COMPARATIVE ANALYSIS OF ABORTION LIBERALISATION IN THE EUROPEAN UNION

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The purpose of the paper is to analyse the development of abortion liberalisation by cross-country comparisons of domestic regulations within the member states of the European Union (EU). With respect to the historical development measures for the liberalisation of abortion, these were adopted firstly in the post-communist countries that had also partially experienced prohibition measures. The EU pioneer in regulating abortion is Poland (1932), while the latest changes are from Ireland (2013). In EU-28 abortions are performed generally during the first trimester of the pregnancy, in authorised hospitals, and by specialised staff. The most frequent ground for which abortion is allowed within the EU member states is to save the life of the woman (27 states). The most restrictive EU countries in performing abortion are Malta and Ireland.

Despite the fact that abortion remains a national matter, further harmonisation among EU-28 member states would offer a sustainable answer to current demographic challenges. The originality of the paper consists in the cross-country analysis of abortion liberalisation at the level of the EU member states.

Keywords: *demographic transition, population change, fertility rate, abortion, EU-28.*

INTRODUCTION

Lifestyle changes, and particularly the new roles of men and women in the family, especially the activation of women on the labour market, in the context of work-family and family-work role conflict, play a part in the fertility evolution in particular, reflected as postponement of births after career development (Mihăilescu, 1993: 240–241; Dan et al. 2009: 76–77; Esping-Andersen, 2009; Popescu, 2009: 43–75; Vasiluță-Ştefănescu and Vasiluță-Ştefănescu, 2012; Bălan, 2014: 7; Mureşan, 2014: 147–148; Bălan, Stănescu, 2014; Stănescu, 2015a; Stănescu, 2015b). The deliberate process of limiting the descendants' number is part of the demographic transition elements (Rotariu, 2010: 51) and involves various contraceptive means and, very often,

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abortion, depending on religious, on the attitude that society has either of tolerance or intolerance on this issue (David, 1992: 1; Lee, 2003: 170; Ciocărlie et al., 2013).

Demographic transition was interpreted as "the societies that experience modernization progress from a pre-modern regime of high fertility and high mortality to a post-modern one in which both are low" (Kirk, 1996: 361). According to Notestein, the hope for tackling the population growth crisis includes four elements: "national policies favouring family planning, the demonstrated public interest in limiting childbearing, the improvement of contraceptive technology, and (…) governmental programs to spread the practice of birth control (Notestein, 1967: 170). Such fertility reducing tools should be known by population, largely spread, accessible, and affordable (Coale apud Rotariu, 2009: 233).

Understanding fertility transition in various social environments should take into account: the differing reasons; the mortality decline as a precondition of fertility decline; common elements of fertility regulations in pre-transitional and post-transitional population; as well as the impact of the decadal time scale choice (Mason, 1997: 445–449). Postnatal controls depend on "the forms of control that are culturally, environmentally, or structurally available or acceptable (e.g. whether abortion or infanticide is morally acceptable") (Mason, 1997: 449).

The use of the term "second demographic transition" was considered inadequate, due to its limits in explaining current changes (Rotariu, 2010: 61). Still, these demographic shifts are caused by changes of lifestyles, contraceptives and the sexual revolution, as well as by the gender division on the labour market (Lee, 2003: 174; Popescu, 2009: 43–75; Mureşan, 2008: 440–441; Bălan, 2013).

Fertility represents one of the active demographic factors with strategic influence on demographic growth (Rotariu, 1993: 250–251; Shaw, 2002). Other factors influencing the population's evolution include nuptiality (e.g. marriages rate), mortality, and migration (Kirk, 1996: 386; Rotariu, 2009: 64–67).

The legal framework for women's choice to give birth within the member states was structured from three perspectives: the chronological development of prohibition and liberalisation regulations, reasons for allowing abortions, and other related aspects commonly regulated.

The analysed period covers 81 years, respectively as early as the year 1932, when Poland allowed abortions, and the latest changes registered in 2013 in Ireland. In terms of methodology, this work uses secondary analysis of the *Eurostat* database, the statistical office of EU, and The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. Research results are presented by two categories of member states: Western and Eastern European ones. Still, it is to be noticed that the present article is part of a series of papers focused on the comparative social security analysis within member states, in relationship with the moment of joining the EU (Stănescu and Nemțanu, 2015; Stănescu, 2015b). From this perspective, three categories of member states were identified: the EU founder states, other old member states of the EU than the founders, and Central and Eastern European (CEE) member states, also including the new member states. Despite the fact that

the third category of countries actually includes ten CEE countries alongside two Mediterranean (Cyprus and Malta), we choose to refer to this category by a short operational label: CEE member states. In some cases, research outputs are presented accordingly.

PROHIBITION OF ABORTION IN THE EU-28 MEMBER STATES

In the case of Western member states, restrictive legal measures date back to the 19th century: Spain (1800); the United Kingdom (1803); Ireland (1861); and Portugal (1886). Portugal was the only Western European country experiencing prohibition of abortion measures (1956) during the 20th century.

Among Eastern member states, prohibition of abortion in Malta date since 1854. Except the influence of the Union of Soviet Socialist Republics in its ex-satellites which is detailed further bellow in the paper, the German Democratic Republic registered prohibition measures since 1926.

Table no. 1

Prohibition of abortions within the EU-28 member states

	Prohibition	
	Western member states	**Eastern member states**
XIX century	ES, UK,IE, PT	MT
1920s		GDR[1]
1930s		ET, LT, LV
1940s		RO
1950s	PT	
1960s		BG, RO
1970s		HU

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.

As compared with the communist period, liberalisation measures were experienced in two ways: on a continuous base (in Poland, former Czechoslovakia, Croatia, Slovenia, and Cyprus), and based on a two steps approach (in Estonia, Hungary, Bulgaria, Romania, and the Former German Democrat Republic). Referring to the first category of countries, liberalisation measures were adopted in the early 1930s, during the 1950s and in late 1980s. It is interesting to see that in both in the pioneering Poland (1932), and late Cyprus (1986), abortion continues to be prohibited for economic and social reasons, and it is not available on request.

Referring to the second category of countries, the ex-satellites of the Union of Soviet Socialist Republics followed its rules. The death penalty for abortion dates in Russia back to 1649, and it was commuted subsequently, one of the latest changes being to three years detention penalty in the Penal Code of 1903. In an additional

[1] German Democratic Republic.

change, Russia legalised abortion on demand in 1920 (Solodnikov, 2011: 72, 74). Thereafter, during the Soviets' time, abortion was prohibited in 1936 in Estonia, Latvia, and Lithuania, but liberalised in 1955. Similarly, Hungary, Romania, and Bulgaria experienced liberalisation of abortion measures, followed by prohibition, and a second wave of liberalisation in the late 1980s. Abortion was seen as a policy tool to control birth (Freedman apud Notestein, 1967: 176; Manea, 1993; 62–64; Mureşan, 2008: 426; Solodnikov, 2011: 75). Its prohibition alongside the lack of family planning and access to contraceptives due to the ideological attention paid to increase fertility exposed women to illegal abortion and higher rates of mortality and infertility, as well as to the deterioration of health conditions (Notestein, 1967). The immixture of public expectations on intimate life and personal decisions in the case of unwanted pregnancies also had impact at the psichological level (stigma, depression). This could be interpreted as a violation of human rights, as long as "a person's control of his or her body, regardless of gender and application, is perhaps the *sine qua non* of rights generally" (Asal et al., 2008: 266).

Liberalisation of abortion measures led to decreased fertility rates in the communist countries as well as in post-communist Hungary, and in Romania (Notestein, 1967: 176; Zamfir, 1994: 13–15; Udvuleanu, 2002: 267–268; Popescu, 2009). While the first liberalisation round was focused on women's labour insertion based on full-employment as supported by the communist ideology regarding labour force, the second liberalisation wave was rather a reactive social policy to address decreased fertility.

LIBERALISATION OF ABORTION IN THE EU-28 MEMBER STATES

None of the EU directives recommends member states to regulate abortion, but two directives are enforced: one with respect to *in vitro* diagnosis medical devices, and the Tissues and Cells Directive (Nelleke and Koffeman, 2014: 2–3), both concerned with ensuring health and safety of potential mothers and infants.

Table no. 2

Liberalisation of abortion within the EU-28 member states

	Liberalisation	
	Western member states	**Eastern member states**
1930s	DK, SW	PL
1950s	FI	BG, CZ, HU, RO, SK, SI, HR, ET, LV, LT
1960s	UK	
1970s	AT, FR, FRG[2], IT, LU, EE	
1980s	NL, PT, ES	CY, HU, RO
1990s	BE, DE	BG
2010s	IE	

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.

[2] Federal Republic of Germany.

First abortion regulations were adopted in the 1930s by three countries: Poland (1932); Denmark (1937); and Slovakia (1938).

By categories of member states taking into account the moment of EU accession, CEE member states were the first ones to liberalise abortion. The comparison of abortion's chronological development is limited by background reasons: the communist ideology in CEE member states, versus religious and democratic decisions in Western member states. The paper does not approach this subject, but it could be further researched.

Four out of six EU founder members changed legal frameworks during the 1970s: France and the Federal Republic of Germany in 1975, and Italy and Luxembourg, in 1978. The Netherlands followed in 1981, and Belgium, in 1990. Several changes were noticed in France: 1979, 1980, and in 1988. In The Netherlands, legislative updates were adopted in 1984.

Liberalisation of abortion happened first in Nordic countries: in Denmark in 1937, in Sweden in 1938, and in Finland in 1950. The United Kingdom changed its abortion related policy in 1967; Austria, in 1974, Greece, in 1978, Portugal, in 1984, and Spain, in 1985. Due to the fact that a satisfactory abortion law was passed with delay in Spain, women travelled to England, Wales, and The Netherlands (Peiro, 2001: 190–191).

Measures of abortion liberalisation were adopted in communist countries save for the former German Democrat Republic, Albania (Notestein, 1967: 176), and Malta (where the situation is unchanged till today). Malta is the only European country where abortion is restricted for all seven grounds presented further below, in the paper. Public debates and negotiations after the unification with the Federal Republic of Germany where abortion was liberalised in 1975, led to legal changes in 1992, updated subsequently in 1993 and in 1995, for former German Democratic Republic.

Different trends were identified with respect to the liberalisation policies of abortion among the EU-28 member states. A group of three countries pioneered in the 1930s, while other eight followed during the 1950s. After more than a decade, another country joined the trend of liberalising abortions, in 1967. Starting with 1974, the rest of 16 countries followed: six during the 1970s; six during the 1980s; and three during the 1990s. Latest adjustments date from 2013 in Ireland. The case of the Indian dentist Savita Halappanavar who died in 2012 because of septicaemia, after being denied the abortion of a 17 weeks' old foetus, was one of the driving engines for these changes. First legal abortion carried out in Dublin approached a similar situation in the case of an 18 weeks-old pregnancy.

Three times simultaneous changes were noticed in three pairs of countries: in 1950 (Finland, Slovakia, and Czech Republic); in 1955 (Estonia, Latvia, and Lithuania); and in 1978 (Italy, Luxembourg, and Greece). Similar changes in pairs of two countries were remarked in 1952 (Slovenia, and Croatia); in 1975 (France, and in the Federal Republic of Germany); and in 1990 (Belgium, and Bulgaria). Referring to the 1990 category it should be mentioned that Romania liberalised abortions on 26th December 1989 as the fourth post-revolution change (David, 1992: 13).

Once the liberalisation of the abortion measure was adopted, follow up regulations were carried out in 19 countries, save for the United Kingdom, Austria, Italy, Luxembourg, Cyprus, and Belgium. In the case of post-communist countries, once the measure of prohibiting abortions was taken, follow up regulations were not adopted in four countries, except Romania and Bulgaria. Poland registered seven follow up pro-abortion measures, the biggest number among analysed countries. Four sets of follow up measures were adopted in Sweden, the Czech Republic, Slovenia, and France. For more details please see *Annex 1*. Overview of abortion regulations within EU-28 member states by the chronologic order of liberalisation.

GROUNDS FOR ALLOWING ABORTION WITHIN EU-28 MEMBER STATES

In accordance with the national reports available within the Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, seven grounds for allowing abortion were identified worldwide and apply in the EU-28 member-states: to save the life of the woman, to preserve physical health, to preserve mental health, in cases of rape or incest, foetal impairment, economic or social reasons, and available on request.

From the viewpoint of the rationale in allowing abortions "to save the life of the woman" is the most widespread one (27 member states, except Malta). At the opposite end, "available on request" is applicable in 21 countries (except Luxembourg, Finland, Ireland, United Kingdom, Cyprus, Malta, and Poland). 26 EU member states (except Ireland and Malta) allow abortion for the same three grounds: to preserve physical health; to preserve mental health; and foetal impairment.

Table no. 3

Grounds on which abortion is permitted, by categories of member states of the European Union

<table>
<tr><th rowspan="2"></th><th colspan="2">Permitted</th><th colspan="2">Not permitted</th></tr>
<tr><th>Western member states</th><th>Eastern member states</th><th>Western member states</th><th>Eastern member states</th></tr>
<tr><td>To save the life of the woman</td><td>EU-15</td><td rowspan="4">BG, CZ, ET, HR, CY, LV, LT, HU, PL, RO, SI, SK</td><td>–</td><td rowspan="4">MT</td></tr>
<tr><td>To preserve physical health</td><td rowspan="3">AT, BE, DK, FI, FR, DE, EE, IT, LU, PT, ES, SW, NL, UK</td><td rowspan="3">IE</td></tr>
<tr><td>To preserve mental health</td></tr>
<tr><td>Foetal impairment</td></tr>
<tr><td>Rape or incest</td><td>AT, BE, DK, FI, FR, DE, EE, IT, LU, PT, ES, SW, NL</td><td>IE, UK</td></tr>
<tr><td>Economic or social reasons</td><td>AT, BE, DK, FI, FR, DE, EE, IT, LU, PT, ES, SW, NL, UK</td><td rowspan="2">BG, CZ, ET, HR, LV, LT, HU, RO, SI, SK</td><td>IE</td><td rowspan="2">CY, MT, PL</td></tr>
<tr><td>Available on request</td><td>AT, BE, DK, FR, DE, EE, IT, PT, ES, SW, NL</td><td>FI, IE, LU, UK</td></tr>
</table>

Source: United Nations, 2014. *World Abortion Policies 2013*, Department of Economic and Social Affaires, Population Division.

EU founder states support six out of the seven grounds listed above, as Luxembourg registers one restriction (available on request). Within the category of other old member states than the EU founder states, the most restrictive country is Ireland (six grounds are not applicable), followed by the United Kingdom (abortion is not permitted on grounds of rape or incest alongside available on request), and Portugal (abortion prohibited for economic and social reasons, and for available on request). Among CEE countries, Malta is the most restrictive (none of the seven grounds is enforced), followed by Cyprus and Poland where abortion is prohibited for the same two grounds: economic and social reasons, and available on request.

From the perspective of the analysed countries, the most restrictive ones are Malta (top position with prohibition for all seven grounds in force), Ireland (second top position, six grounds are prohibited), the United Kingdom, and Poland (third position, with two prohibition grounds), followed by Finland, Cyprus and Luxembourg (fourth position, with one ground prohibited).

In order to save the life of the woman, abortion is allowed in 27 member states: in all six EU founder states, in all nine other old member states, and in 12 out of 13 Central and Eastern member states (except Malta). Three grounds (to preserve physical health, to preserve mental health, and foetal impairment) are acceptable in 26 member states (except Ireland, and Malta). Rape or incest is a reason for abortion in 25 member states (except Ireland, United Kingdom, and Malta). The rationale on economic or social grounds for proceeding with an abortion is accepted in 24 member states. Exceptions are registered in Ireland, Cyprus, Malta, and Poland. Abortion is available on request in 21 countries out of the EU-28: save for Luxembourg, Finland, Ireland, United Kingdom, Cyprus, Malta, and Poland.

Chronologic statistics on cross-border abortions or cross-border reproductive care are generally lacking. Spanish women asking for abortion in England, Wales, and The Netherlands, before the abortion was liberalised in Spain continued to travel for this purpose, even after the abortion law was passed in Spain. As a direct effect, abortion became locally available, but cross-border movements continued (Peiro et al., 2001: 193–194).

Such practices have a legal impact on states confronted either with welcoming other states' practice or in the stronger protection of domestic regulations (Nelleke and Koffeman, 2014: 2). Among states' reactions should be mentioned: prevention of cross-border movement by travel ban or criminal prosecution for involvement in the treatment obtained; refusal to recognise the legal effects of foreign treatment options; refusal of reimbursement for treatment obtained abroad; or refusal of follow-up care upon return (Nelleke and Koffeman, 2014: 9–13).

OTHER ABORTION RELATED REGULATIONS

The pregnancy period during which induced abortion is allowed varies among the EU-27 member states, but generally refers to the first trimester. According with

the World Health Organisation (WHO) under the United Nations, the understanding of that period is between 12 and 14 weeks (WHO, 2014: 3). Still, slight differences are noticed between countries regulating 10 weeks (Croatia, France, and Slovenia); three months (Austria); 12 weeks (Belgium, Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Italy, Latvia, Lithuania, Luxemburg, Netherlands, Poland, Portugal, Slovakia, and Spain); 14 weeks (Romania); and 18 weeks (Sweden). In Bulgaria, the period is 12–20 weeks. In Cyprus it is not specifically mentioned by the law, but abortion is performed up to 28 weeks. In Finland, if the woman is under 17 years of age, the abortion can be performed up to the twentieth week of pregnancy. Still, a maximum period of pregnancy is regulated in the case of therapeutic abortion in Portugal (16 weeks); in Spain (12 weeks, in the case of rape, 22 weeks for severe severe physical or mental defects of foetus); in Finland (24 weeks); and Czech Republic (up to 26 weeks). Six months distance from a previous pregnancy is required in Slovakia.

Abortion is performed by a certification in writing of the mother, and if the physicians are convinced about mother's determination, in Belgium, and Croatia. Both woman and physician sign such a certificate in Italy, and in Portugal. Only the woman gives her written agreement in Luxemburg.

Abortion for medical reasons is allowed in specific circumstances and generally requires medical approval and supervision. It is the case of a medical commission (Czech Republic, Denmark, Estonia, and Finland); a State Medical Board in Finland, two physicians (France); special authorization (Latvia, and Lithunania); special approval (Netherlands); approval on behalf of the National Board of Health and Welfare (for more thann 18 weeks pregnancy in Sweden); approval from two physicians (United Kingdom). In Slovenia, it involves a special authorization by a commission composed of a gynaecologist/obstetrician, a general physician or a specialist in internal medicine and the attendance of a social worker or a psychologist is required, as well. In the case of rape, Cyprus allows a certification by the police.

Abortions are performed only by specialised health care staff in approved hospitals. References to human resources involved are: an additional physician to confirm grounds for abortion (Greece, Luxemburg, Portugal, and Spain); a psychiatrist for mothers with mental risks (Greece); a medical specialist in resuscitation in the case of medical abortion (Bulgaria); registered practitioner (Cyprus); licensed gynaecologist (Czech Republic); an obstetrician or gynaecologist who has passed the national proficiency tests (Poland); an obstetrician-gynaecologist (Romania); a licensed medical practitioner (in Sweden); and two registered medical practitioners, or only one in an emergency (in United Kingdom)

In the case of under-aged young individuals, written consent from a parent or guardian is to be obtained in Greece, in Italy, in Portugal, in Slovakia, and in Slovenia.

Pre-abortion counselling is regulated in Germany and in Slovakia. Specific allocated time is mentioned in the Netherlands (five days); in Belgium (six days), in Italy and Luxemburg (a one-week reflection).

The draft legislation focused on the setting up, functioning, and organisation of pregnancy crisis counselling offices was initiated in 2012 in Romania, and opened public debates. Among the "against" arguments, similarities with an anti-abortion law were mentioned. Additionally, the relation was reconsidered between the right of the women to interrupt the pregnancy *versus* the right of the foetus, recognised by the European Court only in the case of born children (not born children are not considered persons by the European Court). An additional legal argument was the lack of harmonisation with the European Convention of Human Rights. More exactly, it was considered that the passing of such a law would expose Romania to the infringement of three articles: article 3 guaranteeing the right of not being subjected to torture, inhuman or degrading treatments; article 8, which protects the right to private and family life; and article 9, meant to defend freedom of thought, of conscience and religion (Andreescu, 2013: 6–16). The provision of contraceptive counselling services could lead to the diminishment of repeat abortions as contraceptive measure (Manea, 1993: 63). In a demographic scenario of fertility reverse by maintaining fertility to current values, there would be necessary over 65 years for rebuilding the structure on ages of the population and for the numbers of births to be higher than the one of deaths. Yet, the trends regarding the development of the fertility rates show that the stability at an average value of 2.1 children cannot be guaranteed. It is considered that the "reversal to the replacement level in populations where fertility declined considerably under this threshold is not possible" (Gheţău, 2012: 17, 60–62).

CONCLUSION

The paper analysed the liberalisation of abortion legislation within the member states of the European Union from the chronological perspective, as well as regulations involved (reasons for allowing abortion, period of time, human resources involved, counselling and so on).

The liberalisation of abortion in EU-28 started in 1932 with Poland, while latest changes date was since 2013, from Ireland. Surprisingly, abortion was first liberalised in post-communist countries. Some of those countries experienced prohibition measures adopted during the communist regime. In enumerating the reasons, religious considerations did not represent the topic of this paper, but this issue could be further developed.

Save for Malta, abortion is allowed by other EU-27 member states, for a different number of reasons detailed in the paper. Seven grounds on which abortion is permitted were identified in accordance with national reports available on The Population Policy Data Bank maintained in the Population Division of the

Department of Economic and Social Affairs of the United Nations Secretariat. The most frequent ground is to save the life of the woman, applicable in 27 member states. With the exception of Ireland and Malta, 26 member states apply the following three abortion grounds: to preserve physical health; to preserve mental health; and foetal impairment. Abortion is allowed in the case of rape or incest in 25 countries, except for Ireland, the United Kingdom, and Malta. 24 member states regulate abortion in the case of economic and social reasons, with the exception of Ireland, Malta, Cyprus, and Poland. 21 EU countries allow abortion on request.

The most restrictive country in abortion issues is Malta, where abortion is strictly forbidden, followed by Ireland (only one ground is allowed). Other restrictive countries are both the United Kingdom and Poland (two grounds are prohibited); Finland, Cyprus and Luxembourg provide for prohibition only for one ground.

The abortion is generally performed in authorised hospitals and by specialised staff, and, as time, during the first quarter of pregnancy, but various terms provided therefore are regulated. Therapeutic abortion requires special approval. Other common elements identified among member states refer to human resources involved; the maximum duration; conditions for performing therapeutic abortion; and last but not least, the pre-abortion counselling. As liberalisation of abortion contributes, among other factors, to population change, future research directions include the effects of liberalisation abortion procedures in each of the member states. This is supported by the West-East convergence trends in low abortion rates despite differences in contraceptive use (Kocourkova, 2015: 5).

Regulations on abortion remain a domestic social and health policy matter. Still, in line with the European law, minimum alignment obligations for member states, in terms of better harmonisation of domestic reproductive regulations, could be further developed and include: recognition of legal effects of foreign treatment options; information provision, reimbursement and follow-up care (Nelleke and Koffeman, 2014: 13–17, 19). Further harmonisation among EU-28 member states would offer a sustainable answer to current demographic challenges.

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Annex 1

Overview of abortion regulations within EU-28 member states, by the chronologic order of liberalisation

	Country	Liberalisation	Prohibited/ restricted	Liberalisation
1.	Malta		1854	
2.	Ireland		1861	2013
3.	Poland	1932/ 1956/ 1959/ 1969/ 1981/ 1990/ 1993		
4.	Denmark	1937, 1973		
5.	Sweden	1938/ 1946/ 1963/ 1975		
6.	Finland	1950/ 1970/ 1978		
7.	Czech Republic	1950/ 1957 / 1983/ 1986		
8.	Slovakia	1950/1957/1983/1986		
9.	Slovenia	1952/1977		
10.	Croatia	1952/ 1978		
11.	Estonia		1936	1955/ 1982/ 1987
12.	Latvia			
13.	Lithuania			
14.	United Kingdom		1803	1967[3]
15.	Austria	1974		
16.	France	1975/ 1979/ 1980/ 1988		
17.	Italy	1978		
18.	Luxembourg	1978		
19.	Greece	1978/ 1986		
20.	The Netherlands	1981/ 1984		
21.	Portugal		1886/ 1956	1984/ 1996
22.	Spain		1800	1985/ 1986
23.	Cyprus	1986		
24.	Hungary	1953/ 1956	1973	1988/ 1992
25.	Romania	1957	1948/ 1966/ 1972/ 1984/ 1985	1989/ 1996
26.	Bulgaria	1956	1968/ 1973	1990
27.	Belgium	1990		
28.	Federal Republic of Germany	1975		1992/ 1993/ 1995
	German Democrat Republic		1926/1950	

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.

[3] In England, Scotland, and Wales Not applicable in Northern Ireland.

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Scopul lucrării este analiza evoluţiei privind liberalizarea avorturilor prin analize comparative privind reglementările naţionale din statele membre ale Uniunii Europene (UE). În ceea ce priveşte perspectiva istorică, măsurile de liberalizare a avorturilor au fost adoptate întâi în ţările postcomuniste, care au experimentat parţial şi măsuri de interzicere. Ţara pionieră la nivelul UE este Polonia (1932), în timp ce cele mai recente modificări provin din Irlanda (2013). În UE-28 avorturile sunt efectuate în general pe parcursul primului trimestru de sarcină în spitale autorizate şi de către cadre medicale specializate. Cel mai frecvent motiv pentru care avortul este permis în UE este salvarea vieţii femeii (27 de state membre). Cele mai restrictive ţări în privinţa avortului sunt Malta şi Irlanda.

Deşi avortul rămâne un aspect reglementat naţional, armonizarea acestui aspect în UE-28 ar oferi un răspuns provocărilor demografice actuale. Originalitatea lucrării constă în analiza măsurilor de liberalizare a avorturilor la nivelul statelor membre ale UE.

Cuvinte-cheie: *tranziţia demografică, schimbarea populaţiei, rata fertilităţii, avort, UE-28.*