

ARTIFICIAL ABORTION – THE GEORGIAN STORY

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SUMMARY

This chapter provides a comprehensive overview of the current state of abortion and contraception in Georgia, highlighting the unique characteristics that set them apart from other regions. The second section explores the principles of eliminating restrictive policies on abortion and contraception. The final and main topic presents the author's profound thoughts and philosophy on abortion and life issues, inviting the reader to engage in thoughtful discussion.

Keywords: Artificial abortion, Contraception, Reproductive health

INTRODUCTION

The reader may wonder: Why the Georgian Story?

1. Maybe because Georgia is the first and the only country in the world where Reproductology, the science about both women's and men's reproductive health, has widely been recognized as the officially independent medical discipline, starting since 1997, not just the part of obstetrics and gynecology.
2. Georgia possesses a nonofficial record in the fast spreading of modern contraception. In any case, according to the research of the Zhordania Institute of Reproductology (the oldest clinic of this type in the world, established in 1958) in Georgia, in 1987, when the population averaged 5.5 million, the artificial abortion total rate was 300,000, two-thirds of which was illegal, approximately 2-4 abortions per woman. In this period, Georgia was a part of the Soviet Union, which was the first in the world abortion statistics, and Georgia was one of the leaders among the Soviet republics. Furthermore, the usage of modern contraception was 0 (zero), which means that contraception, as the regulatory method

of reproductive function, did not exist in our country. By the year 2010, the prevalence of modern contraception exceeded 70%. We consider this jump from 0 to 70 per cent a unique fact, and we rely on the Zhordania Institute's studies but not the CDC's data, which we consider unreliable since the survey was carried out with serious omissions: men were not included in the research.

3. We take great pride in our country being the one in the Christian world where complete understanding has been achieved between the Church and reproductive specialists, a successful collaboration that can serve as a model for other regions. For instance, no significant issues were encountered during In Vitro Fertilization (IVF) development and implementation. All those mentioned above result from permanent and frequent consultations between the Georgian Orthodox Church and the Zhordania Institute of Reproductology. Our experience will benefit Christian countries struggling to develop and use the main principles of reproductive health.

Regarding the contemporary dynamics of abortion and contraception, our experience points out that the abortion rate is 10,000, and the use of contraception reaches up to 90%. It may be said that the unpleasant phenomenon of abortion is defeated in Georgia. The same is shown in the statistical analysis of recent years (Unfortunately, only until 2010. After this, no research has been conducted due to the government's unstable political situation and inattention) and in the results of interested specialists' permanent surveillance in the Zhordania Institute. To be more exact, artificial abortion has not been eliminated. Disappointingly, the abortion rate is 10 to 12 thousand per year³, which is relatively high for a country with a population of 3.7 million. It must be noticed that illegal abortions are eliminated. The rest of the registered abortion rate has steadily positive dynamics, which means it is reducing. Here, it must be noted that the main reason for this achievement in our country is the comprehensive implementation of contemporary contraceptives by the Zhordania Institute, a reassuring sign of progress. It may not be ignored that local media representatives were helpful in this process and are still helping us. We appreciate the Ministry of Health, Labor, and Social Affairs of Georgia's noninterference in our oversight areas.

The position of our Church is critical as well, which believes that abortion is a big sin and must be eliminated. This opinion is wholly shared, with the added belief that abortion is detrimental to a woman's health and should be abolished. As for contraception, the Georgian Christian Orthodox Church also considers it a sin but "less sin than abortion." This kind of assessment is, at this time, acceptable for us, the reproductologists, especially, because it does not make an accent on abortion and its administrative prohibition or reduce the usage of contraception, which, of course, is the result of our explanations, based on the facts of the world experience.

METHODS

Data were sourced from the Zhordania Institute of Reproductology, the oldest clinic of its type in the world, and other relevant Georgian health statistics. The analysis covers periods when reliable data were available, particularly up to 2010, as subsequent data collection was hindered by political instability.

The study focuses on the historical and current prevalence of artificial abortions and contraception use in Georgia. It includes qualitative assessments based on consultations between reproductive specialists and the Georgian Orthodox Church.

Quantitative data were gathered from national statistics and Zhordania Institute records. Qualitative data were collected through interviews and consultations with key stakeholders, including healthcare providers and church representatives.

RESULTS

Historical Context and Current Statistics

In 1987, Georgia, then part of the Soviet Union, had an artificial abortion rate of 300,000 annually, with two-thirds being illegal. Modern contraception was non-existent at that time. By 2010, the prevalence of contemporary contraception had increased to over 70%, leading to a significant reduction in abortion rates. As of the latest reliable data, the abortion rate is approximately 10,000 to 12,000 per year, with illegal abortions primarily eliminated.

Role of Contraception and Church-State Collaboration

The successful reduction in abortion rates is attributed to the widespread adoption of modern contraceptives and effective collaboration between reproductive health specialists and the Georgian Orthodox Church. The Church, while considering both abortion and contraception as sins, has worked with health specialists to prioritize contraception as a lesser evil compared to abortion.

Impact of Policies on Abortion Rates

Evidence from Georgia and other post-Soviet countries indicates that restrictive abortion laws do not reduce the number of abortions but increase the incidence of unsafe, illegal procedures. The introduction of contemporary contraceptives and public education has been crucial in reducing abortion rates in Georgia.

DISCUSSION

Abortion as a Public Health Issue

Today, there is no doubt in competent specialists that in the sphere mentioned above, any prohibition does not bring any result and does not change the abortion rate but increases the number of illegal and nonmedical artificial abortions only. The latter leads to an increase in maternal mortality and morbidity rates, as evidenced by the bitter experiences of post-Soviet countries, Romania, Ireland, Poland, and others. Evidence shows that restricting access to abortions does not reduce their number.¹ Countries with highly restrictive abortion laws have a significantly higher proportion of unsafe abortions compared to those with more liberal laws.² Besides, paradoxical is the fact that the administrative prohibition of abortion causes the rise of so-called Gynecological Tourism. The women, for the need and reason of abortion, travel to other countries where the procedure is permitted. In addition, the world study showed that in countries where abortion was restricted, the proportion of unintended pregnancies ending in abortion had increased. However, it decreased in countries where abortion is broadly legal.¹ It is believed that abortion should not

be prohibited but rather eliminated through the introduction of modern contraceptives, comprehensive public information, and adequate education. Until abortion remains the reality of our lives, talking about its prohibition is detrimental. It is necessary to speak about the harm it brings to a woman's health. At the same time, a temporary introduction of modern alternatives to artificial abortion is required. In Georgia, such a temporary alternative has become the so-called Mini-Abortion (Vacuum Aspiration Procedure), which is much more harmless for the woman's health compared to traditional surgical abortion. It had served its purpose, but by 2000, it was decided that Mini-Abortion had become outdated. Consequently, Medical Abortion was introduced, as it is less harmful to women, more cost-effective, and does not require hospitalization.

Our consideration of any abortion is negative, and it must be eliminated, not by prohibition and forcefulness, but only through explanation, interpretation, promotion of relevant knowledge, and education. We are sure that if there is anyone who hates abortion, that is us, the doctors of the field of Reproductology, in the first place. The reasonable position of the Georgian Association of Reproductive Health is that in recent years, the attitude of our country towards abortion and family planning has been fair and proper and should be continued as long as the results are evident.

Ethical and Philosophical Considerations

We are often asked: is abortion a murder? The response is delivered with firm determination: Yes, abortion is murder because human life begins from its conception. This kind of answer is conducive to the second, natural question: Should the killing doctors who carry out abortions be punished? Our definite answer is: "No" if the doctor does the procedure altruistically, only when he is sure the patient has the vital, medical, and social contraindications for pregnancy. Additionally, the doctor must thoroughly explain everything to the patient to persuade her to maintain the pregnancy.

All this does not relieve the doctor from murder responsibility!

Due to the unfair situation, and after extensive consideration, a philosophy of antenatal life was developed with the hope that, along with the elimination of abortion, the practical necessity for this philosophy will eventually disappear. We are probably not comforting ourselves or imposing our opinions on anybody.

Nevertheless, let us introduce our thoughts on the readers' theoretical and practical assessment.

As already mentioned, we accept the suggestion that all types of artificial abortion are thought to be the facts of life termination and murder. However, it must also be noted that, in our opinion, life is of two types: antenatal and postnatal. Postnatal life begins after delivery, and it belongs to the newborn. Artificial interruption of this life is the greatest crime and is judged accordingly. Antenatal life differs qualitatively from postnatal life because it belongs to the fetus and the mother. As the fetus is not capable of deciding for God, the responsibility for the sin must be placed on the mother and not on the doctor, who is forced into having an abortion. Is it necessary to judge the mother for the crime, or is it not a separate issue? We think that artificial abortion is the mother's sin but not a crime, and only God can judge its level.

Presumably, everybody agrees that there are many such facts in our lives, the fair definition of which exceeds our thinking ability. The rank-and-file cannot analyze such facts but put their trust in God's will. One of them is the still-existing abortion. We have repeatedly clarified that the abovementioned theory is the product of our subjective thinking, which we are not imposing on anybody.

Readers and colleagues are encouraged to consider the fairness and objectivity of this theory.

CONCLUSION

1. Abortion should be eliminated but not prohibited or restricted.
2. Informing the population of modern contraception and its education in this connection must be made essential.
3. Abortion is indeed murder, but in this particular situation, it is a sin rather than a crime.
4. Considering our theory about dividing life into "Antenatal" and "Postnatal" types, all the sins of abortion should be placed on the mother, but not on the doctor.

Declarations of interests: We declare no competing interests.

Acknowledgements

We alone are responsible for the views expressed in this article, and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

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