

How Politically Problematic are Liberal Abortion Policies for Countries With Pronatalist Fertility Policies?

Extended Abstract:

		Abortion Permitted "On Request" or "For Economic or Social Reasons," 2007		Total in Fertility Policy Category	% of World Population
		Yes	No		
Policy to Modify Fertility Level, 2007	lower	Count of countries	10	62	72
		% of countries	13.9%	86.1%	100.0%
		% of population	42.9%	57.1%	100.0%
	raise	Count of countries	30	7	37
		% of countries	81.1%	18.9%	100.0%
		% of population	82.9%	17.1%	100.0%
	maintain	Count of countries	13	18	31
		% of countries	41.9%	58.1%	100.0%
		% of population	87.8%	12.2%	100.0%
	no intervention	Count of countries	14	25	39
		% of countries	35.9%	64.1%	100.0%
		% of population	49.4%	50.6%	100.0%
Total	Count of countries	67	112	179	
	% of all countries	37.4%	62.6%	100.0%	
	% of world population	60.5%	39.5%	100.0%	

Source: United Nations, World Population Policies 2007 (all countries 100,000 or more population); http://www.un.org/esa/population/publications/wpp2007/Publication_index.htm

There is a stress point among the 30 countries with a policy "to raise" fertility and a policy that gives women an uncomplicated access to abortion. The population of these countries has a negative annual growth rate (-0.09%) and a below replacement level total fertility rate (1.42). Twenty four of the 30 are European countries 12 of which are now into their third decade of below replacement fertility. The problematic effects of below replacement fertility on age structure, social security costs, health care costs, and labor force needs have been widely studied and publicized by demographers. This has given an opportunity to religious opponents of induced abortion and nationalists worried about the debilitating effects of population decline to identify the liberal abortion policies as a major cause of low fertility. They have appropriated the population controller's perspective to contend that liberal abortion policies are a major cause of below replacement fertility and that abortion is not just morally wrong but socially harmful. Abortion opponents have used the findings of demographers to push for a coercive pronatalist policy which would remove a woman's easy access to abortion and have turned discussion of pronatalist policy into a debate over abortion. So far most national policymakers have consciously avoided the coercive when suggesting policy responses to below replacement fertility. But with below replacement fertility widening its scope, this pronatalist abortion controversy promises to increase in intensity.

Requiring women to bring unwanted pregnancies to term in order to increase a birth rate is necessarily a coercive population control policy. Programmatically, past implementation of pronatalist abortion policies have had devastating effects on the health of pregnant women and

the wellbeing of the many unwanted children who were abandoned or abused after birth. Additionally they have had very little success in increasing birth rates. For those formulating population policy there is no "common ground" that can be sought when the question of pronatalist abortion policies arises: for advocates of such policies more effective contraception is as problematic as more easily accessible abortion. In fact, "demographic winter" arguments are already being used by the Vatican and others to broaden their opposition to abortion to include a general opposition to "the contraceptive mentality" as well.

As more countries experience below replacement fertility and adopt pronatalist policies the political pressures faced by countries with pronatalist population policies and liberal abortion policies are likely to become more prevalent. The reproductive rights movement came along when there was a still a general state focus on the need to lower fertility. Reproductive rights advocates wanted to enhance women's ability to control their fertility and states wanted to lower birth rates. There was a meshing of interests in that giving women greater access to birth control promised to accomplish both goals. The problem with this close linkage for reproductive rights advocates, one addressed in previous *Program of Actions*, was how to rein in state enthusiasm for fertility control so women would not be coerced into having smaller families than they wanted. As the 21st century progresses there will be less and less linkage between state and movement interests. A growing number of states will be experiencing low fertility and will be adopting policies to increase it. Since we can assume to some degree that this "problematic" low fertility is an expression of the actual fertility desires of women, there will be much more potential for direct conflict between state goals and movement goals. Can states induce higher fertility while still respecting the reproductive rights of women? Doing so without coercion requires authentic state commitment to reproductive right principles. Western European states have generally implemented pronatalist policies by ensuring that every woman has the means to have all the children that she desires. They have put into place programs that allow her to more easily pursue a satisfying career and have children or that provides her with a portion of the costs associated with rearing a child. Such programs, sensitive to reproductive rights issues, are expensive and so far have not proven especially effective. As can be seen in the current experience of post-socialist Eastern European states, ones with a weaker reproductive rights tradition than Western European states and a legacy of more state-directed population policies, sufficient pressure can be brought on politicians to change liberal abortion policies in pursuit of state pronatalist ends. What will happen when even more states with less of a commitment to reproductive rights principles enter the ranks of below replacement fertility countries and adopt pronatalist policies?

In 2007 there are 56 countries with TFR's of 1.9 or under and 59% of them had adopted pronatalist policies; 82% of these countries permitted abortions on demand or for economic or social reasons, and 18% had more restrictive abortion policies. The UN's World Population Prospects (2008 Revision) projects that an additional 26 countries will have TFR's of 1.9 or under by 2030. The new additional are: Albania, Bahamas, Bahrain, Bhutan, Brazil, Brunei Darussalam, Costa Rica, Iceland, Indonesia, Iran, Ireland, Kuwait, Kyrgyzstan, Lebanon, Malaysia, Maldives, Mexico, New Zealand, Saint Lucia, Saint Vincent and the Grenadines, Turkey, Turkmenistan, United Arab Emirates, United States of America, Uruguay, and Viet Nam. In 2007 35% of these projected "new additions" to the ranks of below replacement fertility countries had official pronatalist policies and 4% had official antinatalist policies. More

interestingly, 65% of these countries had restrictive abortion policies in 2007, and only 35% permitted women an access to legal abortion for economic or social reasons. While some of these “new additions” to the below replacement ranks are likely to liberalize their abortion laws between now and 2030, the strong association of pronatalist population policies and liberal abortion policies probably will be weaker in the future than it is currently. Politicians in those pronatalist countries with liberal abortion policies are likely to find themselves subjected to greater pressures to restrict access to abortion for pronatalist reasons.

States can, and have, undertaken unilateral changes in fertility and abortion policies that suddenly strip women of access to both contraception and abortion, the most notorious example being Romania's twenty-three year experiment in coercive pronatalism. The future promises significant new challenges to women's reproductive rights. One will revolve around states desirous of increasing their fertility that have no history of permitting women an easy access to legal abortion and weak commitments to women's reproductive rights principles. What reproductive rights advocates need to do now is to focus on fostering a widespread state commitment to the right of the individual woman to determine her own fertility, one that can withstand the calls for restricting that right in response to below replacement fertility worries.