PRO LIFE
FAMILY POLICY IN EUROPE

OFFERING POSITIVE ALTERNATIVES TO ABORTION

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ECPP FOUNDATION

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Sallux is the political foundation for the European Christian Political Movement (ECPP). Sallux means "Salt and Light" and we want to spark a salted debate where needed and shed light on the issues we face. We present solutions by organising events and distributing relevant publications and will not stay on the safe side of the status quo.

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Foreword

The demographic challenges of the EU are becoming increasingly apparent to even the most casual observer. The shortage in healthcare personnel is slowly but surely morphing into a very serious crisis that will affect the wellbeing of all citizens of EU Member States.

This is just one aspect of the demographic crisis. Many more can be mentioned such as security and education. Core sectors that keep our society and economy going are coming under severe pressure.

It is clearer than ever that we need to face the facts that contribute to this crisis, both culturally and economically. Both are addressed in this publication. The core of both contributions to this publication is the notion that we need to end the excessive pressure on families and strive to a society that accommodates having children.

We thank the authors for their work and hope that this publication will contribute to a pro life family policy in the EU Member States.

Johannes de Jong
Director Sallux

Part 1:

Comparitive Study of Abortion Rates in Ireland and Europe, 2019-present

Introduction:

Arguments and debates on the contentious issue of abortion frequently centre on existential but abstract questions such as the beginnings of human life or a woman's bodily autonomy. While these are relevant issues which inform how most people think about the abortion issue, the reality is that in most European countries abortion is happening on an industrial scale. The sheer numbers of abortions worldwide is shocking. According to WHO, every year in the world there are around 73 million induced abortions.[1] This should put in perspective the topic of abortion and should bring about a consensus among people – no matter their views on the substantive issue – that more must be done to reduce the abortion rate.

The purpose of this report is to examine, in a comparative study, the abortion rate in European countries with the abortion rate in Ireland. In 2018, a referendum legalised abortion for the first time and this was then consequently followed by the introduction of abortion legislation which became operational from January 2019 onwards. Since then, the abortion rate has skyrocketed despite promises during the referendum to the contrary. Meanwhile, most European countries have had a form of legalised and regulated abortion since the post-war period onwards. Ireland was an "outlier" in this regard and acted as a beacon of light among an otherwise dark continent where widespread abortion was tolerated as second nature. In the Irish public consciousness, abortion was always seen as a divisive topic and never as something to be celebrated. Even those who proposed a liberalisation of Ireland's abortion policy always grounded their stance on a supposed desire to deal with hard-cases. For example in the 1983 referendum, which introduced Ireland's pro-life amendment, many of the opponents of the pro-life amendment made their argument against it on the grounds that it was simply unnecessary, that it would put back the goal of Irish north-south reunification, or that the specific wording was flawed. Very seldom in 1983 did opponents of the amendment actually advocate that Ireland should introduce abortion. Thus, the issue remained a hot and contested topic in Ireland whilst in Europe it was relatively uncontroversial and accepted as normal. Because Ireland was "late" to adopt a pro-abortion policy, it makes for an interesting case

1 World Health Organisation, 'Abortion', 17 May 2024: (https://www.who.int/news-room/fact-sheets/detail/abortion)

study when examining trends between its recent abortion trends and the longstanding trends which exist on the continent. This report will tackle these issues head on. In addition, this report will try to examine how some countries are reacting to moves to liberalise abortion policy domestically and ways in which the abortion rate can be limited without necessarily introducing an "abortion ban". One must treat this issue sensitively, as in Ireland, Europe and internationally (particularly in the post-Roe United States) there is an effort to deliberately mischaracterise even the slightest or incremental change to an abortion law in a pro-life direction as an "abortion ban".

Repeatedly this could be seen in the recent 2024 United States presidential election, whereby the Democratic candidate Kamala Harris often and frequently declared that Republican nominee former President Donald J. Trump was intent on signing into law a nationwide abortion ban, despite the fact that his policy had consistently been to allow the individual US states to decide their own abortion policy. Similarly, during the 2024 Irish general election, the media reported on hopes by the pro-life party Aontú to "change Ireland's abortion law", which was interpreted wrongly by many as a suggestion that Aontú was making a restoration of the 8th Amendment a core agenda in its policy platform. In reality, Aontú leader Peadar Tóibín merely responded to questions from journalists on this topic by highlighting a lacuna within the current legislation which does not prohibit abortion on the grounds of disability and the further absence of precautionary foetal pain relief for babies in late-term abortions. Introducing either measure would not result in a fundamental redrawing of the abortion law or Irish abortion policy. However, it was misreported as such and interpreted by a swathe of online commentators and readers as a Delphic utterance: that the Aontú party was actively campaigning to change Irish abortion laws to make them more restrictive/conservative or even to remove the Irish 2018 abortion act in its entirety. This is not a realistic policy which any party would actively place before the electorate, although naturally many people hold this moral view that such a policy is desirable and just. Thus, this report must tread carefully in its treatment of the matter of attempts to complement abortion policy across Europe which serve to reduce the abortion rate without fundamentally rejecting or banning an abortion regime.

Background: The Irish Referendum

In 2018, Ireland's referendum on whether to repeal its pro-life constitutional provisions took place on 25 May. Two-third of voters answered "Yes" in the referendum question on whether the legislature should have the power to make provision by law for the regulation of termination of pregnancy. This repealed the former pro-life amendment, inserted in a popular referendum in 1983, which read: "The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right." The decision to "repeal" this provision, often referred to as the Eighth Amendment, ushered in the introduction of legalised abortion regulated by the state. During the campaign, the government ran with a slogan which said abortion would be "free, safe and legal" (and sometimes "safe, legal, and rare"). The onus was then on the government to provide state-backed abortion, through the established healthcare system, the Health Service Executive (HSE), rather than leaving it to private abortion clinics as is the practice in most countries with legalised abortion. In 2019, the legislation regulating abortion became effective and Ireland began to provide abortion on a mass-scale. In the first year, there were 6,666 abortions – a dramatic jump from pre-repeal numbers, which indicated that in 2018 just under 3,000 women from the Republic of Ireland attended abortion clinics in England and Wales in the same year. It put paid to the idea that abortion would be "rare" in post-repeal Ireland. This begs the question, how could the Irish government get it so badly wrong? During the campaign, pro-repeal politicians such as Micheál Martin claimed Ireland would somehow not follow the same path as other European countries which legalised abortion, such as England*: "The argument that 'oh if we do this we become like England'. That's not true. We are not England, we are Ireland. We have a different approach."*[2]

The push for abortion legalisation in Ireland during the 2010s had significant international implications. Notably, billionaire George Soros' Open Society Foundation was revealed to have funded pro-abortion groups ahead of Ireland's 2018 abortion referendum. A leaked strategy document detailed plans for the foundation to support Amnesty International Ireland, the Abortion Rights Campaign, and the Irish Family Planning Association as part of an effort to repeal the Eighth Amendment.

2 Micheál Martin: 'The argument is that if we legislate for abortion we'll become like England. That's not true. This is Ireland', 20 May 2018, TheJournal.ie, (https://www.thejournal.ie/micheal-martin-the-argument-is-that-if-we-legislate-for-abortion-well-become-like-england-thats-not-true-this-is-ireland-4019520-May2018/)

The document explicitly framed Ireland as a potential catalyst for influencing abortion policies in other predominantly Catholic countries, particularly Poland. It stated:

"With one of the most restrictive abortion laws in the world, a win there could impact other strongly Catholic countries in Europe, such as Poland, and provide much needed proof that change is possible, even in highly conservative places. The recent legalisation of same-sex marriage offers valuable and timely opportunities to advance the campaign."

After the 2018 referendum, international media highlighted the possibility of a ripple effect from Ireland's decision, suggesting it might weaken the resolve of pro-life activists and policymakers elsewhere. It's therefore important that we, as pro-life citizens, equally consider the importance of the international context in looking at comparisons between the Irish and foreign cases. Particularly, we must look at the experience of laws which have successfully reduced the abortion rate abroad and consider them as a contrasting model for the current liberal Irish abortion policy.

Pro-life measures in Europe and elsewhere

From September 2022 onwards, women in Hungary seeking an abortion are required to listen to their baby's heartbeat before proceeding, under a new regulation. The amendment, supported by Interior Minister Pintér Sándor, mandates doctors to document that the pregnant woman was shown "evidence of vital functions in a clearly identifiable way." Politician Dora Dúró praised the measure on Facebook, describing it as a step toward "protecting all fetuses from conception" and calling it a "chance for life."

However, Amnesty International spokesperson Áron Demeter criticized the move, labeling it a "worrying step backward." Hungary's 2012 constitution states that "the life of the fetus is protected from conception" but does not ban abortion outright. In 2019, Prime Minister Viktor Orbán introduced a policy exempting women with four or more children from income tax for life.The amendment reduces abortion rates by helping mothers recognise the humanity of their unborn children. Hearing a baby's heartbeat highlights the full humanity of the unborn child.

The narrative that women need abortion is degrading, suggesting they are incapable of handling the challenges of an unexpected pregnancy.[3] Heartbeat bills, which places a limit on the grounds for abortion to coincide with the beginning of a baby's heartbeat, have been adopted in many US states.

On April 14, 2023, Governor Ron DeSantis signed the 6-week abortion ban, also known as "The Heartbeat Bill." The law, which went into effect on May 1, 2024, prohibits abortions

3 Women in Hungary will listen to baby's heartbeat before abortion, under new legislation, https://righttolife.org.uk/news/women-in-hungary-will-listen-to-babys-heartbeat-before-abortion-under-new-legislation

after six weeks of pregnancy, with exceptions for cases involving the life of the mother, rape, incest, human trafficking, or medical emergencies.

Supporters of the law highlight that it will save thousands of unborn lives and prevent many women from experiencing lifelong grief. The bill's implementation was delayed for a year due to a legal challenge to a 2022 law banning abortions after 15 weeks, which also included an exception for the mother's life. Planned Parenthood and independent abortion providers argued that the law violated Florida's constitutional "privacy clause." However, the Florida Supreme Court upheld the constitutionality of the 15-week ban, clearing the way for the 6-week bill to take effect.

Advocates have hailed this as a major victory for Florida's Constitution, emphasizing that the Supreme Court's ruling affirmed the law. The 6-week bill also includes $25 million in financial aid for women and children in need, reflecting a commitment to providing resources and support alongside the restrictions. However, on the same day the court's decision was celebrated, a ballot initiative titled "Limiting Government Interference with Abortion" (Amendment 4) was approved for the November ballot. If passed, Amendment 4 would overturn all pro-life laws in Florida, including parental consent requirements, and potentially make the state a destination for abortion throughout all nine months of pregnancy. Critics argue the amendment is vague, lacks health standards, and fails to clearly define "healthcare provider," raising significant concerns about its impact.

Florida Right to Life and other pro-life advocates are working to oppose Amendment 4, viewing it as a direct threat to the progress made with the 6-week law. While celebrating the law's implementation, advocates remain focused on defeating the proposed Amendment 4 in November 2024.[4] The amendment was defeated because it failed to reach a 60% threshold. Florida Amendment 4 was a proposed change to the state constitution that failed to pass on November 5, 2024. The amendment garnered 57% of the vote in a statewide referendum, falling short of the 60% supermajority required by Florida law. Despite its failure, the significant level of support it received has been interpreted by some as reflective of a broader national consensus on abortion rights, similar to outcomes in other moderately conservative swing states like Michigan, Ohio, Missouri, and Arizona. In Arizona, an abortion rights amendment passed with a three-fifths majority, although unlike Florida, such a threshold was not required there. If passed, Amendment 4 would have established a constitutional right to abortion in Florida up to the point of foetal viability (typically between 21 and 24 weeks of gestation).

It would have also invalidated existing laws, such as the Heartbeat Protection Act, and allowed abortions after viability (23 weeks to birth) if a healthcare provider deemed it related to health.

In Ireland, the gestational limit is officially 12 weeks. The logic for this was explained in 2018 during the publication of the draft bill, which was released before the referendum. The Cabinet gave its formal approval to the draft scheme of the bill in March 2018 that served as the basis for the referendum on the Eighth Amendment held in May 2018. Before the poll, Health Minister Simon Harris stated that the referendum on the Eighth Amendment would propose the complete removal of the constitutional article granting equal rights to life for the mother and the unborn child. He also explained that the referendum would propose adding a new clause clarifying that the Oireachtas could legislate on abortion. In a statement, Harris said, "Today, the Government took the next step on the road to a referendum on the 8th Amendment. The Cabinet gave formal approval for the draft General Scheme of the Bill, which will form the basis for the referendum on Article 40.3.3 of the Constitution, planned for late May.
He announced plans to finalize the Referendum Bill so that the 36th Amendment to the Constitution Bill could be published in early March. He noted that the referendum's exact date would be decided following debates in the Dáil and Seanad, adding that he was confident the timeline for a May referendum could be met. "For the first time since 1983, the Irish people are to have their say on the substantive issue of the 8th Amendment and whether it should be removed from our Constitution," Harris remarked. He explained that this step followed recommendations from the Citizens' Assembly, the cross-party Oireachtas committee, and a Government decision to hold a referendum.

4 Florida introduced its abortion restriction in April 2023 following the overturn of Roe v Wade in 2022.

The referendum proposed deleting Article 40.3.3 entirely and replacing it with a clause allowing the Oireachtas to regulate the termination of pregnancy. Harris, who confirmed he would campaign for changing Ireland's abortion laws, emphasized that repealing the Eighth Amendment was essential for any changes to take effect. *"We need to change the status quo. For this to happen, we must repeal the 8th,"* he stated. He stressed that without repealing Article 40.3.3, laws addressing fatal foetal abnormalities, rape, incest, or women's health could not be enacted. Harris also revealed that the Department of Health was drafting legislation to follow the amendment's repeal. "*This legislation will be based on recommendations from the Joint Committee on the Eighth Amendment,"* he said, adding that he intended to publish a policy paper in March outlining the proposed legislation.

In December 2017, the Oireachtas committee on the Eighth Amendment, tasked with reviewing the Citizens' Assembly recommendations, voted to support repeal. The committee recommended allowing unrestricted abortion up to 12 weeks of pregnancy. This majority decision came after months of testimony from medical and legal experts, as well as personal stories. Then-Taoiseach Leo Varadkar announced his support for repealing the Eighth Amendment, while Tánaiste Simon Coveney reportedly told Cabinet colleagues he could not back the 12-week provision.

The wording of the referendum question was expected to play a crucial role, with many undecided voters wanting clarity on what they would be voting on. A Sunday Independent poll at the time indicated that 40% of respondents supported unrestricted abortion up to 12 weeks, while 33% opposed it, and 19% remained undecided. Ultimately, the public vote 2:1, or 66% in favour of repealing the 8th Amendment in May. Despite a minority of people favouring unrestricted abortion to 12 weeks, this then became law, and now (as of 2024) there is immense pressure being placed on the government to radically expand the abortion law beyond 12 weeks to bring it to 24 weeks, which would place Ireland among the most extreme abortion regimes in Europe. While Ireland's elites and campaigners and media are trying to ensure that the abortion regime is radically expanded, the reality is that the example of countries in Europe needs to be studied to understand how we can reduce the abortion rate.

Ireland's spiralling abortion rate:[5]

For decades, the majority of Irish abortions occurred in England and Wales following the Abortion Act 1967, as reflected in abortion statistics. Abortions under this law required an HSA4 form documenting the woman's address. Annual abortion figures for Irish residents in England and Wales fluctuated over time but dropped significantly in the years before Ireland introduced legal abortion. After Ireland enacted its abortion laws in 2019, most women opted for domestic procedures, causing a sharp decline in those traveling to England and Wales.

Beyond England and Wales, the Netherlands has been the next most common destination for Irish women seeking abortions. However, Dutch authorities do not specifically track abortions for Irish women, unlike records available for Belgian, Spanish, and German women. The data from Dutch clinics, previously provided by the Crisis Pregnancy Agency, is considered unreliable. Global abortion statistics often fail to account for cross-border abortion trends accurately. From 2014 onward, official Irish abortion data has been based on notifications to the Minister for Health, first under the Protection of Life During Pregnancy Act 2013 and later under the Health (Regulation of Termination of Pregnancy) Act 2018. These figures are reportedly inaccurate, as claims for reimbursement by GPs consistently outnumber notifications, except in 2019. Data on abortions performed in Irish hospitals is limited to annual reports from the Rotunda, the Coombe, and the National Maternity Hospital.

Comparisons between abortion and birth rates highlight abortion's societal impact in Ireland. Registered births fell from 68,930 in 2013 to 54,678 in 2023, with fertility rates dropping from 2.0 to 1.5. In 2023, 10,033 abortions were reported, suggesting 15.5% of pregnancies ended in abortion, excluding miscarriages. By contrast, global statistics estimate 121 million unintended pregnancies annually from 2015-2019, with 61% ending in abortion—about 73 million abortions per year. The abortion rate in Ireland has risen sharply. In 2022, 12% of pregnancies ended in abortion, rising to 16.6% (1 in 6 pregnancies) in 2023. This alarming trend was largely overlooked in media discussions on declining birth rates. Early 2024 data shows 4,424 abortions were performed by May, putting the year on track to surpass 10,000 abortions, continuing the rapid annual increase. Globally, interest in abortion rates surged after Roe v. Wade was overturned in 2022, with U.S. abortion statistics showing significant impacts over its 49-year span.

These statistics are visible in the below chart, which show the alarming situation and underline why it requires immediate steps to be taken to proactively reduce Ireland's abortion rate – which is spiking annually.

5 Statistics on this can be found on https://prolifecampaign.ie/abortion-statistics/.

Pain Relief

One measure that may prompt a rethink of the abortion debate in Ireland is the proposal for a foetal pain relief bill. This was not included in the 2018 legislation, despite some efforts to include it as an amendment during the drafting stage of the law in autumn 2018. All amendments were thrown out by the government which steamrolled through its extreme law.

Speaking on the debate in December 2021 on a bill which she co-sponsored to introduce foetal pain relief[6], Deputy Carol Nolan (independent) outlined her reasons for supporting the measure.

She drew on scientific literature and relied upon best practice to underline the necessity for such an amendment.

Deputy Nolan expressed gratitude for the full support of the Bill's ten co-sponsors, acknowledging their contributions. They introduced the Health (Regulation of Termination of Pregnancy) (Foetal Pain Relief) Bill 2021 and voiced disappointment over the Government's amendment, which would prevent further readings of the Bill. They emphasized the importance of including pain relief in the upcoming review of abortion services, describing it as a vital and humane consideration that should not be overlooked.

The Bill's primary focus, outlined in section 3, is to mandate pain relief for unborn children, where appropriate, in cases beyond 20 weeks gestation, except in emergencies where it may be impractical. This proposal, intended to be narrow and science-based, aims to ensure that recent research on foetal pain informs the discussion. Deputy Nolan cited a 2020 review in the Journal of Medical Ethics, which concluded that the previous consensus dismissing foetal pain was no longer tenable. The review suggested that foetuses might feel "something like pain" as early as 13 weeks, reinforcing the need for precautionary measures.

Deputy Nolan also referenced the Oireachtas life and dignity group's report, which highlighted practices in foetal surgery where pain relief is routinely administered. International examples, including innovative spinal surgeries in the UK, demonstrate a standard of care that reflects compassion and scientific understanding. They argued that similar precautions are already enshrined in animal welfare laws and should extend to unborn children as a matter of principle.

6 The full text of the Health (Regulation of Termination of Pregnancy) (Foetal Pain Relief) Bill 2021 can be read here: https://data.oireachtas.ie/ie/oireachtas/bill/2021/73/eng/initiated/88819-health-regulation-of-termination-of-pregnancy-foetal-pain-relief-bill-2021.pdf.

The Bill's sponsors stressed that pain relief in the context of abortion is an emotive yet unavoidable issue. They pointed to studies revealing the physical and emotional toll on medical professionals involved in late-term abortions. As legislators, they asserted a duty to lead with compassion and evidence-based policy, rejecting the notion that such matters should be left solely to medical guidelines.

Finally, she highlighted the Bill's limited scope and focus, appealing for cross-party support to advance it to Committee Stage for further analysis. They concluded by urging the House to reflect the latest science and insert a measure of humanity into an already challenging area of law, commending the Bill for consideration.
In an explanatory memorandum[7] attached to the legislation, the rationale underlying the proposed law was explained the Bill aims to ensure that in cases of late-term terminations where the unborn child could experience pain, appropriate pain relief is provided.

Section 1: Sets out the short title and commencement of the Bill.
Section 2: Defines references to the "Act of 2018" as the Health (Regulation of Termination of Pregnancy) Act 2018.
Section 3: Introduces a new provision in the 2018 Act requiring pain relief for the unborn child in applicable cases, except in emergencies where it is impractical. It also mandates that notifications to the Minister for Health under section 20 of the 2018 Act include details related to this new provision.
Section 4: Requires that the records kept for terminations under section 20 of the 2018 Act include information relevant to the new pain relief provision.
Its sponsors included Carol Nolan TD, Michael Collins TD, Danny Healy-Rae TD, Michael Healy-Rae TD, Mattie McGrath TD, Richard O'Donoghue TD, Sean Canney TD, Éamon Ó Cuiv TD, Peter Fitzpatrick TD, Noel Grealish TD, and Peadar Tóibín TD.
The issue of foetal pain relief has been championed in other European countries by some politician, for example in the United Kingdom.

7 The Explanatory Memorandum can be read in full here: https://data.oireachtas.ie/ie/oireachtas/bill/2021/73/eng/memo/b7321d-memo.pdf (May 2021)

Telemedicine
Evidence shows that telemedicine abortions significantly increase the abortion rate in contrast with countries which require women to submit to in-person examinations before they can proceed with an abortion.
Multiple studies indicate that the positive effects of mandatory waiting periods for abortion decisions are often undermined when consultations occur remotely, as seen in the Myers study. Silvie Colman and Theodore J. Joyce's research on *Texas's Woman's Right to Know Act* (2003) further illustrates this. The Act introduced a 24-hour waiting period and required doctors to perform a sonogram, present foetal imagery, describe visible features, and play the heartbeat, if detectable, to encourage informed decision-making. However, the law did not require in-person consultations, allowing them to occur via phone, mail, or online.
Colman and Joyce found that the dramatic 88% drop in Texas abortion rates from 2003 to 2004 was primarily due to a provision mandating that abortions after 16 weeks gestation be performed in ambulatory surgical centres (ASCs). None of Texas's 54 non-hospital clinics met these standards at the time, causing the abortion rate to fall from 3,642 in 2003 to 446 in 2004. The researchers noted that the waiting period itself had no measurable impact, as remote consultations weakened its effectiveness.

This aligns with broader evidence showing that remote consultations diminish the efficacy of waiting periods. For instance, an Irish abortion advocate admitted that telemedicine had negated the perceived burden of Ireland's three-day waiting period. During the COVID-19 pandemic, many countries, including Belgium, Ireland, and Germany, introduced temporary telemedicine measures that allowed consultations and abortion pill distribution to occur remotely.

The WHO supported these changes, promoting digital technologies to expand abortion access, particularly in rural areas. A 2020 U.S. study found that 17.1% of women seeking telemedicine abortions cited mandatory waiting laws as a factor, while 69.1% pointed to cost considerations, which remote consultations reduced.

However, the shift to telemedicine raises safety concerns. Remote consultations may fail to detect cases of coercion, abuse, or trafficking, as in-person interactions offer better opportunities to identify such risks. A 2022 BBC poll revealed that 15% of British women aged 18-44 had experienced pressure to terminate a pregnancy. In Ireland, the Health Service Executive acknowledged that in-person consultations provide personalized care, improve abuse detection, and enable screening for other health concerns.

Cases like Carla Foster in the UK, where abortion pills were misused under a remote scheme, highlight the potential risks of telemedicine policies. Critics argue that mandatory in-person consultations are essential to safeguard vulnerable women, ensure informed decisions, and provide avenues for intervention in cases of coercion or trafficking.

2020 polling from ComRes reveals that women are advocating for more, not fewer, safeguards in abortion laws across several important areas. Specifically, 77% of women believe that doctors should be legally required to verify in person that a patient seeking an abortion is not being coerced by a third party. Additional evidence supports the view that there is broad backing for stricter abortion regulations: a poll from March 2014 found that 92% of women felt a woman requesting an abortion should always be seen in person by a qualified doctor. The rise of 'at-home' abortions has compromised healthcare for pregnant women and their unborn children, favouring convenience over safety. This temporary provision has jeopardized women's health and safety by allowing unsafe procedures. Any review of maternity services in England must address these growing risks to women's health and call for the immediate suspension of such practices.[8]

8 For further information on the telemedicine issue and its impact, please see the report by Right to Life UK: https://committees.parliament.uk/writtenevidence/13640/pdf/, November 2020.

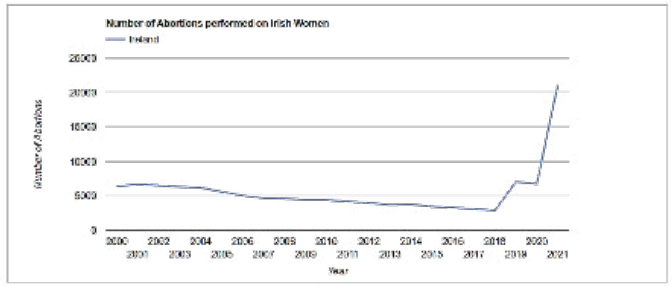
Reduction of the abortion rate in European countries

Statistics reveal that the number of abortions in Hungary has steadily decreased from 2010 to 2023 (measured in thousands). The abortion rate has consistently fallen, with around 21,000 abortions reported in 2023, a sharp decline from over 40,000 in 2010. The peak of abortion numbers in Hungary occurred during the communist era, when annual abortions soared to as high as 140,000 in the mid-1960s. However, a significant reduction in abortion rates was observed in the mid-1970s.[9]

By contrast, Ireland has seen the opposite trend. The two below charts contrast this starkly.

Table 1: Hungarian abortion rate[10]

Table 2: Irish abortion rate (Pro Life Campaign, 2024).[11]



9 https://x.com/BalazsOrban_HU/status/1608412002980081665, 29 December 2022.

10 Hungary abortion rate per 100 live births from 1950 to 2014. Data from Hungarian Central Statistical Office, https://commons.wikimedia.org/wiki/File:Hungary_Abortion_Rate.svg.

11 https://prolifecampaign.ie/abortion-statistics/

This begs the question how best can Ireland emulate what other countries such as Hungary are doing right in order to reduce our own abortion rate. It particularly underlines the need for positive supports for women in unplanned pregnancies. In a 2021 document, the Pro Life Campaign noted:

"The culture of silence (and silencing) which has followed the 2018 legislation extends more widely than towards women encountering challenges in pregnancy. The current state policy would appear to be to exclude inputs at all levels from those who provide positive alternatives to abortion. Right now, these voices are entirely shut out of a system which has been captured by radical pro-abortion voices. The Government has a democratic obligation to ensure that the diversity of opinion and perspectives that exist in society are at the heart of all decision-making processes, including expert pro-life voices.

"There are many areas where such voices would be valuable such as looking at ways to reduce Ireland's spiralling abortion rate; providing positive alternatives to abortion; creating public awareness about contemporary models of open adoption; improving maternity benefits, tax breaks during pregnancy and for families with newborn babies; providing sheltered accommodation for homeless pregnant women; improving respite care and support for families of children with multiple special needs; making additional resources available for perinatal hospice care and support for families of babies born with a life-limiting condition. Space must be found at the decision-making table for allowing these vitally important perspectives to be aired."[12]

There is considerable information available about what a woman in an unplanned pregnancy can do if she wants to seek out an alternative to having an abortion.

An unplanned pregnancy can be a frightening experience, but it's important to know that many women face similar feelings. Approximately 50% of all pregnancies each year are unplanned, which amounts to nearly three million cases annually (in the United States). How do women navigate this challenging situation? Many women seek alternatives to abortion that benefit both the mother and the child.

Choosing to raise the child can be a difficult decision, especially when the pregnancy was unplanned. It requires careful thought and planning. Expectant mothers should assess their financial situation, living circumstances, and support system. They also need to evaluate whether they are ready for the responsibility of parenting. This option can be a positive resolution for mothers who feel prepared to care for their child. For some women, becoming a single mother is a viable choice, but co-parenting is also an option.

12 Pro Life Campaign, 'IRELAND'S ABORTION LAW: END THE SILENCE', 2021.

Co-parenting agreements should be made with the father, covering details such as living arrangements and custody. Communication is key to making co-parenting work. In some cases, the father may be in a better position to raise the child or may want to take on the responsibility. An open conversation with the father about his willingness to help raise the child can clarify this option.

In certain situations, a family member may be willing to step in and raise the child. If a mother is unsure about parenting, entrusting the child to a relative who can provide a safe and loving environment might be an ideal solution. The level of involvement the biological mother has can be negotiated, and in some cases, guardianship may be returned after a set period of time. While this can be a positive alternative, it often requires strong communication and coordination to manage potential family conflicts. Legal matters related to guardianship should be handled with the help of an attorney to ensure everything is settled before the baby is born.

Adoption can be a good alternative for both the mother and the child. Many families are eager to provide a loving, stable home. Though the adoption process can seem daunting, adoption professionals can guide mothers through the process. Adoption guarantees that the child will be placed with a family who is financially able to provide a good life and who desires to be loving, unconditionally supportive parents.

Unlike guardianship, adoption is a permanent decision, and the birth mother will no longer have a say in how the child is raised. However, adoption offers the opportunity to place the child in a family that can provide the care and opportunities the birth mother may wish for the child. It's important to carefully consider this option and seek guidance from adoption specialists to determine if adoption is the best choice.

Before making any decisions, it's helpful to consult with experts. Adoption, for example, is a viable option for many women who want to explore alternatives to abortion. This can often be done through engagement with pregnancy centres.

Pro-life organizations worldwide provide extensive resources to ensure that women facing unplanned pregnancies never feel that abortion is their only option. These organizations typically offer support through pregnancy medical clinics (PMCs) or pregnancy resource centres (PRCs). These centres provide a variety of free services, including counseling, medical care such as ultrasounds, parenting classes, material aid (like baby supplies), and sometimes housing assistance. Their goal is to offer compassionate care, helping women understand all available options and make informed decisions. Many of these centres also connect women with adoption services if they choose that path, ensuring they are supported throughout their journey.

The centres aim to create a non-judgmental environment where the well-being of both the mother and the child is prioritized. Focus on the Family emphasizes the importance of considering life-affirming alternatives and works to empower women with resources that support both their health and that of their children.

Many pregnancy resource centres are affiliated with pro-life organizations. For example, Heartbeat International has over 1,500 U.S.-based PRCs among its affiliates and keeps a contact list of many more. According to the organization's vice president, Cindi Boston, there are between 2,600 and 2,700 pregnancy resource centres in the U.S. These centres are accessible to women across the country, including in medium-sized towns and smaller communities. Ms. Boston stated, "These centres are the most effective tool for women considering their options. We see a tremendous number of women choosing life for their children as a result."[13] Some PRCs focus solely on providing non-medical services and information, while others function as medical clinics with a staff that may include doctors, nurses, and healthcare professionals. At any PRC or PMC, women can receive counselling and information about alternatives to abortion, along with referrals for medical care and additional support. These centres also offer guidance on decisions after childbirth, such as parenting or adoption. Many provide classes on parenting and life skills, including topics like healthy relationships and financial management. Additionally, they often offer material support, such as baby supplies like nappies, clothing, and formula.

What is clear is that these PRCs and similar pro-life resources rely entirely on the generosity of private donors, namely they are charitable institutions. Thus, it is necessary that the state should step in and provide a more comprehensive system of supports to ensure that no woman ever feels like she has no choice but to have an abortion. It is very clear that this is what's happening in Ireland and is a reason for the Irish abortion rate skyrocketing annually. This can be seen in telephone calls to the state-backed phone service "MyOptions".

13 https://www.heartbeatservices.org/cindi-boston

Lack of state-backed supports

Between November 2021 and January 2022, Students For Life (Ireland) conducted a study to examine how the HSE MyOptions service functions in practice.[14] The goal was to understand how MyOptions counsellors interact with clients from various backgrounds, each with different needs and expectations, and to assess whether abortion was overly emphasized as the default solution for those dealing with an unplanned pregnancy. They aimed to evaluate the claim that MyOptions offers "information and support on all your options, including continued pregnancy support and abortion services."
To carry out this research, they organized a series of phone calls to MyOptions to gather clear insights into the advice and counselling the service provides. Below are summaries of the responses given by MyOptions counsellors to different hypothetical scenarios. The research findings clearly demonstrate that MyOptions counsellors are largely unprepared to discuss anything beyond abortion. Even when women do not inquire about abortion, it is the first issue raised by counsellors when dealing with unplanned pregnancies.

Alarmingly, the study reveals that MyOptions counsellors often suggest that women contact abortion-providing GPs for their initial consultation, even when the women express uncertainty about whether to proceed with an abortion. These and other concerning and unprofessional practices highlight the urgent need for significant reforms in how MyOptions operates and how public policy around unplanned pregnancies is addressed. In one call, a 17-year-old girl, who was around 10-11 weeks pregnant, reached out to MyOptions to inquire about available support. She appeared confused and uncertain about her options. Once the counsellor learned her stage of pregnancy, they immediately mentioned that abortion was time-sensitive and suggested it might be a "good idea" to schedule a first appointment with a GP for an abortion. The girl was unresponsive to this suggestion and showed signs of distress and confusion. The counsellor seemed unprepared to discuss other options, such as counselling, and the call ended shortly afterward.

In a separate call, a married woman in her forties with four children, who was unexpectedly pregnant, called MyOptions for guidance. After listening to her describe her financial challenges, the counsellor asked, "So you're thinking of abortion?" The woman expressed discomfort with abortion but felt she had no other choice, mentioning her rocky relationship with her husband. When she asked if there were alternatives to abortion, the counsellor briefly mentioned adoption as "probably the only other option," then went on to provide abortion-related information. The woman also expressed concerns about potential regret after an abortion, but the counsellor continued to recommend speaking to a GP about the abortion process. The conversation ended after this advice.

14 The in-depth report by Students for Life can be read here: https://studentsforlife.ie/wp-content/uploads/2015/12/MyOptions-Research-Revealed.pdf, 17 January 2022.

In another call, a woman in her thirties with two children, unexpectedly pregnant at 6-7 weeks, reached out to MyOptions for support. She shared that she had a disabled child and was feeling overwhelmed. The counsellor sympathized but focused on explaining the abortion process, even though the woman had not asked for this information. The counsellor encouraged the woman to schedule a first appointment with a GP and take advantage of the three-day waiting period to reflect on abortion. The call ended after this suggestion.

A 15-year-old girl, about 9 weeks pregnant, had her mother call MyOptions on her behalf. The counsellor suggested scheduling an appointment with a GP "if she's decided she wants to end the pregnancy," while offering details of abortion-providing GPs. The mother explained that her daughter was in shock and unable to process the situation. Despite the mother's concerns about her daughter rushing into an abortion, the counsellor did not suggest much reflection on the decision. Instead, she recommended contacting a GP and the Irish Family Planning Association (IFPA) for counselling. Only after the mother voiced her concerns did the counsellor briefly mention adoption, without providing further details.

In another case, a woman in her 40s with three children, unexpectedly pregnant, reached out to MyOptions after finding their number online. The counsellor immediately mentioned that she had called the right place for information on abortion services. After hearing about the woman's struggles with depression, financial issues, and her partner's redundancy, the counsellor pushed for her to consider abortion, offering little information on alternatives. When the woman asked about possible regrets after an abortion, the counsellor asked for her opinion but did not provide any advice. The conversation ended with the counsellor offering details about GPs who provide abortion care.

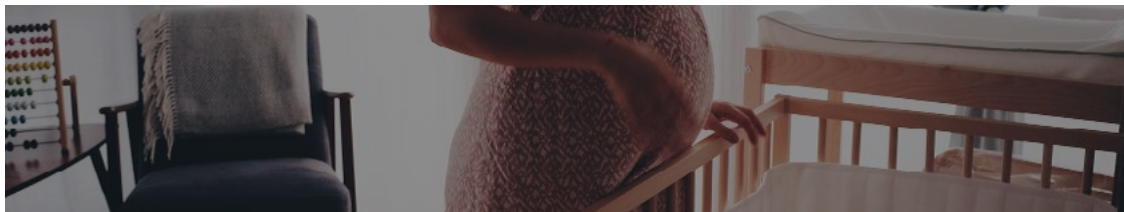
In another brief call, a woman contacted MyOptions seeking an abortion after receiving a positive pregnancy test. The counsellor quickly provided her with information about nearby abortion providers, and if she were over 12 weeks pregnant, information about UK abortion services. There was no attempt to discuss alternatives to abortion or inquire further about the woman's situation.

In a final example, a man called MyOptions on behalf of his sister, who was unexpectedly pregnant and determined to keep the child. The GP had referred him to MyOptions for help with financial and social welfare information.
The counsellor was unable to provide any of the requested information and instead referred him to Citizens Information and another organization that could assist with welfare and housing. The counsellor seemed unprepared to handle inquiries unrelated to abortion, and the conversation ended soon after.

Overall, these case studies revealed the lack of information on positive alternatives to abortion. They showed that MyOptions often steered conversations with vulnerable women in a single direction: towards abortion. In the first six cases, each counsellor raised abortion early in the conversation as the proposed solution. Some counsellors used activist-driven language, such as "abortion care," and referred clients to the IFPA under the misleading assumption that they provided impartial counselling for unplanned pregnancies. In reality, the IFPA is a campaigning organization that had previously been investigated by the DPP for, as described by a former Master of a Dublin maternity hospital, "endangering" women's lives by encouraging them to falsely claim they had a miscarriage if complications arose after an abortion.

- At no point in any of the calls did the counsellors use the term "baby," and they often dismissed women's requests for information on alternatives by continuously returning to the issue of abortion.
- What was glaringly clear was that MyOptions was failing to meet the needs of women facing unplanned pregnancies. This was unacceptable and a clear violation of the commitment made by MyOptions to provide "information and support on all your options, including continued pregnancy supports."
- Students For Life proposed several changes to improve access to information about alternatives, which should be considered in the current three-year review of the 2018 Abortion legislation. These include:
- A complete review and overhaul of how MyOptions operates.
- People with experience in supporting women who choose to continue their pregnancies should be included in the decision-making process and appointed to relevant bodies overseeing policy on unplanned pregnancies. Unfortunately, this is not currently happening.

An obligation should be placed on abortion providers to inform women considering abortion about the positive alternatives available, such as financial support for parents, modern adoption models, and legal options for obtaining maintenance from the father where applicable.
A specific requirement should be made for counsellors to provide face-to-face counselling to women who inquire about alternatives to abortion.
Despite these revelations from SFL's report, the government chose to ignore it and did not action any of the proposals. Further evidence has since come to light that MyOptions continues to act as little more than an abortion referral service.
This could be seen in the 2024 "RTÉ Investigates" programme, which included a phone



call conversation with a MyOptions counsellor in which the counsellor urges the woman to consider abortion when the woman simply rings to enquire about her options having found herself in an unplanned pregnancy.

In other countries, resources exist to try to encourage women to think twice before having an abortion. This includes the mandatory provision of literature on alternatives to abortion (e.g. adoptions) and the aforementioned Heartbeat bill in Hungary. *The Guardian* newspaper wrote in September 2022: "A woman seeking an abortion needs a letter from a gynaecologist confirming the pregnancy, and has to visit family services twice, at least three days apart, where she is given counselling on adoption and state benefits for mothers. Only then can she access a referral for an abortion at a hospital."[15]

Freedom of conscience

In Ireland, freedom of conscience has been frequently eroded and undermined. This could be seen on other cases, such as Covid-19. However with regards to abortion the issue is seriously problematic and undermines an individual's right to conscientiously object to being in any way involved in the abortion process.

Abortion, as defined in the 2018 law, is described as a "procedure which is intended to end the life of the foetus." This stands in opposition to healthcare, as its primary aim is to end life, not preserve it. Under the current law, doctors are compelled to comply with a referral obligation, facilitating the occurrence of abortions. Those doctors who adhere to evidence-based medicine, recognize abortion as not being a medical treatment, and acknowledge the mental and physical health risks it poses to women are forced to disregard these considerations. Doctors who entered the medical profession with the goal of saving lives are now compelled to be complicit in ending them. Similarly, doctors who oppose abortion on ethical grounds are being forced to act contrary to their conscience. Freedom of conscience is a fundamental human and constitutional right, and no doctor or healthcare worker should be coerced into going against their conscience, disregarding their professional judgment, or misleading patients by pretending that abortion is a medical treatment when they know it is not.

15 The Guardian, 13 September 2022, https://www.theguardian.com/global-development/2022/sep/13/hungary-tightens-abortion-access-with-listen-to-foetal-heartbeat-rule

Legislative change is urgently required on this matter, and such changes made by the Pro Life Campaign in its 2021 End the Silence document[16] include:

- Protection from being required to facilitate or participate in abortions (e.g., by making referrals).
- Protection for pharmacists and other healthcare workers, not just doctors, nurses, and midwives.
- Protection from discrimination in employment and hiring decisions.
- Protection from being pressured to abandon their right to freedom of conscience.
- Students pursuing careers in healthcare, with a commitment to healing and preserving life, should not be forced to undergo abortion training. Therefore, abortion training should be optional and available on an opt-in basis.

Making space for pro-life volunteers and experts

While freedom of conscience is important in the case of doctors, it is also important that women attain "informed consent". This was championed by the Italian government led by Giorgia Meloni in 2024. Italy introduced a law ensuring women can receive pro-life counselling before abortion.[17] On April 16, 2024, the lower house of the Italian Parliament approved a measure requiring counselling before an abortion. This change allows qualified volunteer groups to participate in providing this support. Prime Minister Meloni said "We must not criminalize those who are against abortion".

The new law does not significantly alter Italy's 1978 abortion law. While the Italian abortion law has long mandated that women receive counselling, pro-life groups in Italy have frequently criticized the counselling process for not offering women meaningful support. The new provision clarifies that such consultations can now include qualified organizations with experience in maternity support, without imposing additional burdens on public finances.

Pro-life organizations, such as the *Movimento per la Vita*, already provide substantial support to women facing unplanned pregnancies. Each year, approximately 60,000 women, most of whom are expecting children, receive assistance in various forms from the *Movimento per la Vita*. This recent change to the Italian abortion law is seen as a positive development, as it upholds freedom of conscience and creates more opportunities for pro-life organizations to offer meaningful help to women with unplanned pregnancies.

Deputy Prime Minister and Foreign Minister Antonio Tajani has expressed concern about the lack of tolerance for pro-life citizens. He stated, "We have always allowed freedom of conscience on issues of this kind. I believe it is right for everyone to act according to their own beliefs and conscience."

16 'End the Silence', p. 11.

17 Bridget Ryder, ' New Italian Law Would Increase Opportunities for Pro-Life Advocates', *The European Conservative* (https://europeanconservative.com/articles/news/new-italian-law-would-increase-opportunities-for-pro-life-advocates/), 17 April 2024.

This is particularly important in light of recent efforts to restrict opposition to abortion and to establish it as a "fundamental right," as seen in the recent vote in the French Assembly and the symbolic non-binding vote in the European Parliament. Mr. Tajani, a former President of the European Parliament until 2019, emphasized the importance of protecting freedom of conscience in such matters.

Ms Meloni explained that the aim of the constitutional amendment is to ensure that women considering an abortion receive assistance to make a more informed and free decision, providing practical support to help them choose the best option. However, pro-abortion groups have criticized the amendment, viewing it as yet another form of "interference" by pro-life organizations in the secular institutions responsible for supporting women's choices.

Additionally, the Meloni government has already allowed doctors who oppose abortion on conscience grounds to refuse to perform the procedure. This is in line with the fact that 63.4% of doctors in Italy, 43% in Emilia Romagna, and 85% in Sicily object to performing abortions, as they believe the practice ends a human life. Pro-life organizations, known as "rooms of life," aim to support women by offering services such as allowing mothers to listen to their baby's heartbeat. They focus on offering emotional support to pregnant women facing difficulties, providing help during and after pregnancy, especially for those who may be considering abortion due to lack of resources or feeling pressured into the decision.

Ireland should consider adopting a similar approach. At the moment pro-abortion groups like the IFPA are endorsed by the state to carry out counselling. Meanwhile, pro-life organisations are frequently smeared and demonised as "rogue agencies". This was even included in the very biased report of the three-year review.[18] This type of demonisation and othering of pro-lifers must immediately end.

For decades, pro-life citizens in Ireland (and elsewhere) have provided crucial support to women with unplanned pregnancies through non-profit counselling and assistance services. Thousands of women have benefited from these agencies, many of which have previously received public funding. However, since the implementation of the 2018 Act, the government has sought to pressure counsellors who advise pregnant women to offer "information" about abortion, even if it conflicts with their pro-life beliefs and mission.

18 https://prolifecampaign.ie/wp-content/uploads/2023/04/Report-bda412d4-9538-47a5-8abc-ce22826bbae6.pdf

Opposing the culture of concealment and demonisation of pro-lifers:
Recently, the government's stance toward any counselling organization that does not provide abortion services has become increasingly hostile. The Minister for Health has stated that he is taking action against pro-life counselling agencies, labelling them as "disingenuous" simply because they adhere to a pro-life ethos. He revealed that the HSE has been combating what it calls "disingenuous messaging" by spending taxpayer money on Google ads to promote MyOptions and abortion services, ensuring they appear at the top of search results related to unplanned pregnancy. A bid management system has been set up to "automatically increase their bids if another website appears ahead of theirs."[19]

Using taxpayer funds to promote websites and services that offer abortion to women in vulnerable situations is inappropriate and should be stopped. The government already collaborates with state-funded agencies, such as the Irish Family Planning Association, which actively campaign for abortion and frequently direct women who contact MyOptions to these groups. Meanwhile, pro-life organizations are labelled as "disingenuous" and "rogue." This approach must be reconsidered. To help reduce the rising abortion rate, the government must commit to listening to the perspectives of agencies and individuals who have been providing positive support to women with unplanned pregnancies for decades.

In addition to halting the funding of the automatic bid management system that marginalizes pro-life counselling services online, these funds should be redirected to ensure an equal promotion of positive pro-life counselling services by state agencies. Currently, only abortion advocacy organizations like the IFPA are promoted, while groups focused on offering women positive alternatives to abortion (such as support, advice, and adoption information) should be given far greater priority.

The Pro Life Campaign noted in October 2024, responding to the call for submissions to the Irish government's new *National Strategy for Women and Girls*: "A new strategy must take account of the reality that the abortion rate has grown massively in the past few years. Many of the women having abortions are doing so due to a feeling of hopelessness, coercion, or another negative factor. The government must take account of this reality and adopt a holistic approach which tries to tackle these issues at their root."[20]

19 HSE reply to PQ11178/22, 3 March 2022
20 https://prolifecampaign.ie/wp-content/uploads/2024/10/National-Strategy-for-Women-and-Girls-submission.pdf

Reducing time limits: A Comparison between Ireland and Europe:

The most surefire and guaranteed way to reduce the abortion rate is by reducing the abortion time limit and by restricting abortion. This was clear from Ireland's experience. Abortion spiked dramatically after legalisation, putting paid to the idea that the same women who would travel abroad for an abortion would also be the same women who'd have one in Ireland. Table 3 below shows the comparative abortion limits across Europe.

Country name	Time limit for abortion on demand or on broad social grounds	References
Austria	"First three months"	Penal Code, Section 97 (1974) (German)
Belgium	12	Penal Code Chapter 2 Article 2 (French).
Bulgaria	12	Decree No. 2 on the conditions and procedures for the artificial termination of pregnancy (1990).
Croatia	10	Law No. 1252-1978 , Article 15 (1978).
Cyprus	12	Criminal Code of Cyprus (Sections 167-169 and 169A) as amended by Law No 59 (1974) and Law No 186 (1986) (no retrievable and entirely up-to-date version online).
Czech Republic	12	Law 66, Section 2(1) (1986).
Denmark (Mainland)	12	Law No. 350, Chapter 1, Section 1 (1973).
Estonia	11	Abortion and Sterilization Act, Chapter 2, Section 6 (1998)
Finland	12	Law 239, Section 5 (1970).
France	14	Code de la Santé Publique (Public Health Code) Article L2212 (2022)-1).
Germany	12	Strafgesetzbuch (German Criminal Code), Sections 218-218a (1992).
Greece	12	The Greek Criminal Code, Article 304 (No direct online access) (1986).
Hungary	12	Act LXXIX on the protection of fetal life, Section 6 (1992)
Ireland	12	Health (Regulation of Termination of Pregnancy) Act 2018, Section 12 (2018).
Italy	12	Law 194, Article 6 (1978).
Latvia	12	Sexual and Reproductive Health Law, Chapter VI, Section 25 (1) (2002).
Lithuania	12	Order No. 50, Section 1.1 (1994).
Luxembourg	12	Law of December 17, 2014 amending 1) the Penal Code and 2) the law of November 15, 1978, Article 12 (2014).
Malta	None: abortion is entirely prohibited.	Criminal Code, Articles 241-243. According to the Maltese Government: "Should the mother's life be in danger, all efforts are made to save both lives, and the double effect principle applies, such as in ectopic pregnancy.
Netherlands	24 (22 in practice)	Criminal Code, Articles 82a and 296). According to the Government of the Netherlands, "An abortion may be performed up to the time when the foetus is viable outside the mother's body. Under the Criminal Code, this is 24 weeks. In practice, doctors apply a two-week margin of error, and stick to a time limit of 22 weeks."
Poland	Abortion not available on demand or on broad social grounds. It is only available on narrow grounds, when pregnancy poses a threat to the life or health of the woman or in cases of rape or incest	Act on Family Planning, Protection of the Human Fetus, and Conditions for Pregnancy Termination (1993) and Judgement of the Constitutional Court of October 22, 2020 reference number act K 1/20(2020)).
Portugal	10	Código Penal (Criminal Code), Articles 140-142 (2007) (Portuguese with English translation available).
Romania	14	Noul Cod Penal (The New Penal Code), Article 201 (2014) (Romanian with English translation available).
Slovakia	12	Act No. 73/1986 Coll. on Artificial Interruption of Pregnancy, as amended by Act No. 419/1991 Coll., Section 4 (1993).
Slovenia	10	Law No. 1252-1978, Article 15 (1978). Note: This is the same abortion law as exists in Croatia since both were part of Yugoslavia when the law was passed in 1978
Spain	14	Organic Law 2/2010 on Sexual and Reproductive Health and the Voluntary Interruption of Pregnancy, Article 14 (2010) (Spanish with English translation).
Sweden	18	Lag om abort (Abortlagen), Section 1 (Abortion Law) (1974) (Swedish with English translation).

Why this is relevant for Europe

The core question one could raise is a very simple one: 'is this not all an individual issue, why is this relevant at all for anyone else?' This is the philosophical and ethical perspective. This has a personal dimension and a societal dimension. Subsequently this lands in the economic perspective (which of course is also ethical). At that point the relevancy for Europe will become clear.

Article 2.1 of the EU Charter of Fundamental Rights states: 'Everyone has the right to life.'. Then the next obvious question is 'who is everyone?'. Does 'everyone' include the unborn? There is an interesting cultural phenomenon that started in the US in the late 2000's and is called 'gender reveal party'. Any YouTube search on 'gender reveal' will reveal literally countless results. Of course the whole idea is to 'reveal' whether the unborn baby is a boy or a girl. This is often done in various creative manners, often with balloons or smoke in either blue or pink. Usually there is a lot of (not wholly unfounded) critique on the stereotypical way that girls or boys are portrayed in these gender reveal parties. However there is no attention for the obvious 'elephant in the room'. In gender reveal parties the gender of the unborn baby is revealed as a boy or girl. By doing so it is unavoidable to conclude that (at least in popular culture) the unborn is treated as a human being or a person. This rhymes with many other undiscussed aspects of popular culture. One only can consider the enormous amount of money spent on baby items in birth preparation on baby clothes, baby rooms, beds and all the like. This is not done under the notion that the unborn is just a clump of cells. The congratulations and expectation of new life is testimony to that.

Even legally, we can see that there is a different treatment of pregnant women. There are laws for pregnancy leave and more severe punishment in case a pregnant women is victim of a physical attack. A clear example of this legal difference is the Pregnant Workers Directive 92/85/EEC which is EU level legislation that protects pregnant women[21]. The directive aims 'to protect the health and safety of women in the workplace when pregnant or after they have recently given birth and women who are breastfeeding'. For example this directive protects women against working with chemicals that could endanger the unborn baby. The official explanation of the European Agency for Safety and Health at Work does not mention the unborn at all: 'Under the Directive, a set of guidelines detail the assessment of the chemical, physical and biological agents and industrial processes considered dangerous for the health and safety of pregnant women or women who have

21 European Agency for Safety and Health at Work; https://osha.europa.eu/en/legislation/directives/10

just given birth and are breast feeding.' At the same time it is self-evident that as this is a directive to protect specifically pregnant women, the aim of the protection is not just the women but also the unborn. It is clear that the EU institutions want (quite understandably) stay out of a difficult debate but at the same time this is simply obvious.
The EU legislation reflects and complements many similar or pre-existing legislation that offered or offer similar or additional protection for pregnant women which has the clear goal to protect the unborn as well. Especially the attention at and the prevention of the work with chemicals that otherwise would be worked with cannot be disconnected from the concern for the unborn.

In the medical and healthcare sphere we see a lot of special attention and care for pregnant women with the specific aim to care for the unborn. Women are invited (even expected) to go to maternity care and much attention is given to healthy food and avoidance of unhealthy behaviour in order to protect the unborn baby. Usually, during maternity care staff will not speak about 'the fetus' with expectant mothers but about 'the baby'. Both in the offer of maternity care (and what it covers) and in the actual operation of that maternity care, there is the acceptance that the unborn baby is a human being.
Even if the unborn is not a separate person with legal rights, at the cultural, legal and medical level the unborn are treated in many ways as human beings. In legal and medical practice we see that the right to life is applied to the unborn. The unborn is protected by legal and healthcare measures which would not happen if the unborn were not seen as human.

At the same time there is a rejection of this very concept in order to protect the freedom to choose for an abortion. This is seen by its proponents as essential for the possibility for women to lead a life as they want. Given the historical and (sadly) actual reality of discrimination against women one can understand that preservation of freedom is paramount for the proponents of abortion. This does require to refute (in a way) the humanity of the unborn. The 'escape hatch' that is usually applied is that the unborn is a fetus or 'clump of cells' and not a baby. At the same time this clashes with the everyday cultural, legal and medical realities described above. The regrettable reality is that it has become an issue of 'culture war' in which we have on the one hand a clear understanding of the humanity of the unborn in the cultural, legal and medical reality of ordinary daily life. On the other hand we have a 'culture war' in which it has become close to impossible in mainstream media, arts and politics to accept the humanity of the unborn and be 'pro-life' as this is deemed to undermine the personal freedom of women. As a consequence our culture believes two things that are fundamentally contradicting each other. Our culture believes that the unborn are both babies that are human and at the same time fetuses that are a clump of cells and not yet human at all. Even in the postmodern world these two views of the unborn cannot both be true at the same time.

The trouble is that this leads unavoidably to a mere power struggle through a culture war

that ultimately has little to do with everyday reality. The question is if there is a possibility to bridge some of the differences and through this discover why pregnancy is relevant for Europe.

One underlying problem seems to be that pregnancy is deemed to be the end of personal freedom. In certain aspects this is unavoidable as the intimate reality of pregnancy indeed blocks a number of choices that otherwise could be made during that time. However there are also aspects of pregnancy that are closely related to how our society deals with pregnancy. For example, the possibilities of career and education can be much improved as women cannot be relegated to care as only option in their live. This report rejects trends that imply that women can only be mothers and carers. Aside from pregnancy itself, women and men can both care and take care of babies. The current medical realities allow for that as well. But the deeper issue here is that while pregnancy itself is very personal and intimate, it cannot be separated from how society values and subsequently treats pregnancy. Someone who is pregnant will not only need healthcare from the wider society but also understanding and due attention in terms of support, understanding and acceptance of limitations and sufficient time to recover from what is a very demanding time both physically and emotionally.

All these forms of support and understanding will increase the possibilities for women in terms of career and education and therefore enhance and restore personal freedom where needed and possible. The key question therefore is how freedom can be preserved regardless of pregnancy. To achieve this, our society is in dire need for a much better understanding of the relevance and need of pregnancy for our society. If we all understand how important pregnancy and raising of children is for all of us, we would value it and invest accordingly.
To clarify the point here it is important to see that there is still a lot of discrimination against pregnant women in the workplace. Of course the EU has a number of legal protections of pregnant women in the workplace in addition to the legislation cited above[22]. However that does not stop employers or managers to discriminate against pregnant women or even women in general (out of fear that they will get pregnant). The recurring lawsuits that continue even up to the ECHR are evidence of that regrettable fact[23].

22 'How the EU improves workers' rights and working conditions', EU Monitor, https://www.eumonitor.eu/9353000/1/j9vvik7m1c3gyxp/vkyhnfcdtny2

23 Elena Brodeala, "The European Court of Human Rights develops important principles in pregnancy discrimination cases" (OxHRH Blog, April 2021), https://ohrh.law.ox.ac.uk/the-european-court-of-human-rights-develops-important-principles-in-pregnancy-discrimination-case/

The main issue here is of course the costs for the individual employer in terms of replacement and loss of productivity and so on. For the big companies and multinational companies this is not a huge challenge. However SME's struggle here as they may lack the resources and also increasingly come under pressure due to a lack of available replacement in terms of personnel. The role of SME's is however very important. According to Eurostat; 'In 2022, the EU had 32.3 million enterprises, employing 160 million persons. Of that total, 99% were micro and small enterprises employing up to 49 persons. Micro and small enterprises employed 77.5 million persons, i.e. almost half (48%) of the total number of all persons employed in enterprises.'[24]. Collectively, SME's are the 'largest employer' in the EU.

The problem here is again that pregnancy becomes 'a battlefield' between individual women and single companies. The absolute reality of pregnancy clashes with the absolute economic realities of entrepreneurs who lead SME's. Here we see in very real-life terms that while pregnancy is very personal, it cannot be disconnected from the wider society. At this very point the question has to be raised whether and how the wider society and government will step in. Leaving it to individual employees and employers (especially in SME's) is clearly not leading to a solution.
How valuable is pregnancy for our society? One way to answer this question is to look at hard data on the European demographics. On this Eurostat published in February 2024 an overview 'Population structure and ageing'. The most striking and essential conclusion was:

'The share of the population aged 65 years and over is increasing in every EU Member State, EFTA country and in the candidate countries for which data are available. The increase within the last decade ranges from 5.5 pp in Poland, 4.8 pp in Slovakia, 4.6 pp in Portugal and Croatia, and 4.5 pp in Finland, to 1.3 pp in Germany and Sweden and 0.9 pp in Luxembourg. Within the last decade (2013–2023), an increase of 3.0 pp was observed for the EU as a whole (see Figure 1)[25].
The growth in the relative share of older people may be explained by increased longevity, a pattern that has been apparent for several decades as life expectancy has risen, at least until 2019 (see mortality and life expectancy statistics); this development is often referred to as 'ageing at the top' of the population pyramid.

24 Eurostat, 'Micro & small businesses make up 99% of enterprises in the EU', https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20241025-1
25 Eurostat, 'Population structure and ageing', https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing

However, consistently low levels of fertility over many years have contributed to population ageing, with fewer births leading to a decline in the proportion of children and young people in the total population (see fertility statistics). This process is known as 'ageing at the bottom' of the population pyramid, and can be observed in the narrowing base of the EU population pyramids between 2008 and 2023.' *(note: the figures and statistics referred to can be found by following the relevant footnote).*

We need to understand that these figures include already the immigration that came to Europe between 2008 and 2023. With that in mind the unavoidable conclusion is that 'we have a problem'. Based on the above it is unavoidable that a number of core functions and services in our society will be under severe pressure, even more so if we look into the future. From the same Eurostat report we read the following:
'During the period from 2023 to 2100, the share of the population of working age is expected to decline, while older people will probably account for an increasing share of the total population: those aged 65 years and over will account for 32.5 % of the EU's population by 2100, compared with 21.3 % in 2023. As a result of the population movement between age groups, the EU's old-age dependency ratio is projected to almost double from 33.4 % in 2023 to 59.7 % by 2100 and the total-age dependency ratio is projected to rise from 56.7 % in 2023 to 83.9 % by 2100 (see Figure 6). The median age is expected to increase by 5.7 years, rising from 44.5 years in 2023 to 50.2 years in 2100.'

If we only consider the issue of pensions we can see that this leads to a very serious challenging situation. In many EU Member States, pensions are to a high degree depending on the working population of the moment. And indeed this is a major concern that Eurostat also highlights in a separate report 'Ageing Europe - statistics on pensions, income and expenditure'. The most relevant statement for this report was: 'It is projected that the number of pension beneficiaries will increase as the number of pension contributors declines'[26]. The protests in France over the raising of the pension age is one example of how this is already impacting Europe and this will increase as we experience more and more the reality of an aging population[27].

26 Eurostat, 'Ageing Europe - statistics on pensions, income and expenditure', https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Ageing_Europe_-_statistics_on_pensions,_income_and_expenditure
27 DW, 16 August 2024, https://www.dw.com/en/aging-europe-rising-costs-threaten-eu-pensions/a-69896535

One does not need to have a very vivid imagination to see that this will have severe consequences for healthcare as well. Especially in terms of care for the elderly. The European Commission is aware of this reality given that the European Commission published research that outlines the consequences of an aging population for healthcare in Europe. The title of this research report communicates the issue very direct: 'Long-term care needs in the EU on the rise, due to demographic change'[28]. The subtitle is not subtle either: 'By 2070, the number of individuals requiring long-term care in the population over 50 years old, is foreseen to be 21% higher than in 2020.'. The report then mainly continues to refer to related reports that outline how this development will impact healthcare and especially care for the elderly.

The interesting point is the policy recommendation that is not mentioned at all, which should be obvious in light of the dire future of healthcare the report describes. That recommendation would be to invest in policies that increases the number of children that are born.
Here we see that the cited developments regarding demographic developments and the consequences for pensions and healthcare lead to the unavoidable conclusion that pregnancy is indeed very valuable for society as a whole. This does in no way mean that any government should interfere with the private sphere on family planning. Rather it means that the public conditions should be designed in such a way that the impact of pregnancy in terms of career and education should be minimized as much as possible.
Coming back to the questions asked at the beginning of this chapter we can see that from the philosophical perspective there is a clash over whether the unborn is human or not and whether it therefore has the protection of the 'right to life'. In this question the purely personal and the wider society are interlinked. Here we see that this question has a personal and societal dimension. How people think about the unborn in everyday life is different from the ideological fight between 'pro-life' and 'pro-choice'. The reality is that the personal feeling and opinion over whether the unborn is human is heavily influenced by society. No women is an island in that regard. One important reason that this clash is happening is that pregnancy creates real limits on the freedom of women. Then the question becomes how society can alleviate the consequences of pregnancy which leads to the question of how valuable pregnancy is for our society. Based on the hard demographic data and its consequences it becomes clear that pregnancy is indeed valuable for our society and therefore all should be done to indeed alleviate the limitations that pregnancy creates.

28 EU Science Hub (European Commission), 'Long-term care needs in the EU on the rise, due to demographic change', https://joint-research-centre.ec.europa.eu/jrc-news-and-updates/long-term-care-needs-eu-rise-due-demographic-change-2024-02-02_en

The question therefore whether the issue of abortion is relevant for Europe is from both a moral (philosophical/ethical) and practical perspective must be answered with 'yes'. The question whether the unborn are valuable life is answered by the EU positively as we can see in the cited EU directives to protect that life. This is the intrinsic value of every human being. At the same time we can see in the practical consequences that children are indeed valuable to continue life in all of society. Indeed, life is valuable for its own sake. That does become even clearer in the consequences when life is disregarded.
If we look at the abortion statistics over the last decades in the EU we see the positive development of a decline in abortions overall since 1980[29]. However that is a decline EU wide of 344 to 199 abortions per 1000 life births. This means that the EU lost from close to 30% to 20% of its population every year since 1980. Even if we realistically consider that a significant part is unpreventable, it is clear that less abortions would have prevented a lot of issues that we will now face very soon in all EU Member States.
Here the relevance of the abortion issue for Europe becomes obvious. As seen above, the very real challenges for pensions and healthcare in the EU are ultimately based on a lack of children. There may be ideologically motivated objections against stating a glaring truth but it will be impossible to escape the actual consequences of this fact. It is in the interest of the EU and the EU Member States to take an approach that values the unborn beyond what is already being done by the EU and its Member States.

It is essential to emphasize again that this should never mean that the EU or EU Member States would interfere with the private sphere in terms of family life or family planning in any way. This is purely about any public policy that may help to support pregnant mothers and support families in any way possible. It is beyond the scope of this report to describe in an in-depth way the policy options that should be considered. The main measures will likely include a range of economic policies that would decrease the pressure on pregnant women and parents.
Before the EU and EU Member States will be able to take a different approach in policies, it will be necessary to end the taboo on the subject of the consequences of abortions. The hold of ideological activists over our media and political debate is self-defeating and undemocratic. Their 'wins' in politics and media are ultimately paid by those who have to live with the consequences of an aging Europe. By declaring the issue of abortion in relation to the ageing of EU Member States 'taboo', they block a debate that we simply need. The politicians who have now to consider how we will be able to pay pensions and continue healthcare cannot avoid this debate forever. It will require courage by all those who are responsible for these policy fields to demand that this taboo is removed.

29 WHO European Health Information Gateway, 'Abortions per 1000 live births', https://gateway.euro.who.int/en/indicators/hfa_586-7010-abortions-per-1000-live-births/#id=19681&fullGraph=true

These consequences pose an ethical question as well. The pro-abortion activists that claim the ethical high ground based on the idea that abortion is the ultimate liberation of women do not want to engage in the ethical questions that old-age poverty and lack of care and healthcare will create. For that reason alone it is needed to end the taboo in order to have an honest debate over the ethical consequences of abortion in terms of long-term impact on our societies.

For the pro-life movement in Europe there is a lesson to be learned here as well. It is necessary to clarify to the wider public what the consequences are and to ignore the abuse and smear campaign that will ensue when these questions are asked. It is time to 'wise up' and point out the obvious and not limit the debate to the sphere of ethics on the personal level. Abortion is a public service and abortion legislation is a political decision. There is therefore sufficient reason to move the debate to the same public level and ask how we can maintain both these abortion rates and a liveable society at the same time.

It is impossible to limit the 'right to life' to merely the personal sphere as it is fundamentally connected to the whole society. This is why the issue of abortion rates is relevant for the EU.

The importance of politics and elections to achieve positive change

The way to reduce the abortion rate requires political will and public pressure. As such, pro-life groups are increasingly involved in advocacy at a political level. This could be seen in the UK, where Right To Life UK launched a major General Election campaign – the Vote For Both Lives campaign – a large-scale initiative that was run across the country in the lead-up to election day on 4 July 2024.

Their analysis conducted by the Right To Life UK Public Affairs team of the voting records of the 132 MPs who had decided not to stand for re-election revealed that 92 (70%) took a predominantly pro-abortion stance on the issue of abortion. Only 23 (17%) of those MPs stepping down held a predominantly pro-life position on the matter.

As part of the Vote For Both Lives campaign, Right To Life UK mobilized voters in constituencies across the country to contact their local MP candidates and urge them to sign the Both Lives Pledge. The *Both Lives Pledge* outlined three policy changes designed to increase protection for babies in the womb and prevent pregnancy discrimination against women – policies aimed at saving lives by supporting both mother and child. The Pledge called on MP candidates to commit to:

Stopping discrimination against baby girls by supporting a law change to clarify that sex-selective abortion is illegal.

Aligning UK law more closely with the laws in the majority of EU countries by voting to lower the gestational time limit for abortion.

Supporting women in the workplace by backing policies to end pregnancy and maternity discrimination.

Independent polling by ComRes indicated strong public support for all three policy changes:

- 89% of the general population and 91% of women agreed that gender-selective abortion should be explicitly banned by law.
- 70% of women in the UK wanted to see the abortion time limit reduced to 20 weeks or less.
- 79% of the general population and 84% of women agreed that women facing financial pressure to have an abortion, despite wanting to continue their pregnancies, should receive more support.

Ending pregnancy and maternity discrimination would provide many women with the financial assistance needed to care for themselves and their children.

Abortion statistics released by the Department of Health and Social Care on 23 May showed the highest number of abortions ever recorded in England and Wales, with 252,122 taking place in 2022, an increase of 37,253 (17.34%) from 2021.

Similarly, the Irish Pro Life Campaign has consistently campaigned to encourage pro-life voters to use their vote effectively – including most recently in the June 2024 local elections and in the 29 November 2024 general election. The PLC has been particularly focused on urging voters to effectively make use of Ireland's system of proportional representation, which contrasts with the UK and US based systems of first past the post. A PLC spokesperson noted that the reality of politics is that compromises are often necessary. Not all pro-life voters will have a "perfect candidate" in their area, and even if a strong pro-life candidate is running, they may not have a realistic chance of securing a seat. Therefore, it is important for pro-life voters to use their second, third, and additional preferences wisely to ensure their vote continues to the next best candidate. Even low transfers can be crucial in preventing pro-abortion candidates from succeeding, making it vital for pro-life voters to transfer their votes effectively.[30]

In Ireland, we have seen some recent successes electorally. In 2020, all pro-life TDs who opposed the 2018 abortion legislation were returned to the Dáil, which cannot be said for the pro-choice TDs (many of whom lost their seats). In the June 2024 local elections many first-time candidates were elected and are known to be strongly pro-life. Meanwhile, in the November 2024 general election the pro-life party Aontú has consistently polled 6% which makes it tied for the fourth largest party in the Irish state.

30 Eilís Mulroy, 'Applying pro-life votes effectively in General Election', *The Irish Catholic* 21 November 2024, https://www.irishcatholic.com/applying-pro-life-votes-effectively-in-general-election/,

Conclusion

In conclusion, Ireland has a unique opportunity to reflect on and learn from the experiences of other European countries regarding abortion, while also offering a valuable example for others to follow. Many European nations that have liberalized their abortion laws have faced significant challenges, including rising abortion rates, a devaluation of the sanctity of life, and societal divisions over the issue. Ireland, by contrast, has maintained a strong pro-life stance for decades, consistently upholding the value of human life from conception.

By looking at the experiences of countries with more permissive abortion laws, Ireland can see the negative social and ethical consequences that often accompany such policies, such as the erosion of respect for life and the marginalization of vulnerable groups. At the same time, Ireland's commitment to protecting unborn human life can offer a model for other nations considering the full implications of legalizing abortion. Ireland's approach emphasizes the need for policies that protect both mother and child, ensuring that every life is valued and supported.

Ultimately, Ireland and Europe both have much to learn from each other. By continuing to stand firm in the pro-life cause, Ireland can lead by example, encouraging other European nations to reconsider the true cost of abortion laws and to prioritize the protection of life at all stages. The EU needs it to have a liveable future.

Part 2:

Offering Positive Alternatives to Abortion: The Case for A New Socio-Economic Approach to Family Policy

Introduction

Research shows that the vast majority of women who proceed with an abortion do so because of socio-economic reasons. Whilst the public debate over abortion fixates on 'hard cases', the reality is that most women have abortions because they feel they are not financially and socially secure enough to bring a new baby into the world and provide the care it needs. This includes factors such as a belief they cannot afford a new baby, or that they feel they are not at the right stage in their lives or careers to have a baby, or there is some social pressure or stigma which pressures a woman to seek an abortion. The most common response (25%) when a woman is asked why she had an abortion is that they "they simply weren't ready for a child", according to an article published in *PsychCentral*.[31]

To alleviate some of these challenges, many European countries have taken the initiative in introducing new policies which aim to provide pregnant women with alternatives to abortion. These policies not only impact on women facing unplanned pregnancies, but also have a positive effect on families and encourage people to settle down and raise children in an environment which is friendlier towards families.

This study aims to examine the various pro-family and implicitly pro-life policies which exist in Europe, to contrast the policies of different countries, and to discern and evaluate the successes and failures of several case studies within European Union member states.

31 https://psychcentral.com/lib/are-you-ready-to-be-a-parent

Differing historical philosophies on abortion and the state

In the west today, views on abortion are undoubtedly polarising. The principle reasons to oppose abortion could be classed as falling into an socio-ethical category. Most people who oppose abortion do so because of their firm belief (a belief supported by medical and scientific reality) that human life begins at conception, and that therefore human rights begin in the womb. To end that human life prematurely and deliberately through abortion is regarded as a significant injustice which must be opposed in practice and in public policy. This is a purely secular argument and one which does not begin to touch on the philosophical or theological reasons why one might oppose abortion. For the vast majority of human history, abortion has not been tolerated and has been regarded negatively. This instinctive opposition to abortion has regularly been reflected in public law. Those who performed abortions illicitly were treated as criminal, and most abortionists were indeed unscrupulous and profit motivated individuals whose actions were not underpinned by any altruistic desire to 'help' women.

The social revolutions which occurred during the 1960s contributed to the realisation of policies in many western states which legalised and regulated abortion for the first time. The first country to introduce legal abortion in the world was the Russian socialist republic declared by Vladimir Lenin. In 1913, before the Russian Revolution, Lenin set out his stall on this topic quite explicitly. Because he adopted a class struggle analysis in all aspects of public and private life, Lenin perceived the 'hypocrisy' of western capitalist societies which purported to oppose abortion but which in fact oversaw societies where the underground practice was widespread. He wrote that "In New York, 80,000 abortions were performed in one year and there are 36,000 every month in France. In St. Petersburg the percentage of abortions has more than doubled in five years." In the same article, Lenin implicitly recognised abortion was a social evil and something which would supposedly vanish in a socialist society. His attitude was that under socialist social conditions, the 'need' for abortion would become null and thus the practice would disappear without the need for prohibitive laws. However, he wrote that "the unconditional annulment of all laws against abortions or against the distribution of medical literature on contraceptive measures, etc. Such laws are nothing but the hypocrisy of the ruling classes. These laws do not heal the ulcers of capitalism, they merely turn them into malignant ulcers that are especially painful for the oppressed masses."[32] Thus by the time Lenin pushed through his successful revolution in October 1917, and by November 1920 the Bolsheviks began to consolidate their rule, leading to the Russian Soviet Federative Socialist Republic to issue their "Decree on Women's Healthcare" which legalised abortion.

32 Vladimir Lenin, 'The Working Class and Neo-Malthusianism', 16 June 1913, (https://www.marxists.org/archive/lenin/works/1913/jun/29.htm)

The Soviet Union, an overtly revolutionary state, espoused a philosophy on abortion which for its time was seen as radical and disturbing to many. However, the modern observer may even find some of the Soviet positions and reasoning to sound somewhat 'conservative', because the likes of Lenin regarded abortion as a social evil rather than as a social good but believed it was necessary to oppose restrictive laws on abortion due to its ostensible reality under capitalist conditions. Today, abortion is in fact often treated as a social good and as some sort of liberating force. The Soviet Union famously reversed its pro-abortion policy in 1936 under the dictatorship of Joseph Stalin in an edict for the 'Protection of Motherhood: Decree on the Prohibition of Abortions'. In his reasoning, Stalin drew on Lenin's 1913 article to explain that "while rebelling against abortions as a social evil, Lenin considered the mere legislative banning of abortions clearly inadequate to combat them." The new decree claimed that the Soviet Union had made great strides in social development since the conditions of 1913 Tsarist Russia, which made a rethink of the original Bolshevik position necessary. The decree thus took the view, "in view of the proven harm of abortions", that the practice would be forbidden in the Soviet Union. Those who were involved in aborting a baby, three years' imprisonment was prescribed, for those who compelled a woman to have an abortion the sentence was two years' imprisonment, and for those women who were found to be repeat violators of the new law they could expect to pay a fine of up to 300 roubles. The decree also encompassed a new sweep of provisions and social protections for women and children, which aimed to tackle the root causes of abortion at their core. In addition, the network of maternal homes, nurseries, and kindergartens were substantially expanded under the decree.[33] Whilst the Soviet Union's 1936 decree reasoned that the country had made sufficient progress with regards to the protection of women and children as to warrant a revision of the 1920 liberalisation of abortion, the reality was that the country was facing a sky-high abortion rate which threatened to stymy its social and economic development. Soviet officials became increasingly concerned about the impact of abortion on the birth rate, which fell from 45 births per 1,000 people in 1927 to 30 in 1935. The birth rate increased in the immediate years which followed the new decree.[34] As such, abortion remained illegal in the USSR until 1955, following the death of Stalin and the revisionist repudiation of his rule by Khruschev and others. This example from the Soviet Union demonstrates that the considerations which underlies abortion bans and tighter regulations on abortion can often be pragmatic and demographically focused.

33 'Protection of Motherhood: Decree on the Prohibition of Abortions, 27 June 1936, (https://soviethistory.msu.edu/1936-2/abolition-of-legal-abortion/abolition-of-legal-abortion-texts/protection-of-motherhood/)

34 Wendy Z Goldman, 'Op-Ed: What the U.S. can learn from Stalin's abortion ban', 4 January 2022, *LA Times*, (https://www.latimes.com/opinion/story/2022-01-04/stalins-abortion-ban-soviet-union).

In the developed world today (where abortion is nearly universally permitted), the birth rate has dropped dramatically in recent decades. On 8 October 2024, it was reported in the UK that "deaths have outstripped births in the UK for the first time in nearly half a century, excluding the start of the pandemic, official figures showed." Declining fertility and the demise of baby boomers mean there are now more funerals than baby celebrations, according to figures from the Office for National Statistics. The dominance of deaths over births was described by economists as "a stark reminder of Britain's demographic challenges".

The level for basic population replacement is an average of 2 births per woman. However, most European and western countries are below this – with some dramatically falling short of population replacement. As of 2024, the birth rate of Ireland and France is 1.8 children per woman, Britain and the Netherlands is 1.6 children per woman, Canada is 1.5 children per woman, whilst north Asian countries like Japan (1.3 children per woman) and South Korea (just 0.9 children per woman) have dramatically low birth rates.[35] The plummeting birth rates has led to concerns about a coming pensions timebomb, with demographically illustrating that as populations grow older a crisis will beset the social-democratic welfare states of most countries which offer old age pensions. The total fertility rate in England and Wales dropped to 1.49 children per woman in 2022, down from 1.55 in 2021, according to the Office for National Statistics (ONS). The Organisation for Economic Co-operation and Development (OECD) states that a "replacement rate" of 2.1 children per woman is required to sustain the population. Despite this, demographers suggest that births could soon outnumber deaths again, as the UK seems to be undergoing a shift where more people are delaying childbirth, supported by advancements in medical technology. "Younger generations are postponing having children, so while fertility rates are currently declining, there's a possibility of a rebound," explained Dr. Andrea Tilstra, a research fellow at Oxford University's Leverhulme Centre for Demographic Science.[36]

A government short-term 'solution' to this crisis has frequently been to raise the retirement age, often to the immense dissatisfaction and anger of large swathes of the population. Because of these looming demographic crises, there has been some renewed interest in measures which could be taken to increase the birth rate and avert the potential crisis.

35 2024 fertility rate by country, *United Nations Population Fund*, (https://www.unfpa.org/data/world-population-dashboard).

36 Robert Booth and Michael Goodier, 'Deaths outstrip births in UK for first time in nearly 50 years: Excluding the Covid pandemic, ONS figures show 16,300 fewer births than deaths, not seen since 1970s 'baby bust', *The Guardian*, 8 October 2024, https://www.theguardian.com/world/2024/oct/08/deaths-outstrip-births-in-uk-for-first-time-in-nearly-50-years

Thus, not all approaches to the limitation or restriction of abortion are necessarily motivated exclusively by a driving concern for the right to life of the unborn child. Instead, many people are beginning to reconsider their stance on abortion in light of the problems facing the world in terms of an ageing population. Such a pragmatic calculation was what motivated the USSR, formerly the world's pioneer in leading liberalised abortion, to become a bastion of a staunchly conservative abortion policy. Abortion was also a contentious issue in many eastern bloc communist countries. For example, the East German parliament, the Volkskammer, legalised elective abortion until 12 weeks of pregnancy in 1972. It was the first non-unanimous vote in the first 40 years of the Volkskammer's existence. East German women were not allowed to have more than two abortions per year. According to the Museum of Abortion and Contraception, "This can be understood in two different ways: it either expresses the view that abortions are not preferable to consistent use of effective methods of contraception or it represents a kind of reprimand for undesirable behaviour."[37] Notably, "negative" attitudes towards abortion have increased in Western and Eastern Germany during the two decades following reunification."[38] This historical background shows us how ideology can sometimes be shifted or changed in order to meet the harsh realities of running a society, which includes a sustainable birth rate. If widespread abortion is understood to be a challenge to this, then it will frequently be addressed on that basis alone without any greater ethical considerations. In the coming decades, it is inevitable that policy planners will adopt a similar approach and begin to rethink abortion on these purely utilitarian grounds. This provides a background to the conservative case for pro-family policies which also act as positive alternatives to abortion.

A central tenet of conservative politics has long been a focus on economic growth. The argument is that by cutting taxes and reducing burdensome regulations, the economy will grow and this in turn will benefit all its citizens and workers. However, when evaluating overall economic growth, economists generally highlight two key factors: technological progress and labour force expansion. A growing population both drives and sustains strong economic production, while also providing the workforce needed to support that growth. In contrast, an ageing population tends to be more risk-averse, accumulates wealth, contributes less dynamic labour, and creates a caretaker-driven economy. The future shape of western economies will largely depend on the choices made in the coming years.

37 '40 Years of East German Law', https://muvs.org/en/topics/termination-of-pregnancy/40-years-of-east-german-law-en/

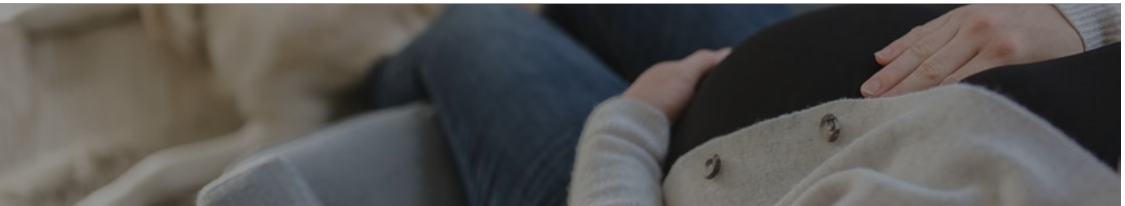
38 Franz Hanschmidt, Julia Kaiser, Holger Stepan, and Anette Kersting, 'The Change in Attitudes Towards Abortion in Former West and East Germany After Reunification: A Latent Class Analysis and Implications for Abortion Access', *Geburtshilfe Frauenheilkd*, January 2020; 80(1), pp. 84-94.

A recent report from the U.S. Bureau of Labor Statistics (BLS) underscores the issue. Over the past two decades, American labour force growth has slowed. This has been influenced by declining female participation in the workforce and the steady retirement of the so-called 'baby boomer' generation. Between 2018 and 2028, the population aged 65 and older is projected to grow at a rate seven times faster than those aged 16-54. By 2028, over 25 percent of the U.S. population will be 65 or older, while the share of the 16-54 age group will fall from nearly 75 percent in 1988 to around 60 percent, a multi-generational low. There has been considerable debate about this ticking demographic timebomb, which will have profound consequences for the generous pensions offered by western welfare systems. Writing in *The Spectator*, James Kirkup noted how the coming pensions crisis "is nowhere on the political agenda. It's all too technical, too complicated and too distant for politicians to focus on, especially in an election year." However, he continued, "as more and more people start to reach pension freedom age then consider retirement with only [Defined Contribution, DC] pension pots to support them, our leaders will, eventually, have to start paying attention to those of us who don't enjoy the rock-solid retirement arrangements enjoyed by former Chancellors of the Exchequer."[39]

As the elderly population expands whilst the younger population growth rate nosedives, the gap between potential labour force participation and actual participation will widen. America's BLS data illustrates this by projecting what the labour force might have looked like if age cohort contributions had remained consistent after 2008, when baby boomers began qualifying for Social Security. As shown in this data, changes in population distribution will significantly alter the labour force by 2028, with a projected gap of 13 million workers, or nearly 8 percent of the total labour force. This means the labour force will continue to skew older, with a decreasing percentage of younger participants.

These projections don't even account for the added impact of a "baby bust," which is already becoming a reality. Over the next decade, these demographic trends will drive political changes in developed countries, a fact which has been virtually undiscussed in western political discourse which Kirkup alluded to. The significance of the pandemic-related baby bust cannot be overstated. In the very early stages of the Covid-19 pandemic, it was predicted that there may be a global baby boom. Timothy P. Carney wrote in the Washington Examiner that "Since 2020, experts and journalists have been predicting or declaring a baby boom. It never happened. Now that we have numbers from 2023, it's

39 James Kirkup, 'A pension crisis is brewing', 19 March 2024, *The Spectator*, (https://www.spectator.co.uk/article/a-pension-crisis-is-brewing/).



clear that despite some ups and downs during COVID-19, America is simply continuing on a downward slope — an ever-worsening baby bust."[40]
All-time low birth rates were seen in Italy, Japan, South Korea, England, and Wales.[41] According to the Brookings Institution, 2021 births are expected to drop by 300,000, an 8 percent decline from the 3.7 million births recorded in 2019 in the U.S. Early data from Europe shows even sharper declines, with France seeing a 13.5 percent drop in January births and Italy experiencing a 21.6 percent drop in December 2020 births compared to the previous year.[42]

While some conservatives have framed pro-family spending as a form of social insurance, where young families draw on support and later repay it through economic success, the urgency of investing in families has now surpassed such frameworks. Families are best seen as an immediate and essential investment in the future economy.

Positive Alternatives to Abortion in Hungary
While serious questions must be asked over the overall state and situation of Hungarian government and democracy, it is relevant to focus at one particular field of policy that may have contributed to a decrease of abortions.

In 2022, Hungary spent 6.2% of its GDP on family support measures. This is by far the highest percentage globally. Then-Minister, and later President, Katalin Novák said the government was not simply "giving handouts", but rather implementing "well thought out measures", noting that taxes on income have been gradually reduced since 2010. "I remember when we first introduced the flat personal income tax rate our critics were saying it would destroy the budget, yet tax revenue and consumption both increased," she said. "We again expect the savings to be accumulated by families to flow back into the economy. We're still not thinking in terms of austerity measures, but looking to give people more room for manoeuvre." Concerning the Council of the Elderly's stance on the restoration of 13th month pensions, Novák said the elderly felt they were "getting something back that had been taken away from them".[43]

40 Timothy P. Carney, 'There Was No COVID-19 Baby Boom, and Now the Baby Bust Continues', 26 April 2024, *AEI* (https://www.aei.org/op-eds/there-was-no-covid-19-baby-boom-and-now-the-baby-bust-continues/).
41 Sophie McBain, "The baby bust: How a declining birth rate will reshape the world", 7 July 2021, *New Statesman* (https://www.newstatesman.com/politics/2021/07/baby-bust-how-declining-birth-rate-will-reshape-world).
42 Melissa S. Kearney and Phillip Levine, 'US births are down again, after the COVID baby bust and rebound', *Brookings Institution*, (https://www.brookings.edu/articles/us-births-are-down-again-after-the-covid-baby-bust-and-rebound/).
43 https://abouthungary.hu/news-in-brief/hungary-to-spend-6-2-of-gdp-on-family-support-measures-in-2022

The Hungarian government has implemented various initiatives to provide financial assistance to couples starting families. One notable initiative was introduced in 2015, with the launch of the Family Housing Support Program (CSOK).[44] The program, outlined in the 16/2016 (II. 10.) Government Decree, offers a non-refundable grant ranging from 600,000 to 10,000,000 Hungarian Forints (approximately 1,690 to 28,170 euros), depending on the number of children and type of construction. This program aims not only to support families but also to stimulate the economy. Additionally, families with three or more children can apply for a discounted loan of 10,000,000 Forints.[45] Couples who do not have children within the specified timeframe after receiving the grant must repay it.

The deadlines vary based on the number of children: 4 years for one child, 8 years for two children, and 10 years for three or more. Divorce may also trigger repayment obligations. However, in cases of specific health issues, couples are exempt from repaying the interest, although they must return the grant itself. If a healthcare provider confirms that a couple cannot have children due to a medical condition or after attempting human reproduction procedures (regulated by the 30/1998 Government Decree), the interest repayment is waived. Couples who fail to undergo these procedures must repay both the grant and interest. The decree also accounts for exceptional circumstances, such as the death of a partner, stillbirth after 24 weeks, or if the child is born with disabilities.

Despite these efforts to support families, some criticism has emerged. The program tends to favor wealthier families, as only those who can contribute an upfront amount can benefit, potentially increasing social inequality.
Between 2019 and 2022, the government introduced further support for families, including a freely disposable loan of up to 10,000,000 Forints (28,170 euros) for couples planning to have children, as per Government Decree 44/2019. If a couple has three children, they are only required to repay the loan's principal, with the interest waived by the state. However, similar repayment conditions apply if the couple fails to have children. Critics have again pointed out that vulnerable social groups may struggle to access these benefits, suggesting the government's focus may be on supporting the middle class.

Since 2020, additional benefits have been introduced, such as exempting mothers with four or more children from paying personal income tax. Other initiatives include financial support for car purchases, child benefits for grandparents, and tax allowances for newlyweds. These measures appear to have influenced Hungary's demographic trends, though multiple factors contribute to the data. The population decline has not reversed, but it has slowed in the past two years.
Data from the Hungarian Central Statistical Office (CSO) shows no significant increase

44 http://abouthungary.hu/issues/putting-families-at-the-core-the-family-housing-support-program-csok/

45 Calculated with the exchange rate of 11 December 2020, that is ~355 HUF – 1 EUR by the European Centre for Law and Justice.

in birth rates, which hovered around 90,000 annually from 2010. Birth rates fluctuated between 2010 and 2017, decreased from 2017 to 2019, and the fertility rate showed slight improvement after 2015 but has since plateaued. Thus, these measures have not fully addressed the population decline.[46] Migration, particularly after 2016, likely explains the slowed population decrease. Both immigration and the return of Hungarians from abroad have increased since then, offering a more plausible explanation for the trend. Marriage and divorce rates also reflect notable changes. From 2010 to 2016, the number of marriages fluctuated but began rising significantly after 2016, culminating in a marked increase by 2019. Divorce rates, on the other hand, steadily declined between 2010 and 2018, except for a slight rise in 2014-2015.

According to the CSO, the favourable conditions of state benefits, such as marriage tax allowances, might explain these trends. The full impact of the government's measures remains uncertain. The slowed population decline appears more attributable to positive migration trends than to family support policies. Similarly, it is difficult to pinpoint the precise reasons for changes in marriage and divorce rates, although improved access to state and market loans may play a role. As Hungary grapples with an ageing population, the effectiveness of future government measures will be critical, though it remains too early to assess the long-term outcomes.

When benefits are distributed primarily based on the recipient's income, the goal is to reduce economic inequality among citizens. However, when benefits are provided based on non-economic factors, the aim is to incentivize the behaviour that qualifies a person for the benefits. In Hungary, this involves promoting the establishment and growth of families. In 2016, the Hungarian government introduced a unique housing program for young families. Married couples can apply for a long-term, low-interest loan (3% when the program began), with a repayment period of up to 25 years. The eligibility requirements are conservative. Applicants must meet certain criteria related to their social security status, have no criminal record, and maintain a good credit rating to qualify for the loan. Additionally, recipients are obligated to repay the subsidy if they do not fulfil their commitment to have the number of children they agreed to raise. The emphasis is once again on family formation, stability, and growth, rather than redistributing wealth. This approach has led to increased family-oriented spending and tax rebates. Despite some criticisms, the Hungarian welfare state has remained substantial, and in some respects, has even expanded.

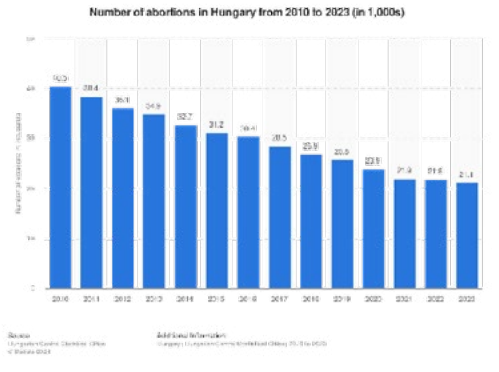
Balázs Orbán, the leading ideologue of the Fidesz government, tweeted in December

46 KSH, Population and Vital Statistics (1900–), available at: https://www.ksh.hu/docs/hun/xstadat/xstadat_hosszu/h_wdsd001a.html?down=801

2022 that "Hungary extends its family friendly policies: from Jan, women who become mothers before turning 30 will be exempt from paying personal income tax! [Hungary] now has: 0% [personal income tax] for working adults up to 25' 0% [personal income tax] for mothers up to 30; 0% [personal income tax] for mothers with at least 4 children."[47]

The impact of these policies has been to considerably reduce Hungary's abortion rate. Statistics show that every year, the number of abortions in Hungary from 2010 to 2023 (in 1,000s), has continued to fall. The abortion rate continues to drop. In 2023, approximately 21 thousand abortions were performed in the country, compared to over 40 thousand registered in 2010.[48] The highest point for abortion in Hungary was seen during the years of the communist regime in which abortion numbers reached mammoth peaks of 140,000 abortions per year in the mid-1960s.

There was a considerable drop off in the mid-1970s. A chart using data from 1950 to 2014 demonstrates this below.[49]



47 https://x.com/BalazsOrban_HU/status/1608412002980081665, 29 December 2022
48 https://www.statista.com/statistics/1238825/hungary-number-of-abortions/.
49 Hungary abortion rate per 100 live births from 1950 to 2014. Data from Hungarian Central Statistical Office, https://commons.wikimedia.org/wiki/File:Hungary_Abortion_Rate.svg.

The below chart, drawing on data from 2010 to 2023, shows the further decrease in the abortion rate which coincides with the additional funding and supports for pro-family and pro-life measures overseen by the Hungarian government during these years.[50]

In addition to the pro-family incentives offered by the Hungarian government, since September 2022 the government has introduced a Heartbeat Regulation. This means that women seeking an abortion in Hungary listen to their baby's heartbeat before they proceed with having an abortion, per an amendment to the law. The regulation requires doctors to record that the pregnant woman was presented "with the factor indicating the functioning vital functions in a clearly identifiable manner". It has been praised by pro-life organisations. One pro-life source commented: "Listening to a baby's heartbeat makes the full humanity of the unborn baby clear for all to hear. The narrative that women need abortion is extremely degrading to women. It tells women they should be afraid, that they cannot cope with the challenge of a new baby in unexpected and often difficult circumstances."[51] Pro-life policies in Hungary law have been an important focus of the Hungarian government. In 2012, when Hungary adopted a new constitution that said "the life of the foetus is protected from conception", though it stopped short of outlawing abortion.[52]

50 Flora Medve, "The number of abortions followed a decreasing trend in Hungary over the period under consideration. In 2023, approximately 21 thousand abortions were performed in the country, compared to over 40 thousand registered in 2010", Hungarian Central Statistics Office, (https://www.statista.com/statistics/1238825/hungary-number-of-abortions/)
51 https://righttolife.org.uk/news/women-in-hungary-will-listen-to-babys-heartbeat-before-abortion-under-new-legislation
52 https://www.euractiv.com/section/future-eu/news/hungary-s-new-constitution-family-friendly-hostile-to-gays/

The state-backed initiatives by the Hungarian government have been important in directing women in unplanned pregnancies towards positive alternatives to abortion, which for many decades under communist rule was seen as the norm.
However, most western countries' governments are unprepared to pursue a similar path to Hungary's in terms of its promotion of pro-family policies. As such, the task often falls to the private and charitable sector to provide women in unplanned pregnancies with positive alternatives to abortion. It has often been said that whilst Hungary's government is far more firmly committed to the pro-life cause than their counterparts in Europe, that there is not a substantial pro-life grassroots movement in the country.
The next section of this report examines the initiatives and work undertaken by private charitable organisations which aim to provide women in unplanned pregnancies with alternatives to abortion.
A further discussion on the intersection between welfare policies and the abortion rate is required. In theory, addressing the financial difficulties pregnant women may faced might encourage women to carry their pregnancies to term. However, the actual data on welfare's impact is much more mixed, with studies showing minimal or sometimes contradictory effects. One reason for these mixed results is that welfare's influence seems to vary depending on the context. This appears to hold true for abortion as well.
In the U.S., welfare seems to reinforce a region's prevailing stance on abortion. In states with pro-life policies that discourage abortion, welfare tends to be linked with lower abortion rates. On the other hand, in pro-choice states where abortion is more accessible, welfare correlates with higher abortion rates. As a result, pro-choice, pro-welfare policies may actually lead to higher abortion rates compared to pro-choice, anti-welfare stances. The takeaway is that without a cultural and policy framework that discourages abortion, welfare alone may not reduce abortion rates and could even have the opposite effect. International evidence supports this pattern. In Europe, countries with the most generous maternity leave and family support policies, particularly in the Nordic region, have higher-than-average abortion rates. In the developing world, while data on abortion can be unreliable, it's widely accepted that a much smaller percentage of unintended pregnancies result in abortion in low-income countries compared to high-income ones.
There are several explanations for this trend. Financial reasons are not a common cause for abortion, especially in lower-income countries. Additionally, many women who cite financial concerns as a reason for abortion also mention other factors, meaning that addressing financial issues alone might not lead them to continue the pregnancy. Furthermore, only a small percentage of women consider financial support as a significant factor in their decision, and most say their choice wouldn't change regardless of financial aid. In the U.S., few women indicated they would make a different decision even if they had access to a European-style welfare system. These factors help explain why there is limited evidence that welfare reduces abortion rates.[53]

53 For a further discussion of this, see https://calumsblog.com/2022/02/10/how-to-reduce-the-abortion-rate/

Time is Money and Money for Time

As expressed in the introduction, a major reason for abortions is the fact that there is no space for an unplanned pregnancy in the life that women have at that moment[54]. This means that they do not feel that they have sufficient time to deal with pregnancy and raising a child and simultaneously have a study, career and/or be able to care for existing children even if there is a caring and supportive partner. In its core a matter of availability of time.
This means in this context that abortions are also caused by the fact that young women and mothers with children feel often a very serious pressure in terms of time. It is clear that this is closely connected to the economic paradigm. Ultimately welfare is a compensation of the shortfalls of the economic system. Welfare combats symptoms caused by the dominant factors in an economy which in turn are dominant due to the economic paradigm that determines economic policies in both government and companies.

Aside from raw resources, one main component in economy is time itself. How we deal with time and what we consider as 'valuable time' is a major determinant of how time pressure is experienced[55]. Therefore it is necessary to see the time pressure that women experience around pregnancy from the economic angle.

One example of this reality is provided by a statement of the European Students Union in 2023:

'It is crucial to ensure that students have access to free abortion services as it allows them to exercise their reproductive rights without being hindered in their pursuit of education. Access to free abortion for students is imperative to ensure that they can make autonomous decisions about their reproductive health and avoid the financial repercussions that may hinder their academic progress. Removing barriers to reproductive healthcare can help ensure that students can realize their academic potential and attain their educational aspirations.'[56]

This statement is written within the context of the current political and economic reality of students. They know that a pregnancy has real and serious consequences for their academic progress. The statement is in that regard very clear that pregnancies mean that there is a new and serious barrier to finalising an academic study.

54 Biggs, M.A., Gould, H. & Foster, D.G. Understanding why women seek abortions in the US. BMC Women's Health 13, 29 (2013). https://doi.org/10.1186/1472-6874-13-29 (as this is a long-term research project, it is safe to say that these data reflect current realities in the whole western world).
55 John Davis (Marquette University and University of Amsterdam), Annie L. Cot (Université Paris 1 Panthéon-Sorbonne), Pedro Garcia Duarte (Universidade de São Paulo), Cyril Hédoin (Université de Reims Champagne-Ardenne), 'Time in Economics', *Oeconomia, Open Edition Journals*, https://journals.openedition.org/oeconomia/1891
56 European Students Union statement: https://esu-online.org/policies/bm84-resolution-on-the-right-of-students-to-safe-and-legal-abortion/

Purely time-wise it is obvious that both the pregnancy and the care for a baby are very intensive and very intense and time consuming. Naturally this will go at the expense of time for study. One cannot write papers while changing diapers. However that would not be a real problem if there was sufficient flexibility and financial support. In countries like The Netherlands and Germany there are legally guaranteed rights for pregnant students and supportive policies in Universities[5758]. This is regrettably not the case everywhere in Europe[5960].

The underlying problem however is maybe best expressed by a student who was pregnant while studying at Oxford:

'It was extraordinarily stressful. Parenting is the most all-consuming job. Thankfully, my tutor helped push for accommodations I needed, such as essay extensions when my daughter was ill. It's a powerful thing when someone tells you that you can succeed, especially so when society equates getting pregnant "young" with failure. We make childcare extortionate and higher education inaccessible - 60-65% of student parents have considered leaving their course - while telling young mothers that they've ruined their lives. And if you don't have childcare on the weekends, you can't work, so I had less time to study than my peers.'[61]

The intriguing sentences here are the ones that make it clear that the wider society sees pregnancy as an 'unwelcome interruption'. If pregnancy is equated to 'failure', clearly, something is out of balance. Basically the message is that pregnancy is in order but only if all your life is in order and under control, financially and otherwise. The message is then that pregnancy and having children is some private 'bonus' or 'luxury' for which you have chosen and for which you 'have to pay'. Essentially, time is for money making (producing goods and services or preparing yourself for that) or for spending money on said goods and services (consuming). Using money to buy time itself in order to raise a child does not fit in that neoliberal paradigm.

57 Rijksoverheid: 'Handreiking Zwangere studenten en studerende ouders in het hoger onderwijs', Rijksoverheid.nl', https://www.rijksoverheid.nl/documenten/kamerstukken/2021/09/16/handreiking-zwangere-studenten-en-studerende-ouders-in-het-hoger-onderwijs

58 Profemina: 'Schwanger im Studium', https://www.profemina.org/de-de/schwangerschaft/schwanger-im-studium

59 'The situation of student parents in France - Focus on - Demographic fact sheets' *Ined - Institut national d'études démographiques, https://www.ined.fr/en/everything_about_population/demographic-facts-sheets/focus-on/etudier-et-avoir-des-enfants/*

60 UK report various organisations 'Meet the Parents': https://www.improvingthestudentexperience.com/library/general/nus_sp_report_web.pdf

61 'Pregnant at Oxford University: Juggling motherhood with studying', *BBC,* 16 May 2019, https://www.bbc.com/news/uk-england-oxfordshire-47213472

This raises two fundamental questions. One philosophical and one economical. The philosophical question is what we think life is for. Is life itself purely a matter of production and consumption and maximising pleasure moments? If that is the case, it makes sense to treat pregnancy as an unwanted interruption. It is also very problematic in real life. It basically treats life as a sequence of moments in which we should have as much fun as possible. It is no more than a sum of individual moments of achievement and pleasure. That does not rhyme at all with the experience of life of most people. Ultimately, people look for a more meaningful life than a collection of individual moments. The simple fact that we enter into long-term relationships, commit ourselves to good causes and try to care for the elderly demonstrate that in everyday reality we do not live life like a collection of moments of achievement or pleasure. This means that while we seem to believe on the one hand that life is indeed a collection of such moments, we in practice do not live according to that belief.
It could also be that we battle and settle in the struggle between that belief and everyday reality. Listening to these stories of young women who experienced pregnancy and motherhood while attending university, we can hear exactly that. The expectation of society that is communicated to them is one of achievement and academic success as well as 'having fun'.
The experienced reality is one of changing diapers, running between daycare and university and trying to find some time to sleep and eat in-between while also trying to get through university. The time needed for pregnancy and raising a kid is not or insufficiently considered.

Time that is not considered is time that is not deemed of sufficient value. This means that only time spent for production and consumption is deemed of sufficient value. As concluded above, that is not in line with the actual reality of life. The reality of life is that life is possible because of the presence of other human beings. At no point in history has life been possible without other human beings. The reality is also that without pregnancy and raising children, continuation of life is not possible.
The obvious conclusion from the above is that babies are needed. They are essential for life itself. Not just for 'future generations' as some may think, but actually also to make life possible for present generations.

The current demographic crisis makes this point very clear. Across all of Europe there is a growing shortage of people in the working age while the so-called 'baby-boom generation' is retiring.

According to Eurostat the current demographic reality is as follows[62]:
'Share of those aged 80+ increased from 3.7% to 6.0% between 2003 and 2023
Over the period 1 January 2003 to 1 January 2023, the share of persons aged 80 and over grew in all EU countries, at EU level by 2.3 percentage points (pp), from 3.7% to 6.0%. The highest increase was in Greece (+3.3 pp, from 3.8% to 7.1%) and Latvia (also +3.3 pp, from 2.7% to 6.0%), and the lowest in Sweden (+0.2 pp, from 5.3% to 5.5%).
Over the same period, also the share of persons aged 65 and over increased in all EU countries. At EU level, the increase was 5.1 pp, from 16.2% to 21.3%.
Share of those aged below 15 decreased from 16.4% to 14.9% between 2003 and 2023
Over the period 1 January 2003 to 1 January 2023, the share of children and young adolescents (those aged below 15) decreased at EU level 1.5 pp, from 16.4% to 14.9%. A decrease was observed in all EU countries, except Czechia (+0.6 pp), Estonia, and Slovenia (both +0.01 pp), with highest decreases in Malta (−6.0 pp) and Cyprus (−4.9 pp). On 1 January 2023, the share of children and young adolescents was highest in Ireland (19.3%) and lowest in Italy (12.4%).
Over the same period, the share of young people (aged 0 to 19 years old) decreased in all EU countries. At EU level, the decrease was 2.5 pp, from 22.6% to 20.1%.'
The above is actually with immigration included. That means that immigration did not alter the demographic trend of an ageing population. This demographic reality has massive consequences for the whole economy and the possibility of the continuation of life as we know it.

Already in 2022 the European chapter of the WHO released a report describing the consequences of this demographic reality for healthcare in Europe[63]. The report stated that:

'All countries of the WHO European Region – encompassing 53 Member States across Europe and central Asia – currently face severe challenges related to the health and care workforce, according to a new report released today by WHO/Europe. An ageing workforce is chief among them. The analysis finds that 13 of the 44 countries that reported data on this issue have a workforce in which 40% of medical doctors are already aged 55 years or older. An ageing health and care workforce was a serious problem before the COVID-19 pandemic, but is even more concerning now, with severe burnout and demographic factors contributing to an ever-shrinking labour force. Adequately replacing retiring doctors and other health and care workers will be a significant policy concern for governments and health authorities in the coming years.'

62 'Demography of Europe – 2024 edition', *Eurostat*, https://ec.europa.eu/eurostat/web/interactive-publications/demography-2024?s=08#about-publication
63 'Ticking timebomb: Without immediate action, health and care workforce gaps in the European Region could spell disaster', *WHO Europe*, https://www.who.int/europe/news/item/14-09-2022-ticking-timebomb--without-immediate-action--health-and-care-workforce-gaps-in-the-european-region-could-spell-disaster

The report quoted furthermore Dr Hans Henri P. Kluge, WHO Regional Director for Europe who stated (among others) the following:
"*All of these threats represent a ticking time bomb which, if not addressed, is likely to lead to poor health outcomes across the board, long waiting times for treatment, many preventable deaths, and potentially even health system collapse. The time to act on health and care workforce shortages is now.*"

He also referred to many other aspects such as poor management and working conditions but it is clear that the simple fact of an ageing population has the biggest impact (as otherwise many people working in healthcare would not be able to leave so easily).
Of course this very report implies that life is more than a collection of moments of fun and achievement. It implies that we care for our elderly even though they are not and will not be 'productive' in the narrow economic sense of the word. So we apparently value life beyond and above a narrow collection of 'fun and nice' moments. There is an understanding that life has intrinsic value and healthcare is the practical expression of that. And to have healthcare means that we need fellow human beings to do that work. Without new generations, the care for existing and older generations becomes literally impossible.

The philosophical question was: '*Is life itself purely a matter of production and consumption and maximising pleasure moments?*' The answer is clearly 'no' insofar we consider the reality of everyday life.

At this point it should be noted that no modern economy can function without healthcare. Nor can it function without other basic public services such as education or a functional governmental apparatus (that provides for infrastructure and security). It is not just that we need children to ensure that there is a future humanity and to enable life but also to have a functioning economy in the first place.
We then return to the economical question and ask 'what is the purpose of the economy?'. Is the economy only for enabling production and consumption in the here and now or is the economy also to enable the continuation of life? It appears that an economy that understands life only as a narrow collection of moments of achievement and fun is ultimately undermining the continuation of that same economy. It may be true that 'achievement' and 'fun' are drivers for short-term profits but if we then approach all of life from that narrow perspective, it becomes self-defeating. So the answer to this economical question must be that the purpose of the economy must be to sustain and continue life as otherwise there will be no functioning economy.

The question then becomes whether we value time that is not dedicated to achievement or fun. Do we value time that is not profitable? The interesting fact is that from the perspective of demographic reality and the conclusions above, it becomes clear that 'making profit' becomes ultimately impossible if we approach time only from that 'profit-focused' angle.

Moving forward it is obvious that we need to see time spent for pregnancy and care again as valuable time in our society and economy. Making space in our whole economy for pregnancy and parenthood is simply essential. That is also why welfare does not work when it comes to reduce abortions. It simply does not change the underlying dynamic of pressure in terms of time and the subsequent pressure in terms of resources. This means that we have to reshape our understanding of the economy and have new priorities in economic policies.

The first and foremost change is that we understand that economy is meant to support life instead of the other way around. At the moment the economy de facto serves to create more short-term profits in order to accumulate capital in the financial sector[64] [65]. This in turn creates ever growing pressure on a shrinking working population.

This is clearly unsustainable and creates pressure on families instead of sustaining them. If an ever smaller part of GDP goes to average working families, it means that the costs and pressures rise while their income lags behind. We can and should have a market-based economy but one that follows the European social model. From the existing developments it is clear that this model needs to be strengthened.
The next important change is that we accept the physical and mental limitations of people. If we continue to demand the same from less people we will end in a situation where ever more people are out of work due to burn-out. And indeed, the burn-out rates are already rising. However, more personnel falling out due to burn-out means more pressure on those who are still in the workplace. In turn this will increase the burn-out rate even more. Continuing that process will land us in a rundown education and healthcare system as well as a general deterioration of public services and less availability of needed services offered by the market-place. Therefore we need to accept that people have mental and physical limitations, otherwise we discourage pregnancy and raising children instead of encouraging it.

64 'Workers' slice of the GDP pie: How do income shares compare across Europe?', *Euronews*, 19 April 2024

65 The Janus Henderson Global Dividend Index shows that the dividends continue to grow while the labour income share declines.

One specific proposal to improve the economic outcome for families has been done by the Jubilee Centre (UK) in a wider paper aimed at pro-family policies[66]:
'The corporate capitalism model in the West focuses narrowly on the rights and interests of shareholders, and often underplays obligations to the workforce, suppliers and customers. It also pays little attention to the community in terms of concern about long-term sustainability of families, societies and the environment. One way to change company decision-making to prioritise more highly the well-being of families would be to redefine the purpose of the company so that it does not primarily serve the interests of shareholders but also those of the workforce and other stakeholders. For example, to redefine the purpose of a company in legislation as set out in the paragraph below might have the effect of greater attention being given by directors to the working hours and well-being of employees, with a knock-on effect on families of employees and perhaps also birth rates. The purpose of a company might read as follows:

'The purpose of a company is to serve society by maximising long-term value creation in the interests of its employees, shareholders, customers and suppliers, while ensuring the sustainability of the business and honouring its wider responsibilities to local communities and the environment."

Complementary to that, governmental bodies could consider to give preferential treatment in tenders to all types of companies that follow some model of employee or even customer co-ownership.

This would redirect billions of taxpayer money back to average families instead of the financial sector and would decrease the pressure that is the consequence of a 'short-term profit only' focus.
One other way is to change the taxation policies. At the moment, a large share of the state income comes from income tax while at the same time the labour share of GDP decreases. The obvious change to decrease pressure on average families is to decrease the taxation of income from work and to increase the taxation on the income and movement of capital.
There are many more ways to change towards an economy that makes space and invests in time for pregnancy and raising children. Ultimately it is a matter of short-term or long-term thinking. We need to consider the long-term needs of our society and economy and shape our policies accordingly.
It is also important to continue to provide and increase any other measures that help the life-work balance. This paper does in no way implicate or support the idea that women should just care for children and not have a career. The above implies the exact opposite. By making the economy as a whole more 'pro-life', it will be much easier for both parents

66 'How to Increase Birth Rates in the EU', *Jubilee Centre UK*, 12 November 2024; https://www.jubilee-centre.org/blog-/how-to-increase-birth-rates-in-the-eunbsp

to combine education and work with care for children and for women to carry a pregnancy without negative impact on their study or work.
The reality is that if there are less and less children in Europe, it will become more difficult to continue the current policies that help to balance care and work. Because if there are not enough people available to work in daycare and childcare, it will be impossible to continue with this type of support. No partial solution can bring the systemic change that is needed. Systemic change comes with a change in the economy overall.
However in this framework it is equally important to look at hands-on practical solutions that are already being implemented and help to reduce the abortion rate and allow for more time and care during pregnancy and care for babies. Also, it is important to evaluate those approaches that turn out unhelpful.

Pregnancy Resource Centres: A Necessary Private Charitable Initiative to Combat Abortion

Pro-life organisations globally offer considerable resources to ensure that women in unplanned pregnancies never feel that they have no alternative than to have an abortion. They aim to help women on the ground, often in the form of designated pregnancy medical clinics (PMCs) or pregnancy resource centres (PRCs). These centres offer a wide range of free services, including counselling, medical care like ultrasounds, parenting classes, material support (such as baby supplies), and sometimes housing assistance. They aim to provide compassionate care, helping women understand their options and make informed decisions. Additionally, these centres often help connect women with adoption services if that is their preferred choice, ensuring that they are not alone in their journey. The centres work to offer a non-judgmental environment, where the well-being of both the mother and the baby is prioritized. Focus on the Family underscores the importance of considering life-affirming options and seeks to empower women with resources that promote both their health and that of their children.

Many pregnancy resource centres are connected with pro-life organisations. In the US, for example, Heartbeat International counts more than 1,500 U.S. PRCs among its affiliates and maintains a contact list of many others. Its vice president, Cindi Boston, estimates that there are between 2,600 and 2,700 pregnancy resource centres in the U.S. Most women around the country – not just in big cities, but in medium-size and smaller communities as well – have access to a PRC. Ms Boston said: "These centres are the most effective tool for women considering their options. We see a tremendous number of women choosing life for their children as a result."[67]

67 Cindi Boston, quoted in 'Is there a pregnancy clinic near me?', no date, https://www.focusonthefamily.com/pro-life/alternatives-to-abortion-pregnancy-resource-centers/

Some pregnancy resource centres (PRCs) focus solely on providing information and nonmedical services, while others also operate as medical clinics with a staff that may include doctors, nurses, and other healthcare professionals. At any PRC or pregnancy medical clinic (PMC), individuals can expect to receive information and counselling on alternatives to abortion, along with referrals for medical care and other support. These centres also offer guidance on decisions after childbirth, such as parenting or adoption planning. Many centres provide classes on parenting and life skills, including topics like healthy relationships and financial management. Additionally, they often supply material assistance, such as baby essentials like diapers, clothing, and baby formula.

Across the US, PRCs have been praised for their real world impact on women and their babies. In contrast to their often State-funded pro-abortion counterpart, Planned Parenthood, pro-life pregnancy centres repeatedly outstrip Planned Parenthood and are proving far more impactful on helping women's health and wellbeing.
There are over 2,700 pro-life pregnancy centres across all 50 states, compared to Planned Parenthood's roughly 585 facilities in 48 states. In 2019, these pro-life centres provided assistance to around two million individuals, delivering services valued at nearly $270 million at little or no cost. The support offered included medical care, education, mentoring, and material items like diapers, car seats, and clothing. These canters rely on a community-based network of nearly 15,000 staff members and 54,000 volunteers, including over 10,000 licensed medical professionals. Between 2016 and 2020, pro-life canters helped save more than 800,000 lives by supporting women at risk for abortion. Around 75% of women who viewed an ultrasound at these canters chose to continue their pregnancies. In contrast, Planned Parenthood's 2020-2021 report showed that 96.6% of their pregnancy resolution services were abortions, while less than 4% included prenatal care, miscarriage support, or adoption referrals. This data was provided by the Charlotte Lozier Institute.[68] Pregnancy support centres help so many women that specific cases can often be overlooked and the aggregate reduced to mere date. Marta, a woman based in New York City, spoke to *Focus On Family* about her experience. When Marta discovered she was unexpectedly pregnant, she doubted her ability to afford raising a child on her own in New York City. However, seeing her daughter thriving through an ultrasound helped her decide to bring her pregnancy to term.[69] Focus on the Family covers 80% of most grants for Pregnancy Care Organizations through the Option Ultrasound program. These grants help organizations acquire ultrasound machines, provide nurse training, or secure funds for transitioning to medical services. Since the initiative began in 2004, it has helped save over 425,000 babies in the United States.

68 'Fact Sheet: Pro-Life Pregnancy Centers Deliver Real-World Results', Charlotte Lozier Institute, 6 January 2023, https://lozierinstitute.org/fact-sheet-pro-life-pregnancy-centers-deliver-real-world-results/

69 'Marta's Story: NYC Mom Thought Abortion Was Her Only Option - Then She Saw Her Baby', 11 January 2019, https://www.youtube.com/watch?v=--pprpdleRo&ab_channel=FocusontheFamily,

Centres that include a medical component often provide a variety of additional services, all offered at little or no cost, such as pregnancy testing, ultrasound exams, and STI testing and treatment. Many clients are surprised by the insights revealed through ultrasound. For instance, Dixie's choice was influenced by the sonogram she received from a free ultrasound service. According to Ms Boston, there are different types of medical centres; some offer prenatal care, and some even have birthing facilities. For services they don't provide directly, these centres typically collaborate with other organizations. "Pregnancy resource centres excel at networking, collecting information, and building relationships with various community organizations," Ms Boston explains.

Each centre serves as a comprehensive resource for pregnancy-related assistance, often maintaining an extensive list of partners to fulfil different needs. Additional services may include: collaborating with Women, Infants, and Children (WIC) to deliver food to pregnant women; coordinating with health agencies to ensure ongoing care needs are met; assisting women in signing up for government aid for which they may qualify; partnering with hospitals to offer labour and birthing classes at the centre.

The experience of an initial visit to a pregnancy clinic can differ depending on the location. However, at The Keim Centres—a network of pregnancy resource centres in Virginia with five sites in Norfolk, Chesapeake, and Virginia Beach—some common practices are observed. According to Paige Coulter, the director of nursing at Keim, the process begins with a nurse and a patient advocate meeting with the woman. They perform a urine pregnancy test on-site, typically providing results during the same visit. The nursing staff reviews the woman's medical history and discusses appropriate services, while the advocate learns about her situation and reasons for considering various pregnancy options. If suitable, a limited ultrasound may be offered, along with education on all available choices.[70] Cindi Boston notes that at almost any pregnancy medical clinic or resource centre, visitors will receive not only professional expertise but also a warm and supportive environment. "When you enter a pregnancy centre, you will feel the kindness and compassion from both staff and volunteers," Ms Boston explains. "These individuals specialize in providing care, comfort, and practical solutions. They actively listen to the woman's circumstances, guide her through her options, and empower her to make informed decisions. Pregnancy centres also offer classes and ongoing support, committing to being there for her in the long term."[71]

70 Paige Coulter quoted in https://www.focusonthefamily.com/pro-life/alternatives-to-abortion-pregnancy-resource-centers/

71 Cindi Boston, quoted in 'Is there a pregnancy clinic near me?', no date, https://www.focusonthefamily.com/pro-life/alternatives-to-abortion-pregnancy-resource-centers/

Mitigating Against Abortion Regret

Many pregnancy resource centres (PRCs) also extend support to women who have experienced abortion and are dealing with trauma. This assistance can include private counselling, classes, or small support groups. The aim is to show love and compassion even to those who choose abortion, providing a safe space for women to discuss their experiences and emotions, while helping them find physical, emotional, and spiritual healing. Similarly, The Keim Centres actively reach out to women who have undergone abortions. As Johnson notes, they offer programs designed for those who have made that choice, providing classes aimed at helping them achieve healing and restoration.[72]

In Ireland, the organisation Women Hurt was founded to support women who have gone through the trauma of an abortion. Its founders include Bernadette Goulding and Lynn Coles. Women Hurt serves as a resource hub to direct women to support options they might not have known existed. The choice of which option best fits their healing journey is entirely their own. Women Hurt are not a formal organization or professional counsellors; they describe themselves simply as women who have shared similar experiences. They stated it is estimated that one in three women will have had at least one abortion by the age of 45. The silence surrounding this reality does not imply that abortion is a positive experience. On the contrary, it significantly affects a woman's physical, emotional, and mental well-being. The reluctance of many post-abortive women to discuss their experiences highlights the often unexpected consequences of abortion.

Women Hurt acknowledges that whilst people's situations may differ, the common thread is that the women involved in the group have all made the choice to have an abortion. It exists to show women they are not alone in their feelings, and it is natural to fear judgment or worry that confronting their emotions could be overwhelming. Abortion recovery programmes are designed to help one process these feelings in a supportive and confidential environment with those who understand your pain. Women Hurt expanded its operations to include abortion recovery courses available in Ireland, a very positive step in helping women on their journey towards recover after a traumatic experience with abortion. Since the introduction of abortion in 2019, this service is far more necessary in Irish life unfortunately. But the government still refuses to fund services and organisations like Women Hurt, they ignore the wisdom and experience of women who have had experiences themselves and who have been involved in selfless work to ensure they can offer support and healing to other women. Instead, the Irish government, like so many western governments today, simply prefer to ignore the reality of abortion regret and instead bury their head in the sand. Women Hurt take a very broad and understanding approach, recognising that everyone is unique and offering a variety of options since a "one-size-fits-all" approach just doesn't work for everyone.

72 Paige Coulter quoted in https://www.focusonthefamily.com/pro-life/alternatives-to-abortion-pregnancy-resource-centers/

Women Hurt says: We have made the choice to have abortions, and we also have the right to choose our path to healing without guilt or shame. Remember, we are here to support you, not to judge you. Take comfort in knowing that many women have found healing and you can too. We are women who have lived through the experience of abortion, and we want to share our stories to help others. Our goal is to reach out to those affected by abortion and encourage them to seek healing. Overall, this is a very positive message and one which needs to be heard more widely in Irish public life. For more information, you can visit the Women Hurt website.[73]
The key individuals behind Women Hurt in Ireland have been open about sharing their own experiences. These stories help women who may be considering abortion to see there's another side to it. Lynn Cole from Belfast said in an interview:
"If you are pregnant and considering abortion, take the time to think things through. You are pregnant and so your body is changing already, you will no doubt be on an emotional roller coaster and your situation maybe difficult, causing you to consider abortion. Try to think objectively and not be driven by your emotions. There is always a way through even the most difficult of circumstances. I was told abortion would solve my problems, but it only gave me new ones."
"There is help available for you. You are not alone. You can talk to others who have walked in your shoes and please don't overlook the miracle of adoption. If you are struggling after an abortion experience, I want you to know that you are not alone. There is hope and healing. Take courage, a deep breath and make contact with Women Hurt so you can access some help and start your road to recovery."[74]

It is clear that the State must do more to promote alternatives to abortion. However, it must also fund resources which exist to help women who've been through an abortion and who regret it to heal and progress along a path of recovery. The Fergusson Study from 2007, published in the peer reviewed journal *Br J Psychiatry*, clearly demonstrates the deleterious impact that abortion can have on a woman's mental health. The study is often referenced for its analysis of the mental health outcomes related to abortion. It found that women who have undergone abortions may experience higher rates of mental health disorders compared to those who have not, particularly in the context of pre-existing mental health issues. It is a longitudinal study began in 1977, with assessments conducted at various life stages – ages 18, 21, 25, and 30 – the study provided insights into how early life experiences and choices (like teenage pregnancy and abortions) affect mental health over a long period.

73 'About Us', https://womenhurt.ie/about-us/
74 'Lynn's Story', https://womenhurt.ie/lynns-story/

Retaining a large sample size (over 80% at age 30) has strengthened the reliability of the findings, making it a significant source of information on mental health and social behaviours across generations.[75] This research has convincingly made the case for greater investment in pro-life supports and safeguards; however, the governments of many western countries are frequently too compromised by a lack of objectivity on this issue or by the influence of the pro-abortion lobby to actually take steps which would help women avoid abortion and the related trauma associated with it.

Pregnancy Resource Centres have often been criticised, including by pro-abortion academics. For example, the pro-abortion MSI International organisation decried Pregnancy Resource Centres as having a "hidden agenda". They were said to "come with an agenda that is not made clear on their marketing materials: they aim to dissuade women from accessing abortion care."
The same statement continued, "Established by anti-choice groups, and often rooted in religious beliefs and social conservativism, these centres are often unregulated, manipulative, and promote dangerous misinformation about pregnancy and abortion."[76]
However, these criticisms are fundamentally unfair and are themselves misleading. The pro-life group Students for Life, based in the United States, rebutted many of the myths and fake news surrounding Pregnancy Resource Centres which are often put out by the media and pro-abortion groups.[77]

The first myth is that pregnancy centres are nothing more than "fake clinics". Pregnancy centres can be categorized into two types. The first is a traditional pregnancy help organization. These are not medical clinics and do not claim to be, although many offer free basic pregnancy tests and ultrasound services. They provide a wide range of free services, including parenting classes, counselling on options, baby supplies, job assistance, and financial support. The second type is a Pregnancy Help Medical Clinic, which operates as a licensed medical facility under the supervision of a physician. The medical services offered can vary by clinic but often include ultrasounds, prenatal exams on-site, and STD testing. Neither type can be accurately described as "fake clinics", and to do so is fundamentally disingenuous.

75 David M Fergusson 1, Joseph M Boden, L John Horwood, 'Recurrence of major depression in adolescence and early adulthood, and later mental health, educational and economic outcomes', *Br J Psychiatry*, October 2007, 191:335-42. doi: 10.1192/bjp.bp.107.036079.
76 'Crisis pregnancy centres': the anti-choice movement in disguise, 3 March 2023, https://www.msichoices.org/latest/crisis-pregnancy-centres-the-anti-choice-movement-in-disguise/
77 'What is a Pregnancy Resource Center?', https://studentsforlife.org/learn/pregnancy-centers/

It's further alleged that pregnancy resource centres are exclusively focused on preventing abortion. The volunteers and staff at pregnancy help organizations are motivated by a single goal: to assist women, regardless of their circumstances, income, beliefs, or any other factors. These centres are pro-life because they understand the negative impact of abortion on women and aim to provide a compassionate alternative. Consequently, they support not only women considering abortion but also those who have chosen adoption or parenting, women who have already given birth, and those grappling with a past abortion. Many centres are accused of using "unqualified" volunteers. While pregnancy resource centres do rely on volunteers—similar to Planned Parenthood and many American non-profits—these volunteers receive training from staff to ensure they are adequately prepared to assist women in their specific roles. Clinics are also frequently accused of being religious in nature. This is simply untrue and a gross generalisation that borders on sectarianism. It's true that individuals from faith-based communities are statistically more engaged in charitable work. Although many pregnancy centres are affiliated with religious organizations, they do not impose their beliefs on anyone or deny assistance to women who are not religious. The staff who devote their time and energy to helping women and their babies through their work at these clinics are often accused of "forcing" or "pressuring" women to put their babies up for adoption as an alternative to abortion.

Pregnancy resource centres focus on empowering women to make the best choices for themselves and their babies. No pregnancy centre tries to coerce a woman into placing her child for adoption.

The Inadequacy of 'Liberal' Proposals for Reducing the Abortion Rate

It is common for liberal politicians and pundits to claim they agree with the call for a reduction in the abortion rate. However, their solutions often come in the forms of improving sex education in schools and making access to contraception more widespread. The liberal-leaning Huffington Post published a piece by Anna Almendrala in 2017 which asked

"*We Already Know How To Safely Reduce Abortions. Hint: It has nothing to do with restricting access.*" It relies on supposed "evidence based" claims that reducing abortion can be achieved through widespread access to contraceptives and better sex education.[78] These kinds of claims are very common and they must be interrogated.

It seems logical to assume that good sex education would reduce abortion, since effective sex education should lower the number of pregnancies that might end in abortion. However, the real question most people are concerned with is whether the typical sex education programs in public schools reduce abortion rates. While this assumption makes sense intuitively, the actual evidence is scarce. Comprehensive reviews from the Cochrane database, which analyzed randomized control trials, found no significant impact of sex education on teen pregnancy rates. Interestingly, the only randomized controlled trial that did show a significant reduction in teen pregnancy—by as much as 80%—was from an abstinence-focused program, which has often been criticized. Recent cross-national studies have also found that sex education mandates are associated with increases in teen pregnancy and abortion rates, though this effect can be mitigated when parents are allowed to opt their children out of such programs.

This may seem counterintuitive to many, but as Paton, Bullivant, and Soto explain, sex education can produce mixed results. It may reduce the likelihood of pregnancy in specific instances by promoting contraception, but it may also increase the overall rate of sexual activity by normalizing extramarital sex or reducing the fear of pregnancy. This mixed effect underscores the need to rely on empirical evidence, which shows little support for the effectiveness of typical sex education programs in reducing abortion rates - although there is some limited evidence supporting abstinence education.

The issue of whether contraceptives are an effective way to decrease the abortion rate is a vexed issue. Contraception undoubtedly reduces the risk of pregnancy in individual sexual encounters. But the broader question is whether promoting contraception a) reduces the overall number of unintended pregnancies and b) affects the likelihood that an unintended pregnancy will end in abortion. These are two distinct questions. On the latter, some argue that contraception might increase the likelihood of abortion by promoting a cultural mindset in which pregnancy is seen as an optional outcome of sex, leading to more pregnancies being perceived as unwanted.

78 Anna Almendrala, 'We Already Know How To Safely Reduce Abortions', 14 February 2017, https://www.huffingtonpost.co.uk/entry/reducing-abortion-rates-policy_n_589b8ea5e4b09bd304bfd920

On the former question, the same logic applies as with sex education: contraception can lower the cost of risky sex, potentially encouraging more sexual activity. This could offset or even surpass the reduction in pregnancies achieved by contraception use in individual cases. Empirical evidence supports the idea that contraception increases risky sexual behaviour. Since contraception failure rates are higher than many realize (with a significant number of abortions stemming from such failures), the increase in risky behaviour could outweigh the decrease in pregnancy-per-intercourse.

Abortion rates remain high even in regions with excellent contraceptive access, such as Northern Europe, which has some of the highest abortion rates globally despite widespread contraceptive availability. A detailed review of the evidence shows no consistent relationship between contraceptive access and abortion rates. No studies on emergency contraception, for example, have demonstrated a reduction in abortion rates. A systematic review found no effect of contraceptive promotion on adolescent pregnancy rates. In many countries, abortion rates rise alongside increased contraceptive use, and where abortion rates fall, it is often in unique contexts, like post-Soviet countries where abortion has been commonly used as contraception. Even in cases where there is a decrease, the effect size is relatively small. Moreover, the contraceptives most likely to reduce abortion rates (long-acting reversible contraceptives may sometimes act as abortifacients raising ethical concerns for pro-life advocates). The evidence on this remains inconclusive, but it highlights a potential conflict for those opposed to abortion.

In summary, promoting contraception does not reliably lower abortion rates due to these offsetting factors. Even if it did, it may not be politically significant. Data shows that changes in U.S. presidential leadership have little effect on contraception use, either domestically or abroad. In developing countries, unmet need for contraception is only 12.8%, and only a small fraction of women cite lack of access as the reason for not using contraception. This makes it unlikely that expanding access would have a substantial impact on abortion rates, suggesting that pro-life laws may have a greater influence on reducing abortion than contraceptive policies.

At the same time it must be emphasized that there is no problem with giving access to contraception or sex education. The issue is rather that this is not necessarily the silver bullet that brings down the abortion rate. It is a very partial approach that does not alter the overall picture. To reduce the number of abortions we need to reduce the pressure of families and create time for pregnancy throughout our economy and systems of governance.

Adoption as an Alternative to Abortion

This report has so far frequently discussed socio-economic measures which encourage women to bring their pregnancy to term and parent themselves. It is an option which many women would consider, if their socio-economic situation better allowed them to do so. However, the reality is that it is not always the case that a woman who is pregnant is prepared to parent – even with all the supports in the world. Thus, the option of adoption as an alternative to abortion must be seriously promoted.

Adoption involves transferring parental rights and responsibilities for your child to another individual or couple who wish to raise a child. This option allows the mother to bring her baby into the world and entrust their upbringing to a family that can provide a loving, supportive environment. There are typically three types of adoption arrangements, and as the birth mother, the mother has the choice of which she would like to choose if adoption is the road she decides to go down. However, a 2023 study which surveyed the attitudes of women who had abortions to adoption found that reasons why adoption was not an appropriate option for their pregnancy were grounded in their ideas of the roles and responsibilities of parenting and fell into three themes. First, participants described continuing the pregnancy and giving birth as inseparable from the decision to parent. Second, choosing adoption would represent an irresponsible abnegation of parental duty. Third, adoption could put their child's safety and well-being at risk.[79] Nonetheless, it is important that adoption is an option for women and one which they should seriously consider rather than dismiss out of hand – particularly due to any potential misunderstandings about what adoption is. As mentioned, there are three typical forms of adoption, and women can decide which appeal to them most.

In an open adoption, one can maintain an ongoing relationship with one's child after the adoption. The mother and the adoptive family will decide the level of contact, which can range from exchanging letters or gifts occasionally to having regular in-person visits.
A closed adoption involves no contact between the mother, her baby, or the adoptive family following the adoption. While some birth mothers may find this difficult, others value the sense of closure, allowing them to move forward with their lives knowing their child is in good hands. This is often a good choice for a woman who may be most inclined to otherwise have an abortion.

Semi-open adoption offers a middle ground. In this arrangement, communication between the mother and the adoptive family occurs through a third party, allowing anonymous exchanges of letters, emails, or phone calls. This gives the woman updates on her child's well-being while still enabling her to maintain her independence.

79 Liza Fuentes, Megan L. Kavanaugh, Lori F. Frohwirth, Jenna Jerman, and Nakeisha Blades, "'Adoption is just not for me": How abortion patients in Michigan and New Mexico factor adoption into their pregnancy outcome decisions', *Contracept X*, 2023; 5: 100090.

These options should all be presented to women so that informed consent can better be achieved. Informed consent is described by the National Health Service (NHS) in the UK as "Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination." It continues, "For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision." This can be given verbally or in writing. Women seeking an abortion, an irreversible procedure intended to end the life of the unborn child, it is necessary that women feel that they have received guidance and information on every alternative option and that their ultimate decision is informed and one they feel comfortable with at the time.[80]

80 'Overview: Consent to treatment', https://www.nhs.uk/conditions/consent-to-treatment/

Conclusion

We have seen that in most Western countries, the "baby bust" is having a profoundly negative impact on futureproofing society, particularly in countries which offer generous social welfare benefits and pensions. Migration and emigration has impacted this as well, particularly in countries with struggling economies. For example, it was reported in September 2024 how Greece was facing a demographic calamity. Six years after Greece emerged from its financial bailout programs, ending a severe economic crisis, the country now faces a different challenge that could reshape its social and economic landscape: a declining population. Projections indicate that by 2070, Greece's population could decrease by as much as 25%, significantly higher than the EU average decline of 4%. In 2022, Greece registered fewer than 77,000 births, the lowest in nearly a century, while deaths nearly doubled that figure, reaching 140,000. There are no signs that this trend will reverse anytime soon. "The demographic collapse is increasingly becoming an existential threat to our future," warned Greek Prime Minister Kyriakos Mitsotakis.[81] How can western countries respond to these crises, which are not exclusive to any particular country?

Hungary has led the way in introducing pro-family social welfare policies, which offer a proactive alternative to expectant mothers who may otherwise feel the socio-economic burden is too great to bring a new life into the world. In 2024, Hungary held the presidency of the council of the European Union. They have used this opportunity to promote their family policies as a template which can be examined and adopted by other European countries.

Elsewhere, we see that the task has fallen to private charity sector. The case of US-based Pregnancy Resource Centres has been extensively covered; however, similar initiatives and organisations are active at work globally. Another example of this can be seen in Ireland, where the organisation Community Connect has provided proactive support to women in unplanned pregnancies. Community Connect is Ireland's first national baby bank, providing support to expectant mothers and parents. The concept has already gained popularity in the UK, where over 300 baby banks are now in operation. Recently, Community Connect partnered with Ikea, which will contribute a share of the sales from selected children's products to the charity until the year's end. A student, who benefitted from the services offered free of charge by Community Connect, told the Irish Independent newspaper on 9 October 2024 that she had been pressured to have an abortion when she fell pregnant at 21, but decided to consider her options. "I had just completed my first year of college when I found out I was pregnant," she said. "To put it mildly, my parents basically disowned me, and I hadn't been with my boyfriend for very long. I can't even describe how shocked I was at the time. Some people were suggesting I get an abortion.

81 Bryan Carter, 'Demographic decline: Greece faces alarming population collapse', 13 September 2024, https://www.euronews.com/2024/09/13/demographic-decline-greece-faces-alarming-population-collapse

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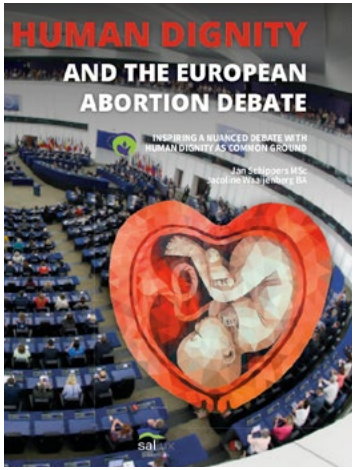
Human Dignity and the European abortion debate

An Inspiring a nuanced debate with human dignity as common ground. By Jan Schippers MSc & Jacoline Waaijenberg BA

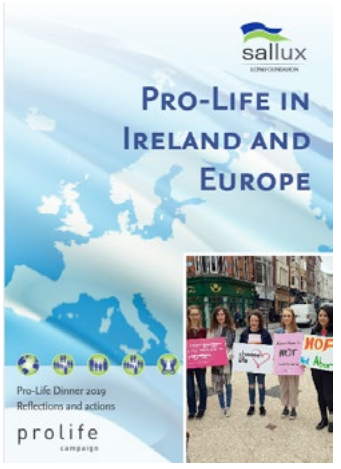
The aim of this publication is to provide tools for a more nuanced conversation and a more respectable European abortion debate. Readers will explore the unique line of the authors that human dignity is key for nuanced conversations.



Pro Life in Ireland and Europe

Pro-Life Dinner 2019 Reflections and actions

The Pro-Life Dinner 2019 was the first time that Pro-Life Ireland and Sallux cooperated. It was the starting gun for more cooperation at the European level as we move forward. This small publication offers some reflections and speeches on this theme as well as an outline of the follow-up of the Pro-Life Dinner through the Future Leaders Programme. We hope that this small collection of reflections and action will offer encouragement to all who are dedicated to the Pro-Life cause in Ireland and Europe.



The demographic challenges of the EU are becoming increasingly apparent to even the most casual observer. The shortage in healthcare personnel is slowly but surely morphing into a very serious crisis that will affect the wellbeing of all citizens of EU Member States. It is clearer than ever that we need to face the facts that contribute to this crisis, both culturally and economically. Both are addressed in this publication. The core of both contributions to this publication is the notion that we need to end the excessive pressure on families and strive to a society that accommodates having children.

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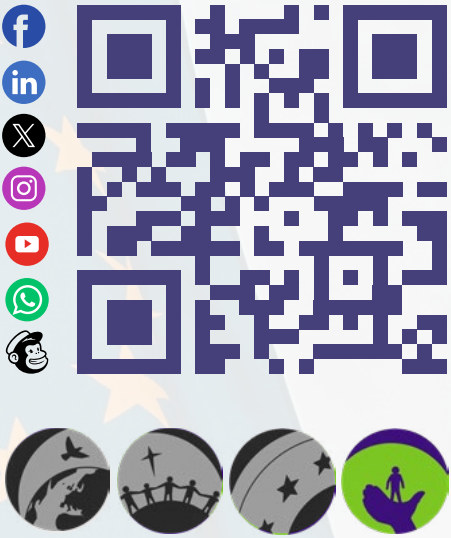

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