

ABORTION IN THE NETHERLANDS AND SWEDEN

To terminate a pregnancy is a fundamental prerequisite for reproductive self-determination and as a result a crucial precondition for gender equality. In the Netherlands and Sweden, having an abortion is comparatively accessible. Nevertheless, the pathway to terminating a pregnancy holds several barriers for affected pregnant persons.

THE NETHERLANDS

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

- 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



SWEDEN

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

Not necessary: attending counselling

- Right to voluntary counselling exists



THE NETHERLANDS

Patient and doctor co-determine a waiting period between zero and ten days

- Mental burden, feeling patronised



Finding a doctor

- Medical staff may refuse to provide abortions on the basis of conscience but have to refer patients to a doctor who will perform the procedure
- Developments in the provision of pregnancy terminations:
 - Apart from two provinces, every province has a hospital that offers abortions, often there is also an abortion clinic
 - Since 2023, general practitioners may perform medical abortions
- Anti-abortion activists harass and intimidate pregnant people in front of the abortion clinic. Some Dutch cities have introduced buffer zones to protect pregnant persons from harassment
- Language barriers, domestic abuse, non-inclusive addressing of patients, not having health insurance
- Organisational challenges: taking time off work, organising childcare, costs of travelling



SWEDEN

Not necessary: adhering to waiting period



Finding a doctor

- No conscientious refusal allowed: Medical staff with the respective training have to perform abortions
- Developments in the provision of pregnancy terminations:
 - Good provision
 - Doctors and midwives may perform abortions
- Harassment of patients: unknown
- Language barriers, domestic abuse, non-inclusive addressing of patients, not having health insurance
- Organisational challenges: taking time off work, organising childcare, costs of travelling



THE NETHERLANDS

Adhering to a gestational age limit or determining grounds

- From 24 weeks since conception (p.c.), 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 16 year olds can request to be exempted but need to know about their rights
- Obligation to share the situation with someone (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., can be administered by general practitioners, second pill may be taken at home



Not necessary: Covering the costs

- Costs for every resident in the Netherlands covered



SWEDEN

Adhering to a gestational age limit or determining grounds

- From 17 weeks since conception (p.c.), 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 there is significant risk of severe physical or psychological impairment or of danger of life to the pregnant person (medical, no gestational age limit)
 - Establishing that the foetus has severe physical impairments or might not be viable (embryopathic, gestational age limit: 19 weeks plus 6 days)

Not necessary: documenting third party consent

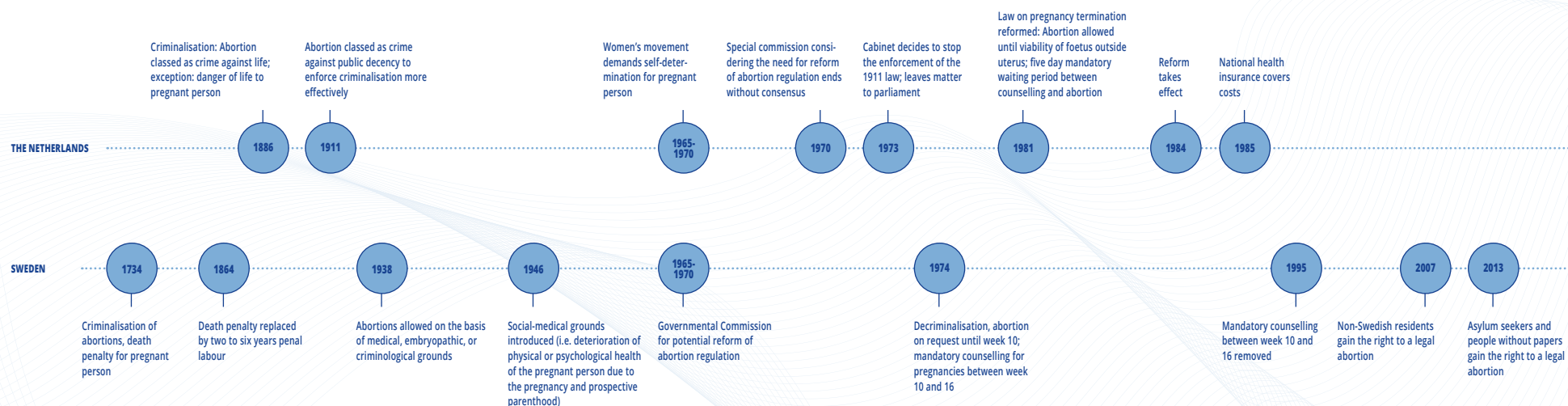
Choosing an abortion method

- Medical abortion is used up until the legal gestational age limit; first pill to be taken in facility, second may be taken at home

Not necessary: Covering the costs

- Costs are covered for everyone, contribution of around 30 € needed as for every medical appointment

REGULATION OF ABORTION THROUGH TIME



More recent reforms in the table on the next page

Sources:

Tak, J.P. (1999). Induced Abortion in the Netherlands. *Tilburg Law Review*, 7(4), 363-392.
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ABORTION-RELATED RECOMMENDATIONS OF THE WORLD HEALTH ORGANISATION AND REGULATIONS IN THE NETHERLANDS AND SWEDEN

The Netherlands		Recommendation by the World Health Organisation		Sweden
Abortions illegal and punishable by law from the assumed viability of the foetus outside the uterus	✘	Full decriminalisation	✔	Decriminalised since 1974 and included in the health code
Limit set until assumed viability of foetus (22 weeks p.c.)	✘	No gestational age limit	✘	Limit set until 16 weeks p.c.
Medical and embryopathic grounds legal without gestational age limit	✘	No grounds-based restrictions	✘	Embryopathic and criminological grounds legal until 19 weeks plus 6 days; medical grounds without gestational age limit
Mandatory counselling by doctor	✘	No mandatory counselling	✔	Since 1995
Waiting period co-determined by patient and doctor, may be zero days (since 2023)	✔	No mandatory waiting period	✔	
Under 16 year olds require the consent of their custodians - unless the doctor deems them capable of making the decision on their own and/or the pregnant person explicitly asks for anonymity and independent decision-making	✘	No third party consent	✔	Since 2009
Medical staff may refuse to perform an abortion but have to refer patients to a doctor who will	✔	Eliminate gaps in care provision resulting from staff refusing to perform abortions based on conscience (conscientious objection/refusal)	✔	No conscientious objection clause: confirmed in the 2010s by a Labour Court, after anti-abortion activists had filed a legal complaint
Costs covered for every resident of the Netherlands	✔	Costs should be covered	✔	Costs covered for anyone, apart from general own contribution to medical services of circa 30 €

CURRENT DEVELOPMENTS

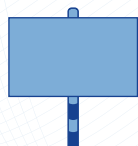
The Netherlands

- Not decriminalised
- Comparatively extended gestational age limit
- Some legal restrictions but liberal interpretation and implementation in practice

Despite different approaches, both countries enable a very good access to abortions.

Sweden

- Has been decriminalised for a long time
- Coverage of costs and absence of conscientious refusal clause crucial for good access and provision of abortion care



The Dutch citizen initiative Abortus is geen misdaad (Abortion is not a crime) was successful in putting a potential decriminalisation of abortions on the parliamentary agenda in May 2023.

The parliamentarians, however, decided against decriminalisation.



Both countries have adjusted their regulation to improve access, like the potential reduction of the mandatory waiting period to zero days in the Netherlands since 2022 or extending the groups having access to abortions in Sweden in 2007 and 2013. To improve accessibility for vulnerable groups and to guarantee their rights to parenthood (Factsheet 2) would be further necessary steps towards more reproductive justice (Factsheet 1).

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