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Women's Choices in the Western World: A Comparative Analysis of Western Abortion and Maternal Welfare Policies

Key Terms:

- Maternal Welfare
- Abortion Tourism
- Reproductive Rights
- Social Assistance (Non-Contributory Functions)
- Supplementary Welfare Allowance (SWA)
- Temporary Aid to Needy Families (TANF)

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Johanna Wilson feels that her project showing how public opinion reflects and shapes abortion and maternal welfare policies is particularly pertinent in highlighting how government policies affect the lives of women. She feels that, as a future attorney, this research has given her the ability to grapple with the difficult questions she will certainly encounter. Johanna suggests that research is most beneficial when students start early and find a topic of particular interest. ◇

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Abstract

In the Western world, governments can limit or expand women's reproductive choices through their abortion and maternal welfare policies. In particular, poor and working-class women's reproductive choices are dependent upon maternal welfare and abortion policies. Unlike women from the middle- and upper-class, women with low socioeconomic status often do not possess the resources necessary to obviate government restrictions (for example, traveling to a country with less stringent abortion policy or locating information about outside options). Pursuing Mary Ann Glendon's (1989) focus on the discrepancy between the United States' and Europe's provisions for abortion and child-rearing, this paper examines how each country's policy choices constrain the available options for poor and working-class women in Sweden, Switzerland, the Republic of Ireland, and the United States. Research shows that for poor and working-class women to have the most options, countries need to have liberal abortion and maternal welfare policies. ◇

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Faculty Mentor

Johanna Wilson's research addresses the important question of what factors influence national policy on abortion. The paper considers how prior policy traditions toward social services, and the religious values of the nation, may lead nations to adopt liberal or conservative policies toward abortion. These ideas are examined by a policy comparison of four nations: the United States, Switzerland, the Republic of Ireland, and Sweden. The results presented here not only show how new policies evolve from past policy traditions, but also, present an excellent example of thesis research at its best. ◇

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Introduction

In his last novel *Resurrection*, Leo Tolstoy illustrates the typical response of poor unmarried women to their unwanted pregnancies through his description of the history surrounding the protagonist's, Maslova's, birth.

This unmarried woman [Maslova's mother] had a baby every year, and, as often happens among village people, each one of these unwelcome, unwanted babies, after being carefully baptized, was left to starve by its mother, whom it hindered in her work. Thus she disposed of five children... The sixth child, whose father was a gypsy, was a girl, and would have shared the fate of the others had not one of the maiden ladies while visiting the farmyard... happened to catch sight of the mother with her pretty, healthy child... she offered to be its godmother... This was how it happened that the girl lived, and forever after the old ladies called her "the rescued one" (Tolstoy 1899).

Tolstoy's dramatization of the plight many poor unmarried women faced during the 19th century in Russia continues to resonate even today. While many women in similar circumstances now opt to have abortions when possible rather than starve their children, the fact that women in the past and present continue to find it necessary to terminate unwanted pregnancies prompts one to ask whether the legal and financial circumstances limit a woman's ability to choose motherhood. In Tolstoy's example, the dairy maid's sixth child becomes "the rescued one" only after the dairy maid is able to secure the monetary means to do so. The decision to carry a pregnancy to term and to accept the role of motherhood seems to be tied not only to a desire to have the child, but also, to the fiscal means to properly raise the child.

While economic considerations represent only one set of aspects of a complex set of factors determining a woman's decision to carry a pregnancy to term, or terminate it, they are nevertheless a major factor in the decision for women with low socioeconomic status. According to Kathy Rudy (1996), simply permitting abortions to occur does not necessarily mean access for everyone. Rudy explains:

Liberalism rests on the assumption that we are all equal and unencumbered to begin with and that we are all similarly placed in relation to the benefits society has to offer.

Consequently, for real choice to exist, a country should offer both liberal abortion and maternal welfare policies. The objective of this paper is to determine the extent to which abortion and maternal welfare policies in the Western world constrain the choices of poor and working-class women, and to argue for the reform of policies to offer more choice to women. The analysis is limited to four countries based on whether they hold liberal or conservative abortion and maternal welfare policies.

As Table 1 illustrates, Switzerland, the Republic of Ireland, the United States, and Sweden are the four models of policy approaches to abortion and maternal welfare. While there are other countries in the Western world that fit into these four policy categories, the aforementioned countries came the closest to matching these categories.

Table 1
Summary of Abortion and Maternal Welfare Policies

Abortion Policy		
	Conservative	Liberal
Conservative	Switzerland	United States
Liberal	Republic of Ireland	Sweden

In terms of maternal welfare policy, conservative policies are those that provide little or no financial assistance for abortions and child-rearing expenses such as the costs related to pregnancy and child care. By contrast, liberal maternal welfare policies refer to policies that not only provide government assistance for the costs associated with abortions, either through direct funding, or through indirect subsidies, but also, that provide assistance for costs related to pregnancy and child-rearing.

Conservative abortion policy reflects laws that make abortion illegal except on grounds of necessity (such as that the mother's life is in danger) or that permit abortion only when there is "serious danger to the pregnant woman's health, likelihood of serious disease or defect in the fetus, or situations where the pregnancy resulted from rape or incest" (Glendon 1993). Liberal abortion policy constitutes elective abortions in the early stages of pregnancy or until viability, in the case of the United States.

Rudy (1996) documents the role of Reproductive Rights workers in advocating on behalf of a more comprehensive system

This presumption... not only masks major differences in access to power and resources, it also disregards the material needs associated with reproduction.

for women than the traditional pro-choice movement of the mid-1970s. According to the Reproductive Rights workers' position, abortion "is not a real 'choice' until the social conditions exist wherein a woman can realistically make a different choice" (Rudy

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1996). They directed their efforts primarily towards securing poor and working-class women the economic means for "the housing, food, job, and medical attention [they] needed in order to have a baby if [they] wanted to" rather than an abortion. While the pro-choice movement was grounded in the privacy argument, Rudy reveals the "Reproductive Rights workers grounded their political beliefs on the idea that women ought to have the material basis to make healthy reproductive choices" (Rudy 1996).

Despite restrictive abortion policies in countries like Ireland, women with resources are still able to successfully have abortions without penalties through the phenomenon of "abortion tourism." Abortion tourism is the incident whereby a woman seeking an abortion travels to another country to obtain it either because it is not permitted in her country or because the conditions under which it is allowed create unwanted hardships (for example, requires doctor's permission and a second doctor's written agreement, parental notification, counseling). In contrast to women from middle to upper socioeconomic levels who often are the most immune to restrictive government policies governing abortions, women with low socioeconomic status are often without the adequate resources to find alternative routes for obtaining abortions when they have become restricted or illegal in their own countries.

Policy Analysis

According to the model (Table 2), women should have more personal choice in countries like Sweden, which have liberal abortion and maternal welfare policies. In the three combinations, the available choices for women from the lower strata of society become increasingly restricted. The choices should be the most constraining in a nation with conservative maternal welfare and abortion policies.

Conservative / Conservative: Switzerland

Switzerland demonstrates conservative abortion policy and conservative welfare policy. Under this category, one expects to find policies that severely limit the number of choices available to women from lower socioeconomic strata of the society. When abortion policies are stringent, women without economic means do not have the option of traveling to a country or district within their country that has more lenient policies. When abortion tourism is not

Table 2
Summary of Abortion Policies

Country:	Switzerland	Republic of Ireland	United States	Sweden
Current law passed	1942	1941, 1993, 1993	1973	1975
Grounds for Abortion	Prescribed access for medical grounds	1) no abortion legal	a) Elective (by request and waiting) b) After viability regulation permitted	c) Up to 18 th week, on request d) After 18 th week, if serious medical, psychological or social problems
Conditions	Consultation with doctor, plus written agreement of second doctor	N/A	Varies according to state	Between 12 th and 18 th week counseling necessary After 18 th week, by permission of National Health Board
Incidence of Abortion	0.3 per 1000 women aged 15-44 in 1992. Estimated 13,000 per annum	5.4 per 1000 women aged 15-44 in 1992. Estimated 6,000 per annum	27.3 per 1000 women aged 15-44 in 1992. Estimated 1,627,773 in 1990	11.2 per 1000 women aged 15-44 in 1992. 37,479 in 1993

Source: O'Rourke 1997; Hickey 1996; Tigger and Feltz eds. 1994, *Abortion Policies: A Global Review* (1994) (Chicago Publishers, 1994)

policies regarding public assistance further limit the options available to a woman with an unwanted pregnancy. The option of motherhood becomes less attractive when a woman is faced with the reality that in her present economic situation she would be dependent on the limited welfare assistance of the government. Under these conditions, a woman can neither adequately provide for the needs of her child, nor safely terminate the pregnancy.

Welfare Policy:

In Switzerland, the social stigma attached to receiving public assistance acts as an additional choice-limiting factor for women. Ralph Segalman (1986) argues that a key difference in Switzerland's welfare policy lies in its refusal to tolerate a lack of initiative and its determination to resume a productive role in society after a period on public assistance (Segalman 1986). The public assistance system is governed at a micro-level by cantons (states) and then, further divided into byalags or local communities (Segalman 1986). Switzerland has insured that primary power remains in the jurisdiction of its 26 cantons. Consequently, their local model of control enables them to individualize public assistance to achieve the goal of reintroduction of the individual as an independent functioning citizen in the society (Segalman 1986).

In the majority of byalags, public assistance includes "advice counseling, information, and other social services including if necessary, financial and material aid" (Segalman 1986). The focus is not on distributing financial assistance to individuals in need, but rather, on creating and implementing individualized plans for getting people to the point of self-sufficiency. If a person chooses not to follow the recommended guidelines for attaining independence, their grant may be reduced or eliminated. Temporary aid often

available because of a lack of funds for abortion, women are left with the option of terminating a pregnancy illegally, and often unsafely, before giving birth or having the child and becoming dependent on the economic support provided by government policy. Countries that also maintain strict

comes in amounts that are calculated to be less than the client's potential

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earning power as a further incentive to return or become equipped to work. Furthermore, should a client become affluent at a later date, it is possible for the community to seek repayment for public assistance the individual received in the past. Only the validly aged or infirmed are provided with a steady grant under this model. One of the benefits of the communal structure is the ability of case workers to effectively hold families accountable for assisting family members in need before considering government assistance. In cases of divorce, fathers are also responsible for providing child-care payments.

In Switzerland, communities are closely knit. Segalman observes that "[m]any communities function on a town hall basis... most decisions... must be ratified either by an election or a meeting of all electors" (Segalman 1986). This closeness functions as an indirect deterrent for individuals to deviate from communal norms, especially the norm of self-reliance. At the same time, communities are more aware of the needs of the individuals within it and are more apt to provide communal assistance through opportunities for employment or training, in order to prevent individuals from becoming dependent on public assistance.

Abortion Policy:

The abortion law in Switzerland is one of the oldest in the Western world (enacted in Switzerland in 1942). While there have been attempts to amend the Penal Code, these have been unsuccessful. The laws governing abortions in Switzerland—Articles 118 to 121 of the Swiss Penal Code—permit abortions only on medical grounds. To obtain an abortion, a woman must give written consent to the doctor and also receive a second opinion from an additional doctor—which concurs with her decision for termination.

With regard to funding for abortions Anne-Marie Rey observes that:

In principle, termination of pregnancy has to be paid for by social insurance. But since health insurance is not compulsory in Switzerland... some terminations will not be paid by insurance. For poor women, social welfare will have to provide the means (Eggert and Rolston eds. 1994).

Given the close knit communities of Switzerland, however, it may be difficult to obtain abortions in largely Catholic cantons

canton. Abortion practice is lenient in most cantons, especially so in Basel City, Geneva, Berne, Neuchatel, Zurich, and Vaud. There remain a few cantons, though, which maintain stringent abortion policies. These include the highly Catholic cantons of the central region—Appenzell Inner Rhodes, Nidwald, Obwald and Uri—where no abortions occur.

Conservative/ Liberal: Republic of Ireland

In theory, a country with conservative abortion policies and liberal welfare policies should provide women with more incentives to carry their pregnancies to term through generous welfare policies and prevent abortions through lack of funding and stringent prohibitive laws. Even if a woman has no interest in carrying her pregnancy to term, it would be more advantageous under this structure to opt for motherhood or giving the child up for adoption. The Republic of Ireland, hereafter referred to as Ireland, demonstrates these conservative abortion and liberal welfare policies.

Welfare policy:

In Ireland, the social welfare system operates under three main branches: social insurance, social assistance, and universal benefits. According to Mel Cousins, Ireland currently spends one third of the government budget on the social welfare system (1995). Given the vast resources dedicated to social welfare in Ireland, one would assume that the government would somehow compensate for its essentially prohibitive abortion policies with comprehensive assistance programs for poor and unwed mothers. While things appear to be changing in this direction, welfare policy in the recent past failed to address the needs of child-care and continued to support patriarchy by indirectly delivering funds to the breadwinner (male of the household). The European Union directive on Equal Treatment for Men and Women in terms of Social Security in 1984 forced Ireland to reform its social welfare system. This directive was created to erase the gender bias implicit in payment procedures and definitions of adult dependents, and particularly to reform the social insurance procedures to end inferior benefits for married women (Cousins 1995). Cousins illustrates the patriarchal bias in welfare policy by showing that despite the universal child benefit, there is little support for families in Ireland's social welfare

since welfare is often highly individualized and often at the discretion of the social workers.

Despite the *de jure* stringency of abortion law in Switzerland, *de facto* practices are more lenient. The cleavage between the law and actual practice is not consistent throughout Switzerland, but varies according to

system. Cousins argues that "despite the support for the nuclear family, there has been little support for women in the home, or for women during pregnancy and maternity (except for women at work; 1995). This observation runs contrary to the expectation that a country with stringent abortion policies will compensate in its welfare policies by providing aid for women who are either pregnant or who have dependant children.

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Social assistance (non-contributory) functions as a way of ensuring individuals, who have inadequate or no employment, a minimum subsistence level. To receive social assistance, it is necessary to first satisfy a means test. Social assistance is designed for individuals who do not qualify for social insurance payments. Individuals qualifying for social assistance are paid a flat rate with additional allowances for dependents; in some cases, supplementary welfare allowance (SWA) functions as a residual subsistence benefit for clients without sufficient funds to meet their needs.

Abortion Policy:

The Republic of Ireland represents the restrictive end of the abortion continuum. In contrast to most of Western Europe, abortion remains a criminal act in virtually all cases. In 1983, the Eighth Amendment to the Constitution was added through referendum and instituted as Article 40.3.3 to read:

[T]he state acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and as far as practicable, by its laws to defend and vindicate that right (Eggert and Rolston eds. 1994).

Following the public controversy over the state's attempt to prosecute a 14-year old girl attempting to abort a fetus conceived after being raped by her best friend's father in 1992, Ireland responded with the passage of a referendum permitting women to travel abroad without being prosecuted while keeping abortion illegal in their country.

This policy thereby enabled the government to sidestep the issue of revising their abortion law by providing women with the option of abortion tourism in neighboring England or other permissive countries in Europe. Of the issues presented in the tripartite referendum held in December 1992, the Irish people approved the referenda supporting the right of Irish women to travel abroad and to make information about services, including abortion in member states of the European Community, freely available to individuals in Ireland.

Despite the ability to travel abroad for an abortion, women must first have the financial means to cover the costs associated with traveling and abortion services. As Joyce Outshoorn observes, "[t]raveling for an

the needs of poor women facing unplanned or unwanted pregnancies.

The third issue on the referendum that legalized abortion in certain circumstances was rejected. In 1995, a bill was passed formalizing the referendum with the change that it now criminalized the act of referral to abortion clinics. The implications of this revision most significantly impact women without the resources to contact foreign clinics themselves.

Conservative/ Liberal: United States

A country with conservative welfare policy and liberal abortion policy creates a setting where abortion is the more feasible option. One would assume intuitively that when a country's welfare policies for unwed mothers make motherhood unattractive and while abortions and funding are readily available, persons unable to afford the costs of child care will be more likely to seek abortions. By the same token, lack of public abortion facilities or funds may lead more women to have children they may not want. The United States demonstrates a country with conservative maternal welfare policy and liberal abortion policy.

Welfare Policy:

The liberal abortion policy in the United States has not been accompanied by welfare measures similar to those implemented in most of Western Europe, which allocate funds for abortion and child-rearing. In the United States, welfare policy takes shape under the umbrellas of welfare and social security. The welfare system is designed primarily to provide aid to children, and does not offer support for able-bodied individuals capable of employment. Aid to Families with Dependent Children (AFDC) allocates federal funds to states that in turn jointly fund programs for needy children and their families. To receive federal funding, states must first allocate their own moneys for needy families before they receive 50 to 80 percent of the budget required to provide AFDC programs within the state. In addition, the welfare system also provides Food Stamps and Job Opportunities Programs for individuals in need of assistance.

Recent changes have occurred in the welfare system as a result of the passage of the Personal Responsibility and Work Reconciliation Act of 1996. As a consequence, AFDC is being replaced by a new program, Temporary Aid to Needy

abortion is both a financial and psychological burden for women and does form a real barrier in a number of cases (especially for young women and poorer women; Githens and McBride Stetson 1996). In their decision to avoid addressing the abortion issue while approving the option of abortion tourism, the public is ignoring

Families (TANF). Unlike recipients of AFDC, individuals receiving TANF will no longer be automatically awarded Medicaid. Individuals with dependent children will also be required to work (defined as unsubsidized jobs, subsidized public or private sector jobs, schooling, job training, and communi

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ty service) within 24 months of receiving TANF to avoid cancellation or reduction of their benefits (Golonka, Ryan, and Steisel 1996).

In 1993, the Family and Medical Leave Act (FMLA) was passed in the United States. As a result, employees are able to secure 12 weeks of unpaid leave. According to Lise Vogel (1993), "the Family and Medical Leave Act reflects years of feminist efforts to extend the equality framework to incorporate the female-specific needs of motherhood" (Vogel 1993). Similar to the formation of abortion policy, FMLA was the result of efforts made primarily by middle-class women reformers. Richard Marcus (1994) explains that the FMLA provides for the:

'Care of a family member with a serious health condition, for personal medical disability due to pregnancy or childbirth,' for the care of a child born, adopted or placed in child care within one year or for personal illness leave 'due to serious health condition.'

Although this helps middle- and upper-class women with the demands of working and raising a family, most poor and working-class women are unable to afford to take 12 days off from work without pay. Vogel points to political theorist Zillah Eisenstein who was skeptical of the "use [of the FMLA] to poor and working-class women, arguing that it actually bolsters class inequality. In the name of sex neutrality, economic class privilege is simply institutionalized along sexual lines" (Vogel 1993).

Abortion Policy:

Since the 1973 Supreme Court ruling in *Roe v. Wade*, American women have been able to have elective abortions without interference up to the point of viability. After this period, the states are permitted to regulate abortions provided that it is with the interest of protecting the woman's health. At the point of viability, which the Supreme Court estimates as occurring between the 24th and 28th weeks, states are entitled to regulate abortion with the interest of protecting the fetus.

Later in *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), the Supreme Court ruled that federal and state governments have the right at any time during the pregnancy to encourage "childbirth and to promote informed and thoughtful decision-making by women." However, the

Withholding federal assistance for abortion was not seen as an "undue burden" by the *Supreme Court in Webster v. Reproductive Health*. Rudy (1996) observes:

The Supreme Court[...] declared that although the government would allow abortion, no public money (and no hospital or health care provider who received public money) could be used to support abortion. This decision verified that the government would no longer support women's "private" needs for abortion with "public" funds.

The fact that federal moneys and facilities are no longer available to women means that abortion funding is left to the discretion of the states. Conservative states like Utah and Louisiana are able to deny women money for abortions, thereby adding to the difficulty for poor and working-class women to obtain abortions. Glendon (1987) articulates the significance of the abortion situation in the United States by pointing to the dilemma it places upon poor and working-class women. Glendon (1987) argues:

[W]hat seems most troubling about the American abortion-funding cases is... that their total legal context discourages pregnant poor women, single or married, both from continuing with the pregnancy and from getting abortions.

The Supreme Court and Congress have also consistently approved of the federal and state governments' right to deny Medicaid funds for elective abortions in favor of medically necessary abortions and child-rearing (*Beal v. Doe* 1977, *Maher v. Roe* 1977, *Poelker v. Doe* 1977, *Harris v. Mc Rae* 1980, which upheld the Hyde Amendment, and *Webster v. Reproductive Health Services* 1989). The absence of lenient maternal welfare policy has the potential for constraining access to abortion for women from poor and working-class backgrounds. The coupling of liberal elective abortion policies with conservative policies on abortion funding and maternal welfare produces a situation of narrow choice for poor and working-class women.

Liberal/ Liberal: Sweden

Liberal abortion and maternal welfare policies work in conjunction to provide women with low socioeconomic status the

governments can only do so provided that their regulations do not pose any "undue burden" to a woman seeking to abort a nonviable fetus (Casey Slip Opinion 30-34; Wetstein 1996).

widest scope of choices for important life decisions, especially for decisions pertaining to unwanted or unplanned pregnancies. Sweden is the most likely Western model for a nation that provides both liberal maternal welfare and abortion policies for its citizenry. While in the past Sweden has been looked to as a model welfare state, recent economic hardships have placed this once admired system into question.

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Welfare Policy:

Sweden's social welfare system can be divided into universal benefits and pensions and the social insurance systems. The social security system in Sweden provides a universal pension for Old-Age, Disability, and Death. Sickness and Maternity benefits are provided under the social insurance system through cash allocations and medical benefits. Unemployment coverage is through a dual subsidized voluntary insurance and unemployment assistance system. To receive unemployment benefits individuals are required to have been members of the union for a minimum of 12 months prior to unemployment.

To qualify for sickness and maternity benefits, one does not need to meet a residency requirement as in the case of the Old-Age, Disability and Survivors pensions. Cash benefits for care of children can be awarded to either parent under the cash sickness benefit. In addition, each parent is eligible for cash maternity benefits provided that they were insured a minimum of 240 days prior to the pregnancy.

Patricia Evans (1991) notes that the provision of government assistance to single mothers does not prevent, but rather, encourages their employment by providing comprehensive assistance. Evans observes:

Sweden's focus on full employment and development of policies to facilitate working and parenting have played an important role in improving the economic position of Swedish single mothers. These policies include a generous family allowance and subsidized child care... Single mothers are also guaranteed child support through a government administered scheme that collects from fathers, distributes to mothers, and substitutes or supplements these payments as needed (Baines, Evans, and Neysmith 1991).

Under the universal system, Sweden also provides family allowances for residents with one or more children under the age of 16, children up to the age of 20 if the child is still a student, and children up to age 23 if the child attends a school for the mentally disabled. Coverage for these benefits comes entirely from the government in the form of monthly cash allocations that vary according

Abortion Policy:

Despite Sweden's historically negative view towards abortion, it has evolved, through the Swedish Abortion Act of 1975, as one of the most liberal nations (Eggert and Rolston, eds. 1994). Consequently, according to Katarina Lindahl (1994) women in Sweden are now permitted to have an abortion up to the 18th week of pregnancy. Between the 12th and 18th weeks the law requires that a woman seeking an abortion meet with a counselor. In cases where the woman and her gynecologist are in agreement (that no barriers exist to the abortion), though, the required meeting with the counselor can be waived. In instances when an abortion is sought after the 18th week, a woman is required to receive approval from the National Board of Health and Welfare. To be granted permission, the fetus must not yet be viable (at present this is before the 22nd week), and the woman must show that having the child would create grievous medical, psychological, or social problems for her.

The cost of abortions for women in Sweden remains low through the National Health Service that subsidizes part of the cost. Women also receive compensation for time lost from work as a result of the abortion from the National Health insurance. In addition to the relaxation of Sweden's abortion law, accompanying efforts were made to prevent unwanted pregnancies through the opening of youth clinics. These clinics provide free counseling on contraceptives and sexuality as well as sex education in school. Furthermore, midwives also have the ability to prescribe and distribute information about contraceptives. These supplemental efforts to prevent unwanted pregnancies have helped contribute to a stabilized abortion rate after the 1975 enactment.

Conclusion

Although Switzerland does not strictly enforce its conservative abortion policy, the illegality of abortion, coupled with the conservative maternal welfare policy, create a situation that is most constraining for women without economic resources. Women with low socioeconomic status in Ireland are also faced with a narrow range of reproductive choices because of the stringent abortion policies of the government. While in the United States abortion remains legal, poor and working-

to the number of children in the family. The Swedish model of maternal welfare enables poor and working-class women a wide array of choice to either have an abortion or rear their child and work at the same time.

class women nevertheless face the problem of access because of the lack of federal funding for abortion and maternal welfare. Interestingly, in the federal states of Switzerland and the United States, the extent to which abortion funding is available depends upon the canton in which one resides. In conservative areas, women in Switzerland are denied access entirely within their nation and denied funding and access to public facilities for abortions in the United States. It is

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not surprising to find that Sweden's model of liberal abortion and maternal welfare policy creates the widest range of access and support for abortion and maternal welfare.

Vogel (1993) argues that feminists "are often frustrated by the absence in the United States of a social welfare system committed to comprehensive support for the needs of women and families" (Vogel 1993). Vogel attributes the lack of extensive maternal welfare policies similar to those in Western Europe by pointing to the "ideologies of individualism and liberty conceived of as freedom from state interference[...]. Policy deliberations have rejected universalistic conceptualizations that posit a linkage between citizens' needs, state responsibility, and the collective social good" (Vogel 1993). The absence of liberal abortion and maternal welfare policies, however, does not increase freedom for poor and working-class women; rather they create constraints.

Presently, most countries in the Western world have policies that provide to women with low socioeconomic status viable reproductive health options. Rudy (1996) argues that:

Securing a legal right to abortion is not enough; the convictions associated with caring compel us to work for the social, emotional, and material conditions whereby a woman can choose either an abortion or a baby. In order to place power and authority back in the hands of women, we must work to make abortions available to all women, regardless of poverty, inconvenience, or isolation. We must also work to provide women with adequate resources and circumstances so that she may have that baby if she chooses.

By limiting the choices available to poor and working-class women faced with unwanted or unplanned pregnancies, nations perpetuate the patriarchal circumscription of women to the domestic sphere. Patriarchal norms have persisted more forcefully in countries where choice is most constrained by abortion and maternal welfare policy. Concerning the reproductive choices of women, nations need liberal abortion and maternal welfare policies if they are to create the conditions whereby women from all socioeconomic strata are able to choose to terminate their pregnancy or carry it to term.

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