

A research on abortion: ethics, legislation and socio-medical outcomes. Case study: Romania

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Abstract

This article presents a research study on abortion from a theoretical and empirical point of view. The theoretical part is based on the method of social documents analysis, and presents a complex perspective on abortion, highlighting items of medical, ethical, moral, religious, social, economic and legal elements. The empirical part presents the results of a sociological survey, based on the opinion survey method through the application of the enquiry technique, conducted in Romania, on a sample of 1260 women. The purpose of the survey is to identify Romanians perception on the decision to voluntary interrupt pregnancy, and to determine the core reasons in carrying out an abortion.

Keywords: abortion, ethics, biomedical research, sociological research, Romania.

☐ The analysis of abortion by means of medical and social documents

Abortion means a pregnancy interruption “before the fetus is viable” [1] or “before the fetus is able to live independently in the extrauterine environment, usually before the 20th week of pregnancy” [2]. “Clinical miscarriage is both a common and distressing complication of early pregnancy with many etiological factors like genetic factors, immune factors, infection factors but also psychological factors” [3]. Induced abortion is a practice found in all countries, but the decision to interrupt the pregnancy involves a multitude of aspects of medical, ethical, moral, religious, social, economic, and legal order.

In a more simplistic manner, Winston Nagan has classified opinions which have as central element “abortion”, in two major categories: the opinion that the priority element is represented by fetus and his entitlement to life and the second opinion, which focuses around women’s rights [4].

From the medical point of view, since ancient times there have been four moments, generally accepted, which determine the embryo’s life: (i) conception; (ii) period of formation; (iii) detection moment of fetal movement; (iv) time of birth [5]. Contemporary medicine found the following moments in the evolution of intrauterine fetal: “1. At 18 days of pregnancy, the fetal heartbeat can be perceived and it starts running the circulatory system; 2. At 5 weeks, they become more clear: the nose, cheeks and fingers of the fetus; 3. At 6 weeks, they start to function: the nervous system, stomach, kidneys and liver of the fetus, and its skeleton is clearly distinguished; 4. At 7 weeks (50 days), brain waves are felt. The fetus has all the internal and external organs definitively outlined. 5. At 10 weeks (70 days), the unborn child has all the features clearly defined as a child after birth (9 months); 6. At 12 weeks (92 days, 3 months), the fetus has all organs definitely shaped, managing to move, lacking only the breath” [6].

Even if most of the laws that allow abortion consider the period up to 12 weeks acceptable for such an intervention, according to the above-mentioned steps, there can be defined different moments, which can represent the beginning of life. Nowadays, “abortion is one of the most common gynecological experiences and perhaps the majority of women will undergo an abortion in their lifetimes” [7]. “Safe abortions carry few health risks, but « every year, close to 20 million women risk their lives and health by undergoing unsafe abortions » and 25% will face a complication with permanent consequences” [8, 9].

From the ethical point of view, most of the times, the interruption of pregnancy is on the border between woman’s right over her own body and the child’s (fetus) entitlement to life. Judith Jarvis Thomson supported the supremacy of woman’s right over her own body as a premise of freedom, arguing that we cannot force a person to bear in her womb and give birth to an unwanted child, if for different circumstances, she does not want to do this [10]. To support his position, the author uses an imaginary experiment, that of a violinist to which we are connected for nine months, in order to save his life. However, Thomson debates the problem of the differentiation between the fetus and the human being, by carrying out a debate on the timing which makes this difference (period of conception, 10 weeks of pregnancy, etc.) and highlighting that for people who support abortion, the fetus is not an alive human being [10].

Carol Gilligan noted that women undergo a true “moral dilemma”, a “moral conflict” with regards to voluntary interruption of pregnancy, such a decision often takes into account the human relationships, the possibility of not hurting the others, the responsibility towards others [11]. Gilligan applied qualitative interviews to a number of 29 women from different social classes, which were put in a position to decide whether or not to commit abortion. The interview focused on the woman’s choice, on alternative options, on individuals and existing conflicts. The

conclusion was that the central moral issue was the conflict between the self (the pregnant woman) and others who may be hurt as a result of the potential pregnancy [12].

From the religious point of view, abortion is unacceptable for all religions and a small number of abortions can be seen in deeply religious societies and families. Christianity considers the beginning of human life from conception, and abortion is considered to be a form of homicide [13]. For Christians, “at the same time, abortion is giving up their faith”, riot and murder, which means that by an abortion we attack Jesus Christ himself and God [14]. Islam does not approve abortion, relying on the sacral life belief as specified in Chapter 6, Verse 151 of the Koran: “Do not kill a soul which Allah has made sacred (inviolable)” [15]. Buddhism considers abortion as a negative act, but nevertheless supports for medical reasons [16]. Judaism disapproves abortion, Tanah considering it to be a mortal sin. Hinduism considers abortion as a crime and also the greatest sin [17].

From the socio-economic point of view, the decision to carry out an abortion is many times determined by the relations within the social, family or financial frame. Moreover, studies have been conducted, which have linked the legalization of abortions and the decrease of the crime rate: “legalized abortion may lead to reduced crime either through reductions in cohort sizes or through lower *per capita* offending rates for affected cohorts” [18].

Legal regulation on abortion establishes conditions of the abortion in every state. In Europe and America, only in the XVIIth century abortion was incriminated and was considered an insignificant misdemeanor or a felony, depending on when was happening. Due to the large number of illegal abortions and deaths, two centuries later, many states have changed legislation within the meaning of legalizing voluntary interruption of pregnancy [6]. In contemporary society, international organizations like the United Nations or the European Union consider sexual and reproductive rights as fundamental rights [19, 20], and promotes the acceptance of abortion as part of those rights. However, not all states have developed

permissive legislation in the field of voluntary interruption of pregnancy.

Currently, at national level were established four categories of legislation on pregnancy interruption area:

(i) *Prohibitive legislations*, ones that do not allow abortion, most often outlining exceptions in abortion in cases where the pregnant woman’s life is endangered. In some countries, there is a prohibition of abortion in all circumstances, however, resorting to an abortion in the case of an imminent threat to the mother’s life. Same regulation is also found in some countries where abortion is allowed in cases like rape, incest, fetal problems, etc. In this category are 66 states, with 25.5% of world population [21].

(ii) *Restrictive legislation that allow abortion in cases of health preservation*. Loosely, the term “health” should be interpreted according to the *World Health Organization* (WHO) definition as: “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” [22]. This type of legislation is adopted in 59 states populated by 13.8% of the world population [21].

(iii) *Legislation allowing abortion on a socio-economic motivation*. This category includes items such as the woman’s age or ability to care for a child, fetal problems, cases of rape or incest, etc. In this category are 13 countries, where we have 21.3% of the world population [21].

(iv) *Legislation which do not impose restrictions on abortion*. In the case of this legislation, abortion is permitted for any reason up to 12 weeks of pregnancy, with some exceptions (Romania – 14 weeks, Slovenia – 10 weeks, Sweden – 18 weeks), the interruption of pregnancy after this period has some restrictions. This type of legislation is adopted in 61 countries with 39.5% of the world population [21].

The *Centre for Reproductive Rights* has carried out from 1998 a map of the world’s states, based on the legislation typology of each country (Figure 1).

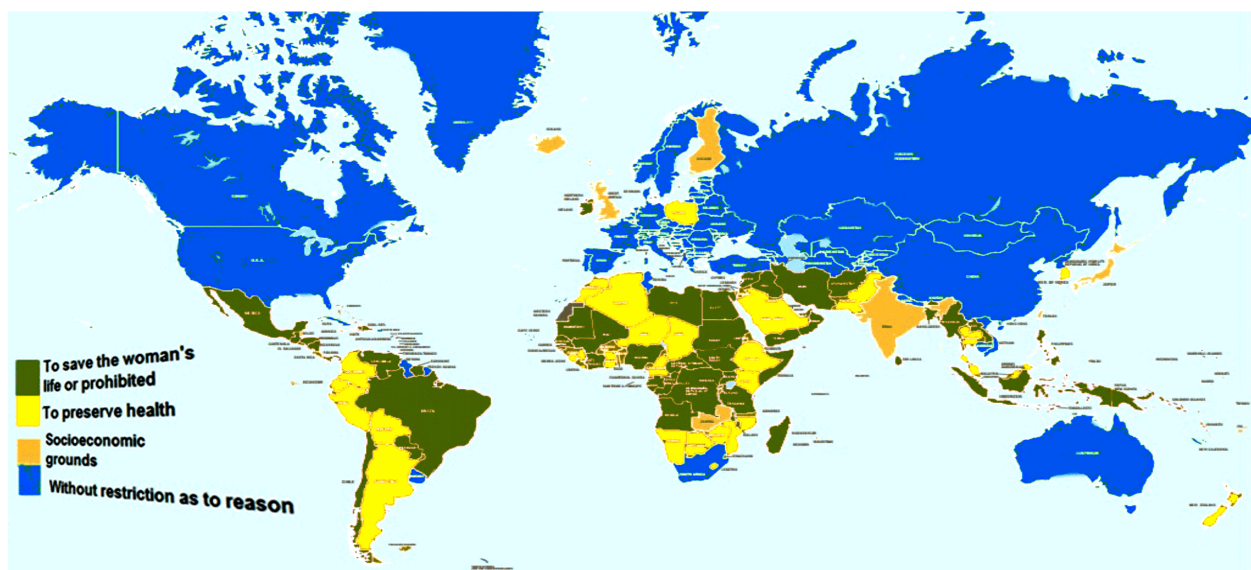


Figure 1 – The analysis of states according to the legislation regarding abortion. Source: Centre for Reproductive Rights. *The World’s Abortion Laws, 2018* [23].

An unplanned pregnancy, socio-economic context or various medical problems [24], lead many times to the decision of interrupting pregnancy, regardless the legislative restrictions. In the study “Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008” issued in 2011 by the *WHO*, it was determined that within the states with restrictive legislation on abortion, we may also encounter a large number of illegal abortions. The illegal abortions may also be resulting in an increased risk of woman’s health and life considering that most of the times inappropriate techniques are being used, the hygienic conditions are precarious and the medical treatments are incorrectly administered [25]. Although abortions done according to medical guidelines carry very low risk of complications, 1–3 unsafe abortions contribute substantially to maternal morbidity and death worldwide [26].

WHO has estimated for the year 2008, the fact that worldwide women between the ages of 15 and 44 years carried out 21.6 million “unsafe” abortions, which involved a high degree of risk and were distributed as follows: 0.4 million in the developed regions and a number of 21.2 million in the states in course of development [25].

☒ Case study: Romania

Legal perspective on abortion

In Romania, abortion was brought under regulation by the first Criminal Code of the United Principalities, from 1864.

The Criminal Code from 1864, provided the abortion infringement in Article 246, on which was regulated as follows: “Any person, who, using means such as food, drinks, pills or any other means, which will consciously help a pregnant woman to commit abortion, will be punished to a minimum reclusion (three years).

The woman who by herself shall use the means of abortion, or would accept to use means of abortion which were shown or given to her for this purpose, will be punished with imprisonment from six months to two years, if the result would be an abortion. In a situation where abortion was carried out on an illegitimate baby by his mother, the punishment will be imprisonment from six months to one year.

Doctors, surgeons, health officers, pharmacists (apothecary) and midwives who will indicate, will give or will facilitate these means, shall be punished with reclusion of at least four years, if the abortion took place. If abortion will cause the death of the mother, the punishment will be much austere of four years” (Art. 246) [27].

The Criminal Code from 1864, reissued in 1912, amended in part the Article 246 for the purposes of eliminating the abortion of an illegitimate baby case. Furthermore, it was no longer specified the minimum of four years of reclusion, in case of abortion carried out with the help of the medical staff, leaving the punishment to the discretion of the Court (Art. 246) [28].

The Criminal Code from 1936 regulated abortion in the Articles 482–485. Abortion was defined as an interruption of the normal course of pregnancy, being punished as follows:

“1. When the crime is committed without the consent of the pregnant woman, the punishment was reformatory imprisonment from 2 to 5 years. If it caused the pregnant woman any health injury or a serious infirmity, the punishment was reformatory imprisonment from 3 to 6 years, and if it has caused her death, reformatory imprisonment from 7 to 10 years;

2. When the crime was committed by the unmarried pregnant woman by herself, or when she agreed that someone else should provoke the abortion, the punishment is reformatory imprisonment from 3 to 6 months, and if the woman is married, the punishment is reformatory imprisonment from 6 months to one year. Same penalty applies also to the person who commits the crime with the woman’s consent. If abortion was committed for the purpose of obtaining a benefit, the punishment increases with another 2 years of reformatory imprisonment.

If it caused the pregnant woman any health injuries or a severe disablement, the punishment will be reformatory imprisonment from one to 3 years, and if it has caused her death, the punishment is reformatory imprisonment from 3 to 5 years” (Art. 482) [29].

The criminal legislation from 1936 specifies that it is not considered as an abortion the interruption from the normal course of pregnancy, if it was carried out by a doctor “when woman’s life was in imminent danger or when the pregnancy aggravates a woman’s disease, putting her life in danger, which could not be removed by other means and it is obvious that the intervention wasn’t performed with another purpose than that of saving the woman’s life” and “when one of the parents has reached a permanent alienation and it is certain that the child will bear serious mental flaws” (Art. 484, Par. 1 and Par. 2) [29].

In the event of an imminent danger, the doctor was obliged to notify prosecutor’s office in writing, within 48 hours after the intervention, on the performance of the abortion. “In the other cases, the doctor was able to intervene only with the authorization of the prosecutor’s office, given on the basis of a medical certificate from hospital or a notice given as a result of a consultation between the doctor who will intervene and at least a professor doctor in the disease which caused the intervention. General’s Office Prosecutor, in all cases provided by this Article, shall be obliged to maintain the confidentiality of all communications or authorizations, up to the intercession of any possible complaints” (Art. 484) [29].

The legislation of 1936 provided a reformatory injunction from one to three years for the abortions committed by doctors, sanitary agents, pharmacists, apothecary or midwives (Art. 485) [29].

Abortion on demand has been legalized for the first time in Romania in the year 1957 by the Decree No. 463, under the condition that it had to be carried out in a hospital and to be carried out in the first quarter of the pregnancy [30]. In the year 1966, demographic policy of Romania has dramatically changed by introducing the Decree No. 770 from September 29th, which prohibited abortion. Thus, the voluntary interruption of pregnancy became a crime, with certain exceptions, namely: endangering the mother’s life, physical or mental serious disability; serious or heritable illness, mother’s age over

45 years, if the pregnancy was a result of rape or incest or if the woman gave birth to at least four children who were still in her care (Art. 2) [31].

In the Criminal Code from 1968, the abortion crime was governed by Articles 185–188.

The Article 185, “the illegal induced abortion”, stipulated that “the interruption of pregnancy by any means, outside the conditions permitted by law, with the consent of the pregnant woman will be punished with imprisonment from one to 3 years”. The act referred to above, without the prior consent from the pregnant woman, was punished with prison from two to five years. If the abortion carried out with the consent of the pregnant woman caused any serious body injury, the punishment was imprisonment from two to five years, and when it caused the death of the woman, the prison sentence was from five to 10 years. When abortion was carried out without the prior consent of the woman, if it caused her a serious physical injury, the punishment was imprisonment from three to six years, and if it caused the woman’s death, the punishment was imprisonment from seven to 12 years (Art. 185) [32].

“When abortion was carried out in order to obtain a material benefit, the maximum punishment was increased by two years, and if the abortion was made by a doctor, in addition to the prison punishment could also be applied the prohibition to no longer practice the profession of doctor”.

Article 186, “abortion caused by the woman”, stipulated that “the interruption of the pregnancy course, committed by the pregnant woman, was punished with imprisonment from 6 months to 2 years”, quoting the fact that by the same punishment was also sanctioned “the pregnant woman’s act to consent in interrupting the pregnancy course made out by another person” (Art. 186) [26].

The Regulations of the Criminal Code in 1968, also provided the crime of “ownership of tools or materials that can cause abortion”, the conditions of this holding being met when these types of instruments were held outside the hospital’s specialized institutions, the infringement shall be punished with imprisonment from three months to one year (Art. 187) [32].

Furthermore, the doctors who performed an abortion in the event of extreme urgency, without prior legal authorization and if they did not announce the competent authority within the legal deadline, they were punished by imprisonment from one month to three months (Art. 188) [32].

In the year 1985, it has been issued the Decree No. 411 of December 26th, by which the conditions imposed by the Decree No. 770 of 1966 have been hardened, meaning that it has increased the number of children, that a woman could have in order to request an abortion, from four to five children [33].

The Articles 185–188 of the Criminal Code and the Decree No. 770/1966 on the interruption of the pregnancy course have been abrogated by Decree-Law No. 1 from December 26th, 1989, which was published in the Official Gazette No. 4 of December 27th, 1989 (Par. 8 and Par. 12) [34].

The Criminal Code from 1968, reissued in 1997, maintained Article 185 about “the illegal induced abortion”,

but drastically modified. Thus, in this case of the Criminal Code, we identify abortion as “the interruption of pregnancy course, by any means, committed in any of the following circumstances: (a) outside medical institutions or authorized medical practices for this purpose; (b) by a person who does not have the capacity of specialized doctor; (c) if age pregnancy has exceeded 14 weeks”, the punishment laid down was the imprisonment from 6 months to 3 years” (Art. 185, Par. 1) [35]. For the abortion committed without the prior consent of the pregnant woman, the punishment consisted in strict prison conditions from two to seven years and with the prohibition of certain rights (Art. 185, Par. 2) [35].

For the situation of causing serious physical injury to the pregnant woman, the punishment was strict prison from three to 10 years and the removal of certain rights, and if it had as a result the death of the pregnant woman, the punishment was strict prison from five to 15 years and the prohibition of certain rights (Art. 185, Par. 3) [35].

The attempt was punished for the crimes specified in the various cases of abortion.

Consideration should also be given in the Criminal Code reissued in 1997 for not punishing the interruption of the pregnancy course carried out by the doctor, if this interruption “was necessary to save the life, health or the physical integrity of the pregnant woman from a grave and imminent danger and that it could not be removed otherwise; in the case of a over fourteen weeks pregnancy, when the interruption of the pregnancy course should take place from therapeutic reasons” and even in a situation of a woman’s lack of consent, when it has not been given the opportunity to express her will, and abortion “was imposed by therapeutic reasons” (Art. 185, Par. 4) [35].

Criminal Code from 2004 covers *abortion* in Article 190, defined in the same way as in the prior Criminal Code, with the difference that it affects the limits of the punishment. So, in the event of pregnancy interruption, in accordance with the conditions specified in Paragraph 1, “the penalty provided was prison time from 6 months to one year or days-fine” (Art. 190, Par. 1) [36].

Nowadays, in Romania, abortion is governed by the criminal law of 2009, which entered into force in 2014, by the section called “aggression against an unborn child”. It should be specified that current criminal law does not punish the woman responsible for carrying out abortion, but only the person who is involved in carrying out the abortion. There is no punishment for the pregnant woman who injures her fetus during pregnancy.

In Article 201, we can find the details on the pregnancy interruption infringement. Thus, *the pregnancy interruption* can be performed in one of the following circumstances: “outside of medical institutions or medical practices authorized for this purpose; by a person who does not have the capacity of specialist doctor in Obstetrics and Gynecology and the right of free medical practice in this specialty; if gestational age has exceeded 14 weeks”, the punishment is the imprisonment for six months to three years, or fine and the prohibition to exercise certain rights (Art. 201, Par. 1) [37].

Article 201, Paragraph 2 specifies that “the interruption of the pregnancy committed under any circumstances, without the prior consent of the pregnant woman, can be

punished with imprisonment from 2 to 7 years and with the prohibition to exercise some rights” (Art. 201, Par. 1) [37].

If by facts referred to above (Art. 201, Par. 1 and Par. 2) [37] “it has caused the pregnant woman’s physical injury, the punishment is the imprisonment from 3 to 10 years and the prohibition to exercise some rights, and if it has had as a result the pregnant woman’s death, the punishment is the imprisonment from 6 to 12 years and the prohibition to exercise some rights” (Art. 201, Par. 3) [37]. When the facts have been committed by a doctor, “in addition to the imprisonment punishment, it will also be applied the prohibition to exercise the profession of doctor (Art. 201, Par. 4) [37].

Criminal legislation specifies that “the interruption of pregnancy does not constitute an infringement with the purpose of a treatment carried out by a specialist doctor in Obstetrics and Gynecology, until the pregnancy age of twenty-four weeks is reached, or the subsequent pregnancy interruption, for the purpose of treatment, is in the interests of the mother or the fetus” (Art. 201, Par. 6) [37]. However, it can all be found in the phrases “therapeutic purposes” and “the interest of the mother and of the unborn child”, which predisposes the text of law to an interpretation, finally the doctors are the only ones in the position to decide what should be done in such cases, assuming direct responsibility [38].

Article 202 of the Criminal Code defines the crime of harming an unborn child, pointing out the punishments for the various types of injuries that can occur during pregnancy or in the childbirth period and which can be caused by the mother or by the persons who assist the birth, with the specification that the mother who harms her fetus during pregnancy is not punished and does not constitute an infringement if the injury has been committed during pregnancy or during childbirth period if the facts have been “committed by a doctor or by an authorized person to assist the birth or to follow the pregnancy, if they have been committed in the course of the medical act, complying with the specific provisions of his profession and have been made in the interest of the pregnant woman or fetus, as a result of the exercise of an inherent risk in the medical act” (Art. 202, Par. 6) [37].

The fact situation in Romania

During the period 1948–1955, called “the small baby boom” [39], Romania registered an average fertility rate of 3.23 children for a woman. Between 1955 and 1962, the fertility rate has been less than three children for a woman, and in 1962, fertility has reached an average of two children for a woman. This phenomenon occurred because of the Decree No. 463/1957 on liberalization of abortion. After the liberalization from 1957, the abortion rate has increased from 220 abortions per 100 born-alive children in the year 1960, to 400 abortions per 100 born-alive children, in the year 1965 [40].

The application of provisions of Decrees No. 770 of 1966 and No. 411 of 1985 has led to an increase of the birth rate in the first three years (an average of 3.7 children in 1967, and 3.6 children in 1968), followed by a regression until 1989, when it was recorded an average of 2.2 children, but also a maternal death rate caused by illegal abortions, raising up to 85 deaths of 100 000 births

in the year of 1965, and 170 deaths in 1983. It was estimated that more than 80% of maternal deaths between 1980–1989 was caused by legal constraints [30].

After the Romanian Revolution in December 1989 and after the communism fall, with the abrogation of Articles 185–188 of the Criminal Code and of the Decree No. 770/1966, by the Decree of Law No. 1 of December 26th, 1989, abortion has become legal in Romania and so, in the following years, it has reached the highest rate of abortion in Europe. Subsequently, the number of abortion has dropped gradually, with increasing use of birth control [41].

Statistical data issued by the *Ministry of Health* and by the *National Institute of Statistics* (INS) in Romania show corresponding figures to a legally carried out abortion. The abortion number is much higher, if it would take into account the number of illegal abortion, especially those carried out before 1989, and those carried out in private clinics, after the year 1990. Summing the declared abortions in the period 1958–2014, it is to be noted the number of them, 22 037 747 exceeds the current Romanian population. A detailed statistical research of abortion rate, in terms of years we have exposed in Table 1.

Data issued by the *United Nations International Children’s Emergency Fund* (UNICEF) in June 2016, for the period 1989–2014, in matters of reproductive behavior, indicates a fertility rate for Romania with a continuous decrease, in proportion to the decrease of the number of births, but also a lower number of abortion rate reported to 100 deliveries (Table 2).

By analyzing data issued for the period 1990–2015 by the *International Organization of Health*, *UNICEF*, *United Nations Fund for Population Activity* (UNFPA), *The World Bank* and the *United Nations Population Division*, it is noticed that maternal mortality rate has currently dropped as compared with 1990 (Table 3).

Opinion survey: women’s opinion on abortion

Argument for choosing the research theme

Although the problematic on abortion in Romania has been extensively investigated and debated, it has not been carried out in an ample sociological study, covering Romanian women’s perception on abortion. We have assumed making a study at national level, in order to identify the opinion on abortion, on the motivation to carry out an abortion, and to identify the correlation between religious convictions and the attitude toward abortion.

Examining the literature field of study

In the conceptual register of the research, we have highlighted items, such as the specialized literature, legislation, statistical documents.

Formulation of hypotheses and objectives

The first hypothesis was that Romanian women accept abortion, having an open attitude towards this act. Thus, the first objective of the research was to identify Romanian women’s attitude towards abortion.

The second hypothesis, from which we started, was that high religious beliefs generate a lower tolerance towards abortion. Thus, the second objective of our research has been to identify the correlation between the religious beliefs and the attitude towards abortion.

Table 1 – The number of abortions declared in Romania in the period 1958–2016

Year	No. of abortions	Year	No. of abortions	Year	No. of abortions	Year	No. of abortions	Year	No. of abortions
1958	112 100	1970	292 410	1982	468 041	1994	530 191	2006	150 246
1959	578 000	1971	330 000	1983	–	1995	502 840	2007	137 226
1960	774 000	1972	381 000	1984	303 123	1996	456 221	2008	137 226
1961	865 000	1973	376 000	1985	302 838	1997	347 126	2009	115 457
1962	967 000	1974	335 000	1986	183 959	1998	271 496	2010	101 915
1963	1 037 000	1975	359 417	1987	182 442	1999	259 888	2011	101 915
1964	1 100 000	1976	383 000	1988	185 416	2000	257 865	2012	88 135
1965	1 115 000	1977	379 000	1989	193 084	2001	254 855	2013	86 432
1966	973 000	1978	394 000	1990	992 265	2002	247 608	2014	78 371
1967	206 000	1979	404 000	1991	866 934	2003	224 807	2015	70 447
1968	220 000	1980	413 093	1992	691 863	2004	191 038	2016	63 085
1969	258 000	1981	–	1993	585 761	2005	163 459		

Source: Pro Vita Association (Bucharest, Romania), National Institute of Statistics (INS – Romania), EUROSTAT [42–44].

Table 2 – Reproductive behavior in Romania in 1989–2014

Year	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total fertility rate (births per woman)	2.2	1.8	1.6	1.5	1.4	1.4	1.3	1.3	1.3	1.3	1.3	1.3	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.3	1.0	1.36	1.40	1.44
Live births (1000s)	369.5	314.7	275.3	260.4	250.0	246.7	236.6	231.3	236.9	237.3	234.6	234.5	220.4	210.5	212.5	216.3	221.0	219.5	214.7	221.9	222.4	212.2	196.2	201.1	182.3	183.7
Abortion rate (legally induced abortions per 100 live births)	–	315.3	314.9	265.7	234.3	214.9	212.5	197.2	146.5	114.4	110.8	110.0	115.6	117.6	105.8	88.3	73.9	68.5	63.9	57.6	52.2	48.0	52.7	43.7	47.2	42.7

Source: United Nations International Children's Emergency Fund (UNICEF), *Transformative Monitoring for Enhanced Equity (TransMonEE)* Data. Country profiles: Romania, 1989–2015 [45].

Table 3 – Maternal mortality estimation in Romania in 1990–2015

Year	Maternal mortality ratio (No./100 000 live births) [min.–max.]	Maternal deaths (No.)	Live births (Thousands)	Proportion of deaths among women of reproductive age that are due to maternal causes [%]
2015	31 [22–44]	56	179	1.1
2010	30 [26–35]	61	202	1.2
2005	33 [28–38]	71	217	1.1
2000	51 [44–58]	110	222	1.5
1995	77 [66–88]	180	241	2.1
1990	124 [108–141]	390	318	5.2

Source: World Health Organization (WHO), *Global Health Observatory Data*. Maternal mortality country profiles: Romania, 2015 [46].

The third hypothesis of the survey was that, the main motivation in carrying out an abortion is the fact that a woman does not want a baby, and the main motivation for keeping the pregnancy is that the person wants a baby. In this context, the third objective of the research was to identify main motivation in carrying out an abortion and in maintaining a pregnancy.

Another hypothesis was that modern Romanian legislation on the abortion is considered fair. Based on this hypothesis, we have assumed the fourth objective, which is to identify the degree of satisfaction towards the current regulatory provisions governing the abortion.

Research methodology

The research method is that of a sociological survey by the application of the questionnaire technique. We used the sampling by age and residence looking at representative numbers of population from more developed as well as underdeveloped areas.

Determination of the sample to be studied

Because abortion is a typical women's experience, we have chosen to make the quantitative research only among women. We have constructed the sample by selecting a number of 1260 women between the ages of 15 and 44 years (the most frequently encountered age among women who give birth to a child). We also used the quota sampling techniques, taking into account the following variables: age group and the residence (urban/rural), so that the persons included in the sample could retain characteristic of the general population.

By the sample of 1260 women, we have made a percentage of investigation of 0.03% of the total population.

The Questionnaires number applied was distributed as follows (Table 4).

Data collection

Data collection was carried out by questionnaires administered by 32 field operators between May 1st–May 31st, 2018.

Table 4 – The sampling rates based on the age, and the region of residence

Region	Age group [years]	15–19	20–24	25–29	30–34	35–39	40–44	Total
Women in North-West	Urban	37 898	58 839	50 527	54 944	53 962	60 321	316 491
	Rural	36 033	37 667	36 515	41 837	43 597	42 877	238 526
Sample in North-West	Urban	11	18	15	17	16	18	95
	Rural	11	11	11	13	13	13	72
Women in the Center	Urban	32 661	46 697	46 713	54 031	52 590	59 084	291 776
	Rural	29 052	31 767	29 562	34 402	35 334	35 502	195 619
Sample in the Center	Urban	10	14	14	16	16	18	88
	Rural	9	9	9	10	11	11	59
Women in North-East	Urban	38 243	50 228	45 924	51 818	49 959	63 157	299 329
	Rural	63 466	51 814	47 524	60 495	67 009	65 717	356 025
Sample in North-East	Urban	11	15	14	16	15	19	90
	Rural	19	16	14	18	20	20	107
Women in South-East	Urban	31 556	40 879	43 317	53 461	53 756	67 135	290 104
	Rural	34 494	32 446	29 987	37 828	41 068	42 836	218 659
Sample in South-East	Urban	10	12	13	16	16	20	87
	Rural	10	10	9	11	12	13	65
Women in South Muntenia	Urban	30 480	38 066	40 049	47 820	49 272	64 739	270 426
	Rural	52 771	55 286	49 106	60 496	67 660	74 401	359 720
Sample in South Muntenia	Urban	9	11	12	14	15	19	80
	Rural	16	17	15	18	20	22	108
Women in Bucharest–Ilfov	Urban	41 314	83 927	90 607	102 972	86 833	98 630	504 283
	Rural	5385	7448	7952	9997	9400	10 096	50 278
Sample in Bucharest–Ilfov	Urban	12	25	27	31	26	30	151
	Rural	2	2	2	3	3	3	15
Women in South-West Oltenia	Urban	26 342	31 155	33 493	39 064	39 615	50 516	220 185
	Rural	31 223	29 355	26 191	32 946	36 832	40 351	196 898
Sample in South-West Oltenia	Urban	8	9	10	12	12	15	66
	Rural	9	9	8	10	11	12	59
Women in West	Urban	30 258	45 687	39 583	44 808	44 834	54 155	259 325
	Rural	19 205	20 761	19 351	22 788	24 333	26 792	133 230
Sample in West	Urban	9	14	12	13	14	16	78
	Rural	6	6	6	7	7	8	40
Total women		540 381	662 022	636 401	749 707	756 054	856 309	4 200 874
Total sample		162	198	191	225	227	257	1260

Source: Sample built, based on the population data issued by the *National Institute of Statistics* (INS – Romania) based on population census conducted in 2011 [47].

The analysis of the research results

In the next section, we will present the main results of the quantitative research carried out at national level.

Almost three-quarters of women included in the sample agree with carrying out an abortion in certain circumstances (70%) and only 24% have chosen to support the answer “No, never”. In modern contemporary society, abortion is the first solution of women for which a pregnancy is not desired. Even if advanced medical techniques are a lot safer, an abortion still carries a health risk. However, 6% of respondents agree with carrying out abortion regardless of circumstances (Table 5).

Table 5 – Opinion on the possibility of carrying out an abortion

Do you agree with abortion?	Percentage
Yes, under certain circumstances	70%
No, never	24%
Yes, regardless the situation	6%
Total	100%

Although abortions carried out after 14 weeks are illegal, except for medical reasons, more than half of the surveyed women stated they would agree with abortion in certain circumstances. At the opposite pole, 31% have mentioned they would never agree on abortions after 14 weeks. Five percent were totally accepting the idea of abortion made to a pregnancy that has exceeded 14 weeks (Table 6).

Table 6 – Opinion on the possibility of carrying out an abortion after the period of 14 weeks of pregnancy

Do you agree with carrying out an abortion after the period of 14 weeks of pregnancy?	Percentage
Yes, under certain circumstances	64%
No, never	31%
Yes, regardless the situation	5%
Total	100%

For 53% of respondents, abortion is considered a crime as well as the right of a women. On the other hand, 28% of the women considered abortion as a crime and 16% associate abortion with a woman’s right (Table 7).

Table 7 – Opinion on abortion: at the border between crime and a woman's right

What do you understand by abortion?	
	Percentage
A crime and a woman's right	53%
A crime	28%
A woman's right	16%
I don't know	2%
I don't answer	1%
<i>Total</i>	<i>100%</i>

Opinions on what women abort at the time of the voluntary pregnancy interruption are split in two: 59% consider that it depends on the time of the abortion, and more specifically on the pregnancy development stage, 24% consider that regardless of the period in which it is carried out, women abort a child, and 14% have opted a fetus (Table 8).

Table 8 – Abortion of a child vs. abortion of a fetus

What do you consider that women abort?	
	Percentage
Both, depending on the moment when the abortion takes place	59%
A child	24%
A fetus	14%
I don't answer	3%
<i>Total</i>	<i>100%</i>

Among respondents who consider that women abort a child or a fetus related to the time of abortion, 37.5% have considered that the difference between a baby and a fetus appears after 14 weeks of pregnancy (the period legally accepted for abortion). Thirty-three percent of them have mentioned that the distinction should be performed at the first few heartbeats; 18.1% think it is about when the child has all the features definitively outlined and can move by himself; 2.8% consider that the difference appears when the first encephalopathy traces are being felt and the child has formed all internal and external organs. A percentage of 1.7% of respondents consider that this difference occurs at the beginning of the central nervous system, and 1.4% when the unborn child has all the features that we can clearly see to a newborn child (Table 9).

We noticed that highly religious people make a clear association between abortion and crime. They also consider that at the time of pregnancy interruption it is aborted a child and not a fetus. However, unexpectedly, we noticed that 27% of the women, who declare themselves to be

very religious, have also stated that they see abortion as a crime but also as a woman's right. Thirty-one percent of the women, who also claimed profound religious beliefs, consider that abortion may be associated with the abortion of a child but also of a fetus, this depending on the time of abortion (Tables 10 and 11).

More than half of the respondents have opted for the main reason for abortion the appearance of medical problems to the child. Baby's health represents the main concern of future mothers, and of each parent, and the birth of a child with serious health issues, is a factor which frightens any future parent, being many times, at least theoretically, one good reason for opting for abortion. At the opposite side, 12% of respondents would not choose abortion under any circumstances. Other reasons for which women would opt for an abortion are: if the woman would have a medical problem (22%) or would not want the child (10%) (Table 12).

Most of the women want to give birth to a child, 56% of the respondents, representing also the reason that would determine them to keep the child. Morality (26%), faith (10%) or legal restrictions (4%), are the three other reasons for which women would not interrupt a pregnancy. Only 2% of the respondents have mentioned other reasons such as health or age.

Table 9 – The opinion on the moment that makes the difference between a fetus and a child

When do you consider that there is a difference between abortion of fetus and a child? (Respondents: persons who believed that they abort a fetus or a child, this depending on the time of abortion)	
	Percentage
Over 14 weeks (the period legally accepted for abortion)	37.5%
From the very first heart beat (18 days)	33.3%
When the child has all organs contoured and can move by himself (12 weeks)	18.1%
When the first encephalon traces are being felt and the child has formed all internal and external organs (seven weeks)	2.8%
At the beginning of the central nervous system, liver, kidneys, stomach (six weeks)	1.7%
When the unborn child has all the characteristics that we can clearly observe to a child after birth	1.4%
When you can clearly distinguish his features (nose, cheeks, eyes) (five weeks)	1.2%
Other	1%
I don't know	3%
<i>Total</i>	<i>100%</i>

Table 10 – The correlation between the level of religious beliefs and the perspective on abortion seen as a crime or a right

The correlation between the level of religious beliefs and the view on abortion						
	What do you think abortion is?					
	A woman's right	A crime	Both depending on the moment when it took place	Not know	No	Total
Are you a religious person?	A very religious and practican person	1%	11%	12%	–	24%
	A very religious but non practican person	4%	7%	15%	–	27%
	A relatively religious and practican person	5%	6%	13%	–	24%
	Relatively religious but non practican person	6%	4%	13%	2%	25%
	<i>Total</i>	<i>16%</i>	<i>28%</i>	<i>53%</i>	<i>2%</i>	<i>100%</i>

Table 11 – The correlation between the level of religious beliefs and the perspective on abortion procedure conducted on a fetus or a child

The correlation between the level of religious beliefs and the view on abortion						
		What do women abort?				Total
		A fetus	A child	Both depending on the time of abortion	Not know	
Are you a religious person?	A very religious and practicant person	2%	8%	14%	–	24%
	A very religious but non practicant person	3%	7%	17%	–	27%
	A relatively religious and practicant person	4%	5%	16%	3%	28%
	Relatively religious but non practicant person	5%	4%	12%	3%	24%
	Total	14%	24%	59%	6%	100%

Table 12 – Potential reasons for carrying out an abortion

What is the reason that could determine you to carry out an abortion?		Percentage
If the child would have a medical problem (genetic or developmental abnormalities of fetus)		55%
If I would have a medical problem		22%
In any of these situations, I would abort		12%
If the child would not be desired		10%
I don't know		1%
Total		100%

A percentage of 23% of the surveyed people said that they have done an abortion so far, and 77% did not opt for a surgical intervention either because there was no need, or because they have kept the pregnancy (Table 13).

Table 13 – Rate of abortion among women in the sample

Have you ever made an abortion?		Percentage
No		77%
Yes		23%
Total		100%

Most respondents, 87% specified that they have carried out an abortion during the first 14 weeks – legally accepted limit for abortion: 43.6% have made abortion in the first four weeks, 39.1% between weeks 4–8, and 4.3% between weeks 8–14. It should be noted that 8.7% could not appreciate the pregnancy period in which they carried out abortion, by opting to answer with the option “I don't know”, and a percentage of 4.3% refused to answer to this question.

Performing an abortion is based on many reasons, but the fact that the women have not wanted a child is the main reason mentioned by 47.8% of people surveyed, who have done minimum an abortion so far. Among the reasons for the interruption of pregnancy, it is also included: women with medical problems (13.3%), not the right time to be a mother (10.7%), age motivation (8.7%), due to medical problems of the child (4.3%), the lack of money (4.3%), family pressure (4.3%), partner/spouse did not wanted. A percentage of 3.3% of women had different reasons for abortion, as follows: age difference too large between children, career, marital status, etc. Asked later whether they regretted the abortion, a rate of 69.6% of women who said they had at least one abortion

regret it (34.8% opted for “Yes”, and 34.8% said “Yes, partially”). 26.1% of surveyed women do not regret the choice to interrupted the pregnancy, and 4.3% chose to not answer this question. We noted that, for women who have already experienced abortion, the causes were more diverse than the grounds on which the previous question was asked: “What are the reasons that determined you to have an abortion?” (Table 14).

Table 14 – The reasons that led the women in the sample to have an abortion

What is the reason for making an abortion?		Percentage
I did not desired the child		47.8%
Because of my medical problems		13.3%
It was not the right time		10.7%
I was too young		8.7%
Because the child had health problems (genetic or developmental abnormalities of fetus)		4.3%
Because I did not have financial resources (I couldn't afford raising a child)		4.3%
Because of the pressure of my family		4.3%
The partner/husband did not wanted		4.3%
Other reasons		3.3%
Total		100%

The majority of the respondents (37.5%) considered that “nervous depression” is the main consequence of abortion, followed by “insomnia and nightmares” (24.6%), “disorders in alimentation” and “affective disorders” (each for 7.7% of respondents), “deterioration of interpersonal relationships” and “the feeling of guilt”(for 6.3% of the respondents), “sexual disorders” and “panic attacks” (for 6.3% of the respondents) (Table 15).

Table 15 – Opinion on the consequences of abortion

Which do you consider to be the most common consequence of abortion?		Percentage
Nervous depression		37.5%
Insomnia and nightmares		24.6%
Disorders in alimentation		7.7%
Affective disorders		7.7%
Deterioration of interpersonal relationships		6.3%
The feeling of guilt		6.3%
Sexual disorders		3.3%
Panic attacks		3.3%
Other reasons		3.3%
Total		100%

Over half of the respondents believe that abortion should be legal in certain circumstances, as currently provided by law, 39% say it should be always legal, and only 6% opted for the illegal option (Table 16).

Table 16 – Opinion on the legal regulation of abortion

Do you consider that abortion should be...?	
	Percentage
Legal in certain terms	53%
Always legal	39%
Illegal	6%
I don't know	2%
<i>Total</i>	<i>100%</i>

Although the current legislation does not punish pregnant women who interrupt pregnancy or intentionally injured their fetus, survey results indicate that 61% of women surveyed believe that the national law should punish the woman and only 28% agree with the current legislation (Table 17).

For the majority of the respondents (40.6%), the penalty provided by the current legislation, the imprisonment between six months and three years or a fine and deprivation of certain rights for the illegal abortion is considered fair, for a percentage of 39.6% the punishment is too small for 9.5% of the respondents is too high. Imprisonment between two and seven years and deprivation

of certain rights for an abortion performed without the consent of the pregnant woman is considered too small for 65% of interviewees. Fourteen percent of them think it is fair and only 19% of respondents consider that Romanian legislation is too severe with people who commit such an act considering the punishment as too much. The imprisonment from three to 10 years and deprivation of certain rights for the facts described above, if an injury was caused to the woman, is considered to be too small for more than half of those included in the survey, 64% and almost 22% for nearly a quarter of them. Only 9% of the respondents mentioned that this legislative measure is too severe for such actions (Table 18).

Table 17 – Opinion on the possibility of punishing the woman who interrupts the course of pregnancy or injures the fetus

Do you consider that national law should punish the pregnant woman interrupting the pregnancy or who injures her fetus in the pregnancy period?	
	Percentage
Yes	61%
No	28%
I don't know	7%
I don't answer	4%
<i>Total</i>	<i>100%</i>

Table 18 – Opinion on the regulation of abortion of the Romanian Criminal Code (Art. 201)

	How do you consider the imprisonment between six months and three years or a fine and deprivation of certain rights is for abortion performed outside the medical institutions or medical offices authorized for this purpose or by a person who is not a specialist doctor in obstetrics and gynecology and the right of free practice in this specialty or if it exceeded 14 weeks of pregnancy?	What do you think about imprisonment from two to seven years and deprivation of certain rights for an abortion performed without the consent of the pregnant woman?	What do you think about imprisonment from three to 10 years and deprivation of certain rights for the acts described in previous two questions, if it caused a serious physical injury to the woman?
	Percentage	Percentage	Percentage
Reasonable	40.6%	14%	22%
Too small	39.6%	65%	64%
Too big	9.5%	19%	9%
I don't know	6.6%	2%	3%
I don't answer	3.7%	–	2%
<i>Total</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

☐ Conclusions

After analyzing the results of the sociological research regarding abortion undertaken at national level, we see that 76% of the Romanian women accept abortion, indicating that the majority accepts only certain circumstances (a certain period after conception, for medical reasons, etc.). A percentage of 64% of the respondents indicated that they accept the idea of abortion after 14 weeks of pregnancy (for solid reasons or regardless the reason). This study shows that over 50% of Romanian women see abortion as a right of women but also a woman's crime and believe that in the moment of interruption of a pregnancy, a fetus is aborted. Mostly, the association of abortion with crime and with the idea that a child is aborted is frequently found within very religious people. The main motivation for Romanian women in taking the decision not to perform an abortion is that they would want the child, and the main reason to perform an abortion is the child's medical problems. However, it is

noted that, in real situations, in which women have already done at least one abortion, most women resort to abortion because they did not want the child towards the hypothetical situation in which women felt that the main reason of abortion is a medical problem. Regarding the satisfaction with the current national legislation of the abortion, the situation is rather surprising. A significant percentage (61%) of respondents felt as necessary to punish the woman who performs an illegal abortion, although the legislation does not provide a punishment. On the other hand, satisfaction level to the penalties provided by law for various violations of the legal conditions for conducting abortion is low, on average only 25.5% of respondents are being satisfied with these, the majority (average 56.2%) considering the penalties as unsatisfactory. Understood as a social phenomenon, intensified by human vulnerabilities, of which the most obvious is accepting the comfort [48], abortion today is no longer, in Romanian society, from a legal or religious perspective, a problem. Perceptions on the legislative

sanction, moral and religious will perpetual vary depending on beliefs, environment, education, etc. The only and the biggest social problem of Romania is truly represented by the steadily falling birth rate.

Conflict of interests

The authors declare that they have no conflict of interests.

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