

13

GREECE

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Οὐδέ γυναιμί πессόν φθόριον δώσω

I will not give to a woman a pessary to cause abortion

—Hippocratic Oath

HISTORICAL DEVELOPMENT OF ABORTION POLICY

The problem of the unwanted pregnancy, whether legitimate or illegitimate, is by no means a contemporary one; it has existed throughout the ages, even though traditions, philosophies, and religions have varied. Almost all races and societies throughout history, civilized or otherwise, have practiced or described methods of controlling family size. Among the philosophic principles of Plato is to be found the suggestion that the population of the Republic of Athens should be restricted to no more than 5,040 citizens. Aristotle stated that “if it should happen among married people, that a woman who already had the planned number of children to become pregnant then before she feels foetal life the child should be driven out of her” (Georgoulis, 1962).

The long list of abortifacients mentioned in ancient Greek writings, as well as descriptions concerning the interruption of unwanted pregnancies, indicate that the Ancient Greeks were familiar with the act of abortion as well as its complications (Littré, 1839–61). Hippocrates, whose writings were rooted in the authority of observed facts, gives a clear description of septic abortion, which can be considered relevant even today. Hippocrates, whose teaching focused more on the diseased person than the disease, and tended more toward prevention than toward therapy, strongly objected to the idea of interrupting a pregnancy without any medical reason and condemned the practice of abortion. His philosophical, medical, humanistic, and ethical principles on abortion are embodied in the Hippocratic oath.

The attitude of the Greek societies in the following eras was of necessity influenced by their heritage and culture, particularly by the religious philosophies and moralities taught by the ancient Hebrew and Christian churches. In Greece the large majority of the population belongs to the Greek Orthodox Church which is the official church of the country. The Greek Orthodox Church believes that every human being, including the fetus, is entitled to life. The church considers abortion a crime and therefore prohibits and condemns the act of abortion as well as the avoidance of procreation.

The Rule of Elvira's Synod (early fourth century) forbids a woman who has induced abortion from receiving Holy Communion until the last moment of her life. According to the 21st Rule of Fasting John, a married woman who takes measures to prevent conception is barred from receiving Holy Communion for three years.

In 1937 Archbishop Chrysostomos and fifty-five metropolitans issued a circular letter on birth control in which they strongly protested and condemned every contraceptive device and the act of abortion, viewing them as threats to family life and as evil acts against God's will and rebellion against His laws (cited in Fagley, 1967; Moore-Cavar, 1974; Potts & Bhiwandiwalla, 1979).

The only exception to the forced interruption of a pregnancy which the Greek Orthodox church accepts is risk of the pregnancy to the mother's life. The church also prohibits the use of drugs to induce abortion as well as any other measure to prevent conception. The church condones only abstinence and the "rhythm method."

A special church committee created to review the problem of abortion issued an encyclical stating that "the murderous trend of inducing abortion is threatening the nucleus of the family unit and endangering the survival of our union." It urged believers against "this destructive trend" and asked them to "realize that children in a family are a blessing not a curse" (Trichopoulos, 1975; WHO, 1983). Religious tenets have inevitably influenced legislation concerning induced abortion and have had a strong effect on the education, ethical teaching, and moral beliefs of the Greek physician.

The Greek Penal Code, articles 304 and 305 (legalized by law as No. 1492 on 17 August 1950), is very strict and spells out heavy penalties for persons involved in the practice of abortion, namely:

1. The person who performs abortions is punishable by imprisonment of up to ten years.
2. The person who performs an abortion is punishable by imprisonment of six months if the abortion is done with the consent of the pregnant woman and imprisonment up to ten years if done without her consent.
3. The woman who induces her own abortion or accepts the illegal interruption of her pregnancy is punishable by an imprisonment of up to three years.

The Greek Penal Code accepts only the following exceptions:

1. The pregnancy presents a threat to life or serious or permanent damage to the health of the pregnant woman.
2. The pregnancy is the result of rape or the woman is under the age of fifteen.
3. The pregnancy is the result of incest.

Until World War II, the Greeks were firmly opposed to induced abortion without a purely medical reason; therefore, it was rare in Greece and was practiced illegally under unsanitary conditions by unregistered midwives and some physicians known as abortionists. The morbidity and mortality rate of illegal abortion was considered high, although there are no official data available.

CURRENT STATUS OF ABORTION

After World War II, both public and physicians' attitudes changed. The practice of abortion in Greece was progressively taken over by the medical profession and became more frequent. The Greeks' attitudes were apparently changed by the long years of war and occupation by armies of various religions and moral beliefs, and by the long years of poverty and famine. The massive tourism following the war also influenced public attitudes to abortion. Year after year, the abortion law became more flexible in its application, despite the official heavy penalties, and year after year the number of induced abortions performed in the country increased, soon assuming epidemic proportions.

In 1978 the law on abortion was liberalized. The activities of the Family Planning Association of Greece and other organizations contributed positively to this change. The new law No. 821 of 13 October 1978 expanded the reasons for allowing therapeutic abortion and permitted the practice of abortion: (a) up to the twentieth week of pregnancy for eugenic reasons, namely, when a prenatal examination and fetal screening using the most modern diagnostic methods available, reveals severe abnormalities in the fetus; and (b) up to the twelfth week of pregnancy in cases where the pregnant woman suffers severe mental health disturbances as certified by a state hospital psychiatrist. Abortion for social or economic reasons continued to be forbidden. As most of the abortions performed were illegal, there was no law covering parental consent in the case of minors.

However, the 1978 revision of the abortion law did not change the existing situation. The number of illegal abortions performed every year in the country continued to be rather high, a fact that led to the conclusion that the law needed to be changed once again so that it would correspond with the existing reality.

The provisions for granting abortions were further revised in July 1986 and put forth in the new abortion law No. 1609. Interruption of pregnancy is now permitted: (a) up to the twenty-fourth week in the case of fetal abnormalities; (b) if there exists an unavoidable danger to the woman's life or to her physical or mental health, and if this condition is certified by an appropriate specialist; (c) up to the nineteenth week of the pregnancy if the pregnancy resulted from

rape, seduction of a minor girl, or incest (the minor must obtain the written consent of her parents or guardian); and (d) before the completion of the twelfth week of pregnancy on the request of the woman.

There is still a high rate of illegal abortions performed in Greece because the public is not fully aware of the new abortion law. In addition, the public is very poorly informed about the basic facts of reproduction as well as about the dangers of illegal abortion. There is also not enough education imparted in the benefits of the modern methods of contraception.

DEMOGRAPHY OF ABORTION

Today induced abortion is performed almost exclusively by practicing physicians in well-organized private clinics and hospitals under proper medical conditions. Accidents and complications from induced abortion are rare, and when they take place they are not recorded as such. Therefore, the exact number of induced abortions performed every year in Greece is not known because abortions are not registered and, consequently, no official statistical data on abortion are available. However, based on a number of reliable surveys on abortion published in medical journals, it is estimated that roughly 200,000 to 250,000 induced abortions are performed every year (Comninos, 1966, 1968, 1981; Papaevangelou, 1981; Trichopoulos et al., 1975a; Valaoras, 1969, 1974). This figure exceeds the number of live births, which is estimated to be approximately 150,000 per year: there is more than one induced abortion for every live birth (Comninos 1966, 1968, 1981; Danezis, 1981; Papaevangelou, 1981; Siampos & Valaoras, 1971; Trichopoulos et al., 1975).

Several statistical surveys on abortion reveal that 35 to 45 percent of the women in Greece reported they had at least one induced abortion in the past (Comninos, 1966, 1968, 1981; Papaevangelou, 1981; Roukas, 1979; Trichopoulos et al., 1975; and Valaoras, 1969a, 1969b). Abortion is performed more frequently in Athens and in other cities than in rural areas (Valaoras, 1969, 1974). Women living in urban areas have easier access to abortion than those living in rural areas, especially those living in small and remote villages and islands. In addition, the religious and moral taboos and traditions are still strong in villages and islands, and people living in these areas tend to have large families.

Reproductive rates are higher in rural than in urban areas (National Statistical Service of Greece, 1980a, 1980b, and 1981; Papadakis, 1981; Papaevangelou & Roumeliotou-Karayanni, 1979; Papaevangelou & Tsimpos, 1983; Siampos, 1969, 1973; Symeonidou-Alatopoulou, 1980; and Valaoras, 1974). It has also been found that induced abortion in Greece is more frequent among married women (49 percent) than single women (28 percent). The percentage of abortion increases progressively with parity and reaches the rate of 54.3 percent in women with two or more children (Comninos, 1966, 1968, 1981; Roukas, 1979; Valaoras, 1969a, 1969b).

Induced abortions have also increased among young girls and teenagers (table

13.1). One survey of university students gives a figure as high as 25 percent (Roukas, 1979). Education plays a considerable role in the abortion rate. The rate was found to be 36 percent for university graduates, 32 percent for women with college education, 55 percent for high school graduates, 53 percent for those with elementary school education, and 63 percent for illiterate women (Kavvos, Kapellakis & Comninos, 1983).

The abortion rate was also found to be related to income. The estimated rate of abortion was 35 percent for women with low income, 46 percent for women with average income, and 57 percent for those with high income (Kavvos, Kapellakis & Comninos, 1983).

ABORTION AND FERTILITY REGULATION

Greece has a declining population growth rate, with reproductivity continuously decreasing after the Second World War (Papadakis, 1981; Papaevangelou & Tsimpos, 1983; Siampos, 1969; Symeonidou-Alatopoulou, 1980; Valaoras, 1974). The population increase is estimated to fall to zero by the mid-twenty-first century unless the government institutes a pronatalist policy (Papadakis, 1981; Papaevangelou & Tsimpos, 1983; Siampos, 1969). Greece's Crude Birth Rate (CBR) dropped from 52 percent in the nineteenth century to 21 percent in the twentieth (Siampos, 1973) and even lower to 15 percent, in 1979 (Papaevangelou & Tsimpos, 1983; Valaoras, 1974).

The Total Fertility Rate (TFR) increased slightly in 1975 and reached a level of 2.37 live births per woman but subsequently dropped again (National Statistical Service of Greece, 1980a, 1981). See table 13.2.

The decline in population has caused much official concern and the state has introduced a number of laws to support growth. For example, the government awards maternity benefits such as marriage payments, employment protection for pregnant women, working hours privileges, salary allowances, maternity leaves, tax deductions, children's financial allowances, and public nurseries. Several specific measures were also taken to support large families of three or more children.

At the same time no new measures to restrict abortion have been introduced, even though it is clear that induced abortion contributes substantially to Greece's declining population growth rate. The other contributing factor is the extremely large wave of emigration from Greece, mostly among young men and girls of marriageable age (Symeonidou-Alatopoulou, 1980; Trichopoulos et al., 1975; Valaoras, 1960; WHO, 1983). It is estimated that illegal abortions are responsible for approximately 40 percent of the recent decline in the birth rate (Trichopoulos et al. 1975; Valaoras, 1960).

The importance of informing and educating the public on family planning and on modern fertility regulation methods has been repeatedly emphasized by the Family Planning Associations of Greece. However, all three of Greece's Family Planning Associations were established by private initiative, and their functioning family planning centers are limited in number and are poorly organized. There-

fore, their programs to disseminate information and to educate the public on family planning is restricted.

Until recently, modern aspects of fertility regulation methods were not included in medical school curricula; consequently, knowledge of modern contraception was limited even among practicing physicians.

Greece has no special legislation dealing in the importation and distribution of contraceptives. There is no law prohibiting the sale and use of mechanical (barrier methods) contraceptives. However, oral contraceptives are not manufactured domestically, and those imported until 1980 were advertised not as contraceptives but as menstrual regulators. In Greece oral contraceptives may be administered only by prescription, and only physicians may insert IUDs. These regulations are rarely enforced, however.

Until 1980, 0.8 percent of women aged fifteen to forty-four years used the pill and 0.7 percent the IUD (Danezis, 1980, 1981). All other contraceptives that have been introduced have limited use, with the exception of condoms which are promoted to prevent sexually transmitted diseases. The more popular contraceptive method in the country is coitus interruptus, the rate varying from 43 percent in urban to over 60 percent in rural areas, and the least favorite is voluntary sterilization—0.1 percent (Comninos, 1981; Danezis, 1980, 1981; Kavvos et al., 1983; Valaoras, 1969a, 1969b).

A more recent survey (Kavvos et al., 1983) on fertility regulation methods used by women living in the area of Athens, where more than one-third of the total population resides, showed that only about 10 percent of women use the pill and the IUD—8.2 percent using the pill and 2.4 percent the IUD. The survey also revealed that 43.5 percent used coitus interruptus and 20 percent used no contraception. Consequently, the induced abortion rate was found to be high (42 percent).

In 1980 the government introduced family planning legislation (Law No. 1036 on 15 March 1980) to combat the extremely high number of illegal abortions. The law mandates that the state disseminate information on the practical application of family planning. An Advisory Committee was established in the Ministry of Social Services to deal with questions of family planning policy. The goal can only be achieved when official educational programs and training seminars have been organized with the cooperation of the Family Planning Associations to educate physicians, midwives, and social workers in modern methods of fertility regulation and family planning.

The state's objective is to provide a good service for contraceptive advice and to encourage the public to make responsible use of the many safe contraceptive methods now available. Recently, the government announced that it is studying the problem of induced abortion with the intention of reforming existing legislation and liberalizing abortion.

MEDICAL SEQUELAE OF ABORTION

A statistical survey on the long-term consequences of abortion in 1,000 patients complaining of secondary infertility revealed a history of induced abortion in

530 (53 percent). In 475 of these 530 (78 percent), infertility was directly related to anatomical damage of the genital system following the induced abortion; 342 patients (64.5 percent) had no living children, while 188 (35.4 percent) had only one child. Of the childless women, 70 percent were rendered infertile following only one abortion (Comninou, 1973). See table 13.3.

All abortions mentioned were performed by practicing gynecologists under proper medical conditions. This suggests that even when performed under proper medical conditions, induced abortion can cause secondary infertility due to anatomical damage of the genital tract (Comninou, 1973).

SUMMARY

The practice of induced abortion is widespread in Greece, despite religious sanctions and legal restrictions.

The abortion law in Greece is strict in its formulation but flexible in practice. The reform of the law in 1978 permitting abortion for eugenic and severe mental health reasons did not influence the high illegal abortion rate. At present only abortionists, who charge high fees to perform the operation, benefit from this situation.

The exact number of induced abortions performed every year is not known because abortions are not registered. The estimated figure is 200,000 to 250,000, which corresponds to a rate of more than one abortion for every live birth.

Abortions in Greece are performed by gynecologists under proper medical conditions; therefore, operative and postoperative complications are rare. However, the long-term complications of induced abortion cannot be avoided. Tubal obstruction, endometrial adhesions, and cervical incompetence are common long-term complications leading to infertility. Induced abortion of the first pregnancy can render a woman permanently infertile (Comninou, 1973).

The question that remains is, Will legalization of abortions restrict the extremely high illegal abortion rate? It is doubtful that it will unless other supportive measures are taken together.

The public should be informed about the hazards of abortion and the benefits of proper family planning as well as the correct use of modern and safe contraceptive methods. Abortion should not be regarded as a method of fertility regulation but merely as a means of interrupting an unwanted or unplanned pregnancy. Sex education should be introduced in schools, and Family Planning Associations should be encouraged and supported by the state to create adequate centers to cover the needs of all geographical areas of the country.

Legalization of abortion will make registration of all operations possible and allow the medical profession and the state to collect valuable information and statistical data for scientific, demographic, and economic purposes. Furthermore, it will relieve women of guilty feelings and ensure their proper treatment at reasonable prices. However, legalization must overcome a difficult hurdle: the strong objections of the church and several other religious, legal, and medical

groups, as well as the moral, philosophical, and humanistic beliefs of many influential members of society.

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Table 13.1
Abortion Rate in Unmarried Students by Age, Greece, 1978

Age In Years	Percentage With Sexual Relations	Abortions Per 100 Women	Abortions Per 100 Women With Sexual Relations
18	17	0	0
19	33	6	19
20	44	9	20
21	41	14	35
22+	51	17	33
Total	40	10	25

Source: Roukas, 1979.

Table 13.2
Total Fertility Rate (TFR) per 100 Women

1960	1965	1970	1975	1978
T O T A L				
2.277	2.297	2.337	2.365	2.261
U R B A N				
1.718	2.045	2.136	2.104	Data not available
R U R A L				
2.179	2.568	2.628	2.948	Data not available

Source: NSSG, 1980a, table 23; NSSG, *Monthly Statistical Bulletin*, 1981, 26 (1), tables 4 and 6.

Table 13.3
Identified Cause of Secondary Infertility in 530 Cases of Induced Abortion

Identified cause	No of cases	Percent
Uterine adhesions	162	30.56
Endocervical adhesions	15	2.83
Uterine + endocervical adhesions	20	3.77
Tubal obstruction	138	26.03
Tubal obstruction + uterine adhesions + Anovulation	17	3.24
Tubal obstruction + uterine and Endocervical adhesions	55	10.37
Incompetent cervix	45	8.49
Anovulation	33	6.22
Luteal insufficiency	6	1.13
Congenital malformation	3	0.56
Male factor	5	0.96
Unspecified	31	5.84

Source: Comminos, 1973.