Our bodies-our choice! Make abortion accessible, not just legal.

Sex education and prevention of unwanted pregnancies

Problem: Sexual and contraceptive education in schools is often inadequate and/or one-sided if it is available. Understanding one’s own body, sexuality and contraceptive methods is essential, especially for young people. In some schools, religious instruction also teaches Christian fundamentalist content that focuses exclusively on abortion from a moralizing perspective. But there are also too few possibilities outside of traditional schooling for adequate sex education. Reliable information on the various methods of contraception is difficult to find online. In gynaecological consultation hours, doctors often do not have enough time to discuss the various contraceptive methods with their advantages and disadvantages in detail and in an understandable way. Some women are sure that they do not want to have children (anymore). It is almost impossible for them to choose sterilisation as most doctors refuse to perform it if the woman is still of a reproductive age. Contraceptives are only reimbursed by health insurance up to a certain age. Especially for women of low income, the cost of contraception is a barrier to access.

Our demand:
A large proportion of unwanted pregnancies occurs despite the use of contraceptives. Nevertheless, investing in better sexual and contraceptive education could help reduce the number of unwanted pregnancies.

Comprehensive and gender-sensitive information on sex education and contraception must be guaranteed in schooling. The subject of abortion should not be excluded. The health of those affected should always be emphasized, nor should it be superseded by religious moral convictions.

Statutory health insurance ought to cover the provision of a quality explanation of the advantages and disadvantages of various contraceptive methods. This service needs to be sufficiently remunerated. Sterilisation as the final contraceptive method should be available for women and men who are properly informed. Contraceptives must be covered by health insurance regardless of age.

Access to information

Doctors should be able to inform their patients (with impunity) what type of abortion care they offer, up to which week of pregnancy this care is offered, what the respective side effects are and what they should bring with them to the procedure. Doctors shouldn’t become the unprotected target of abortion opponents, constantly acting in fear of being penalised and threatened. In this threatening situation, many doctors have decided against carrying out abortions.

At the same time, anti-abortion activists deliberately spread false information online in order to prevent unintentionally pregnant people from carrying out abortions. Some self-avowed counselling centres, which are not recognised by the state, present themselves as neutral, but then “advise” according to Christian fundamentalist views. They do so even though they are not allowed to issue the counselling certificates that are needed to carry out an abortion.

Our demand:

We support the demands of the World Health Organization (WHO) and the UN Women’s Rights Convention (CEDAW): providing factual information on abortion should not be criminalised, but should be made available to those seeking help. Doctors who wish to provide qualified information should not be punished for doing so.

As in France, deliberately misleading and false information about abortion should be banned.

Counselling centres that are not state-approved for pregnancy conflict counselling must make this recognizable and should be subject to stricter controls.

Provision of abortion care:

There is an acute lack of abortion care providers in many regions worldwide. 970 million women, representing 59% of women of reproductive age, live in countries that broadly
allow abortion. While a majority of women live in countries where they can exercise their right to abortion, 41 percent of women live under restrictive laws. The inability of to access safe and legal abortion care impacts 700 million women of reproductive age. According to the World Health Organization, 23,000 women die of unsafe abortion each year and tens of thousands more experience significant health complications. Legal restrictions on abortion do not result in fewer abortions, instead they compel women to risk their lives and health by seeking out unsafe abortion care. In some regions, unintentionally pregnant people have to travel up to hundreds of km to their nearest practice. Long journeys, and the additional organisational and financial costs associated with them, endanger the psychological and physical health of unwanted pregnant people and make it a class issue. Medical procedures are unnecessarily delayed by these access barriers. Abortion is safer the earlier it is performed.

**Medical education:**

For the health of our patients, a worldwide provision of doctors who carry out abortions must be guaranteed. We need a reliable census of these current provision gaps and rapid political measures to counteract the situation. Furthermore we fight for a decriminalisation of abortion, abolition of conscientious objection and a better and broader medical training for abortion care. Abortion should be part of the range of services offered by a hospital, regardless of the hospital owner or denomination. At the same time, we support doctors who take their medical responsibility seriously despite criminal intimidation, as unintentionally pregnant people depend on doctors who are willing to provide abortion care.

**Protection of patients and health care professionals**

So-called “vigils” and demonstrations by anti-abortion activists in front of counselling centres, doctors’ practices and clinics impair the work of health care professionals. Patients seeking help feel harassed, intimidated or devalued by the demonstrators. *This is why we demand:* protection zones around counselling centres, doctors’ practices and clinics so that healthcare professionals can fulfill their legal obligation to provide abortions undisturbed, and patients can seek help without harassment. Freedom of assembly and freedom of speech stop where health hazards and harassment of others begin.

**Research:**

As abortion is not an object of research, it is hardly discussed at specialist congresses or in training. Medical research on abortion should be increasingly promoted.

**Fight against the pro-life lobby:**
In the last few years we have seen a rise of right wing governments worldwide and them staging congresses targeting the protection of the traditional family. Moreover research has revealed how these governments have established close ties with pan-European, Christian-extremist networks such as “Agenda Europe” with its goal to remove human rights in matters of sexual and reproduction of every single European and specifically for certain categories of persons, such as women, young people, and the LGBTQI community.

*This is why we call for:

- counteraction in form of educational campaigns and projects such as the “Diskursatlas” which give an insight into which groups, parties and individuals are part of anti-choice networks.

KINDLY NOTE THAT THE LATEST DEADLINE FOR SUBMITTING RESOLUTIONS TO THE IUSY SECRETARIAT IS 17 FEBRUARY AT 23:59 CET. RESOLUTIONS MUST BE SENT TO congress@iusy.org