The Abortion Decision

It was inevitable that the Supreme Court decision invalidating the majority of state laws on abortion should arouse a storm of reaction. The issue is so charged with emotional and religious controversy that the response would have been as great regardless of how the court ruled.

In deciding that the state has no right to interfere with a woman's decision to have or not to have a baby during her first six months of pregnancy, the court followed an impeccable line of reasoning: The Fourteenth Amendment guarantees a right to privacy to all Americans, including women. During the first six months of pregnancy, a fetus cannot survive independent of its mother's body; therefore, a fetus does not constitute a "person" covered by constitutional guarantees.

The court's logic continued: During the first trimester, especially, pregnancy is a medical matter, and thus any decisions made about that pregnancy rightfully rest with the woman and her doctor. The efforts of the state to infringe on a doctor's practice of his profession, through the requirement for boards of approval, or for certification by other physicians, cannot be permitted under the Constitution. During the second trimester of pregnancy, the state can interfere only to the point of regulating medical circumstances under which abortions are performed, to guarantee a woman the best possible medical services. In the last trimester, when life theoretically could be sustained independently of the woman, the state has more compelling interests in the well-being of both mother and child.

Given the perceptible trends toward more libertarian interpretations of the rights of privacy in recent years, the court hardly could have ruled any other way on the abortion issue and maintained any consistency. Granted, abortion is the worst possible means of birth control. In an ideal society, there would be no unwanted pregnancies. Owing to the efforts of family planning programs, there are fewer unwanted pregnancies today than ever before, but there still are too many, especially among teen-agers who lack even fundamental knowledge of how conception occurs.

Millions of Americans do not believe in abortion at any stage of pregnancy. That is their right. Millions of other Americans do believe that women have the right to govern their own bodies to the extent of having a legal, safe abortion if they choose. Abortion proponents recognize the special agonies that can result from rape, incest, or deformed fetuses. Aside from these special instances, they also know that no birth control method is guaranteed to be 100 per cent effective, and unwanted pregnancies also can ruin lives and marriages when the state exercises absolute control over the circumstances under which abortions can be permitted. As in any other instance where the state attempts to regulate morals, stringent anti-abortion laws merely drive abortionists underground, where quacks and amateurs can maim and kill desperate women.

The issue offers no middle ground for opinion. Some men, still clinging to outdated chauvinistic views of women's role in society, feel that men alone should have the ultimate decision on abortion laws. Yet men never experience unwanted pregnancies. This may prompt them to consider the issue dispassionately, but it also leads them to cruel conclusions. Catholic Church leaders may call the high court's opinion an "unspeakable tragedy," but the Catholic injunction against abortion is of rather recent origin in a religion two thousand years old. While Catholic spokesmen express horror at the decision can be understood, a majority of the high court properly recognized that no religion has a constitutional license to force its beliefs upon others.

The court's ruling does not compel any woman to have an abortion against her will. Neither does it prevent any woman from having an abortion under optimal medical conditions when she chooses. That decision now is hers alone to make. As long as a fetus, under the most conservative medical interpretation, cannot sustain its own life system, the continuation of a pregnancy is a medical concern. The high court was right in taking the stand out of the doctor's consulting room.
By Dan Morgan
Washington Post Foreign Service

Belgrade—One day last month, an unmarried 16-year-old girl and her mother went to a downtown medical clinic here where about 50 other women had gathered. Almost all the women in the waiting room had one thing in common: an unwanted pregnancy.

In most parts of the United States, where abortion policy is still restrictive, the young girl’s plight might have thrown the family into a crisis. But not in the abortion culture of most nations in Eastern Europe. Here abortions are a routine event and were so long before the诊所 grew at clinics in New York City or Washington of Los Angeles.

Indeed, abortion has become a way of life over the past 15 years in much of Communist Eastern Europe, an extensive experience with many lessons to tell. It has helped reshape the family. It has changed social change popular attitudes toward marriage, children and childbearing. And, unexpectedly, it has turned up medical problems—particular signs of a connection between abortions and later premature and stillbirth births—that are worrying many doctors. But despite this and other concerns, abortion is likely to remain as commonplace and as simple as it was for the young girl who showed up at the Belgrade Gynecological Clinic.

She had already been certified by a doctor to be within the first three months of pregnancy, when the operation is legally permitted here for nonmedicinal reasons. All that remained was to get approval for the operation from the hospital’s three-member abortion commission, made up of a gynecologist, an internist and a social worker. The necessary “social” reasons were self-evident: The girl was a minor and unmarried.

The board approved the abortion, a two-minute operation that is performed about 50,000 times a year in the Yugoslav capital and that costs about $3. The doctor’s services are free; the charge covers the cost of anesthesia, and a negligible hospital tax.

Like Visiting a Hairdresser

On the same morning, abortions were approved for about 40 other women, including about 20 with two or more children, two other unmarried school girls, and 10 jobless or apartmentless women with one child.

Rejected for abortions were seven married, childless women who offered no convincing “social” reason for terminating the pregnancy. A 22-year-old economist withdrew her application after the board’s social worker promised to contact her employer to secure a pledge that the pregnancy would not cost her her new job. That, however, was an exceptional case in East European Communist societies in which abortion on nonmedical grounds has become readily available, cheap and, in fact, the preferred means of birth control for probably the majority of women.

For most city women living under communism, an abortion carries about as much social stigma as a visit to the hairdresser. (In fact one Belgrade hairdresser says she has had 40 of them.)

At one Belgrade clinic, every married woman seeking an abortion in the past six months had had at least one such operation before this morning. At that same clinic a few days ago, a 25-year-old brunette, dressed in a blue sailor suit and yellow shoes with platform heels, applied for her ninth. When the doctor asked why she did not start using modern contraceptives, she just shrugged.

Abortions for out-of-wedlock births in Yugoslavia and Hungary, and the ratio is only narrowly in favor of births in Czechoslovakia and Poland. In Poland, they are free at hospitals but cost about $15 at doctors’ “cooperatives” and up to $50 privately, where treatment is even more “discreet.” Hungarian factory workers usually take three days’ leave and are treated at a hospital.

The marvel is that abortion has become an accepted practice in societies where family structure remains strong, where three-generational and extended families are still common because of the housing shortage, where young students or workers often eat lunch at the same table with tradition-minded grandparents, and where the Catholic church is still a force.

Housing and Working Women

While Communists traditionally have espoused a progressive line on abortion, all Communist regimes actually pursued restrictive policies until the early 1960s. At that time it became clear that the baby boom was breeding future tensions in the form of overcrowded social services—particularly housing—by the end of the 1960s.

Such problems as housing shortages still play a big role in abortion’s popularity. One Yugoslav journalist and his wife entertain in their one-room flat in New Belgrade with an infant sleeping at the side of the dining room table. “Don’t whisper or she’ll wake up,” the host jokes. The couple clearly is not hoping for another child.

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Another factor in the abortion culture has been the large number of working women (currently 60 to 65 per cent in Hungary, up from 37 per cent in the 1950s). The postwar policy of the Communist regime has been to draw women to increase the available labor pool. Though the original aim was purely economic, there has also been a social side-effect. Women have greater freedom to leave their jobs to raise future generations of workers.

Women who talk about what they would continue to work even if they had the choice of staying home said the editor of a Budapest ladies' magazine. "When a woman works, it makes her feel equal in her marriage."

Tragedy-Comedy in Romania

The abrupt switch in abortion policy in the 1950s was cloaked in Marxist ideology and rationalized in the framework of socialist emancipation of women. But abortion policies have actually been influenced less by ideology than by political climates and practical considerations. Most of the changes have been influenced less by ideological considerations than by political changes or by practical considerations. Most of the changes have been influenced less by ideological considerations than by political changes or by practical considerations.

The effects were tragi-comic. Within weeks of the policy change, thousands of women were virtually threatening to destroy their families, it implemented a tough anti-abortion law. By 1952, it was no longer possible to have an abortion in Poland, and abortion critics may actually have been stronger in Poland than ever before.

The Moral Issue

All this is not to say that abortion does not have its problems in Eastern Europe. It can be used, with the critics warning to attack abortion on three points:

One, of course, is the moral issue that it takes life. A Belgrade doctor, who routinely certifies women for abortion but refuses to perform the operation himself, describes the act as "terrible," just as many do in the United States. He is not a Catholic, and his resignation seems to be shared by many Eastern European doctors who spend much time removing embryos from women. Some Catholic doctors refuse to perform abortions or to prescribe modern contraceptives.

But by and large the moral issue seems to have evaporated in this part of the world. "The moral discussion ended in the 1960s," says Mrs. Wanda Jakubovska, deputy general secretary of Poland's Society of Family Planning.

Another criticism is abortion's radical demographic and economic effects. An argument which has some validity. Almost overnight, abortion achieved, and it is the case of Romania, over- abortions—population curbs. This is worrying much other countries as Hungary and East Germany, where there are severe labor shortages and slowdowns in the rural runoff. Since 1965, for example, Hungary has had a net reproduction rate (the key figure because it shows growth in terms of births) of below one.

However, demographic experts warn against overestimating generalizations. Belgium and Austria, with restrictive abortion laws, have about the same birth rate as Hungary, and the Soviet Union, with legal abortion for social reasons, has a lower net growth rate than the United States.

The third argument concerns the effects on morality, particularly among young, unmarried girls. In this regard, the East European experience has shown that by far the largest group of abortion recipients are married women with several children. Unwed mothers still make up a small portion of the total.

Debulous Doctors

A WORD FROM Eastern Europe

Abortion critics may actually have overlooked their strongest argument, the medical one.

Although doctors concede that legal abortion has saved the lives of hundreds of women who formerly died from illegal midwifery outside hospitals, 15 years' experience still has left many doctors, including Communist ones, surprisingly fbumous about the practice. They note growing evidence that abortion has its medical facts, particularly when an abortion has been performed on a woman in her first pregnancy.

Although the evidence is still fairly scattered and sometimes contradictory, it is strong enough for Dr. Egon Szabady, president of the demographic commission of the Hungarian Academy of Sciences, to state that there is a "distressing correlation" between premature births and the incidence of abortion. Since abortion was made available in Hungary in 1956, the rate of premature births has doubled from 5 to 10 per cent. Dr. Szabady notes that numerous factors may be responsible for this phenomenon, but he is inclined to think that free abortion is one of them.

"Reviews of statistics of women patients at the Academy of Medicine's Warsaw Clinic for Women's Disease tend to bear this out". According to Prof. Ireny, a Warsaw, premature births ran about 1 in 10 for women who had abortion before their first birth and about 7 in 10 for women who had had more than three abortions. The mortality rate for premature babies is also dramatic; the clinic's deaths among premature babies run about 10-15 per cent for children of women with no abortion, and 25-30 per cent for women who have had one or more abortions.

The connection between infertility and abortion so far appears to lack definitive statistical proof in most of the countries. Dr. Dragomir Malchev, chief of the Belgrade Gynecological Clinic, is certain enough of a connection that he routinely advises prospective mothers that termination of their pregnancy could cause infertility. As an added incentive for them to keep their babies, he often sends them to visit an outpatient clinic where infertile women are treated with hormone and other treatments.
The Import Problem

BELGRADE—The liberal abortion policies of Yugoslavia and the Communist bloc have had one undesired result: making the area seem a potential haven to West German and American women. 

Yugoslavia, with its open borders to the West, has been especially appealing. Foreign women are not entitled to an abortion on demand, but sometimes one is arranged through connections.

Several years ago, an American woman and her husband arrived in Belgrade on a Yugoslav travel agent’s package tour that included an abortion, a three-day stay in an A-class hotel and round-trip plane fare for slightly more than $2,000. While thousands of Yugoslavs go to West Germany for jobs, the flow is the other way for abortions.

A few months ago, a Belgrade hotel worker noticed an agitated West German female guest who said she was the wife of an American industrialist. She arranged to have an abortion in Belgrade after trying in vain for the equivalent of $500 for abortions. But they do not encourage foreigners to come.

Similarly, Poland has made it difficult for foreign women to get abortions since a scandal involving a doctor’s extortion ring in the city of Szczecin some years ago. Scandinavian women who came for cheap abortions were photographed and blackmailed, it was disclosed. The scandal was enough to warn away potential applicants.

Although there is still a shortage of day care and nursery facilities all over Eastern Europe, the existing network is considerably more extensive than in many Western countries. For example, 6 out of 10 Hungarian children between birth and school age are in the centers, which are run by factories or by prefectural authorities. An even bigger push has occurred in offering financial incentives for childbirth. Child allotments are the third biggest social welfare expense in Hungary, after pensions and health insurance.

The allotments differ from the American system of tax reductions for dependents in that they are given in the form of straight cash handouts. In most of the countries, these allotments become significant only when a family has two or more children. For instance, a three-child family in Hungary would collect the equivalent of about $360 a year, and in Poland about $70. Maternity leave provisions are often more generous. Hungary provides five months’ leave with pay and about $230, a month to mothers for the next 11 months, with a guarantee that they can return to their jobs. Home leave with pay for mothers with sick children has also been increased in Poland, and Czechoslovakia has the most generous post-natal provisions of all. They provide all women with about $200 a month in cash for two years, whether or not the women stay home or go back to their jobs.

Yugoslavia, as so often happens, is an exception; it offers mothers the chance to draw Western-style unemployment compensation, but does not give child allotments except to very poor families.

Although the abortion culture of Eastern Europe has not been an unqualified success—mainly because of the way it has inhibited introduction of safer, modern contraceptive methods—doctors and demographers do not call it a failure either.

"It seems difficult, if not impossible to find the ideal solution, and in the formulation of laws we should apply the basic principle of the inner evil," Budapest’s Dr. Szabady has written. "It’s beyond doubt that the legalization of abortion prevents the considerable psychological, social and physical injury which is produced by illegal abortions, thought at the same time widespread practice of abortion brings other ill and being. The lesson to be drawn is that the broad legalization of abortion should be accompanied by procreation of modern methods of contraception."

BIRTHS PER 1,000 POPULATION

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*Source: United Nations*