 %** Abortions on request should be possible
- 27 %** Abortions should only be allowed under certain circumstances
- 6 %** Abortions should be illegal unless there is a danger to the life of the pregnant person
- 2 %** Abortions should be completely banned

At the same time, abortions are stigmatised. Stigma describes people being excluded on the basis of certain characteristics or experiences.

Stigma has manifold effects:

- **Affected persons:** Feelings of guilt and shame, isolation; deters from having an abortion or leads to illegal and unsafe abortions, abortions abroad
- **Medical staff:** taboo and feeling unable to speak about it, as a result lack of provision and underreporting of cases as well as a lack of qualified staff due to gaps in training
- **Anti-abortion activists:** feel validated, seems to legitimise harassment of pregnant persons and medical staff
- **Politics/public:** divisive issue, some fear debate and therefore reform

VULNERABLE GROUPS AND (UNWELCOME) PREGNANCY – DOUBLE STIGMATISATION

People in vulnerable groups find themselves confronted with even more ambivalent attitudes. Next to the stigmatisation of abortions, pregnancy and parenthood are often unwelcome, too.

	LGBTIQ* People	People of Colour	People with disabilities	Young people
Socioeconomic inequality	Discriminations/segregation in the workplace /labour market, needing to spend money for insemination and/or surrogacy	Discrimination and segregation in the labour market; some migrants without right to work	Workplaces often incapable of reducing barriers for people with disabilities' labour market participation, often paid below minimum wage in workshops for the disabled; needing to spend more for equipment and support	Not fully (paid) integrated into labour market, young people excluded from minimum wage
Institutional discrimination	Coerced sterilisation of trans* people until 2011; no automatic recognition of parenthood of the second parent in homosexual marriages	Statistical surveying of 'migrant birth rate'	Coerced sterilisation, denied contraceptive choice in assisted living	State support linked to remaining in parental household, minimum voting age
Discriminatory discourse	Restrictive, heteropatriarchal ideas of parents / family (father mother child), binary address of parents	Negative connotation of parenthood of People of Colour by debating 'migrant fertility' as being too high	Ability to parent questioned as seen as needing care themselves	Decision-making ability, foresight, and maturity denied

CURRENT DEVELOPMENTS

'We strengthen women's right to self-determination. We establish security of supply. ... The possibility of free abortions is part of reliable health care. ... We are establishing a commission on reproductive self-determination ... that will examine regulations for abortion outside the criminal code ...'

Coalition Agreement 2021–2025 (pg. 109-110)

Decriminalise abortions!

- > Bündnis für sexuelle Selbstbestimmung
- > Doctors for Choice Germany e.V.
- > Deutscher Juristinnenbund e.V.
- > pro familia Bundesverband e.V.

And many more



Activists and scientists use the vision of reproductive justice to demand more:

Everyone should have

- (1) the right to have children,
- (2) the right to not have children, and
- (3) the right to parent children in a secure and healthy environment free from individual and state violence.

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