Abortion rates and the role of family planning: A presentation of the Greek reality

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Summary

Objective: Due to lack of consistent evidence, it is widely believed that Greece holds one of the highest abortion rates in Europe. The aim of this study is to clarify these rates. *Study design:* The Greek Society of Obstetrics and Gynecology collected data demonstrating that abortion rates seem to be declining which coincides with the rise of the use of more effective methods of contraception. Data were collected both from public and private hospitals, and an attempt was made to correlate the data with the current trends of family planning and birth control. *Results:* A decline in abortion rates in Greece was found, which may be due to the better organization of counseling programmes in the field. *Conclusion:* The programmes organized by the Greek Family Planning Association under the guidance of the University of Athens has led to a decline in abortion rates in Greece.

Key words: Abortion; Greece; Law; Family planning.

Introduction

Abortion is defined as a procedure to terminate an unintended pregnancy. Women's access to safe abortion was negotiated in the Programme of Action of the International Conference of Population and Development (ICPD) in 1994. However, in 2000 an estimated 19 million women had unsafe abortions and some 68,000 died (14% of them was under the age of 20, and 955 lived in developing countries) [1-3]. It should be mentioned that there is lack of evidence in the field, even in developed countries, because induced abortions are often severely under-reported in national surveys. For instance, a comparison of the National Survey of Family Growth with information from other sources has shown that fewer than 50% of the abortions performed in the USA among women aged 15-44 were finally reported [4]. The same data also showed that abortion reporting is lower in Catholic women, black women, women aged 25-29 years old, women never married at the time of abortion or women with incomes below 200% the poverty level [1]. On the other hand, in an Australian study it was shown that the estimated abortion rate ranged from 17.9/1,000 in 1985, to 21.9/1,000 in 1995 and to 19.7/1,000 in 2003, with the total estimated number of abortions reaching 84,460 [5]. Another study showed that the abortion rate in Greece was estimated as 100-120 per 1,000 women in 2000 compared to 20-30/1,000 in Austria and 25/1,000 in the Netherlands (6). However, the Greek reality lacks evidence in the field.

Abortions in Greece were legalized in 1986 (law no. 1609). The law states (presidential act no. 304) an abortion is legal if carried out with the consent of the pregnant woman by an obstetrician-gynecologist, with an anesthesiologist present in an equipped hospital. If the pregnant woman is under age 18, the consent of one of the parents or the legal guardian is required. Furthermore, one of the following conditions must be met:

1) The fetus must be below 12 gestational weeks;

2) When there is hard evidence of congenital anomalies, the fetus could also be up to 24 gestational weeks;

3) An abortion is also legal if a doctor confirms that the continuance of the pregnancy involves unavoidable risk for the life or health (physical or mental) of the pregnant woman up to 24 weeks;

4) Finally, an abortion is legal if the pregnancy resulted from a rape or other forms of coercion and the fetus is under 19 gestational weeks.

Greek organizations estimated that the number of illegal abortions in the 1970s was 300,000 as there was no information regarding contraceptive methods and thus abortion was thought to be the only solution for an unwanted pregnancy [7]. The Family Planning Association (FPA) was officially oriented in Greece in 1976 [6]. The members of the Greek FPA in 1995 pointed out the lack of guidance and care for women which manifested as an above average abortion number. The number was estimated at about 150,000 abortions per year. The lack of consistent evidence was unexpected and led to much consideration over the following decade. It should be mentioned that abortions were carried out mainly in the private clinics at that time. However, the data held by the Greek National Statistical Service referred only to abortions taking place in public hospitals. This total number of abortions was between 100,000 and 120,000 per year in 2000 [8], a number equal to that of births per year [6]. Furthermore, the representatives of the Greek FPA at the 2nd National Conference on Reproductive and Social Health in 2000 reported that unregistered abortions were estimated to reach 300,000 [6].

The main goal in the FPA policy in Greece is to minimize the number of unintended pregnancies by providing

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Table 1. — *Public hospitals and rates of abortions in Greece.*

No.	Institution	Number of abortions	Gestational age	Abortions/month	Women's mean age
Athenian Hospitals					
1	Ob/Gyn Hospital, "Helena Venizelou" (NHS)	1752	8-10 weeks	73.0	29.3
2	Ob/Gyn Clinic "Agia Olga" Hospital (NHS)	337	8 weeks	14.0	30.2
3	1st Dept. of Ob/Gyn, Univ. of Athens	350	7-9 weeks	29.0	30.1
4	2nd Dept. of Ob/Gyn, Univ. of Athens	40	7-9 weeks	3.3	22.2
Hospitals of Thessaloniki					
5	1st Dept. of Ob/Gyn, Univ. of Thessaloniki	110	7-9 weeks	4.58	28.8
6	2nd Dept. of Ob/Gyn, Univ. of Thessaloniki	21	7-8 weeks	1.0	22.2
7	3rd Dept. of Ob/Gyn, Univ. of Thessaloniki	192	7-12 weeks	8.0	31.4
Rest of Greece					
8	Ob/Gyn Clinic, Grevena Hospital (NHS)	56	6-11 weeks	2.3	31.3
9	G. Clinic Aigion Hospital (NHS)	16	8 weeks	1.3	30.0
10	Ob/Gyn Clinic, Hios Hospital (NHS)	144	7-8 weeks	12	23.5
11	Ob/Gyn Dept., Univ. of Thessalia	68	10 weeks	5.7	28.4
12	Ob/Gyn Clinic, Kos Hospital (NHS)	159	8 weeks	13.0	26.3
13	Ob/Gyn Dept., Univ. of Patra	17	10 weeks	1.5	26.5
14	1st Dept. of Ob/Gyn, Serres Hospital (NHS)	100	7.7 weeks	4.0	29.0
15	2nd Dept. of Ob/Gyn, Serres Hospital (NHS)	99	7-8 weeks	4.12	28.5
16	Ob/Gyn Dept., "Hatzikosta" Hospital of Ioannina	213	6-12 weeks	8.6	35.4
17	Ob/Gyn Dept., "Mamatseio" Hospital of Kozani (NHS)	20	9 weeks	1.21	28.0
18	Ob/Gyn Dept., Hospital of Florina (NHS)	33	7-11 weeks	1.37	29.5
19	Ob/Gyn Dept., Hospital of Volos (NHS)	224	7-7 weeks	10.86	28.4
Total		3,960			

easy and ready access to contraception counseling. In an evaluation on the impact of that policy in the population as a whole, it is important to look both at pregnancy and abortion rates. In order to understand abortion rates in Greece, fertility rates should also be mentioned.

Methods

Collecting complete data on the number of abortions has always been problematic, mainly due to the facts that abortion, as an act, is a social taboo and that the majority of abortions are mainly carried out in the private sector, where they may remain unregistered.

In the year 2004-2005 the Greek Society of Obstetrics and Gynecology commenced a thorough survey and managed to collect the evidence demonstrated in the present study. The programmes were organized by the FPA under the guidance of the University of Athens.

Collecting data from the major public hospitals of Greece was relatively uncomplicated. The obstetrics department of each hospital was contacted and if the department performed abortions the following data were requested from the responsible doctor: the exact number of abortions, the mean age of the women subjected to an abortion and the mean gestation age of the fetus (Table 1). The same method was used in the private sector but the collected data remain questionable regarding the total or partial registration.

Results

The total number of abortions in Greece was 69,960. The mean age of women was 28.4 years, while the mean gestational age was 7.7 weeks (Table 1). It was revealed that the vast majority of abortions were carried out in private clinics (6% vs 94% in public and private hospitals, respectively) (Figure 1). Furthermore, the rates between urban and rural Greece, respectively, were 61% vs 39%.

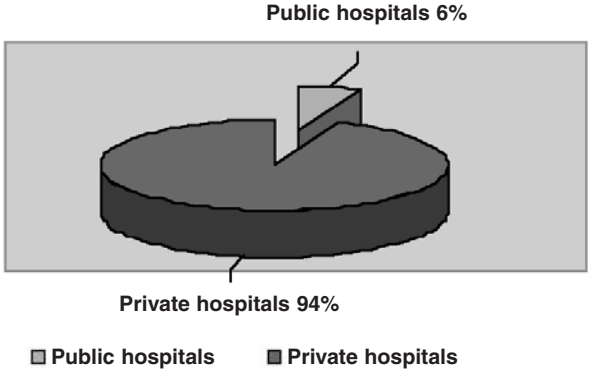

Figure 1. — Division of abortions in Greece.

Discussion

From our data, it is shown that the majority of women in a need of an abortion are still using private hospitals. The explanation for such a phenomenon is easy. The Non-aligned Womens' Movement in 1992 argued that despite the fact that abortions had been legalized in Greece since 1986 and covered by insurance funds, some women were being treated in a hostile way by doctors and social workers in public hospitals [9]. On the other hand, abortions in the private sector were usually performed immediately without bureaucratic procedures and mainly in a more hospitable manner.

It is widely accepted that the vast majority of abortions, especially if performed early on, are without physical complications. Serious non fatal complications occur in about 3% of abortions [10]. The main pathophysiologic mechanisms involved are: infection which can result in sepsis, retention of some of the products of conception,

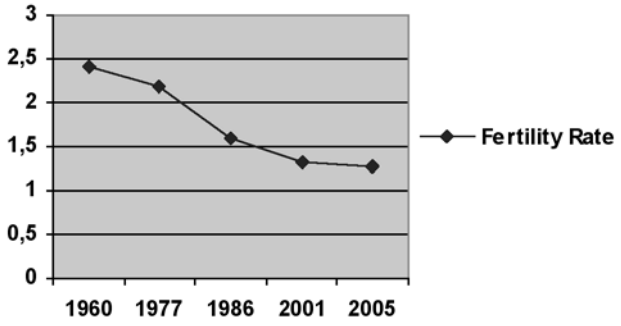

Figure 2. — Declining trend in fertility rates in Greece.

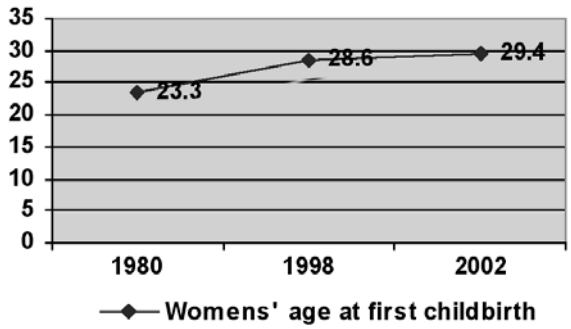

Figure 3. — Average age at first childbirth.

and injury with subsequent hemorrhage or even perforation of the uterus. Also, there is a standard risk involved in anesthesia. Finally, it should be mentioned that the operation could prove fatal and the estimated mortality risk is estimated at one and half greater than the maternal mortality rate. Risks are related to the duration of pregnancy [10].

Moreover, the risk of post abortion sterility ranges. It should be noted that in 2002 professors of Gynecology and Obstetrics, Bontis and Tarlatzis argued that from 1980 to 1999 there had been a decline of 41% in fertility rates in Greece. They added that 150,000 Greek women facing infertility problems had a history of at least one unsafe abortion [11]. Sterility may be due to blockage of the fallopian tubes following infection. The risk of ectopic pregnancy may also increase as well as the number of premature births. This may be attributed to damage done to the cervix intraoperatively. Sterility can also be attributed to psychogenic factors. Finally, a further complication affecting future childbearing is that of Rh-sensitization.

More specifically, in Greece the fertility rates (number of children for each woman of reproductive age) shows a steadily declining trend from 2.4 in the 1960s, to 2.25 in the 1980s, down to 1.28 in 2005 (Figure 2).

This decline is a European trend and is the main reason for the shrinking of the continent's population. However, the population of Greece still remains approximately constant, despite a less than 2.11% fertility rate which is the level needed to have a rising population. The main reason for this fact is the great number of immigrants, especially from non-European countries that enter Greece. The decline in the fertility rate could also be attributed to the changes in age in which most women give birth to their first child. This rates from 23.3 years in the 1980s, to 28.6 years in 1998, up to 29.4 in 2002 (Figure 3).

Another parameter should also be noted as Greece had a 5.1% of out-of-marriage births in 2005 while the European average (25 countries) was 33% [12]. Finally, it should be mentioned that Greek women start their sexual life comparatively later than men, at about 18 years of age, which is relatively lower than the European mean rate [13].

The current contraceptive choices that are used by Greek couples are provided by the Greek FPA as shown in Table 2.

Table 2. — *Current (2003) Contraceptive choices in Greece (Greek Society of Family Planning).*

Contraceptive method	Percentage of use
Oral contraception	4%
Emergency contraception	35%
IUD	5-10%
Condom	70-80%
Coitus interruptus (withdrawal)	15-20%
Female sterilization	0.2%
Male sterilization	0.07%

Significant differences from previous Greek data are the increasing use of condoms (70-80% in comparison to 41% in 1997) and emergency contraception use (35% in comparison to no previous data) [6, 15, 16]. The high percentage of use for the male condom and coitus interruptus (withdrawal) and the very low percentage of use of oral contraception, especially in relation to the world data (Figure 4), are mainly attributed to the lack of formalized sex education at school, the late beginning of visits to the gynecologist, fear of the "pill" use, and the low nationwide coverage from family planning centers.

The lack of responsible, fact-based sex education and consultation is translated to below average percentages for modern, safer contraceptive methods.

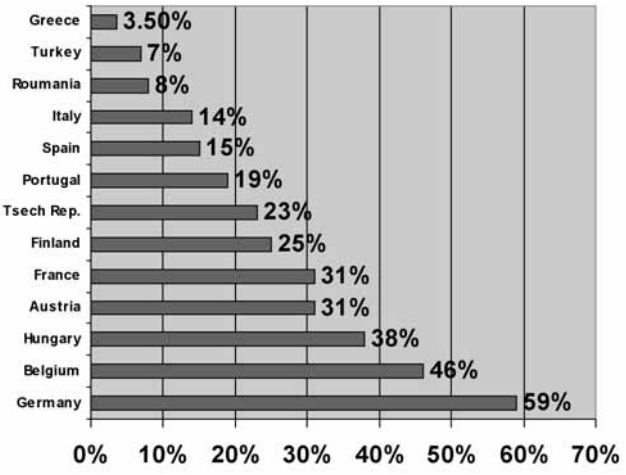

Figure 4. — IPPF Data (2003) on the use of oral contraception [17].

Although, many parents still believe that there is no need for sexual information at school due to personal taboos, Greek adolescents state that they prefer to discuss such matters with classmates or friends, or even to look for such data in television programmes or internet sites. Sexual education in Greece is not included as a part of the main school programme. However, the Ministry of Education has organized an extra 25 hours of teaching programmes on Health Education for adolescents (ages 14 to 18 years) which include topics on sexual education. These programmes are hosted in schools and other organizations, such as local unions, the military service, and athletic clubs. It should be noted that similar programmes have been organized by non governmental organizations, such as the Greek FPA, after requests from the local authorities or the school itself. All the above programmes are approved by the Ministry of Education. The FPA organizes information programmes in each of the 52 Greek prefectures trying to inform women and men regarding abortion, choices of contraception and sexually transmitted diseases. In the last two years, 150,000 students have been informed with such programmes.

The number of abortions in Greece according to our study shows a declining trend. The reasons for such decline are still questionable. Many explanations could be given such as easier contact to self-information by television or internet, a decline in personal parental taboos due to changes in life trends, the increasing use of condoms or emergency contraception, and last but not least, the efforts of the FPA for better and wider information in the field.

In contrast, much more should be achieved in the field. Still the question of contraception, especially of emergency contraception, is the fundamental issue in any discussion of pregnancy and abortion. Answering questions of the public regarding safety, effectiveness, and acceptability of contraception are the core considerations of the family planning policy. However the family planning policy also needs to entail providences for the safe termination of a pregnancy and the follow-up care needed. In many countries economic and manpower constraints may prevent the provision of additional facilities designed to meet the needs of a woman in terminating an unwanted pregnancy. Health personnel should be encouraged to be sensitive to the complexity of the problems that these women face, especially in social environments where family background, moral climate and legal institutions impose undue stress. Basic also in family planning policy should be sexual education integrated in the main school curriculum, taught by approved, specializing in the subject, well-informed teachers. It should be noted that the currently implemented extra-curriculum programmes should be expanded to include ages prior to adolescence. There is also a need for counseling procedures that are concordant with the values of society, social and ethnological groups which the pregnant woman represents, and the needs that are expected to arise during pregnancy. Clinical personnel should be made aware of the counseling services that exist and should be encouraged to work closely with them, even though in some cases these services may not be provided through formal channels. All possible alternative ways of providing counseling should be considered, e.g., peer group counseling provided by religious leaders, paramedical personnel and various educational staff.

The abortion rates in Greece seem to have dropped and there are many factors involved. Changing social conditions and changing demographic patterns are producing new social and health trends. Moreover, the advent of 'emergency contraception' has had a significant role on diminishing the rate of abortions. Thus the need for thorough epidemiological studies is apparent, particularly in countries where existing record systems do not afford a comprehensive picture of the situation. We would like to state that the next goal of the Greek FPA is to achieve the organization of sexual educational programmes in every school and the provision of facilities in all the prefectures of Greece.

Conclusion

The decline in the number of abortions in Greece, evident in the last decade can mainly be attributed to the positive outcomes in the spread of extra-curriculum teaching programmes implemented by the Ministry of Education. It is characteristic that through the programmes organized by the Greek FPA under the guidance of the University of Athens and the approval of the Ministry of Education, 150,000 adolescents aged 14 to 18 years and their parents, received full, concise, up-to-date education and counseling on contraception, sexually transmitted diseases, emergency contraception and abortions.

Keypoints

1. A decline in abortion rates in Greece may be due to the better organization of counseling programmes in the field;
2. Fertility rates (number of children for each woman of reproductive age) in Greece shows a steadily declining trend from 2.4 in the 1960s, to 2.25 in the 1980s, down to 1.28 in 2005;
3. Significant differences from previous Greek data in current contraceptive choices are the increasing use of condoms (70-80% in comparison to 41% in 1997) and emergency contraception use (35% in comparison to no previous data).

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