

ABORTION in SERBIA

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Agenda



Introduction

Legal regulation

Providers

Methods

Reimbursement

Society

Special situation





The power
of ABORTION

Nearly half of all pregnancies are unintended - a global crisis

- 121 million unintended pregnancies globally each year
- 60% of unintended pregnancies end in abortion
- 45% of all abortions are unsafe
- Unsafe abortions hospitalize about 7 million women a year globally and cause 5 -13 % of all maternal deaths, one of the leading causes of maternal death



Do European Union countries
adequately address the healthcare needs
of adolescents in the area of sexual
reproductive health and rights?

The provision and availability of adolescent-friendly SRHR care are far from optimal in around half of the surveyed countries



In a substantial part of Europe, free access to contraception is limited, as well as healthcare and programmes specifically dedicated to pregnant adolescents

Health services providing SRH adolescent friendly care and respecting adolescents' rights (eg, confidentiality and autonomy) are not available in nearly half of European Union countries

In many situations, health professionals providing SRH to adolescents are not trained to meet adolescents' SRH needs.

Legal conditions

- Written consent by the woman
- Pre-abortion consultation (legal counselling)
- Contraception to be evoked during at least 1 of the consultations

Specific conditions for minors

- Parent's (or guardian's) consent required for minors under 16

- **Legislation timeline**

- 1977: abortion is allowed
- 2005: Family Act, Article 5 (24 February)
- 2013: medical abortion available

Abortion conditions

Ground	Gestational limit
To save a woman's life	No limit
Because foetal impairment	No limit
To preserve a woman's mental health	
To preserve a woman's physical health	needs approval by a committee
For economic and social reasons	
On request	10 weeks from LMP

Source: IPPF European Network - <http://www.ippfen.org/>

Abortion legislation Serbia

Abortion statistics RS 2013



19,085 Number of women who had an abortion by number of live children and number of previous abortions

13,650 Number of women who had a **medical abortion** by number of live children and number of previous abortions

72%

Number of live children

0	1	2	3	4	5 и више 5 or more
5335	4257	6643	2000	542	308

AB rate 13 per 1000 women

Woman's age 9,104 (25-34) 6,589 (35-44) 82%

Abortion statistics RS 2023 -- 44%



10,689 Number of women who had an abortion by number of live children and number of previous abortions

7,966 Number of women who had a **medical abortion** by number of live children and number of previous abortions

75%

Number of live children

0	1	2	3	4	5 и више 5 or more
3840	2206	2706	1206	458	272

AB rate 7 per 1000 women

Woman's age 3,562 (25-34) 2,945 (35-44) 61%



Current Access to Abortion

• **Access to Clinics and Providers:** Women in Serbia have access to abortion services at public hospitals and some private clinics. Abortions are performed by **gynecologists**, and access to surgical abortions is generally available, although services may be harder to access in rural areas compared to urban centers.

• **Medication Abortion (Abortion Pills):** currently not available in Serbia

• **Cost:** While abortion is legal, **financial barriers** can exist, especially in private clinics where the cost may be higher than in public hospitals.

Obstacles and Challenges



Societal and Cultural Barriers

- **Religion:** Serbia is predominantly **Eastern Orthodox Christian**, and the **Serbian Orthodox Church** opposes abortion.
- **Conservative Attitudes:** Traditional values regarding family and motherhood are strong in Serbia, which can pressure women to avoid abortion

Political Context

- There has been an increasing **pro-natalist rhetoric** from political leaders, encouraging population growth in a country facing demographic decline.
- Political instability and economic challenges have meant that abortion access is not always prioritized as a healthcare issue.

Medical and Institutional Challenges

- **Medical Providers' Conscience Clause:** **Serbian law allows healthcare providers to refuse to perform abortions based on personal conscience**
- **Healthcare System** The quality of healthcare and access to professional providers can be lower in rural regions.
- **Medical Associations:** Some medical associations have expressed concerns about the overuse of abortion, **advocating for better contraception education.**

Recent Developments and Social Responses



Commissioner for Protection of Equality - actively advocate for improved access to contraception and comprehensive sex education, as well as greater reproductive rights.

Educational Campaigns - lack of educational campaigns to improve reproductive health education, including promoting contraceptive use to reduce the reliance on abortion as a form of birth control.

Weaknesses in Advocacy

- Lack of **comprehensive sexual education** in schools, contributing to higher rates of unintended pregnancies
- **Low contraceptive use**: Serbia has a relatively low contraceptive acceptance rate, with many women relying on abortion as a form of family planning.

Special Situations in Serbia



Immigrants and Refugees

- Women from migrant communities may face additional barriers in accessing abortion services due to **language, cultural differences, and lack of resources**.
- Access to healthcare for these women can be particularly challenging, and they may not be aware of their reproductive rights in Serbia

Roma Population

The **Roma community** in Serbia faces high levels of marginalization and social exclusion. Roma women often face significant obstacles in accessing healthcare, including abortion services, due to poverty, discrimination, and lack of information

Why women reject hormonal contraception



Negative experiences and fears of side effects

Demand for naturalness

Desire to regain control of their own bodies

No information about positive effect



Providing **free-of-charge contraception and availability of OTC EC without age limit** are associated with lower teenage pregnancy rates.

These services combined with **proper counselling** are thus important contents of youth-friendly contraceptive services that should be provided equally for all teenagers in order to further reduce teenage pregnancy rates.

Take away



The ability to freely choose when and how many children to have is a basic human right

Contraception is an important pillar for the prevention of unintended pregnancy in adolescents

Adolescents should have access to a wide range of contraceptive options

Healthcare providers must provide counselling that is appropriate to the adolescent, acknowledges how they access health care, and is not perceived as directive or coercive

Thank you

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