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Abortion in Belgium: a precarious right?

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Abstract

This paper presents a socio-historical analysis of the politicization of abortion in Belgium. This process is characterized by the search for compromise between the various positions of the political worlds and cleavages typical of the segmented Belgian society. An illegal but overt practice of medically assisted abortion during the 1970s and 1980s enforced a consensus of non-decision between the Christian Democrats on the one hand and the secular positions of the liberal and socialist parties on the other hand. This led in 1990 to a law that partially decriminalized abortion when performed in hospitals or external clinics. Currently, however, both the application of the 1990 law and the right to abortion itself face a backlash resulting from rising anti-abortion activism, the deteriorating socio-economic conditions of women, and the lack of training of medical teams in modern abortion techniques. Access to abortion remains, therefore, an on-going issue in the domain of public health and for the women's right to have control on their own bodies.

Keywords: abortion right, rights of citizenship, Belgium, politization of abortion.

In 1990, Belgium adopted a new law on abortion, bringing to an end twenty years of hypocrisy. The prior situation had become highly paradoxical: a repressive law persisted alongside *de facto* liberalisation. Such a situation was possible because of the arbitrary enforcement of the criminal law. For twenty years, although Belgium had not modified its legislation, 15,000 abortions took place annually. A long politicization process ended in 1990 when the new law was voted, but it did not entirely decriminalize abortion (Marques-Pereira 1989).

The law of April 3, 1990 (Le Moniteur belge 1990a) requires abortions be performed by medical doctors working either in hospitals or in external clinics. Any medical facility performing abortions must also provide psychological support and inform the women of existing social supports as well as contraceptive methods. Abortion is possible during the first 12 weeks of pregnancy (or 14 weeks of amenorrhea), if the doctor certifies the pregnant woman is in a "situation of distress" (in French, *état de détresse*). Past this limit, only medical reasons such as a severe threat to the woman's health or the absolute certainty that the foetus is affected by an incurable disease can be invoked as justification for an abortion and two doctors must concur. In addition, a six-day "period of reflection" is required between the request for an abortion and the intervention.

The "situation of distress", as defined by the authors of the bill, refers both to a deep and persistent refusal to bring one's pregnancy to term and to the moral conflict this refusal expresses. It is considered that the woman's situation cannot be objectively measured; it is purely subjective. The authors of the bill specified their meaning in order to avoid giving any inquisitorial role to a judge or physician who might be inclined to check the veracity of the woman's alleged reasons. But the reasons are to be considered by the woman and the physician together. Two persons are thus concerned by the abortion: the doctor performing it and the woman seeking it; she is not the only judge of her "situation of distress". At the time the bill was written, this notion reflected

parliament's willingness to compromise so as to avoid the trivialization of abortion while nonetheless recognizing the woman's free choice.

1. Feminist and secular struggles for abortion rights in the context of Belgian's socio-political cleavages

The politicization of abortion and decision-making processes that shaped it emerged during the 1970s in the context of a "concordant democracy". Such a regime is characterized by a search for consensus and for compromise among the positions of the political worlds and the cleavages of Belgian society. Its religious, linguistic and class cleavages take shape in a segmented society structured into three pillars or three worlds: "Christian", "socialist" and "liberal". The worlds took shape during the nineteenth century around emerging networks of institutions such as political parties, trade unions, women's or youth organizations, health insurance companies, cooperatives, hospitals, child care centres, and so on. Conflicts and compromises originate inside these worlds. In each pillar, however, the cleavages are crosscutting rather than reinforcing, thereby tending to attenuate the disruptive effects of economic, ideological and linguistic differences by avoiding a focus only on one of them. Such stabilization remains fragile, however. Centrifugal forces may develop inside the pillars if a conflict induces reinforcing cleavages. This fragile stabilization is strengthened by practices of political exchange among political elites. Achieving negotiated solutions of conflict by the leaders of the pillars requires decisions via consensus rather than by the application of majority rule.

1.1. The steps in the politicization of abortion[1]

The abortion taboo effectively broke down in January 1973, with the so-called "Doctor Peers" case. Belgian civil society saw Dr. Willy Peers' arrest as a provocation. Large crowds demonstrated in the streets, decrying and publicly challenging the criminal law. By the time Peers was set free the affair had generated two results: the vote of a law

[1] See Bérengère Marques-Pereira 2010.

decriminalizing publicity and information on contraceptive methods and the installation of a judicial truce. For the political elites of the country, abortion had become a social issue seen as likely to destabilize the Belgian state. The years from 1974 through 1978 were characterized by persistent blocking of any political decision and by the development of an illegal, although overt practice of medical abortion. As early as 1974 the christian democrats adopted a non-decision strategy, supporting in this way the ethical position of the catholic church. They not only opposed any introduction of a law permitting abortion but they also linked the issue to related questions such as adoption or anonymous childbirth. Thus the creation in 1974 of the State Commission for Ethical Problems represented a non-decision as far as abortion was concerned. From 1977 on abortion was excluded from the programs negotiated during the formation of government coalitions. Any legislative initiative was left to members of parliament but they could not change existing power relations, which meant the status quo held. Indeed, political elites at the time defined the abortion issue as a political non-priority in so far as it might put the existence of government coalitions at stake.

Facing this non-decision scenario, however, the mobilization of civil society radicalized the ethical debate. Starting in 1978, the illegal but overt practice of abortion led to the second step in the politicization process. Feminists and the secular left advocated the decriminalization of abortion and several associations supported or actually practiced them. These were: the Committees for Decriminalization of Abortion, created in 1976 by feminists; the Committee for the Suspension of the Prosecution of Abortion Cases, created in 1978 by two socialist women, Monique Rifflet and Monique Van Tichelen; and the Action Group of External Abortion Clinics (*Groupe d'action des centres extra hospitaliers pratiquant l'avortement* – hereafter GACEHPA), also created in 1978 by feminist and progressive doctors performing abortions[2]. The illegal action of secular university hospitals and external clinics helped establish a *de facto* situation that could neither be ignored by political nor judicial authorities. This strategy was combined with a tactic blocking any political decision that would jeopardize the public health benefit obtained through the development of abortion clinics outside of hospitals.

[2] GACEHPA grouped all the non-hospital, external clinics performing abortions in french speaking Belgium. Its objective was to defend the fundamental right of women to have an abortion as well as the quality of its practice and of the centres where abortions were performed.

Concretely, this tactic led to the introduction of a bill that was more radical than socialist thinking of the time, that reflected the positions of the Secular Action Centre (*Centre d'action laïque*, CAL) and of the Committees for Decriminalization of Abortion.

By 1978 the situation induced public prosecutors to break the judicial truce but also to avoid a general prosecution, which would have been politically impracticable and would have led to as large a mobilization as in 1973. This was the starting point of a new stage, from 1981 to 1985, during which the criminal law was challenged inside the court itself: doctors and members of the paramedical staff facing prosecution proclaimed in front of the judge their commitment to overt resistance, including the risk of being sentenced to prison. Far from being marginal, such stances were supported by philosophically influential institutions, including the two Brussels universities (*université libre de Bruxelles* and *Vrij Universiteit Brussel*), and were helped by the absence of any demand for a repressive policy. Finally, in 1986, socialists and liberals came together to end the legal and judicial uncertainty and introduced a bill in the senate, a bill that was adopted in March 1990.

1.2. Secular and feminist modes of politicization

The politicization of abortion has taken three different forms: first the challenge to the 1867 criminal law during the Peers affair; second the development of an illegal but overt practice of medically assisted abortion, leading to the challenge of the law in front of the court itself; and, finally, an institutional politicization and willingness to vote a law.

These three modes of politicization all involved taking critical distance from the christian democratic position, which reflected the positions of the church hierarchy. It has always been very difficult for the catholic church to admit men or women's free will to transform nature and deny a natural and immutable divine order. For the church, the problems of the family are abortion, the increasing number of divorces, sterilization

and, more generally, the emergence of a "contraceptive mentality"[3]. By proclaiming imprescriptible value of embryonic life the church reveals its goal of resisting the evolution of morals and controlling sexual behaviour. In the encyclical *Humanae Vitae*, Pope Paul VI condemned so-called artificial contraception and advocated periodical abstinence. Abortion is considered not only a sin but also a crime because of the presumption that the product of conception is immediately given a soul. In this perspective the embryo's right to be recognized as a human being sets limits on the scope for responsible parental decisions.

The politicization modes of abortion exhibit three ways of exercising public responsibility. One is participation in the elaboration of social norms. The second is reflection on the forms and limits of women's individuation and the third involves careful attention to the institutions and state apparatus.

Concerning the elaboration of a normative social position, we can observe that the outcome of the Peers affair was that modern contraception had become a positive norm. At the very heart of the ethical conflict between catholics and secularists, a new common sense appeared. Opponents as well as advocates of the decriminalization of abortion made a distinction between medical and clandestine abortion. They all considered abortion as a failure with respect to the new positive norm of modern contraception. This common sense was the basis of the juridical recognition of contraception which rested on the common goal of all philosophical orientations: to diminish the number of abortions, both medical and clandestine.

Concerning the reflection on the forms and limits of women's individuation, opponents and advocates of decriminalized medical abortion legitimated their positions in the name of diametrically opposite notions of the general interest. On the one hand, when feminists and secularists came together to challenge the 1867 criminal law their call was for the possibility of "voluntary abortion." The act is well-named in french as *Interruption volontaire de grossesse*, that is the voluntary interruption of pregnancy (here we adopt the convenient french acronym IVG), describing both a private act relating to each individual's – or rather each woman's – personal conscience and a

[3] Apostolic exhortation *Familiaris Consortio* (November 22, 1981), the Vatican's authorised English translation: http://www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio_en.html (retrieved 14 October 2013).

public health issue. For them, any regulation of abortion faces two challenges: it must eliminate class-based discrimination in access to abortion and it must respect women's autonomy. The two objectives are connected because promoting an egalitarian public health policy and respecting women's self-decision are both efficient ways to avoid clandestine abortions.

On the other hand, the claim to the right to abortion made by secularists is also a claim for political recognition of philosophical pluralism, broadening in this way the secularisation of society. This notion of the general interest made socially acceptable the feminist definition of IVG: women's right to have control over their own body, expressed in feminist slogans like *Baas in eigen buik* (master of one's own belly) in flanders or the same *maître de ton ventre* in french-speaking Belgium. In this framing, women's right to choice represents an extension of a classical liberal individualism principle which defines the human being by his or her capacity for self-determination and of having control over one's body. Feminists and non-believers agree to refuse any form of forced motherhood that would imply an instrumental use of woman's body. Such attitude favours the individuation of women through a politicization of the body. The body is indeed an essential determination of the individual and of the subject.

This notion of the general interest is radically opposite to the christian democrat position, being an alternative to religious traditionalism. The latter sees criminalizing abortion as a manifestation of opposition to any dissociation of sexuality and procreation. The respect of life from the very moment of conception let biological reproduction look like the expression of a heteronomy that all individuals must face and that cannot be thought of as contractual. This position sets a radical limit to the individual's autonomy while the very dynamics of individualization is probably the major threat to religious traditionalism.

Women cannot become real individuals if they cannot free themselves from corporeal determinations: their autonomy is conceivable only when dissociation between procreation and sexuality becomes an irreversible sociological reality. This individuation was one of the major issues of the 1990 Belgian law.

Finally, the exercise of public responsibility expressed through the careful attention to public institutions has been present in each episode of the politicization process.

When the taboo broke down, this vigilance manifested itself in attempts to free Dr. Peers from jail. From 1974 to 1978 the developing illegal but overt practice of medical abortion attempted to counterbalance the non-decision mechanisms accepted or established by the political elites. In 1978, the advocates of decriminalization the sought to prevent a law being voted that would have been inapplicable in practice, since it would have permitted only therapeutic abortion and would have been, therefore, a major step backward with respect to the practice of medical abortion that had developed from 1974. Then, the end of the judicial truce and the onset of new prosecutions and trials led to the challenge of the law within the courts. Finally, in 1986, a political compromise between liberals and socialists became possible, leading to the Herman-Michielsen bill, as an answer to the judicial and judiciary instability resulting from the utterly paradoxical judicial practice concerning abortion.

2. The effectiveness of the law

When the law partially decriminalizing abortion was finally passed in April 1990, the political elites immediately and without precedent decided to establish an commission of evaluation to track the effects of the law on rates and conditions of abortion, felt the necessity to evaluate it. At the time, the opponents of liberalization hoped to see the debate opened again, but its supporters were afraid that a negative evaluation might lead to a return to the former situation (Swennen 2001). The decision to set up a commission of evaluation was therefore a political decision of major importance, especially if such a commission had to submit its conclusions to parliament. It is also worth mentioning that this accountability process takes place at the federal level, whereas the institutions providing IVG depend on regional or local authorities. Further, the evaluation of the law was to take place in a federal, post-unitary Belgium. Since 1993 Belgium is a federal state characterized by ongoing institutional reforms, an increased asymmetry between French and Dutch-speaking communities, persistent problems between language

communities, a series of "affairs", major concerns about public finances because of the economic and financial crisis and Europeanization of public policies[4].

2.1. The commission of evaluation

On August 13, 1990, only a few months after the law's passage, the Ministry of Public Health and Environment set up a national commission in charge of evaluating the application of the law (Le Moniteur belge 1990b). Every two years, the commission must provide a statistical report and one "detailing and evaluating the application of the law." If needed, it may issue "recommendations in view of an eventual legislative action and/or measures liable to contribute reducing the number of interruptions of pregnancy and to improve the counselling of women in situations of distress." The commission must also collect data from medical facilities performing abortions, including the number of abortions requested, performed and refused.

The measures aim primarily at monitoring the extent to which the law is used but not at examining its benefit for women, for example. Creation of this commission was a condition for the ratification of the law by the christian democrats, since their long-standing fear was that the number of abortions would explode as soon as it was decriminalized. The application of the law had therefore to be watched carefully from their point of view (Kruyen 2010).

We might note that before the 1990 law was in place, the external clinics and the hospitals practicing abortions illegally but overtly had already been collecting their own statistics and using them to evaluate their practice.

2.2. Conditions of applicability of the law

According to the law, abortion may be performed either in hospitals or in clinics but in practice only one abortion in five takes place in a gynaecology department of a hospital.

There is marked difference in the configuration of free-standing clinics in Flanders and in the French-speaking part of Belgium, that is Brussels and Wallonia. There such

[4] For more details, see Mabille (2011).

clinics are actually family planning centres[5]. According to GACEHPA, among the 96 family planning centres in Brussels and Wallonia, 28 (of which 15 are in Brussels) perform abortions. This number seems to provide enough availability for the entire territory. They are all approved and subsidized by the local authorities in charge of public health.

The abortion-related practices in family planning centres in francophone Belgium appear to be rather unique in Europe[6]. Multidisciplinary teams composed of doctors, psychologists, social workers, jurists and sometimes sexologists and marital counsellors, work on sexual and affective health, propose specialized consultations, and help women in their choices in case of unwanted pregnancy.

Even if the struggle for abortion rights took place in the same historical, social and political context in all parts of the country, the development of clinics was different in Flanders from what it was in the French-speaking community. Prior to 1990, the Flemish family planning centres did not include IVG practices in their activity. IVG were – and still are – performed in a few (8) specialized centres, distributed over the region in order to address the needs of the Flemish population. The majority of the Flemish centres belong to the Union of Flemish Abortion Centres.

2.3. The evolution of cost and accessibility

From 1990 to 2003 the cost of an IVG was paid by the woman and amounted to 200 euros, set by GACEHPA so as to provide a reasonable price while guaranteeing good medical conditions. For women who could not afford the cost, external clinics either offered delayed payment or, in extreme cases, paid for the intervention out of their own funds.

If francophone clinics benefited, in most cases, from their inclusion in a family planning sector subsidized since 1970, the Flemish centres had to finance themselves.

[5] The establishment of family planning centres was largely the result of a political commitment, most of the time feminine, secular and feminist combined (Pereira 2008). Today, the partial decriminalization of abortion and the increased professionalization of the teams reduce the political dimension of the sector, which is not without consequences, as will be seen later.

[6] The francophone family planning centres belong to four different federations: Secular Federation of Family Planning Centres, Federation of Marital and Familial Promotion Centres of the Socialist Provident Women, Federation of Pluralist Family Centres, Federation of Planning and Consultation Centres.

But at the beginning of 2003 the situation changed radically; the social security regime covered almost the whole cost of an IVG. Now a patient in an external clinic will pay only a few euros, provided she is covered by the social security regime. In clinics and hospitals, this cost will vary depending on several factors: whether the hospital is public or private, whether the IVG is day surgery or involves hospitalization, whether general or local anaesthesia is used, whether there are pre-operative examinations or not, and so on.

Despite different practices in the two language communities and other limits, the 1990 law resulting from the joint action of feminist movements, health experts, citizens and politicians, provided women with an effective right and the essential freedom to interrupt unwanted pregnancies in a secure environment.

3. Threats to the right to abortion

Access to a medical abortion is an established right in Belgium. Nonetheless, as in other European countries, the reality of this right depends on overcoming the poor socio-economic situation that women must increasingly endure. There is currently a general backlash to abortion rights, driven by rising anti-feminism and anti-abortion activism. The effects of this activism are real, although it does not take as violent forms as in the US.

3.1. Anti-abortion activism and its effects

In Belgium as elsewhere, conservative, traditionalist discourses that deny women's autonomy are rising in importance. The existence of a "pro-life" movement that supports the positions of the catholic church is nothing new in itself. Even as an association like Pro Vita (founded in 1971) declines, others take up the cause with renewed marketing efficiency and younger supporters (Dorzée 2010a). Behind the revived "Marches for Life" (*Marches pour la Vie*) in Brussels, one finds an association like "Pro-Life Generation," whose supporters appear to be students, mostly male (Jimenez 2012, 45). Family planning centres are occasionally the target of the pro-life movement.

This new generation of strongly motivated pro-life activists clearly seeks abolition of the 1990 law and does not hesitate to call abortion a homicide, even in cases of incest or rape. Such activists are careful to use a soft and politically correct discourse, avoiding conspicuous religious themes. Their aim is to give the foetus a legal status, and to do so they combine emotional and scientific-juridical arguments. They seek to have their discourse accepted by as many people as possible and they promote it with modern communication techniques and in social networks. The primary goal is reignite the public debate on the decriminalization of abortion.

Over the last years as well, debates in the commission for the evaluation of the law have been disrupted by the presence of new members, openly opposed to IVG. If until now the debates had been consensual, the opponents now table written positions to demonstrate that IVG is a crime or that supports for newborns must be improved. The commission then must discuss such positions.

In 2012 the Youth Council, a francophone youth organisation, published a controversial recommendation on the question, showing that it did not have a clear-cut position that the right to abortion was part of women's right to have control over their own body. Three activists of "Generation for Life" have even been invited to one of the meetings. Has the Youth Council been infiltrated by religious radicals? And above all, behind the street battles fought by politicized young people, a disturbing question remains: does this recommendation really represent what francophone Belgian youth think? (Alter Echos 2012). The message is clear: tomorrow medical abortion might well be contested.

In Flanders it is feared that in a not too distant future the nationalist and populist wave led by the NV-A (New Alliance for Flanders, the party that won the municipal elections in Antwerp in 2012) will threaten the right to abortion, particularly in the present political context where many competencies have been transferred to the federated regions. Like the extreme right party Vlaams Belang, the NV-A defends a typical familialist conception of the society that excludes women's freedom of choice[7].

[7] Interview with the IVG activist Chantal De Smet (De Smet 2010).

Those two parties, along with others, have not tarried in proposing laws aiming at giving a broader legal existence to the unborn foetus[8]. The immediate consequence of this political context is to favour a sort of auto-censorship by those parliamentarians who support access to IVG but who do not dare to propose extending the conditions fixed by the law so as to deal with the situation of the thousands of women going abroad every year to have an abortion because their pregnancy exceeds the legal period of 12 weeks (most of the time because they did not realize in due time that they were pregnant)[9]. Opponents invent myths to discredit the practice of IVG: one myth is that the number of IVGs steadily increased since the vote of the law; others are that the number of abortions would decrease if the abortion law were revoked; abortion causes sterility, perturbs mental health, causes breast cancer, and so on[10]. These myths are not without effect because they can influence a woman's decision in case of an unwanted pregnancy. In these conditions it is not surprising that, for many women and their relatives, abortion is still a taboo and lived as a shameful experience.

3.2. The future

This difficult climate is not the only issue. The future of secure access to IVG is also a matter of concern. More than legal access is needed in order to have an abortion in good conditions. Several factors limit access, among which an important one is the insufficient supply of practitioners. In Belgium, about 15,000 abortions are performed

[8] Today, the viability limit is fixed at 180 days, but in 2004 the christian democrats introduced a law to bring it down to 140 days and to give the parents a series of social and fiscal rights (maternity leave and benefits…). In short, they want the unborn foetus to be considered as a child in its own right, while parents were already allowed, if they wished, to bury or cremate it already at 106 days (i.e. 15 weeks). Feminists and secularists worry about such practices, seeing them as an indirect attack on the right to abortion, in a context where ethical debates, little favourable to the rights of women, are proliferating (Dorzée 2010b).

[9] In this climate, Christine Defraigne, member of the Senate Commission of Justice, recently declared: "the Minister of Health is not against an eventual extension of the legal period to 14 weeks. But we dare not. We are afraid that by re-opening the debate it would blow up in our face" (Gautier 2013, 21). And in fact, one of the main arguments of the opponents of the law, the alleged increase of the number of abortions, is regularly evoked and highlighted in the media. If the latest Report of the commission for the evaluation of the 1990 law (2011-2012) confirms such an increase, this statistic must be put into perspective. The Belgian population has increased since 1990. Thus the number of births has increased, so that the ratio of abortions relative to births remains quite constant at between 14% and 15% (CAL 2013, 4).

[10] These myths are reported and deconstructed in a submission from the Flemish free-standing abortion clinics included in the above-mentioned report of the evaluation commission (2011-2012, 63-67).

annually in external clinics[11] by some 80 GPs, half of them over 55 years old. Today, the number of doctors is still sufficient (except in holiday time), but the risk of a shortage within the next ten years is real.

Since the activist generation of the seventies and eighties there has been little replacement in the medical teams[12]. A few motivated practitioners receive a short training but they often abandon their practice. The absence of medical student training in the techniques for IVG is a general one, with the exception of the université libre de Bruxelles, where they are taught in fourth year. As a result, future GPs trained in the other universities will not be taught abortion techniques and may not even be aware of them. It must be stressed that drugs to induce termination are available in Belgium since 2000 and concern 20% of the demands, but they are not a solution to the lack of practitioners. That method is neither simple nor painless and using them late in pregnancy is inappropriate.

Following a CAL publication on the issue, in March 2013 (CAL 2013, 11), Zoé Genot MP addressed a parliamentary question to the health ministry about the lack of practitioners performing abortions (Genot 2013). In her answer, the minister stressed the difficulty in estimating the exact number of GPs performing abortions, but expressed her opinion that the right to abortion was not endangered. An in-depth reflection on the replacement of aging practitioners is obviously not on the agenda. However, according to informal sources, a few solutions are currently being investigated, such as the possibility of requiring teaching of "social medicine" services in the framework of the general practitioner training course, in order to encourage vocations among young doctors. As a provisional measure, courses given at the ULB on abortion techniques might be made available to students from other universities. Overall, the conscience clause does not appear at present to play a significant role in the lack of practitioners performing abortions in Belgium (Gautier 2013, 22).

[11] Abortions performed in hospitals represent less than 20% of the total.

[12] For Claudine Mouvet, former president of GACEHPA, "the time of militant commitment, the time when abortion was illegal is over. Decriminalization might have led young doctors to believe that the problem was solved. But in fact most of them have never been faced with abortion during their studies" (Gutiérrez and Dorzée 2010).

3.3. Increasing socio-economic problems

According to the above-mentioned report of the commission of evaluation, all on-the-ground actors emphasize the deteriorating material situation of the women seeking help (Report 2011-2012, 70-71, 74, 79, 90). Couples are exposed more and more to socio-economic instability and women in particular. In fact, social and/or financial insecurity seems to spread like wildfire. Some centres estimate that 30% of women asking for abortion do not have appropriate health coverage and cannot claim reimbursement of the costs of an abortion. Synergies are sometimes created with local authorities but with only limited success: only a minority of women benefit from urgent medical assistance, whereas the number of homeless women, asylum-seekers and women depending on social assistance (through the Social Aid Public Centres – CPAS) is clearly increasing.

The largest proportion of abortions is performed in the Brussels-Capital region and this is precisely the region with the highest unemployment and the highest social insecurity. Underprivileged women often exhibit a serious lack of knowledge about contraception, although they are not the only ones in that situation. Most of them pay little attention to their sexual and reproductive health, simply because they are not in a position to worry about it.

Noting the increasing discrepancy between the availability of medical care and the needs of women in a precarious situation in Belgium, *Médecins du Monde* (Belgian branch of *Doctors of the World*, an NGO providing care for the most vulnerable of peoples in crisis situations) set up a special project, *Avec elles*[13]. Since 2002 the aim of this project is to approach the most underprivileged women and give them medical care as well as education about sexual and reproductive health. Needless to say, in this context politics aiming at reducing socio-economic inequalities are more than ever necessary to guarantee not only women's right to abortion but, most importantly, their right to have medically safe abortions as well as appropriate contraception.

[13] More information on *Médecins du Monde* and this project on the web site www.medecinsdumonde.be (retrieved 14 October 2013).

4. The defence of abortion rights

Confronted with anti-IVG demonstrations and with increasing socio-economic inequalities, progressives' mobilization has entered a new phase, characterized by the national and trans-national coordination of the vigilance in favour of the right to abortion. More than ever this right is an essential issue for public health and reproductive freedom. In this respect it can be conceptualized as a right of citizenship touching on its civil, social and political dimensions.

4.1. The mobilization by progressives

In the end of 2005, concerned by the rising extreme right conservatism in the United States and some European countries as well as by anti-abortion demonstrations and other forms of religious pressure, the Federation of Marital and Familial Promotion Centres of the Socialist Provident Women (in short: Socialist Family Planning Centres) sounded the alarm by organizing an international conference at the ULB with the title "Abortion: endangered liberties" (Proceedings 2005).

The following year, all four family planning Federations of the French-speaking Community officially presented their platform *Vivre la vie* (Live one's life) whose main objective is to defend abortion rights (Vivre la vie 2013). This initiative was rapidly joined by about 40 other organizations in response to the call of the anti-abortion movement *Papa, maman et moi* (Dad, Mum and me), to make the 25th of July 2013 the first European day against abortion and to organize a national demonstration in Brussels.

In 2010, around the celebration of the 20th anniversary of the 1990 law decriminalising medical abortions, a broader mobilization took shape. First, the Lay Federation of Family Planning Centres and the Socialist Family Planning Centres decided to work together, in particular on an updated memorandum about the right to abortion and improving access. After a year of work, the memorandum was included in a series of educational activities, in collaboration with the family planning centres and secular feminist activists (French and Dutch-speaking together). These actions, a press campaign, a demonstration and a conference organized by the Secular Action Centre,

sought to sensitise the public to the present state of abortion rights and access (Proceedings 2010).

The demonstration symbolically linked the embassies of Cyprus, Ireland, Malta and Poland to deliver to a letter to each signed by more than 360 supporters of abortion rights for all women in Europe. Several associations, institutions, trade unions and politicians supported this solidarity march.

A new platform, called "Abortion Right" was launched in 2013[14]. It is a pluralist movement for vigilance and action aimed at guaranteeing the right to an abortion and women's freedom of choice. It operates on a Belgian and European scale. It offers an alternative to the discourse of the anti-abortion movement and organizes an annual "global day of action for access to safe and legal abortion"

On its web site, "Abortion Right" displays international information on abortion rights and calls for supporters to sign its Charter. As of september 2013 there were more than 8000 signatures. It defines access to abortion both as a fundamental right and as a personal choice for women. It calls for the organization of information campaigns for all kinds of publics in order to eliminate the drama of an abortion and feelings of guilt, for providing sex education to all school children, and for giving health professionals an adequate training to the abortion techniques.

As of fall 2013, "Abortion Right" was preparing a document to be signed by political parties in preparation for the upcoming Belgian elections of May 2014. The old slogan used in the feminist demonstrations of the years 1970-80, "abortion out of the criminal code!" might be revived. Removing abortion from the criminal code signifies that voluntarily terminating a pregnancy will no longer be considered a socially and morally reprehensible act, but would be simply a public health issue. Two individuals only would be concerned with an abortion: the woman who has it and the doctor who performs it, according to the woman's free choice to continue or not a pregnancy to term.

[14] Some 19 partner associations joined the platform, see http://www.abortionright.eu/about.php (retrieved 14 October 2013).

4.2. The right to abortion as a right of citizenship

From the end of the 1960s in Western Europe and in North America, and from the end of the 1980s in Latin America, the claim for reproductive freedom went along with a politicization of the body, thus changing the very definition of what was considered as political or not. At stake was the politicization of something that up until then had been lived as intimate, private or even taboo. When the silence around the abortion is broken and when a public and political debate arises, a whole amplification dynamics of citizenship develops. Indeed, the issue is an extension of a principle of classical liberalism: the right to have control over one's own body. In this sense, the demand for reproductive freedom is a "liberty right" (from the french *droit-liberté*) belonging to the individual and protected from state interference in a democratic regime; it may be interpreted as a civil right (Jenson 1996). At the same time, this freedom is legitimated in the name of the fight against clandestine abortion and in this respect is framed as a matter of social equality among women, and to public health policies relating to "debt rights" (from the french *droits-créances*) due to the individual from the state (taking the form of a welfare state). That position concerns therefore the civil and social dimensions of citizenship (Marques-Pereira 1997). Reproductive freedom, bound at the same time to civil and social rights, relates also to the recognition of a political subject, a as claimed by feminists.

Claims of reproductive freedom are part of the struggles of the feminist movement, and its affirmation of a new political subject. This involves struggling for and negotiating recognition of a collective identity, by making gender relations and their inequalities visible. In this perspective, the right to abortion signifies that women have gained control over their life and that they have fought against the instrumental use of their body that results from policies promoting higher birth rates or performing forced sterilizations.

As a civil right, reproductive freedom refers to the capability of the individual to have control over his/her own body or the possibility to escape from the imperatives of biology. For women reproductive freedom implies physical and psychological integrity whereas the criminalization of abortion represents the intrusion of the state or religious authorities in private matters. Finally individual freedom goes along with social

equality. With respect to social rights, reproductive freedom is a part of public health policies. Social rights always need adequate conditions to be effective. Without hospitals, without a network of external clinics, the right to medical care is little use. The onus is on public authorities to make the right effective.

The right to abortion has been and remains a major challenge; reproductive freedom is far from guaranteed and today, in major parts of the world, women do not have the right to their own body. The vigilance of feminist and secular activists remains absolutely necessary.

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