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EUGENICS AND INDUCED ABORTIONS IN POST-WAR GREECE

Abstract: Amongst diverse population problems, induced abortions were one of the most crucial in modern Greece. In fact, not only was abortion a population problem, but also medical, social and moral. The practice of induced abortion has to be put in the context of the social changes, medical advances and moral principles of the then Greek society, in order to explain its incidence. Gynecologists, deeply involved in the institutionalization of eugenics in post-war Greece, played an important role in the 'abortion issue'; either negative or positive. Some of them were proponents of abortion because they earned large sums of money from practicing it, being at the same time unsupportive of contraception. On the contrary, others were against induced abortion and advocates of contraception and family planning. Most of the eugenicists belonged to the second category; however, this was not the case in the event of negative prenatal genetic diagnosis, when they unanimously suggested 'therapeutic' abortion. The protagonists were of course the Greek women. Gender equality and emancipation occurred in Greece only after the 1950s. The feminist movement began during the interwar period when many women's clubs were founded by women living in urban centers. In the rural areas the society was far more conservative than in the cities. The issue of abortion is inextricably linked with eugenics, contraception, social transformation and gender roles. In this respect, the most significant of events in Greek post-war history were: the women's right to vote in 1952; the revival of the discussion for contraceptives in the 1960s; the change of the Greek constitution in 1975; the enactment of the new law on abortion in 1986.

Keywords: abortion (induced); eugenics; contraception; family planning.

“οὐδὲ γυναικὶ πεσδὸν φθόριον δώσω”¹

Hippocratic Oath [1]

Introduction

The practice of induced abortion exists since antiquity and has always been an intriguing matter. Abortion is not limited to certain localities but is a global phenomenon which is documented in all continents and countries and across different civilizations and cultures. The reason why abortion is so common is the fact that it is associated with innate human activities, such as sexual intercourse, pregnancy, motherhood and reproduction. However, local perception of abortion acquires particular characteristics according to the cultural, medical, social, legal and religious contexts in which it is practiced; its confrontation depends on these factors as well.

Terminology

Terminology often plays a crucial role in medical ethics. The meticulous selection of words has the power to express certain ethical considerations [2]. In Greek, there are two words that are translated as ‘abortion’; these are ‘amblosis’ (ἀμβλωση) and ‘ektrosis’ (ἐκτρωση) [3]. The former is mainly used in medical and academic texts; whereas the latter is used in less formal occasions and in everyday language. According to a recent research on abortion practice in ancient Greece [4], the same distinction in the word selection was employed in the antiquity, too. Both words are ethically charged; ‘ektrosis’ reflects an immoral or even criminal action, whereas ‘amblosis’ is milder and sometimes corresponds to a miscarriage as well. However, in the most recent law on abortion [5], the phrase: ‘artificial termination of pregnancy’, which describes a procedure and is ethically neutral, was preferred to the aforementioned words. In addition, the word ‘interruption’ is also employed by health professionals [6].

The post-war Greek society

While terminating a pregnancy should be a decision of the couple, it is the woman who is mostly affected by an abortion, both physically and (senti-) mentally and makes the final decision of continuing or terminating her pregnancy. It is therefore mandatory to examine the role and social status of Greek women during the period under examination.

Since the interwar period, the feminist trend developed in Athens and many women’s associations were established. Among them was the Lyceum of Greek women (Λύκειο Ελληνίδων), the National Council of Greek Women (Εθνικό

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

Συμβούλιο Ελληνίδων) and the Intellectual Women's Society (Σύνδεσμος Ελληνίδων Επιστημόνων). However, it was during the post-war period when in the context of rejuvenating the Greek society, the women's social position gradually modernized. En route to modernity, women's determination to gain sex equality was culminated in their achievement to gain voting rights in parliamentary elections in 1952. After that pivotal point, the quantity of women who entered academia and pursued a professional career increased in the following decades. In 1975, the year when the Constitution changed, Greek women legally acknowledged as equal to men [7].

The change of women's social status inevitably affected the family life. It is believed that female emancipation significantly contributed to the transition from the traditional model of large families to the nuclear family model. This was also due to a sudden urbanization in the 1960s-1970s, which dictated radical social changes in many levels, one of which being the institution of family [8]. Thus it is not surprising that in rural areas, the model of large families persisted as a norm until the end of the twentieth century. In urban areas, particularly in the region of Athens, women spent much time outside their home, either to work or engage with other activities. It was therefore reasonable to abandon the traditional status of the woman who stayed at home to do the housework and raise the children. Woman's role became multi-dimensional, having repercussions to the conjugal and family life. Furthermore, women began a sexually active life all the more earlier and decided to perform an induced abortion more freely, in urban areas. Induced abortion was seen as part of the potential to control one's own body. In view of the limited use of contraceptive methods, abortion was the only way of birth control too.

Legal context

Mostly after 1975, there was a global trend of establishing more liberal laws on abortion. Countries ranging from Argentina to India and the majority of European countries replaced their strict laws on induced abortion with new ones permitting more exceptions in terminating a pregnancy, including socio-economical reasons [9]. Following this trend [10], Greece liberalized the preceding strict abortion law in 1978 accepting fetus malformation as a legal reason for terminating a pregnancy and the threat of mother's mental health from the continuation of pregnancy as another [11]. In 1986, the Greek state enacted an even more liberal law.

Prior to this change and during the post-war period, abortion was prohibited by the law. According to the Greek Penal Code, article 304, par. 4-5, both the woman who underwent the operation and the doctor who performed it would be punished with imprisonment; up to three years for the former and ten years for the latter. The only accepted exceptions were: if the pregnancy was a result of rape, incest or seduction and if there was a medical indication that the mother's life was threatened by the continuation of the pregnancy.

During the mid-1970s and after the revised Constitution in 1975, the legal framework of marriage and reproduction was significantly altered. As already

mentioned, the Constitution (1975) acknowledged sex equality. Then, in 1980, family planning was legally established by the law 1036, which allowed the establishment of family planning clinics in public health institutions across the country [12]. Few years later in 1982, civil marriage was validated by the law 1329/1982 [13] and in 1983 the new Family Law 1329/1983 incorporated sex equality in familial life and replaced the patriarchic model with parental care. The same law protected single mothers and children [14]. Therefore, the legalization of abortion in 1986 was a natural outcome of the legal reformation of family life, reproduction and conjugal relationships.

The groundbreaking aspect of the new law was the free choice of abortion for any reason until the 12th week of gestation. It was then the state's obligation to secure the safety of the operation in a public clinic and protect the woman's life. Moreover, the insurance of the pregnant woman was obliged to bear the cost of the operation and the days of absence from work. When the termination of pregnancy was decided due to reasons of eugenics (medically detected fetus impairment), the time limit for abortion was extended to the 24th week of gestation. Abortion was also permitted until the 19th week of gestation if the pregnancy was the result of rape, incest or seduction. Only in the case of a potential threat for woman's physical or mental health was the choice of abortion without time limitation.

However, there are some exceptions of the aforementioned cases when the termination of pregnancy is punished by the law. These are, for instance, when someone who is not a licensed obstetric-gynecologist attempts to perform an abortion with or without the pregnant woman's permission; when someone tries to injure the woman or the embryo; or when someone advertises drugs or methods to terminate a pregnancy other than a licensed obstetric-gynecologist or a member of the staff of a family planning clinic.

The new law provoked many reactions on behalf of law officers and deputies in the Greek Parliament. For instance, some argued about the conflict of rights between the woman's right for free expression and self-determination and the unborn child's right to life, both protected by the Constitution. Given that the number of abortions was very high, deputies also argued about the free hospitalization and cost coverage of the operation without any restraint regarding the number of abortions of each woman. Moreover, the opinion that it was unfair for a percentage of citizens, who did not agree with abortion, to pay (through their taxation) for those who wanted to perform it was also expressed. Furthermore, a number of eminent professors of law deemed the law 1609/1986 as unconstitutional [15].

Legal or illegal, induced abortions in Greece has been numerous and performed from both married and unmarried women. In addition, studies proved that many women underwent more than one abortion during their reproductive years. Plenty of demographical, medical, legal and social studies verified the same fact: abortion is endemic in Greece. After all, even before its legalization, violations of the enacted law were seldom persecuted; there was a condition of 'legal illegality' [16].

Orthodox Christian Ethics

In Greece, Orthodox Christianity is the dominant religion and the viewpoint of the Greek Orthodox Church in national or personal matters was much respected and appreciated. In the matter of induced abortion, the Church was absolute: abortion was a murder; an ethically unacceptable action and a sin; it was only acceptable under medical indication that the mother's life was at risk.

In brief, for Orthodox Christian anthropology and ethics, human life has intrinsic and absolute value from conception. The Church celebrates, for example, the conception of Jesus Christ, Virgin Mary and St. John the Baptist. Based on the biblical texts which reveal the respect of human life while in its mother's belly [17], the Church sees the embryo as a complete human personhood from conception. Moreover, the gift of life was given from God to the people, which meant that only God had authority over life and death. Therefore, it is reasonable for the Church to believe that abortion is a form of murder and to condemn it [18]. However, unlike the Roman Catholic Church that published papal encyclicals about reproduction issues, such as the "Casti Connubii" and the "Humanae Vitae", which have the form of an absolute and unchangeable rule, there is no mandatory canon law in the Orthodox Church to impose its teachings. Although the Greek society was traditional and allegedly the opinion of the Church counted on decision-making; induced abortion which was clearly condemned by the Church was often practiced by Greek couples.

In the context of its "economy", the Greek Orthodox Church predominantly condemned the action (the sin) and not the agent of the action (the sinner). Therefore, if the woman or the physician who performed the abortion returned to Church with a petition; they would be excused. As for the couples who aborted an impaired embryo, the Church would express its sympathy to them and under conditions accept them back in its body. That does not mean that such a decision is accepted by the Church [19], but in the Orthodox Church there is always room for an honest repentant.

Local demography

Information about the demography of the country where a large number of induced abortions are performed is crucial to their evaluation. Greece experienced a population explosion in the beginning of the twentieth century, when in 1922 over a million of Greek refugees previously living in Asia Minor moved in Greece after their violent prosecution from the Turks under Kemal Ataturk. However, during the World Wars and the Civil War that followed (1946-1949), there were many losses in human lives; not only due to the warfare, but also due to the famine outbreak [20] and the spread of contagious diseases [21].

Furthermore, there was a steep decline in birth rates. Although the total number of the population seemed to increase during the post-war period, this was due to the decline of the mortality rates; the birth rates followed a downward

trajectory throughout the second half of the twentieth century. In 1951 people aged from birth to 14 years represented the 28,8% of the total population, but in 2010 their percentage decreased to 14,4% [22]. As a result, the Greek population became close to stable with a latent tendency to ageing. Ever since the signs of declining birth rates became evident, the Greek state adopted pro-natalist policies. In its effort to reconstruct the country, the state set as a priority the multiplication and robustness of the nation. Consequently, abortion and contraception were deemed illegal by the state.

The large number of abortions refrained birth rates from increasing. In combination with the ageing population, Greece faced serious demographical problems throughout the second half of the twentieth century. Not only was the low birth rate a demographical problem, but also national, social and economic. In the aftermath of the wars, state authorities were worried about the confrontation of a future enemy invasion in the country. In this case, a big number of soldiers would be an asset, but if the number of births declined, how many will be the future soldiers? Thus, the multiplication of births was a national problem and the protection of motherhood and childhood became a state obligation. At the social level, birth limitation shook the foundation of society: the family. As already mentioned, the traditional Greek family model of large families was gradually replaced by the nuclear family model with one or two children. The nuclear family was considered by sociologists to be more fragile than the large family which retained strong bonds among its members. Furthermore, economists claimed that the decrease of the workforce of the country would be an inevitable repercussion of the low birth rate. Therefore, the national economy was also affected by the population decline. These were some of the reasons why reproduction, an otherwise intimate and individual matter, became a national consideration. Simultaneously, abortion became an offense to the state and a crime; both the women and the gynecologists who performed it were punished by the Greek Penal Code.

Although the practice of induced abortion was illegal until 1986, the number of abortions was immense. Abortions performed in the private sector were highly paid, and not officially reported. Women who would like to keep their anonymity and avoid legal prosecution visited a gynecologist's private practice to undertake an abortion. As has already been mentioned, abortion was also condemned by the Greek Orthodox Church. As a result, not only was it illegal but also socially stigmatizing. Therefore, the underreporting of abortions was an additional problem to their evaluation and confrontation [23]. After the legalization of abortion there was official data collection of its incidence by the National Statistical Service of Greece. However, the Greek women continued to prefer the private practice to the public health institutions a fact which rendered the accurate documentation of abortion impossible. Past and current information on abortion mostly relies on field work and sociological analyses than official statistic data collection.

During the post-war period there were some significant field work demographical studies throughout the country; most importantly these published in 1965 [24] and in 1969 [26] and another concerning the region of Athens, published

in 1979 [26]. The researchers were mainly preoccupied with familial choices, such as the desired number of children; the use of contraceptive methods and the incidence of abortion.

The first of the series of demographical researches (1965) [7] verified the decline of births in parallel with the decline of deaths, predominantly due to the eradication of malaria and the control of infectious diseases. In examining the issue of infertility, the researchers sought answers for the desired number of children, the family size in rural and urban regions and contraception practices. The survey revealed an inconsistency between the desired and actual family size. Both in rural and urban areas, young families wanted no more than three children; but parents of large families claimed that it was their decision to have three to four children, same as they already had. This was seen by the researchers as a compromising viewpoint; the parents of large families initially wanted one or two children but unable to control their reproduction ended up having more children. However, the survey indicated that the interviewed couples were practicing one or more contraceptive methods during their reproductive years. Given the presence of larger than desired families and the high percentage of abortion, it seems that eventually the used birth control methods were not effective. The percentage of couples who practiced contraception was 79% in rural areas and 87% in urban areas. As for the methods of contraception, preference was given to withdrawal, mostly in the rural areas, but in cities as well. The condom was in the second place of preference, mostly in the cities, where it was easier to find. The rest of the methods, such as diaphragm, douche, spermicide jellies and the rhythm method were less frequently used. One of the striking results of the survey was the number of abortions, as an alternative to an unwanted pregnancy. The interviewed couples categorized it among the rest of contraceptive methods and the 335 families reported 541 induced abortions. The percentage of abortions in urban areas exceeded the one in rural regions. Due to the fact that induced abortion was an illegal practice, fear of reporting it was a reason to believe that the number of abortions was much higher than reported. In addition, the researchers presented an important -albeit indirect- factor which indicates a higher percentage of abortions; this was the high percentage of obstetricians-gynecologists who worked in private practice. They found the number of obstetricians-gynecologists to be disproportionate to the total population, particularly in Athens. As a result, the occurrence of induced abortions was estimated by the researchers to be much higher than anticipated; its accurate quantification was impossible due to its illegality though.

In 1966-67, the same group of researchers under the auspice of the Centre of Biometric and Demographic Research at the University of Athens conducted a survey particularly for abortion, but only among married women [8]. In order to collect more accurate data, a different approach was adopted by the interviewers. This time the interviewers were only women wearing a wedding ring and interviewed the 6500 wives alone. One of the most important outcomes was the verification that the desire to limit the family size was more vivid in urban centers than in towns and villages. The lack of accessibility to the means of contraception in villages was probably an important factor producing this result. At the same time, induced abortion's rate was

four times greater in big cities than in villages. Not surprisingly, the proportion of abortion with regard to the live births was one in five in rural areas, whereas in Athens the rates were equal; abortions were as many as live births. Furthermore, induced abortions were repetitive, on average two abortions per woman. Comparing this result to the live births rate and corresponding to the entire population, the minimum estimation was about 100.000 abortions per annum.

More specifically, the majority of induced abortions were performed by women over forty years old, when they had already formed their family and chose abortion as birth limitation method. The average number of abortions until the end of reproduction age was between two and three. Except from relying to abortion as the only secure method to interrupt an unwanted pregnancy, some women did not know that it was illegal. The latter justifies the assumption that even before the legalization of induced abortion; no one was actually prosecuted for performing it. Regarding socio-economic status, the survey revealed that illiterate women had three times more abortions than the educated.

Nearly all the operations were performed by licensed physicians who renamed them with vague and misleading medical terms, such as 'menstrual disorder'. It was widely known that many Greek obstetricians-gynecologists performed abortions without any restraint, legal or moral [27], primarily because of the large amounts of money they earned from this practice. Moreover they did not advise women for methods of avoiding an unwanted pregnancy.

Although the aforementioned studies dealt with the growing number of induced abortions among married woman, in 1979 a different survey was published; this time regarding unmarried female and male students, studying in Athens but coming from different parts of the country [9]. The sample was 334 male and 395 female students. The results revealed that sexual intercourse started at the age of 18 years for the 17% of the interviewed, rising to 51% at the age of 22 years. Students coming from rural environments started their sexual life later than those raised in urban areas. In total, a percentage of students as high as 25% undergone an induced abortion (females) or were co-responsible for it (males). In total, these who were sexually active, independently of their origin, underwent induced abortions in equal numbers. The more conservative attitude of students who were raised in villages or small towns in terms of sexual intercourse reflected a difference in morals between rural and urban environments. Yet, the fact that they expressed the same ethics in choosing induced abortion to face an unwanted pregnancy should not be overridden. The results of this survey were equally disappointing as the previous ones, revealing the high incidence of abortion, both in married and unmarried women, either living in rural or urban areas.

Considering the outcomes of these surveys conducted from the beginning of the 1960s to the end of the 1970s, one can claim that induced abortion was: a. underreported, but widely performed; b. regarded by couples as the only secure method of birth control; and c. performed by licensed physicians lightheartedly. What was unanimously expressed by researchers was the absence of sex education and lack of family planning advice. The state's indifference and unpreparedness

in these crucial matters made the confrontation of the large numbers of induced abortions an insurmountable obstacle to healthy and planned reproduction. In this context, the Hellenic Eugenics Society (thereafter HES) was the only body of professionals who were sensitized with the abortion issue; infertility; low birth rate; family planning; and sex education.

Eugenics

Although the majority of eugenics societies in Europe ceased from activity in the post-war period, the first eugenics society in Greece was established exactly then, in 1953 [28]. Academic discussions on eugenics in the context of physical anthropology began since the 1920s [29], but there was no society exclusively dealing with it. The members of the HES were primarily physicians, particularly gynecologists and pediatricians. Thus, eugenics abandoned its connection with physical anthropology and became attached to gynecology and pediatrics. As a consequence, preoccupation with motherhood, heredity and family was dominant. In addition, attention was paid on demography and population issues. One of the most important reasons why the HES was established so late-in comparison with its European counterparts- is that it was attached to the International Planned Parenthood Federation (hereafter IPPF), which was established in 1952.

The ultimate target of this association was to bring issues of eugenics to light and sensitize the public, academics, professionals and state authorities. This was not a difficult task because the members of the HES were eminent physicians, sociologists, economists and politicians who had the ability to influence their fellows and the general public.

Nikolaos Louros, president of the HES for 20 years and renowned gynecologist, and leading members of the HES, such as Panayiotis Panayiotou, opposed abortion and criticized their colleagues who favored it to earn more money. At the same time, the ‘abortionists’ [30] – as they called them – intentionally did not provide any birth control advice to their patients. On the contrary, gynecologists, who opposed abortion, were supporters of contraception and family planning. Apart from medical etiology, many gynecologists were averse to abortion on demographical grounds. They regarded the large number of abortions as the root of the problem of low fertility.

In this respect the HES sought ways to tackle induced abortions; these were propaganda on family planning, distribution of contraceptives and dissemination of sex education. During the late 1970s, when discussions on changing the Family Law were vivid in Greece, the HES organized academic round table discussions and public conferences to familiarize the Greek society with family planning. For example, they organized the following conferences: “The reproduction problems of the Greeks” (1975) [32]; “Premarital Medical Examination” (1978) [32] and “Sex Education” (1979) [33].

Prior to these, a more substantial effort was made by the HES; the establishment of the first experimental Premarital Advisory Center in “Alexandra” maternity hospital in Athens. This institution lasted for almost two years, from

1966 to 1968 [34]. Much later, the initiative to publicly disseminate family planning advice was taken by a non-governmental organization established in Athens by a group of volunteers under the leadership of the gynecologist, Dr. Kintis and the congresswoman, Mrs Tsouderou in 1976 [35].

The effort of Greek gynecologists to disseminate eugenics and family planning was supported by foreign institutions and experts, such as the IPPF; the British Eugenics Society (hereafter BES) and Clarence Gamble, a famous birth control advocate. Indeed, it would have been impossible for the HES to organize the birth control movement in Greece without assistance from experienced people from abroad. On the one hand the IPPF, the BES and other similar institutions provided educational help; on the other hand Gamble offered mainly material help by providing the HES with female contraceptives to distribute to the Greek women [36]. When in February 1955, Louros, as the president of the HES and scientific director of the 'Alexandra' maternity hospital, accepted Gamble's offer for contraceptives, it was the first time that diaphragms and jellies were imported in Greece. As was mentioned before, Louros opposed induced abortions and opted for their elimination through contraception. Therefore, he tried to convince the state authorities to change the law which prohibited contraceptives' distribution, but in vain. Thus, Louros and other gynecologists who argued about the effectiveness of contraceptives were limited by the law to continue their practice. However, in the following decades, the efforts to establish family planning flourished and eventually in 1980 they were legally permitted.

Although many obstetricians-gynecologists and the HES opposed induced abortions, they supported 'therapeutic' or 'selective' abortion in case of negative prenatal diagnosis. Having in mind that the methods of prenatal diagnosis were not as precise and accurate as the present day and prognosis and prevention of congenital diseases were elementary, the issue of abortion was even more complicated.

The only exception in accurately detecting a congenital disease was the Mediterranean anemia or Beta-thalassaemia, which is a blood disorder that provokes hemoglobin abnormality in the blood. Mediterranean anemia had three specific characteristics which separated it from the rest inherited diseases: firstly it could be detected in the prospective parents only with a blood test; secondly, it is manifested in the child if both parents are carriers of the disease; and thirdly, it was accurately predicted. In addition, it was the predominant congenital disease in Greece. Therefore, it gained special attention by Greek physicians and eugenicists.

Independently of the HES activities, the Centre for the prevention of Mediterranean anemia was established in 1974 in Athens and was very successful in the elimination of the disease. Not surprisingly though, three of its founders and experts in blood diseases, Phaedon Phessas, Christos Kattamis and Dimitris Loukopoulos, participated in the HES conferences: "Blood and Heredity" (1970) [37], "Antenatal Diagnosis" (1975) [38] and "Premarital Medical Examination" (1977) [31]. In-depth analyses and interdisciplinary discussions were made during these conferences, portraying the significance of the elimination of this disease in the country [39].

Genetic counseling was of utmost importance in confronting Mediterranean anemia and other hereditary diseases. Again, prognosis and avoidance of a pregnancy

was possible for Mediterranean anemia, whereas other diseases were detected only after conception and more accurately after the 12th week. Given the lack of treatment of a disease, such as Down's syndrome, selective abortion seemed the only alternative. The majority of eugenicists favored selective abortion in such a case, but they recommended medical examination of all prospective parents in order to prevent the presence of a hereditary disease. Among the suggested ways of tackling the problem of being one or both parents carriers of a congenital disease were: IVF with a donor, adoption or marriage without procreation. In light of their social protectionism, eugenicists insisted in suggesting the aforementioned solutions, even though they were strict and sometimes not based on accurate medical diagnosis.

Conclusions

Evidently, the large number of induced abortions in Greece has been a multifaceted and persistent problem since the post-war period. Not only was a personal task which challenged women's physical and mental integrity and morality, but also a national issue.

Although the Greek state urged the need to stop the abortion rate, it actually did not take any action to prevent its occurrence. First of all, sex education was not included in the school curricula and secondly, family planning advice in public health institutions and the distribution of (female) contraceptives was illegal until the 1980s. In 1986, the state legalized abortion until the 12th week allegedly to secure women's health during the operation. As it turned out, this policy did not diminish the percentage of induced abortion at all. Obviously, only policies aiming at information and prevention could tackle the problem, but these were never implemented in Greece. Family planning advice was marginal and sex education non-existent.

The Greek Orthodox Church openly condemned induced abortion and equated it with murder. Taking an embryo's life was regarded as the ultimate disrespect to its creator, God. Despite the Church's presence in nearly every Greek household, the high number of abortions was not diminished by biblical teachings of Christian morality.

A small-scale movement from Greek eugenicists appeared during the post-war period, which promoted contraceptive use and family planning advice. Under the auspices of the Hellenic Eugenics Society, the first Premarital Advisory Centre established in "Alexandra" maternity hospital, albeit experimentally. More successful was the organization of public conferences, where experts disseminated information on family planning, premarital medical examination and sex education.

The issue of selective abortion for the reason of a presence of a disease or malformation in the embryo belonged to a different category. While the operation was the same, selective or therapeutic abortion was acceptable from physicians, the state and even the Church in some cases. However, induced abortions for fetus impairment are only a small percentage of the total number of induced abortions, which result from state and personal indifference; lack of information, education and practice of contraception; and absence of moral or legal restraints.

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