ABORTION

L'ASSOCIACIÓ
DRETS SEXUALS
I REPRODUCTIUS

Talking about abortion has never been a neutral undertaking, and never will be. The ideological position any of us express when we dare to comment on a news article, a known case or a film is usually muted, but clear. Our voice and position is undeniably amplified when we stop doing it individually – for example, at a family meal – and share it in public and collectively. Nevertheless, we usually situate ourselves in that dichotomy that shackles us to a 'yes' or a 'no', in favour or against, without giving ourselves the opportunity for discussion that would permit us to think, reflect and decide.

As survivors of the world of hegemonic thought, we have no option but to swim against the tide of the immediacy of headlines, the science of tweets and the reality brought about by this ocean of fake news that has the sole objective of perpetuating the supremacy of the privileged. It is an impossible backdrop against which to consolidate a vital ideology, having the assurance that, both to yourself and to others, you will be able to defend it, guarantee it and support it coherently: an ominous backdrop for the right to abortion.

This Associació has decided to undertake the writing of this position statement as a collective venture. There is no doubt that we are a YES, that we are IN FAVOUR, but we have wanted to give ourselves the opportunity to reveal the WHY. This is a document written by many hands, using many voices and infinite knowledge and experiences, aware that we are heiresses of thousand-year-old wisdoms and indispensable female ancestors, and we have wanted to dedicate it as our small grain of sand towards the journey, that also aspires to being one of the beacons that can be found along the way.

In this document you will read about position, ideology, impact, indignation and, also respect, admiration, fight and many transforming proposals.

IN THE BEGINNING

The practice of abortion has existed throughout history and in all parts, making use of different methods and techniques: abortion-inducing plants, specific objects and instruments, and other means.[1]

State regulation on bodies and reproduction, as we know it today, is, however, relatively recent. With influences from religious institutions and guided by scientific-medical knowledge, from the early 19th century the first laws criminalising abortion appeared in the modern nation state;[2] laws whereby both the professionals who performed a voluntary termination of pregnancy as well as the women who decided to undergo the procedure were subject to punitive criminal proceedings.

In the development of the liberal and neoliberal state, regulatory laws on the subjugation of bodies increased. **State control of sexuality and reproduction underpinned normative heterosexuality and the heteropatriarchal nuclear family**, whilst also being used for the application of Malthusian policies on population control: punishment for abortion, forced sterilisation, racist and colonial control policies of the indigenous population and of the most impoverished social classes. Ultimately, it has been the different nations that have decided who should reproduce, who couldn't, and on what grounds.

Nevertheless, during the first half of the 19th century, with the increasing spread of contraceptive methods, various campaigns condemned punishment for abortion and advocated the recognition of voluntary termination of pregnancy as a right of women to control their own bodies. Sexuality and reproduction have been areas where the feminist women's movement and the LGBTI+ movement have focussed substantial attention and efforts in order to be able to live in freedom, without discrimination and free of all types of violence, with the practice of substantive equality.

Over the passing of the years, the demand for the right to control what happens to their bodies has been central in feminists' struggles around the world. **The internationalist fight for the right to abortion has been, and continues to be, the lynchpin that has united all feminist movements on the planet**, the central element that consolidates the movement and attacks the roots of the patriarchy. The demand for women's bodily autonomy makes feminists a force to be crushed by patriarchal neoliberalism and, so much so, that defenders of Sexual and Reproductive Health and Rights, and specifically abortion, have been the most persecuted, threatened and attacked around the world throughout history.

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As Giulia Tamayo says, feminists "bodified" human rights with the incorporation, within the general framework, of Sexual and Reproductive Health and Rights. Bodies and sexualities, areas that until the 70s had been relegated to the private space, were made visible by the international feminist movement, were "fleshed out" and politicised in the clear, practical feminist slogan "whatever is personal is public".[3]

1. POTTS, Malcom; CAMPBELL, Martha. "History of Contraception". GLOWM: The Global Library of Women's Medicine, 2009.
2. E. DOAN, Alesha. Opposition ans Intimidation: The abortion wars and strategies of political harassment. University of Michigan, 2007.
3. TAMAYO, Giulia. Bajo la piel. Derechos Sexuales y Reproductivos. Lima: Centro de la Mujer Peruana Flora Tristán, 2001.

RECENT HISTORY

In December 1936, the Decret d'Interrupció Artificial de l'Embaràs (Artificial Termination of Pregnancy Decree) was approved in Catalonia, spearheaded by Fèlix Martí Ibáñez, an anarchist doctor, militant of the Confederación Nacional del Trabajo (CNT) (National Work Confederation) and Director General of the Generalitat de Catalunya's Health and Social Services. The decree was used by Federica Montseny, First Minister of Health and also a militant of the CNT, to drive a reform throughout the entire Spanish State.[4] The decree provided for the "artificial" termination of pregnancy under certain circumstances, including the decision by the pregnant woman to end the gestation. At the same time it sought to avoid complications and risks associated with abortions carried out in clandestine conditions which many women resorted to, especially working-class women. This legislation, the most advanced in Europe at the time, was only implemented in Catalonia and was revoked after the Spanish Civil War.

It goes without saying that Franco's dictatorship was especially devastating, strangling and violating the rights of the population, and many other blows. But political movements and the feminist movement fought from the underground until gaining recognition after the death of the dictator, achieved through the full force of protest.

The chronology is long and intense, but from 1976 at the Primeres Jornades Catalanes de la Dona (First Catalan Women's Conference after the death of Franco) mobilisations began to demand the legalisation of contraceptive methods (decriminalised in 1978) and the right to abortion, with the acquittal and release of all women charged and imprisoned for having aborted.[5] After several punitive cases for undergoing an abortion or having practised abortions and many actions in response by the feminist movement (demonstrations, occupations, materials published and self-incriminations) the abortion debate was firmly on the agenda.

The protests only increased and tried to address the fundamental demands that sought to effectively guarantee the rights and health of women. Of note, amongst others, were the public actions and statements of 1985 and 1986 where feminist organisations announced that they were practising clandestine abortions, even in the Jornades Feministes Estatals (State Feminist Conferences), held in Barcelona. The demand was clear: free, elective abortion.

In 1985, Law 9/1985 reforming the Criminal Code was approved, through which abortion under three circumstances was decriminalised: rape up to 12 weeks' gestation; serious risk to the life and physical/psychological health of the woman; and where "serious physical or psychological abnormalities" had been detected in the foetus. Clearly, however, this reform of the Criminal Code was very far from guaranteeing the right to abortion and its cover by the public health system that the feminist movement had demanded. And so the fight continued.

In spite of everything, the Law of 85 opened up a new scenario that would continue for more than 30 years, guaranteeing women safe and legal abortions thanks to professional teams trained abroad and activists who supported the women throughout these procedures to ensure them a good result. But

4. La llei truncada de Federica Montseny. Diari Ara, 29-12-2013.
5. Dossier Documental de l'Institut Català de les Dones - Drets Sexuals i Reproductius: http://dones.gencat.cat/web/content/03_ambits/docs/cdoc_dossier_drets.pdf

institutional negligence and the lack of political will abandoned women and professionals to unprotected and totally unequal situations.

Nevertheless, the threat towards, and repression of, the practice of abortion continued with the primary objective of criminalising it, issuing a warning and redirecting the offensive of political movements towards defensive action, necessary in the light of each case of imprisonment and criminal charge. The last, most scandalous case occurred in 2007, when the Guardia Civil opened an investigation into different gynaecological clinics in Barcelona and Madrid, requisitioning thousands of medical records and questioning the respective women users. In light of this police and judicial action brought about by ultra-conservative movements, **feminists responded by sending thousands of self-incriminations to the courts, reclaiming the slogan used in the 70s and 80s: "I too have had an abortion"**. Professionals also arranged a protest headed by entities such as the Associació de Clíniques Acreditades per la IVE (ACAI) (Association of Accredited Clinics for VTP) and the Associació de Planificació Familiar de Catalunya i Balears (Catalonia and Balearics Family Planning Association), which would later participate in drafting the new law.

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This is how the campaign to demand that State Government conducted a comprehensive reform of the law for the effective decriminalisation of abortion was resumed. **Against this backdrop, the current law, Organic Law 2/2010 on Sexual and Reproductive Health and the Voluntary Termination of Pregnancy, was approved.**

However, just as the new law was coming into effect, a change of government under the leadership of the conservative Partit Popular saw the Minister for Justice, Alberto Ruiz Gallardón, announce his intention of reforming the current law and turning back the permitted legal circumstances with a much more restrictive law than that of 85. **The overwhelming political response of the entire feminist movement and activist professionals to the first draft bill forced the resignation of Gallardón,** and left the initiative reduced to a modification of the 2015 law, which forced girls and persons with "judicially modified capacity" to gain authorisation from their legal custodians to be able to decide to voluntarily terminate their pregnancy.

Although the counter-reform by the Partit Popular had been halted, the requirement they pushed through and which is still in force today is no less contemptible. The mark of the ultra-conservative sectors remains a constant, restricting the rights of girls with the purpose of maintaining control over their bodies and lives. It is also clear that if the fight for the right to abortion does not continue, there are many players prepared to roll back on the protection of our Sexual and Reproductive Health and Rights.

WHAT IS AN ABORTION?

An abortion is the termination of a pregnancy. A spontaneous abortion (or miscarriage) is when pregnancy loss is a natural occurrence, whereas an elective abortion is at the woman's request. When this request is made, we need to position ourselves as legal subjects, able to decide about our own lives and bodies. We need to bear in mind that, despite it being a structural and social issue, women must exercise it as an individual right separate from one of collective construction.

It is also important to remember that aborting involves a series of situations where decisions must be made and where the impact of the associated stigma surrounding abortion is one of the basic obstacles that we are forced to confront.

Since 2010, Organic Law 2/2010, of 3 March, on Sexual and Reproductive Health and the Voluntary Termination of Pregnancy that governs access to abortion has been in force in the Spanish State. It should be pointed out that an abortion can take place at any stage during pregnancy; it is only the circumstances under which it can be accessed and which are typified in law that change.

«It is evident that the control of bodies and reproduction is key for hegemonic powers».

Despite it not being the best law and the fact we would like it to go further to guarantee the right to abortion, we have to admit that it signified a great social breakthrough, incorporating some of the key demands made by feminist movements:

1. **The free decision of women,** without any professional/institutional intermediation, at least during the first 14 weeks of gestation, after which it is required.
2. **Free procedure**, i.e., that it is part of the portfolio of services the public health system offers and is therefore not necessary to pay for.
3. **The regulation of conscientious objection**. Any professional may object individually and not wish to offer the woman support during the procedure, but the system must ensure that there is another who will offer them this service with the corresponding quality and safety.

It should be noted that an abortion can take place at any stage during pregnancy; it is only the circumstances under which it can be practised and which are typified in law that change.

A. ***During the first 14 weeks of gestation, women can decide themselves to access an abortion, without having to give explanations or require the authorisation of any other person.*** **(Article 14 of the Law).**

The only condition set out in the law is that the woman must be informed of her rights, maternity benefits and public support services and assistance, and that at least three days must elapse between the provision of this information and the performance of the procedure.

These are the controversial and misnamed three days of "reflection", a period that has merely a dissuasive, paternalistic, guilt-inducing effect and that does not respond to the concept of women being legal subjects with the capacity to decide. The law has to do somersaults to not clash with the rulings of the Constitutional Tribunal but, ultimately, it is clear that all related legislation relegates women to second-class citizens, with the state forcing them

to rethink their decisions. This is an issue that is unknown in any other legislation apart from that of abortion. It is evident that the control of bodies and reproduction is key for hegemonic powers.

B. ***D rom week 14 and up to week 22 of gestation, women can access legal and free abortion through the health system and a report is needed that certifies situations of risk for their health or foetal malformations.*** **(Article 15 of the Law).**

Despite this being a highly-accessible option, it is little known and once again binds women to the will of the professionals who need to be fully acquainted with the law, interpret it and make the corresponding report. The will and decision of the women is subject to a series of obstacles which, given the scant political desire to guarantee the right to abortion, leaves many women in situations that are difficult to resolve.

C. ***After week 22, women can access legal and free abortion through the health system and need the authorisation of a Hospital Medical Committee that must assess whether there are foetal anomalies incompatible with life or an extremely serious or incurable condition.*** **(Articles 15 and 16 of the Law).**

This is the most restrictive Article of the law, as it leaves women who need to abort under these circumstances totally abandoned to professional, personal and ideological interpretation. After 22 weeks of pregnancy, the law of the Spanish State forces women to subject their situation to a Medical Committee of professionals appointed by the public health system in each region. This Committee will assess each case in turn and, only if it is confirmed that the anomaly of the foetus is serious or incurable or incompatible with life, the pregnancy will be terminated.

It should be remembered that, thanks to the modification spearheaded by the Partit Popular, girls continue having their capacity to decide restricted and, if they want to abort, need the authorisation and presence of one of their legal custodians. This is the modification of Organic Law 11/2015, of 21 September.

The law also establishes that in the event of conflict over consent by the legal representatives, or when the decision may put the best interests of the girl at stake, it is necessary to resort to the Civil Code and therefore provides for the possibility of the girl taking the case to the juvenile prosecution service.

ABORT IN CATALONIA

In Catalonia, an abortion is done through the public health services and access is safe, confidential and free in the large majority of cases. The recognition and involvement of the professional teams at the clinics and primary healthcare services in this area have been vital for the progress and improvement of the right to abortion in our autonomous region.

Every year they perform around 20,000 voluntary terminations of pregnancy (VTP). **This means that it is one of the most frequent medical procedures performed in the Catalan health system**. Paradoxically, it has never been given the importance or recognition it warrants, considering this fact.

According to data from the report on VTP in 2018, the overall rate of VTP per 1,000 females between 15 and 44 years residing in Catalonia was 13.1% in 2017. This rate is higher than some countries such as Italy (6.2 in 2017), Finland (8.2 in 2017) and Scotland (11.8 in 2017); and lower than rates in France (14.8 in 2017), England and Wales (16.7 in 2017), New Zealand (13.7 in 2017) and Sweden (19.8 in 2017).

The framework that constitutes the Catalan health system situates the circuit for accessing abortion within a network formed of Sexual and Reproductive Healthcare Centres as the central point, where medical abortions are carried out and/or from where users are referred to accredited or authorised clinics and hospitals.

Abortion can also be accessed via private, paying channels at any of the accredited clinics but users must be aware that to access such a centre, they must first begin by visiting at a Sexual and Reproductive Healthcare Centre.

The professional health service teams have the duty to support women throughout the process, offering them full information and guaranteeing their right to abortion, respecting their decision and ensuring they do not receive discriminatory treatment in any way.

During this process, where the professional teams offer all the information, they must explain the possibility of being able to choose between the medical and surgical method during the first 9 weeks of gestation.

A medical abortion is a treatment that is offered at the Catalan public health system's Sexual and Reproductive Healthcare Centres (for free) and also at accredited private clinics (either paying or for free).

Surgical abortion can be performed at any time during the pregnancy, in the conditions set forth in law, and is the only method possible after the ninth week. This type of abortion is a major outpatient surgical procedure which is done at a health centre and does not usually require hospitalisation. The technique varies depending on the weeks of gestation.

Supporting women in this choice is a responsibility of the professional as they must guarantee the women the option to decide, having explained all the accurate, established information on the two methods and adapting to the reality of each case and each person.

UN DRET GARANTIT?

We take it for granted that in Catalonia having an abortion is a guaranteed right and that the debate is now closed, but we know first-hand how a significant number of violations of rights still occur and, on many occasions, institutional violence is exercised against pregnant women during this process.

In spite of the efforts and progress achieved by professionals and activists which now rank us as one of the safest regions in the world for women to have an abortion, we need to remember that we have not succeeded in guaranteeing accessibility to it.

The first report by the Observatori de Drets Sexuals i Reproductius in 2019 exposes a raft of obstacles that women have to overcome to be able to exercise their right.[6] Some of these stories chart a map that should force us to place this topic on the political and social agenda so that the right to abortion and women's bodily autonomy is fully guaranteed in our region.

On a daily basis and in our direct contact with women, the Associació learns how **the hurdles to be overcome have to do with three key issues: the restrictions imposed by the law; the often conservative interpretation of that law; and its erratic and inefficient implementation across region**s. And, in all cases, the evidence leads us to the conclusion that this law is the product of, and is at the service of, a social structure based on neoliberal patriarchy..

1. Legislative restrictions:

1.1 Abortiong after 3 days of reflection. The everyday has made us normalise restrictions contained in the law, such as this. Provided women abort during the first 14 weeks of gestation at their own request and through their own choice, they will receive information on help with maternity care and, after waiting 72 hours, can then continue with the procedure from the time this information has been offered to them.

This activity of providing information and the compulsory wait continues to reproduce a patriarchal and traditional understanding of sexuality that subordinates the decision to abort to the knowledge of, and prior reflection on, the possibilities and help that the woman would receive if she chose motherhood. **We believe that all these dissuasive barriers form part of a regulatory structure that fosters institutional violence in the control of women's bodies.**

Once a pregnancy is confirmed, any professional focussed on support already offers all the information necessary to help the person in question to make the decisions they consider to be right for their specific circumstances. But this is not what is contained in the law. The legal text provides for the provision of information once the woman has decided to terminate the pregnancy and forces her into a 72-hour wait before proceeding.

Therefore, apart from reproducing a hierarchy between reproduction and abortion, it is disregarding the autonomy of the woman, **imposing a compulsory period of reflection that is totally paternalistic**. At the same time, this requirement disregards any anxiety the wait may generate whilst having the unequivocal desire to abort, merely lengthening the preservation of the pregnancy and the agony of the person who does not want it. We wish to stress that this is a requirement that directly exercises institutional violence against women.

6. Informació de les denúncies i discussió per part de L'Associació de Drets Sexuals i Reproductius a l'Informe 2019 de L'Observatori de Drets Sexuals i Reproductius.(in catalan)

1.2 Abortion after 22 weeks' gestation. The women who request an abortion after 22 weeks' gestation form a small percentage of the total of annual abortions but these are the cases of most complexity. Often they find themselves facing the termination of a wanted pregnancy that has had a fatal birth diagnosis and this therefore places them in a position of great vulnerability and dramatically changes their expectations and those of their families.

As we have explained before, authorisation to legally abort after 22 weeks' gestation is decided by a Medical Committee which does not always prioritise the woman's decision in this situation, sometimes arriving at different findings in circumstances with an uncertain prognosis, a result that contributes to the feeling of confusion, anguish and vulnerability and lack of transparency on the criteria and decisions adopted for the families.

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The perspective of the Medical Committees is very distant from that which is required by law to guarantee the right and will of women, forcing them, in cases where the decision is negative, to travel to another country to be able to have the termination performed, providing they have the resources to do so, obviously.

Despite the interpretation by Medical Committees of the law being essential, it is worth mentioning that the restriction that this imposes after 22 weeks' gestation does not respond at any time to the guarantee of the right of women to decide: rather it is clearly focussed on preserving the moral and institutional control of their bodies and reproduction, especially in the final stages of pregnancy.

1.3 Abortion at 16 and 17 years of age. Another of the basic barriers to accessing abortion arises from the latest legal reform of September 2015 that obliges pregnant girls aged 16 and 17 to have the express authorisation from, and presence of, one of their legal custodians in order to be able to abort the pregnancy.

This requirement, imposed by Organic Law 11/2015, makes the lives of the girls who decide to abort when faced with an unplanned pregnancy more precarious.[7] In addition, **this law constitutes a violation of SRHR in that it prevents young people from exercising their own autonomy and deciding on their lives and bodies, and also accessing the right to health**. It functions as an inequitable barrier to abortion, especially negatively impacting young women who are unable to rely on family support or who find themselves in situations of violence, etc., submitting them to this obstacle that leaves them unprotected, alone and without the option of being able to exercise their right to decide. **It imposes an unplanned and unwanted pregnancy and motherhood/fatherhood on them or forces the young women to resort to clandestine practices, something that puts their lives at risk**. Women, including adolescents, with unwanted pregnancies usually resort to unsafe abortions if they cannot access a safe abortion.[8]

7. Ley Orgánica 11/2015, de 21 de septiembre, para reforzar la protección de las menores y mujeres con capacidad modificada judicialmente en la interrupción voluntaria del embarazo.(in Spanish)
8. World Health Organization. Preventing unsafe abortion, 2019.

This legal amendment was imposed to appease the most conservative sectors without any scientific or medical basis; rather the contrary. In a study carried out by ACAI (Association of Accredited Clinics for VTP) it was revealed that young women who did not inform their legal custodians accounted for only 0.41% of abortions and that the reasons they alleged for this ranged from family neglect to sexual violence, plus others.[9]

1.4 Abortion without a healthcare card . In this case, the restriction is not related to the law that governs abortion but it is a legal restriction that violates the right to universal healthcare. The law in the Spanish State that governs universal healthcare has been savagely mutilated by the most conservative governments, **leaving the majority of the migrant population without universal access to healthcare.** In Catalonia, the Ruling by CatSalut (2016) governing emergency healthcare stipulates that migrant persons who are on the Municipal Residents' Register in the Catalan region have access to public healthcare cover when emergency care is required and there is no third party who can pay the cost.[10] In addition, it sets out as special situations under-age persons and pregnant women, but does not specify anything regarding abortion and therefore remains up to the interpretation of each professional.

This gives rise to huge inequalities, as some women in this situation have had to pay for their abortion, if they have been financially able. Although access to healthcare cards is changing and being made easier with the Covid-19 crisis, it is a fact that not knowing about this and the difficulty accessing the correct channels frustrates the guarantee of the right to abortion for the majority of people who are in these situations. **The public health system must ensure that access to abortion, particularly in cases of vulnerable persons, never depends on interpretation.**

Denying the right to abortion to women regardless of the reason is a violation of rights. Moreover, it is a way of putting their health in danger, as in many cases they end up resorting to clandestine methods or into forced motherhood, with everything this entails. It should be noted that the CEDAW committee (2015) also made a request to the Spanish State demanding that it must assure free universal health coverage to migrant persons.[11] Notwithstanding this, and to this day, it is still not complying with the obligation to ensure human rights and the SRHR of all persons.

2. Conservative interpretation of the law:

There are loose and erroneous interpretations of the legal text that **uphold the patriarchal objective of controlling women's bodies and the restriction of the rights of persons who want to abort**. It should be remembered that the law sets forth the conditions under which abortion is governed and clearly states that "they will be interpreted in the most favourable way for the protection and efficacy of the basic rights of women that request the procedure, in particular the right to the free development of the personality, to life, to physical and moral integrity, to privacy, to ideological freedom and to non-discrimination" (Art. 12).

2.1 **What do we understand by 'gestation'?**. Access to legal abortion is governed by a law that sets out

9. ACAI. MUJERES 16 Y 17 AÑOS INVESTIGACIÓN- ACAI (julio 2010-octubre 2011). Novembre de 2011. (in Spanish)
10. Resolució del CatSalut per l'atenció sanitària urgent, setembre 2016. (in Catalan)
11. C Committee for the Elimination of Discrimination against Women (CEDAW). Concluding observations on the combined seventh and eighth periodic reports of Spain* 2015, 14p.

the time limits according to the weeks of gestation. In normal practice, this is usually counted from the last menstruation, which means between 2 and 3 weeks before the start date of gestation.

It is therefore essential that we return to the consensus on the definition of gestation that is scientifically endorsed by all international agreements. In drafting Law 2/2010, it drew on this scientific consensus where gestation begins when the ovum implants in the endometrium, not with the date of menstruation (which is beforehand). With this accepted interpretation, the scenario opens up whereby women and professionals have an extra 2-3 weeks to access an abortion, different to that which is now habitually being practised.

At present, **an excessively restrictive interpretation is being made, based on fear, ignorance and conservative morality**. To equate amenorrhoea to gestation is a decision contrary to scientific consensus and with a significant negative impact on the guaranteed access of women to abortion, restricting their rights even further.[12]

2.2 Deficiencies in sex education and access to contraception. Law 2/2010 was not devised solely to govern abortion, even though it has subsequently appeared so. Its name indicated that it wanted to go further: *Ley de Salud Sexual y Reproductiva y de Interrupción Voluntaria del Embarazo*. (Law on Sexual and Reproductive Health and the Voluntary Termination of Pregnancy). Both sex education and access to contraception have an important place in it. It sets out the following in *Chapter III, Article 9: Incorporation of Sex and Reproductive Health Education in the education system*, and also in the *Third Additional Provision. Access to contraceptive methods: The Government, within the space of a year from the law coming into force, will finalise the effectiveness of access to contraceptive methods. Accordingly, the inclusion of latest-generation contraceptives will be guaranteed, whose efficacy will have been endorsed by scientific evidence, within the portfolio of Common Services of the National Health System under the same terms as publicly-funded pharmaceutical supplies.*

It is clear that these mandates of legal text have been obviated. And it is also clear that, in spite of the fact that abortion must continue to be a recognised and accessible right, guaranteeing preventative and self-care measures such as sex education and universal access to contraception form part of institutional obligations.

3. The inefficient and erratic implementation of the law:

3.1Information on abortion. Comprehensible, revised, accurate and complete information is one of the essential requirements to achieve the guarantee of accessibility to the right to abortion. The lack of information or erroneous information on the process, the resolution circuits or the different methods available is one of the most common issues arising from the implementation of an inefficient law, and moreover, the non-existent monitoring of this.

The results of our survey carried out in 2016 make it apparent to us that **80% of women don't know that abortion is free; that half of women aged below 30 don't know they can make the decision to abort themselves; and that two out of every**

12. L'INSTITUT BORJA DE BIOÈTICA. Bioètica i debat. Aspectes mèdics i quirúrgics de l'avortament. https://www.iborjabioetica.url.edu/sites/default/files/2019-07/bioetica51cat.pdf (in Catalan).

three girls have the wrong information on the right to abortion for girls under 18 years.

La vulneració d'aquesta dimensió del dret pot The violation of this dimension of the law can lead to the occurrence of highly complicated situations that often need to be resolved by the women themselves of their own account, suffering stigmatisation because of this. It is therefore essential to ensure the right to information on abortion as a fundamental pillar of Sexual and Reproductive Health and Rights, as it is urgent that institutional information be updated, both that which is given to professionals involved and also on websites, in materials, etc. containing information on VTP. Already in 2017, the WHO and the Guttmacher Institute made a declaration along these lines after a study in The Lancet showed that 31% of abortions were deemed "less safe" for having been supported and performed by specialist professionals with little training.

In the information about abortion, it is not only necessary to focus on that which the women receive individually from professionals when they want to abort but we must stop and think about what is the collective information that has been delivered on it. **No campaign to raise public awareness has been carried out to inform us on our rights in this area, something that feeds the taboo and stigma surrounding abortion and casts doubt on women's agency when it comes to making a decision.**

To all this must be added that the information and institutional monitoring systems related to abortion are highly deficient. Both the annual statistics presented by the State Government's Ministry of Health and Catalonia's Health Department show the data in a confusing, incomplete, decontextualised, sometimes irrelevant and stigmatising way. The statistics and data collected in these reports do not conform to the real needs to improve public policy in this area. And **given the lack of political will to make abortion visible by putting it high on the agenda, there are no scheduled lines of knowledge creation concerning abortion** that would permit us to improve the guarantee and access to this right in our autonomous region.

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3.2 Conscientious objection in abortion.

Conscientious objection is the refusal to comply with orders or laws or to perform acts or services invoking ethical or religious grounds. This signifies, therefore, that discussing conscientious objection in abortion is a key issue.

It appears that the regulation contained in Organic Law 2/2010 would be relevant but the reality is that its implementation continues to result in major obstacles. According to the law itself in its Article 19 on measures guaranteeing the provision by the health services it states:

1. *In order to assure the care equality and quality in the provision of the voluntary termination of pregnancy, the competent health administrations*

must guarantee the basic contents that the Government establishes, listening to the Interregional Health Council. Access to the provision will be guaranteed to all women equally, regardless of their place of residence.

2. *The health provision of the voluntary termination of pregnancy will be performed in centres of the public health system or those associated with this.*
Health professionals who are directly involved in the voluntary termination of pregnancy will have the right to exercise their conscientious objection, without the access and care quality in the provision of the service resulting in any way diminished due to the exercise of conscientious objection. The rejection or refusal to carry out the voluntary termination of pregnancy procedure on the grounds of conscientious objection is always an individual decision made by a health worker who is directly involved in the performance of the voluntary termination of pregnancy and who must state this beforehand in writing. At all events, health professionals will dispense correct treatment and healthcare to the women who need it before and after having been subject to a procedure of termination of pregnancy.
If, in exceptional circumstances, the public health system cannot provide the service in time, the health authorities will grant the pregnant woman the right to attend any accredited centre in Spain, giving her a written commitment to assume payment for the service directly.

Based on Article 16.1 of the Spanish Constitution on ideological and religious freedom and the freedom of worship of individuals and communities, Law 2/2010 **recognises the right to professional conscientious objection "without the access and quality of care being diminished".** It also expressly states that it is an exclusively individual exercise that must be declared beforehand and in writing, although it will be accepted in unexpected cases of conscientious objection.[13]

Experience shows us that it is essential to monitor conscientious objection very carefully to ensure that situations do not arise such as those presently in Italy, where there are 70% objector professionals meaning that the right to abortion for women cannot be guaranteed.[14] **The current use of conscientious objection is an absolute travesty. We see how a recognised right for professionals ends up becoming just one more expression of institutional gender-based violence.**

Firstly, it is important to remember that conscientious objection provides the right to protect individual moral integrity of professionals who may see themselves violated by direct participation in the procedure to terminate the pregnancy. In order to guarantee the rigour of its significance and function, the Institut Borja de Bioètica recommends not only that written notification be required, as already set out in law, but that there should be a summary of the key reasons for the objection. Consideration could also be made as to whether this reasoning would be more truthful and trustworthy if it were done in an interview format and not in writing.[15]

In any case, given the regulation in force, the danger is that the way in which conscientious objection is communicated and its authenticity accredited is

13. Recomanacions sobre l'objecció de consciència en l'avortament. Barcelona: Departament de Salut; 2010. (in Catalan)
14. Siete de cada diez ginecólogos en Italia se niegan a practicar abortos. El Salto, 19-06-2018. (in Spanish)
15. Consideracions sobre l'objecció de consciència, Institut Borja de Bioètica, 2012. (in Catalan)

not defined, making way for an illegitimate abuse of the law. On the other hand, the consequences of the current status of exercising consciousness objection have been repeatedly denounced: consequences that question the preservation of the aforementioned "care quality" contained in the law when they force so many women to travel when faced with the impossibility of accessing abortion in their region.[16] However, the protection of the objector professional's confidentiality is one of the reasons why the Catalan Health Service cannot compensate for the regional inequality and disparity, alleging that for data protection reasons information about it is not known. Paradoxically, **the general population does know about it, when so many women receive refusals at certain centres, launching campaigns for public mobilisation in light of these barriers.**

Faced with this ignorance by the Administration, it is impossible to guarantee access to the right to abortion, without inequalities but with quality care. Finally, it is worth noting the number of institutional refusals, not conscientious objections, to perform voluntary terminations of pregnancy in the public system. By institutional refusals we mean the stance of the entire institution that refuses to perform the procedure based on their ideological principles. In the Catalan context, **the Catalan Health Service contracts various centres under private ownership, often linked to the Church, to cover public care in certain regional areas such as in the case of the Fundació Sant Hospital in La Seu d'Urgell and the Hospital de Sant Joan de Déu in Manresa**. Moreover, some of these centres are attached to public Catalan universities and have Specialist Health Training accreditation, receiving and training professionals through examinations organised by the Ministry of Health (MIR, EIR, FIR), as is the case of the Hospital de Sant Pau and the Hospital de Sant Joan de Déu and others.

The centres mentioned, for example, do not perform voluntary terminations of pregnancy, defending themselves due to their ideological and religious principles just as a private institution might. **In practice, therefore, they receive funding for a portfolio of public services that they do not carry out and act as objectors without being able to invoke this law which, as has been reiterated, is an exclusively individual right.** What is even more incomprehensible and inadmissible is that in cases such as that of the Ordre Hospitalària de Sant Joan de Déu, it is expressly stated in their Hospital Charter that "The inviolability of human life precludes not only voluntary abortion being performed by the Orden Hospitalaria, but any other procedures which terminate life. The staff who work on such services, therefore, have the duty of conscientious objection".[17] **How can it be that conscientious objection is protected as an individual basic right, yet some institutions that receive public funding speak openly of the duty to object? Where is, therefore, the protection and inviolability of moral integrity?**

3.3 Concerns over regional access. Current regional distribution of healthcare units and the ensuing inequalities are considered to violate the right to access to abortion, **as the availability of all the techniques cannot be guaranteed, regardless of the zone the women live in and, therefore,**

16. L'objecció de consciència coarta el dret a l'avortament a Catalunya. Públic, 24-08-2020. (in Catalan)
17. Carta d'Identitat de l'Ordre Hospitalària de Sant Joan de Déu, redacció 2002, última revisió: 2012. (in Catalan)

these cannot choose de facto. Moreover, when the women need a surgical abortion and they have to travel, in the majority of cases they have to assume the costs involved themselves, both economic and otherwise.

Regional inequalities are one of the great barriers that make access to abortion in Catalonia difficult. It is necessary to look at the latest Generalitat de Catalunya's stadistical data (2019) to understand this better. Currently, the VTP care system in Catalonia is divided into two types of centres: outpatient centres comprising accredited clinics, Sexual and Reproductive Healthcare Centres and, occasionally, care units and hospitals. By consulting the distribution of VTPs according to the type of centre and method, different phenomena can be noted.

In the first place, the great majority are performed in outpatient centres, mostly Sexual and Reproductive Healthcare Centres and authorised, specialist clinics under contract to the Department of Health. Therefore the practice of VTPs at hospitals is less frequent. Secondly, reviewing the different types of methods, it is clear that the most often used is the surgical technique of dilation and evacuation (48.6%), performed mostly in the accredited clinics. The second most used method is the medical abortion (43.4%), used particularly in Sexual and Reproductive Healthcare Centres.

By looking at regional distribution, it can be affirmed that currently in Catalonia there are regional inequalities, as there are health regions where there are no accredited clinics, nor are the surgical methods easily accessible for residents in the zone. These zones are namely Lleida, Terres de l'Ebre and Catalunya Central. The current distribution of centres and methods means that women have to travel to the nearest accredited clinic for the surgical method or terminate the pregnancy using the medical method at the nearest accredited Sexual and Reproductive Healthcare Centre that offers this, as not all do. This, together with conscientious objection, means that women cannot freely choose their preferred method and their difficulties for access increase depending on the region they live in.

It is worth highlighting that these inequalities are caused by different factors: the centrality of the health system, the lack of trained professionals who are competent in all the techniques, the lack of will to improve access to abortion, the absence of abortion on the curriculum of socio-medical degrees, conscientious objection, the stigma that still surrounds abortion (and also whoever performs it), etc. **In 2018, according to data from the Generalitat de Catalunya (2019), a total of 482 women had to travel outside the region to abort.**

3.4 Lack of professional recognition of the practice of abortion. The implementation of such a complex law in effect entails a challenge to the current structure of health services in Catalonia. As we have said, **current regional distribution, conscientious objection and the ensuing inequalities violate the right of access to abortion, as the availability of all the techniques and services cannot be guaranteed regardless of the zone the women live in and, therefore, these cannot choose.**

The stigma that surrounds abortion, owing to the patriarchal criminalisation of the procedure, is

reproduced in the health structure and profession. We know that there are faculties where it is not even taught and within the professional career it is an activity that does not receive any type of acknowledgement or prestige. All these elements jointly contribute to the lack of scientific progress and to promoting a chain-effect of conscientious objection, as there are few professionals willing to burden themselves with the care work that others refuse to do and even less so when it is work that is held in contempt within the profession itself. **It is therefore necessary to perform a structural overhaul with a change of mentality that places users at the centre and facilitates resources for the services and professionals involved in this paradigm change.**

«Current regional distribution, conscientious objection and the ensuing inequalities violate the right of access to abortion».

NEOLIBERAL PATRIARCHY OR THE RIGHT TO ABORTION?

At the very start, when we sought to respond to whether this right was guaranteed in Catalonia, we already put forward the notion that all these restrictive or interpretative issues of the law or its implementation were nothing more than the **results of a patriarchal system at the service of conservative neoliberalism that requires the control of women's bodies and hetero-dissident individuals to survive**. Beyond the law itself, there is:

1. Impunity towards anti-abortion and extremist aggression

Over recent years, we have witnessed a growth in religious, political and economic extremist groups around the world. These groups, by implementing various strategies, seek to achieve a reversal of the human rights of people and the blockade of spaces in civil society to maintain economic power, the neoliberal system and what they call the 'natural order'.[18]

The anti-sexual and reproductive rights extremist groups base their narrative on their resistance to "gender ideology", extolling the protection of human dignity, life, the traditional family and religious freedom. "Gender ideology" is the concept used by these groups to challenge the advances of women and LGBTI+ individuals, as the real guarantee and full exercise of these rights is the main threat to the natural order of the societies that they defend from their traditional and ultraconservative perspective.

In the case of abortion, not only do we encounter institutional refusals that can be framed within the same viewpoints, but also a whole specific programme of a patchwork of extremist organisations that spend time prohibiting contracts with organisations that perform abortions, prohibiting abortion in all jurisdictions including international legislation, supporting the rights of parents, waiting times and limited hygiene standards and introducing anti-abortion counselling into abortion requests, with funding from public funds.

The mission of the anti-abortion and extremist spaces extends across all areas of political activity; local, national and international. Using different methodologies, we wish to highlight the direct action against women and gestating persons who want to terminate their pregnancy, an action that enjoys full permissibility and impunity. **Using narratives that hypocritically claim to defend life, the groups of rescuers, as they call themselves, have rallied to besiege clinics where voluntary terminations of pregnancy are performed and harass women who go there.**[19]

Once the decision to abort has been made, many women and gestating persons find themselves faced with the various obstacles described, compulsory waiting periods, a lack of resources in the public health system, objector professionals, etc. Since 2010, for more than at least 8,000 women in the Spanish State, in addition to all these elements there has been harassment by anti-abortion groups outside the clinics with coercion, false information on the procedure, invasion of privacy and intimacy, etc.[20] **And all this is done with a paternalist narrative that infantilises the women and pities them or accuses them of murder, as they also do with all the professional teams, the targets of their insults and threats.**

18. Datta Neil, Restoring the Natural Orderl. Forum Parliamentary European, 2018.
19. Grups cristians encerclen les clíniques ginecològiques. A Setge antiavortista, Directa, número 415, 2016. (in Catalan)
20. Más de 8.000 mujeres han sufrido acoso cuando iban a someterse a un aborto desde 2010. El Salto, 24-09-2019. (in Spanish)

The rescuers' practices commonly enjoy total impunity, despite the clear damage they cause, this being the reason why the pro-rights platform #AbortoSinAcoso (Abortion Without Harassment) requested in 2019 that these actions be incorporated into the Criminal Code, as it is violence; it is aggression against the rights of women and gestating persons.

2. Gender-based violence, structural violence

To undermine the will of anyone or their decisions to the function bestowed upon them by a certain ideology or cultural framework is violence. Questioning any woman's or gestating person's decision to abort regardless of their reasons (because motherhood is assumed to be their ultimate destiny, because priority should be given to the survival of an embryo over the woman's general health, or because the legitimacy of her opinions, capabilities or interests is derided) is gender-based violence.

«Questioning any woman's or gestating person's decision to abort regardless of their reasons, because motherhood is assumed to be their ultimate destiny, is gender-based violence».

It is gender-based violence because all these actions or imaginaries are wrapped up in a heteropatriarchal sociocultural framework whereby any person with the ability to gestate is a woman, has the duty to do it, and has a "natural vocation" for motherhood. A framework which, at the same time as assigning functions, also assigns a specific social value: the woman as a carer for the wellbeing of others, who prioritises this over her own desires and needs, who is vulnerable, a companion, a person who offers reassurance, lacks autonomy, etc.

The total guarantee of the right to abortion calls for the eradication of all types of gender-based violence. Institutional gender-based violence by legislators, public and professional healthcare services that hinder or deny the exercise of this right makes access to information difficult. This is a circumstance that reproduces and heightens stigma and perverts conscientious objection, that accepts institutional refusals from centres funded by the public system and does away with training on pregnancy termination techniques and procedures at the different medical and nursing faculties. And a long etcetera can be added to this corresponding to that outlined throughout most of this document.[21]

The restrictions and limitations to abortion continue to legitimise gender-based violence in in its broadest scope, making pregnancies that are the product of gender-based violence in any relationship context in which it occurred invisible, blaming the women for the pregnancy and at the same time depriving them of being a legal subject repressing their capacity to decide. And then there is also gender-based violence in the relationship, the actions of direct violence, both sexual and physical and/or psychological, that block the right to abortion through the imposition of the will of another, or of discrimination, abuse and

21. In the Ley General de Acceso de las Mujeres a una Vida Libre de Violencia (General Law on Access for Women to a Life Free of Violence), Mexico, Article 18 defines institutional violence as: "Acts or omissions by public servants of any government order that discriminate or have the purpose of delaying, hindering or impeding the enjoyment and exercise of the human rights of women and also their access to enjoy public policies aimed at preventing, dealing with, investigating, sanctioning and eradicating different types of violence" Llei general d'accés de les dones a una vida lliure de violència (in Spanish). Mexico, 2007.

rejection for deciding to abort and/or having done so. Gender-based violence can be perpetrated by a broad spectrum of agents who declare it a priority to preserve a pregnancy over the reproductive will of the woman or gestating person. **Certain mindsets, despite being reformed, continue to exist in many areas of our society that nurture the stigma surrounding abortion, causing suffering in the form of guilt or shame in persons who decide to access a voluntary termination of pregnancy**. The stigma of abortion is gender-based violence.

In Recommendation 35 of the CEDAW, specifically Point 18: "Violations of women's Sexual and Reproductive Health and Rights, such as forced sterilisation, forced abortion, forced pregnancy, the criminalisation of abortion, denial or delay of safe abortion and post-abortion care, the forced continuation of pregnancy, and the abuse and mistreatment of women and girls seeking Sexual and Reproductive Health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment".[22]

22. Committee for the Elimination of Discrimination against Women (CEDAW). General recommendation no. 35 on gender-based violence against women, updating General recommendation no. 19 2017, 7p.

L'AVORTAMENT SEGONS L'ASSOCIACIÓ

Legal, autonomous subjects

A non-restrictive legislative framework on the voluntary termination of pregnancy is, beyond any doubt, a question of public health. The close relationship between punishment for abortion and the increase in mortality and the risk to life for persons who decide to access it has been previously demonstrated. Criminalising abortion signifies clandestine practices and inequality of access, and opens the door to the abuse of power and violence, to financial extortion, to stigma, to a lack of support to maintain confidentiality, etc. At the same time, of course, this can often mean that the same procedure is performed in unsafe conditions, with scant resources and where seeking help from a medical centre in the event of possible complications is significantly curbed due to fear and reprisals

The decriminalisation of abortion to protect the health of women and persons who may find themselves pregnant is essential; but it is also a fundamental political and social issue.

The Associació considers that the defence of abortion cannot be based solely on the fact that its decriminalisation is to protect the life of a pregnant person from risk, but that it should also be considered a basic right.[23]

As feminists and defenders of Sexual and Reproductive Health Rights we believe that life is much more than survival in biological terms, but that life is dignity, recognition and community. Sexualities and reproduction are dimensions that are inherent to our existence and, as such, have to be able to lived out of desire and volition, free of any form of violence, whether it be in a relationship, or institutional or structural. The voluntary exercise of abortion is inseparable from Sexual and Reproductive Health Rights, from the right to life, to bodily integrity, to family planning and health.

At the same time, we recognise that the neoliberal, patriarchal economic system requires inequality, discrimination and violence against women, hetero-dissident persons, indigenous peoples, racialised people and the criminalisation of poverty to preserve and perpetuate itself. The control of women's bodies and sexuality is one of the elements to have originated out of capitalism and one that permits its survival. In the capitalist system, the interrelation between violence, patriarchy and neoliberalism is evident, where violence against women is a historical mechanism of social control. Discrimination is the key element for maintaining the political and economic interests of the groups that hold power.

«The voluntary exercise of abortion is inseparable from Sexual and Reproductive Health Rights, from the right to life, to bodily integrity, to family planning and health».

The Associació **believes that a transformation of the economic and social system is essential to guarantee the control of our bodies and our sexualities**. And we understand, therefore, that we need a new social, economic, cultural and

23. MORGAN, Lynn M. Reproductive governance meets European abortion politics: The challenge of getting the gaze right. A Fragmented Landscape: Abortion Governance and Protest Logics in Europe. Silvia De Zordo, Joanna Mishtal, and Lorena Anton, eds. London: Berghahn Books, 2017.

political proposal that will subvert the current one where we incorporate and share the defence of bodily autonomy that colleagues and leaders of Latin American community feminism do. Bodily autonomy seeks to end the synergistic action of colonialism, neoliberalism and the heteropatriarchy in the subjugation of women's bodies and hetero-dissident persons in favour of social production and reproduction.[24] It is for this reason that we are calling for the liberation of bodies, sexualities and reproduction from any politico-economic order based on their control.

Abortion, therefore must be recognised as a basic right of women and persons who can become pregnant. Any type of punishment, criminalisation or restriction is nothing other than a cruel expression of institutional gender-based violence that subordinates us to the reproductive imperative, an imposition on our bodies and our lives that denies us being legal subjects and an autonomous collective.[25]

Universality and inalienability: no exclusions or inequalities

When we talk of rights, we start with the premise that a right, that which belongs to all persons, must always be based on the principle of universality. Any inequality or exclusion is, unquestionably, a serious violation. **To exercise the right to one's own body it is essential to guarantee access to healthcare.** In Catalonia at present, healthcare is universal but it requires users to obtain the healthcare card associated with being on the Municipal Residents' Register. However, certain consultations of an urgent nature are recognised which will be attended to regardless of these criteria, although this regulation is highly ambiguous and allows for it to be up to the interpretation of each centre that governs the decision to offer care or not to the aforementioned cases, something that generates a high level of confusion and disinformation amongst the user population. These requirements, in practice, pose a clear risk of exclusion and reproduce the discriminatory dynamics and structural racism to which migrant persons are subject, something that translates into a repeated violation of their basic rights. It is essential to understand the concept of health from the guarantee of a basic right and it is necessary that conditions are established for **universal healthcare, which are of quality and sustainable, based on efficient, effective and transparent management.** Lack of access to healthcare for the immigrant and refugee population is institutional racism. It is essential that health systems overcome cultural and language barriers and an intercultural, multidisciplinary approach is adopted.

Expert knowledge and practices at the service of persons: for a dialogic health model

Our journey compels us to make express acknowledgement of the efforts of all the networks, entities, professionals and associations that, around the world, work to guarantee the right to abortion and to support women and gestating persons throughout this process. The existence of these spaces quite often challenges jurisdictions and criminal codes that repress the right to abortion

24. SEGATO, Rita Laura. El Sexo y la Norma: Frente Estatal, Patriarcado, Desposesión, Colonidad. Revista Estudios Feministas 22(2):593-616, 2014.
25. SMYTH, Lisa. Feminism and Abortion Politics: Choice, Rights, and Reproductive Freedom. Women's Studies International Forum 25(3):335-345, 2014.

and it is thanks to their presence that many people can access quality information, medicines and support that the system denies them, reducing the risks that resorting to clandestine practices would involve.

For more than thirty years, the Associació has been receiving claims, official complaints and notifications of situations of all types in relation to abortion, from here and around the world. Sadly, many of these recount truly harsh experiences due to persecution and having been forced to go down the clandestine route, unpleasant experiences in the context of healthcare, of the treatment received, contemptible comments from professionals, judgements of all kinds, bad practices, etc.

It is for this reason that we are making such great efforts to continue putting abortion firmly on the political agenda, wherever we go and wherever we are. It is not only about guaranteeing or performing a service recognised in law, but learning to do it respecting the deontological premise primum non nocere (first, do no harm), understanding that the scope of this also relates to psycho-emotional wellbeing, to not making people feel bad and to understanding how to support them.

The journey of the defenders of Sexual and Reproductive Health Rights, attacked and threatened by hegemonic powers, must be recognised, guaranteed and protected. The work of Stop Violències, Socorristas en Red, Women on Web, Women on Waves, along with so many other groups, is not only admirable for the transgression of criminal laws that deny rights but also for the motives behind their actions: to provide support and ensure the wellbeing of women and of any gestating person who decides to abort.

The Associació wants to collate these experiences as we defend the right to abortion, to be able to abort with dignity. It is therefore necessary to advance towards a dialogic health model that is able to accommodate existing complaints and the distress generated, that takes as an example the priorities that govern the work of self-management groups to learn to improve care in the voluntary termination of a pregnancy; public, universal and quality care.

And based on these pillars of ideological thought WE DEMAND:

1. A NEW LAW THAT DOES NOT CONSIDER RESTRICTIVE TIME LIMITS AND FOSTERS WOMEN'S CAPACITY FOR DECISION AND THEIR AGENCY AT ANY STAGE OF THE PREGNANCY.

1.1 Eliminate the 3-day period of reflection and any other dissuasive and compulsory measure that casts doubt on the decision made by the woman. We reject the imposition of the compulsory waiting time as, yet again, it puts reproduction to the fore instead of prioritising the wellbeing of the woman or gestating person. At the same time, it infantilises the person that is a legal subject, in that it is the law that decides what they have to reflect on and for how long they have to do it. What's more, the compulsory waiting period is another obstacle to guaranteeing the right to their own body, so much so that the WHO considers it as one of the legal, regulatory or administrative barriers for accessing safe abortion in a context of the defence of human rights.[26]

26. Organització Mundial de la Salut (2012). Avortament sense riscos: guia tècnica i de polítiques per a sistemes de salut.

1.2 Eliminate the legal time limits based on the weeks of gestation that reduce the women's capacity to decide. These must be at neither 14 nor 22 weeks' gestation, which only make for obstacles to be overcome and difficulties in not being able to access abortion in optimum conditions, something that must be guaranteed.

1.3 Eliminate age barriers that make the youngest women with capacity to decide subject to the will of an adult. It is claimed that the Spanish State, as a guarantor of rights, is not ensuring SRHR and is leaving young women – who are the very ones with greater need of protection and support – abandoned. Furthermore, it is not complying with the recommendations of the CEDAW committee (2015) which it ratified and is therefore obliged to comply with. The Spanish State must urgently repeal Organic Law 11/2015 as it violates the human rights of girls.[27]

«Now is the time to be brave and place people at the centre of public policies».

2. HILST THERE IS NO CHANGE IN THE LAW, THE INTERPRETATION OF THE CURRENT LAW MUST BE REGULATED IN FAVOUR OF THE DECISION OF THE WOMAN OR THE GESTATING PERSON.

In all situations, it must be remembered that the law clearly sets forth that "they will be interpreted in the most favourable way for the protection and efficacy of the basic rights of women that request the procedure, in particular their right to the free development of the personality, to life, to physical and moral integrity, to privacy, to ideological freedom and to non-discrimination" (Art. 12).

2.1 Recuperate consensus on the definition of gestation and the implication this has for the extension of the weeks of gestation required by the time limits in the law. It must be regulated and made official to protect women and professionals in its practice.

2.2 Recuperate the legal text of the law and definitively regulate sex education and universal access to contraceptives with the assigned public budget that this entails. Sex education with an intersectional feminist perspective must be assured as an essential tool for the promotion of the health of the entire population. The lack of affective-sexual education on the school curriculum also makes for institutional violence by the state and it must therefore be guaranteed during the educational cycle, from primary years and throughout life. The CEDAW committee has repeatedly reminded the Spanish State that in the name of human rights and in the implementation of the Convention of the Elimination of all Forms of Discrimination against Women (CEDAW) it is violating the rights of children and young persons.[28] **Accessibility to barrier methods and contraceptives must be guaranteed.** If access is affected by restrictions of the economic or distributive kind, this is creating inequality and is hindering their use. All barrier methods and contraceptives must therefore be available to everyone and, for this reason, must be

27. Comitè per a l'Eliminació de la Discriminació contra la Dona (CEDAW). Observaciones finales sobre los informes periódicos séptimo y octavo combinados de España* 2015, 14p. (in Catalan)
28. Comitè per a l'Eliminació de la Discriminació contra la Dona, Observacions finals sobre els informes periòdics setè i vuitè combinats d'Espanya. (in Catalan)

free and must be obtainable across the region, with clear and visible information on where and how to get them.

3. WHILST THERE IS NO CHANGE IN THE LAW, ESSENTIAL CHANGES MUST BE MADE IN ITS CURRENT IMPLEMENTATION

3.1 Information. Information must be clear and visible, with a sufficiently broad and accessible distribution to be able reach everyone. Having information on one's own rights is fundamental to be able to exercise them. Awareness-raising campaigns amongst the population must take place to eradicate the stigma surrounding abortion.

3.2 Training. All professional persons that are, or may be, in contact with women and pregnant persons who request an abortion must be qualified, informed, specialised and willing to care for them without prejudice or interference in their decisions, guaranteeing them their rights and supporting them throughout the entire process, facilitating autonomy and informed decisions. They must be fully acquainted with current regulations, the different methods, associated symptoms and the referral process and, equipped with all this knowledge, guarantee the women's capacity to choose. Furthermore, it is essential that they have an empathetic attitude, an intersectional feminist approach and a SRHR focus.

3.3 Knowledge generation. The institutions responsible are required to be accountable and offer reliable, quality information. There needs to be a paradigm shift in the collection and analysis of data on abortions and on promoting study and research in this respect that will facilitate the improvement of the lives of women in this area

3.4 Conscientious objection. All institutions involved in abortion must ensure the availability of qualified and trained professionals who are willing to guarantee the service and ensure its fulfilment. It is necessary to review this regulation and its implementation, and to carry out an exhaustive monitoring of it, to force compliance with it and demand public declarations from any professionals who proclaim themselves objectors so as not to permit them to participate on the teams that need to provide the service nor be able to obstruct it in any other way.

One single declaration model must be designed, that includes bioethical recommendations on the argument, to use in all health centres within the public healthcare system in order to ensure uniformity in the criteria used and facilitate its regulation. We equally need to have regional mapping that monitors professional availability to perform the procedure using both methods (medical and surgical) between which the woman or gestating person can choose.

We must insist, therefore, on the design of a communication from the care ethics committees in each centre, without compromising personal data, that will permit CatSalut to centralise the information and deploy the infrastructures and mechanisms necessary so as not to compromise the care quality of the service, nor the person who requests it.

We link these proposals to the current law and will uphold our demand to achieve future legislation where the possibility to object, in a medical practice recognised at a population level as a right to health, is impossible within a public system that defends it (as has already happened in other health procedures).All contracts or public agreements with health centres that have an institutional mandate to object and not offer the service to a request for abortion must be abolished.

3.5 Regional distribution and service structure. The regional circuits must be reformulated and worked on to guarantee equitable access for women across the region. The expertise and knowledge of the professional teams that are involved in an abortion are fundamental to guaranteeing equity and quality in care. All existing techniques must be known about and practised in an active and activist way, to provide the necessary support when creating units specialising in VTP at referral hospitals in each health region. Having specialist and driven centres in the region, that champion abortion and constitute safe centres for the persons who request it, are an essential asset for the public health system.

The procedure must be normalised and bestowed with dignity in order to provide the power of decision to the women and professional prestige to all the teams who support them through the process. It is therefore urgent that the imaginary associated with abortion changes and it is begun to be thought of as an exercise of rights over one's own body and autonomy, a decision that contributes to improving the lives of women.

Now is the time to be brave and place people at the centre of public policies. On a daily basis, we see the marked impact that the global Covid-19 pandemic is having on the Sexual and Reproductive Health Rights of women and LGBTIQ+. We see the barriers that exist to access Sexual and Reproductive Health services that are already in existence today seriously worsening and compromising their availability around the world.

At present, the response of governments and institutions to this crisis has focussed on controlling the pandemic and this has revealed, in a cruel fashion, **the fundamental need for universal healthcare as a fundamental pillar for an effective healthcare system and a fair society.**

In light of the lack of means and resources to be able to deal with the pandemic, in many countries the majority of health professionals have been diverted to assist with managing the crisis. As a consequence, the specialist services offering sexual and reproductive healthcare have been closed or/ and have seen their activity reduced by varying degrees.

We are also seeing every day how the measures restricting movement and lockdown for the public are exacerbating obstructions to sexual and reproductive healthcare, with measures that have meant many women cannot access emergency contraceptive pills or exercise their right to abortion. **Restrictive measures have been imposed on abortion. And around the world, the voices of extremist and anti-rights groups are being raised demanding that abortion services be cancelled. In doing so, they are taking advantage of a global crisis to impose an ideology that is based on the denial of human rights.**

Yet we are also seeing **inspirational responses from collective work carried out amongst professionals and defenders of Sexual and Reproductive Health Rights to offer a response to the basic needs of women.** In Catalonia, the Department of Health approved a special regulation during the state of emergency that made access to abortion services easier and reduced, to only one, the number of visits to health centres, backed up by telemedicine. This has been one of the most successful measures which has facilitated access to abortion for women, and it is necessary to continue to fight to ensure that this remains a permanent feature.

Grass-roots and community specialist entities, a network of associations and sexual and reproductive healthcare professionals are, every day, working on the front line to contribute to guaranteeing access to these services for the population.

Institutions should also engage and support the demands set out in this document. **As defenders of Sexual and Reproductive Health Rights we call for governments and institutions to develop and implement creative measures provisioned with resources and means, focussing on persons and constructed collaboratively to guarantee this right.** To this end, we make ourselves, with all our capacities, knowledge, expertise and collaborative will, plus our resources, available for public service, to continue bringing transformative proposals aimed at building a more just society.

ACAI, Mujeres de 16 y 17 años que no han podido comunicar a sus padres o tutores la interrupción de su embarazo, 2014.

BARAMBIO, S. Are women really free to choose how to have an abortion?, 2017. X afin international conference reproductive politics, rights and desires

Comitè Consultiu de Bioètica de Catalunya. Informe sobre la Interrupció de la Gestació, 2008.

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