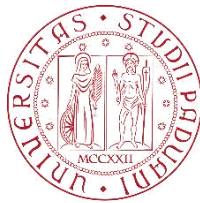


UNIVERSITÀ DEGLI STUDI DI PADOVA

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**Master's degree in
Human Rights and Multi-level Governance**



REPRODUCTIVE COERCION AS A RESULT OF
RESTRICTIVE ABORTION POLICIES IN ITALY

THE IMPOSITION OF MOTHERHOOD: A
FORM OF VIOLENCE AGAINST WOMEN

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Abstract

As of September 2022, with the far right taking the helm of the Italian government, anti-abortionists are taking the opportunity to challenge the right to abortion and gaining more and more space.

The discussion on the right to abortion is set in a context where its legitimacy is recognized based on the superiority of the foetus over the woman and in a country where the influence of Catholicism is particularly insistent. As an expression of this, the law that is supposed to regulate access to abortion does not fully guarantee it, representing the first among the many obstacles that women face.

In essence, political positions, political support for anti-choice associations, logistical as well as legal limitations, and social stigma on abortion are an expression and consequence of the patriarchal culture that perpetuates the stereotype that women may only free exercise their sexuality to procreate and cannot escape their destiny to become mothers.

In 2023, the state and society still pose real violence on women's bodies by overriding their consent about their reproductive freedom, beginning with the denial of abortion.

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Introduction.

After the last political elections of the 25th of September 2022, the right-wing coalition achieves the absolute majority in both chambers and Honourable Giorgia Meloni is elected as the first female Prime Minister of Italy.

The presence of a woman in this position, however, does not necessarily imply greater recognition and realization of women's rights. In fact, even before her election, Honourable Meloni, her party and allied parties maintain a suspicious position about the right to abortion and women's self-determination on this juncture. This position is clearly manifested in these parties' support for anti-abortion organizations and the politicians' own initiatives.

In this context, voluntary interruption of pregnancy is once again becoming a topic of public and political debate, and the claims for this right are stronger than ever.

The work aims to illustrate the Italian reality about the right to voluntary interruption of pregnancy and shows that its restriction is a form of gender-based violence.

The first three chapters serve as an introduction to frame the issue of abortion in the Italian context. In fact, the first chapter addresses the issue of abortion from bioethical point of view to analyse when abortion is morally acceptable. The second chapter moves on to research the reasons for the deep influence of the Church in Italy and its involvement in political affairs; while the third one illustrates the history of Law 194 regulating abortion in Italy, which has resulted in failures and disappointments for women.

After the introductory remarks, the following two chapters give evidence of the situation of recent times: current political and social views on the voluntary interruption of pregnancy. Specifically, chapter 4 demonstrates the position of the government in power through the initiatives, proposals and statements of political parties regarding the right to abortion of the last months. Chapter 5, on the other hand, focuses on concrete access to abortion in Italy and the socio-cultural context in which it is embedded. The socio-cultural context is inferred from the experiences of women who have abortions and the narratives of abortion experiences disseminated by the media.

Chapter 6 introduces the relationship between motherhood and abortion, both of which are experiences subject to state and societal control. Finally, the last chapter deepens the

previous one, taking a look at the experience of motherhood, its imposition and its consequences.

The conclusions highlight the Italian context regarding access to abortion, which is limited by the very law that regulates it, political positions and the social stigma attached to women who have abortion. Even more insistent, however, is the social role of mother imposed on women. The findings point out that the imposition of motherhood itself represents a limitation on abortion choice, just as the limitation on abortion choice represents an imposition of motherhood, resulting in both cases in a form of violence against women that manifests itself in the state's morbid control over women's bodies.

Other clarifications about the writing of the thesis concern the bibliography consulted and other choices made by the candidate.

The bibliography examined consists, in addition to academic articles, mainly of newspaper articles and the official websites of associations active in the country, through which the most recent facts are monitored.

Italian parties Brothers of Italy, The League and Go, Italy are defined as right-wing parties and anti-abortion groups are defined as anti-choice, unlike the Italian press which uses the definitions of 'centre-right' and 'pro-life' respectively.

The thesis refers mainly to the surgical method of voluntary interruption of pregnancy, while pharmacological method is addressed in chapter 4 regarding the 'Marche model' and the region's opposition to ministerial directives.

The dissertation does not address the topic of the impact of the Covid-19 pandemic on access to abortion, as the research aims to return a picture of the Italian situation that regardless of the pandemic is problematic.

Finally, the thesis presents abortion as a female experience, so it refers to women who have abortions and become pregnant to the exclusion of the experience of the LGBT+ community. The research is not intended to feed the narrative of gender binarism. Instead, the work analyses abortion in the context in which the restriction of abortion implies, for women, the imposition of motherhood, which in turn constitutes the reproduction of gender stereotypes of patriarchal origin. It is the candidate's belief that the experience of the LGBT+ community merits research that focuses entirely on the topic.

Chapter I – The concept of personhood: when practicing an abortion is acceptable.

Safe abortion is “an integral part of comprehensive sexual and reproductive health care”¹ and represents one of the numerous topics related to reproductive freedom, which covers also other matters, such as contraception, surrogate motherhood, sexual identity and so on².

As the professor of comparative public law at the University of Bari Laura Fabiano affirms, abortion has deep moral implications to which it is unavoidably linked³, for this reason the theme has always been discussed at different levels, from the public opinion to the political discourse.

The major question on the matter relates to whether it constitutes an immoral and legitimate act or not, since abortion mainly refers to the question about the perception of the human being during the pre-natal phase⁴. Here, the two main actors to which they appeal are science and morality, both offering their contribute to the debate. In the end, jurisprudence is called to join the conversation as well, due to the fact that it is responsible for the legal regulation of the medical service together with politics.

The legal precedents on the theme of abortion right rely on the concept of viability as a fixed period expressing the attempt to balance woman’ self-determination with the safeguard of the foetus⁵. Basically, according to the concept, the subjectivity of the foetus depends on its ability to survive autonomously outside the womb⁶. Conservative positions of anti-choice thought criticized such criterion affirming that the vitality may be defined in relation with other parameters, such as the ability of feeling pain, the appearance of heartbeat or intrauterine movements, organic functionality, or cellular reproduction⁷.

However, the viability standard is the one initially prevailing in legal history⁸. Following the parameter, in 1884 during the decision of the known case of the Supreme Court of

¹ Gruskin 2013: 40.

² Cf. Fabiano 2023: 292.

³ Cf. Ibidem.

⁴ Cf. Ibidem: 293.

⁵ Cf. Ibidem: 305.

⁶ Cf. Ibidem.

⁷ Cf. Ibidem.

⁸ Cf. Ibidem.

Massachusetts, *Dietrich v. Inhabitants of Northampton*⁹, the future judge of the Supreme Court Oliver Holmes declared that the unborn child who is unable to survive outside the womb is to be considered a part of the mother¹⁰. The period limit within which the mother and the unborn child constitute a unique individuality permits the conception of mother's interests and rights comparable and contrasted with foetus' interests¹¹, since the foetus represents only a potential life¹².

At this point a relevant question is to be asked that is when to fix such period limit. The moral discourse has no doubts in recognizing the unborn child as a concrete life, not only potential, at every moment of gestation. This moral discourse often overlaps with the religious one, supporting the conviction that the foetus has a soul since the moment of conception.

Monica Vadi in her article *L'anima penetra nel feto a 49 giorni attraverso la ghiandola pineale*, published on her blog *GenerazioneBio*, argues that the soul incarnates in the body in the seventh week of pregnancy through the pineal gland¹³. Monica Vadi presents the hypothesis of Dr. Rick Strassman, author of the book *DMT: The Spirit Molecule*, who offers a report on the experimentation of DMT, one of most known psychedelics in the world, which is also autonomously produced by the human brain and for this reason defined as the spirit molecule¹⁴. This represents yet another attempt of making coincide the concrete statements of medicine with the abstract beliefs of religions, resulting in a failure since even the existence of a soul does not find scientific evidence. In the following chapters the line of Catholic doctrine will be deeply presented.

Now, it is important to focus on modern scientific efforts to provide which is the moment of gestation within which it is appropriate to practice an abortion, respecting ethical

⁹ *Dietrich v. Inhabitants of Northampton*, Massachusetts Supreme Judicial Court, 138 Mass. 14 (1884). The case regards an insurance claim formulated by the relatives of a 5-months pregnant woman, who died because of a construction defect of the city road. The foetus died as well before or after birth due to injuries suffered in the womb. The judge refused to recognize autonomously the death of the foetus in the damage estimation [Cf. Fabiano 2023: 305].

¹⁰ Cf. Fabiano 2023: 305.

¹¹ Cf. *Ibidem*: 306.

¹² Cf. *Ibidem*: 307.

¹³ Cf. Vadi 2019.

¹⁴ Cf. *Ibidem*.

standards though. Nevertheless, Alessandro Benegiamo¹⁵ highlights that such standards depend on cultural, social and political background, which influence the interpretation of scientific discoveries and exploit them in their favour¹⁶.

The first of these standards is the heartbeat reveal: states “ban abortion once heartbeat becomes detectable during a pregnancy, which is generally possible by the sixth week of gestation”¹⁷. Actually, the potential heartbeat at six weeks is a “rhythm a doctor can pick up on an ultrasound”¹⁸, declaring that “it isn’t a heartbeat, because the embryo¹⁹ has no heart”²⁰. McDonalds reports the statements from the American College of Obstetricians and Gynaecologists²¹ affirming that “what is interpreted as a heartbeat [at the sixth week of gestation] is actually electrically-induced flickering of a portion of the foetal tissue that will become the heart as the embryo develops”²². In this context, the definition of heart is intended as a heart with all its main components that represents the moment in which the heartbeat can be heard through a doppler foetal monitor, which, again, occurs only after the tenth week of pregnancy²³, not before. Nevertheless, there are no scientific or ethical reasons for which a pregnancy could not be interrupted once heartbeat is detectable²⁴. In this matter, the only reason may be of ancestral inspiration, based on determining the heart as the container of the soul, but, again, such hypothesis comes from ancient cultures²⁵ that has no scientific evidence.

Another standard is constituted by the capacity of the foetus to experience pain²⁶. On this, science does not provide a unique response and the theme is still deeply debated²⁷.

¹⁵ Alessandro Benegiamo writes about international right, privacy and bioethics on the blog letrattative.it to provide accurate and free information.

¹⁶ Cf. Benegiamo 2022b.

¹⁷ McDonald 2019.

¹⁸ Ibidem.

¹⁹ The term commonly used to refer to what is inside the womb is foetus, but in medical terms such definition is incorrect in this case, since before eight weeks after fertilization, or before the end of the tenth week of pregnancy, the right term to use in medicine is embryo [Cf. Blackshaw & Rodger 2021: 465].

²⁰ McDonald 2019.

²¹ Cf. Ibidem.

²² Ibidem.

²³ Cf. Ibidem.

²⁴ Cf. Benegiamo 2022b.

²⁵ Cf. Ibidem.

²⁶ Cf. Ibidem.

²⁷ Cf. Ibidem.

Some scientists argue that primitive pain experience is likely to begin as early sixteen-eighteen weeks gestation, while others argue that the experience of pain does not begin until some time after birth. Most agree, however, that because foetuses cannot offer an intentional set-support, the empirical question cannot be settled definitively by looking at the data²⁸.

Here, a definition of pain is needed. It is a

subjective sensory and emotional experience that requires the presence of consciousness to permit recognition of a stimulus as unpleasant. Although pain is commonly associated with physical noxious stimuli, such as when one suffers a wound, pain is fundamentally a psychological construct that may exist even in the absence of physical stimuli [...]²⁹.

From the medical perspective, some researchers outline which are the necessary key points of foetal development so that the foetus may experience pain: “the capacity for conscious perception of pain can arise only after thalamocortical pathways begin to function, which may occur [...] around twenty-nine and thirty weeks’ gestational age”³⁰, meaning that before the third trimester foetuses do not consciously perceive pain.

On the other side, other neuroscientific research reformulates the theory anticipating this period, but such studies are considered to lack of scientific evidence, especially by the American College of Obstetricians and Gynaecologists and the Guttmacher Institute³¹.

Given the numerous medical contributions to the matter, it is hard to provide a clear, reliable answer. However, from the sociological perspective, the entire narrative opposing abortion for the potential capacity of the foetus or embryo to experience pain has the aim of focussing on the emotional sphere of the woman, who will be manipulated and

²⁸ Brugger 2012: 263-264.

²⁹ Lee, Ralston, Drey, Partridge & Rosen 2005: 948.

³⁰ Ibidem: 952.

³¹ Cf. Benegiamo 2022b.

discouraged from having an abortion, resulting in diminishing women's interests and reproductive freedom.

The last standard to determine the limit within which it is legitimate to practice an abortion is consciousness³². The term has many definitions, provided by several fields of study as philosophy, science and religion.

The Oxford Advanced Learner's Dictionary of Current English describes consciousness as the ability of using one's mental powers and senses to comprehend what is occurring³³, but consecutive studies³⁴ and the several conceptions of what consciousness is suggest that it is more appropriate to discuss about consciousness in relation with the degree in which it exists³⁵. During the foetal period, it is possible to register primary forms of self-awareness³⁶, since the essential "neural networks [...] have been established"³⁷ and the foetus developed "basic cognitive abilities before birth"³⁸.

Benegiamo offers a summary of the research published on the article *Magnetoencephalographic signatures of conscious processing before birth* on the matter. The stimulation of the auditory cortex through³⁹ "two pure tones"⁴⁰ shows "signs of hierarchical rule learning"⁴¹ during the third trimester of gestation⁴². However, scientific results underline that it is from the eighth month of gestation that it is certain that the foetus is effectively able to elaborate the stimuli coming from outside the womb⁴³.

In any case, if self-awareness is broadly intended as the awareness of the existence of yourself and others, it fully manifests itself only after birth⁴⁴. For the foetus it is impossible to understand its existential status because it has no conscience in these

³² Cf. Benegiamo 2022b.

³³ Cf. Moser, Schleger, Weiss, Sippel, Semeia & Preissl 2021: 1.

³⁴ The authors of the article *Magnetoencephalographic signatures of conscious processing before birth* mentioned the mark test, or mirror test, which is intended to test self-awareness in animals. In this case, researchers tested the behavioural responses of a fish that may be a proof of the fish' self-awareness [Cf. Moser, Schleger, Weiss, Sippel, Semeia & Preissl 2021: 1]

³⁵ Cf. Moser, Schleger, Weiss, Sippel, Semeia & Preissl 2021: 1.

³⁶ Cf. Ibidem.

³⁷ Ibidem: 2.

³⁸ Ibidem.

³⁹ Cf. Benegiamo 2022b.

⁴⁰ Moser, Schleger, Weiss, Sippel, Semeia & Preissl 2021: 2.

⁴¹ Ibidem: 6.

⁴² Cf. Ibidem.

⁴³ Cf. Benegiamo 2022b.

⁴⁴ Cf. Ibidem.

terms⁴⁵, therefore there are no moral conditions for which the practice of abortion is illegitimate.

After having briefly presented the general trends concerning the limits within which abortion is acceptable according to bioethics, the following paragraph analyses the Italian standards.

In regard with the Italian situation on which the thesis is focused, the standards provided by Law 194⁴⁶ are established in terms of days⁴⁷, not in weeks or months as in the previous conditions presented. In Italy, abortion right is guaranteed within ninety days from gestation, but the law does not declare the reason of such maximum limit⁴⁸.

Benegiamo observes that the only way to identify the roots of the ninety-days limit in the Italian system is to consult the documents presented to the Chamber during the 70s⁴⁹.

At page 7 of the *Majority's Report* of January 8th, 1976, the deputies report:

⁴⁵ Cf. Benegiamo 2022b.

⁴⁶ The Italian law regulating access to safe abortion. Later, an entire chapter is dedicated to the law, its history and implications.

⁴⁷ Cf. Benegiamo 2022a.

⁴⁸ Cf. *Ibidem*.

⁴⁹ Cf. *Ibidem*.

Che cosa non permette di ritenere persona l'embrione o il feto nelle prime settimane della gestazione? La mancanza di coscienza, risponde Jean Rostand; la mancanza di attività del sistema nervoso, dice Monod. La seconda risposta in realtà equivale alla prima in quanto non può esservi coscienza senza l'attività del sistema nervoso. Ancora il Monod, respingendo l'equazione aborto = omicidio, dichiara che essendo l'embrione un progetto di persona, la sua soppressione non può considerarsi omicidio, così come la distruzione di un progetto di edificio è cosa ben diversa dalla distruzione di un edificio completo ed abitabile. Ma sul piano concreto c'è qualche argomento in più contro la concezione che il prodotto del concepimento è « vita umana » fin dall'inizio. Secondo le statistiche più attendibili si verificano aborti spontanei nella percentuale del 10-20 per cento rispetto al numero dei parti. Ciò significa che, anche per cause naturali, quell'« essere » che si vuol considerare persona ha parecchie possibilità di non divenirlo.

Riprendendo il concetto della autonomia nel suo vero significato, se una data di scadenza si vuole semmai fissare è quella dei novanta giorni dal concepimento. Dopo questo termine infatti può dirsi completato quell'organo piatto e spugnoso che è la placenta. Ed è solo da questo momento che può considerarsi realmente autonoma la vita del prodotto del concepimento.

Image 1.1 – *Rapporto della Maggioranza, pag. 7 (Majority's Report, pp. 7) (1976)*

The image comes from the original document of 1976. The text reads:

what does not permit to consider the embryo or the foetus during the first weeks of gestation as a person? "It's the lack of consciousness", replies Jean Rostand; "it's the lack of nervous system activity", says Monod. [...] Monod, again, rejecting the equation abortion = homicide, declares that since the embryo is a project of a person, its suppression does not have to be considered a homicide, just as the destruction of a project of a building is quite different from the destruction of a terminated and habitable building. [...]. [...] if a deadline has to be determined, it is the one of ninety days from conception.

After this, [...] the formation of placenta may in fact be considered ultimate. And it is only from this moment on that the life of the product of conception may be considered effectively autonomous.^{50 51}

In the 70s the deputies identified the formation of placenta as the determining factor to recognize the autonomy of the foetus inside the womb, which in turn determines the recognition of the foetus as a person at that specific stage.

Nevertheless, the argumentation for which the autonomy of the foetus progressively develops in step with the formation of the placenta has no scientific evidence today as then⁵². Benegiamo argues that such decision was influenced by the European philosophical and religious cultural background that led the deputies of the 70s to believe in the Aristotelian theory according to which the foetus may be considered ‘animated’ from the ninety days of gestation⁵³.

However that may be, the interesting fact is that nowadays the Italian legislation is the only one measuring the limit within which practicing an abortion in days⁵⁴; such ninety-days limit is mentioned only in Aristotelian philosophy and, in turn, in the texts of the intellectuals who animated the history of the Catholic Church⁵⁵. This underlines the incessant presence of the Church in the political debates.

Aside from the country of analysis, it is clear though that the discussions on the matter of abortion question whether and at which stage of gestation the foetus is considered a person. The recognition of the foetus as a person represents the major objection to abortion.

⁵⁰ Bozzi, D’Aniello & Del Pennino 1976: 7.

⁵¹ Henceforth, unless otherwise indicated, translations from Italian to English are made by the candidate.

⁵² Cf. Benegiamo 2022a.

⁵³ Cf. *Ibidem*.

⁵⁴ The contemporary foreign laws regulating the access to abortion indicate the time limit within which having an abortion is legitimate in weeks [Cf. Benegiamo 2022a].

⁵⁵ Cf. Benegiamo 2022a.

The main challenge to this view is represented by the so-called violinist analogy proposed by Judith Jarvis Thomson^{56 57}. Thomson, a woman, presents a thought experiment to build an analogy to pregnancy⁵⁸. She assumes that

a famous unconscious violinist has been attached to your body while you are sleeping [...], because you are the only person whose blood can help him recover from his kidney ailment. His condition requires nine months of treatment, and if you unplug yourself from him, he will die. [...] Thomson argues that no-one is obliged to remain plugged in to the violinist.⁵⁹

Even if accepting the hypothesis that the foetus is a person⁶⁰, a “woman is not obliged to continue to offer her body as life support”⁶¹: the woman “has the right to decide what shall happen in and to her body”⁶² in any case and no one has the right to take this decision in her place⁶³.

The bioethical dilemma questions the nature of the status of the foetus, which represents its only interest, while leaving the subjectivity of the mother behind. As Zuffa makes notice, the social consideration of the foetus can have no other means than female consciousness, since it represents a measure of ‘human definition’ of the foetus that may potentially be something separated from the mother⁶⁴.

⁵⁶ Cf. Blackshaw & Rodger 2021: 470.

⁵⁷ The authors who present Thomson’s argument declare that they do not take position in relation with Thomson’s statements, but their language and choice of words suggest their opposition to abortion. In the conclusions they support the idea that abortion constitutes a significant public health crisis ‘in the case in which foetuses are people’. They are vague and hide their position by leaving the question open. The use of language and the choice of words are determinants of one’s opinion and attempt to manipulate the reader. The issue of language is deeply analysed in part 4 of chapter V, where Blackshaw and Rodger’s article will be analysed together with other texts [Cf. Blackshaw & Rodger 2021: 466].

⁵⁸ Cf. Blackshaw & Rodger 2021: 471.

⁵⁹ Ibidem.

⁶⁰ Cf. Ibidem.

⁶¹ Ibidem: 465.

⁶² Thomson 1971: 48.

⁶³ Cf. Blackshaw & Rodger 2021: 471.

⁶⁴ Cf. Zuffa 2023: 188.

The discourse that eclipses and subjugates the woman and her power to give life through the fear of ‘not to be born’ ignores that only through the mother they can acknowledge the foetus⁶⁵.

⁶⁵ Cf. Zuffa 2023: 188.

Chapter II – The Church enters politics.

Religion maintains an essential role in “shaping, symbolizing, communicating, stabilizing and sacralising shared values”⁶⁶, making it socially vital to shape a “well-functioning society with (...) shared goals which make it coherent, and which can maintain coherence even in the face of differentiation”⁶⁷.

Following this perception, Durkheim himself argues that religion and society cannot be separated⁶⁸: “religion is the place where a society holds up an image of itself, reaffirms its bonds, renews its emotional ties, marks its boundaries, sets itself apart – and so brings itself into being”⁶⁹. Not only this, since religion represents, especially in the past, “a motivating and legitimating force, whose significance lay in its ability to uphold the status quo”⁷⁰.

Nevertheless, religion holds “the power to affect political reform and (...) social conditions”⁷¹, and in fact has always vacillated between “pure religious interest and loyalty, and worldly interests and influence”⁷². It is no coincidence that religion and state have always been linked in one way or another.

Their relations are established following various factors, such as history, which includes philosophy and the political system of society on one hand, and some constant dynamics, such as the changes in legislation and impact of case law on the other⁷³. However, the nature of such state-religion relation is estimated in terms of two continua, namely religious freedom continuum and identification continuum⁷⁴.

The first consists in the level of state interference with religions’ affairs, while the second one regards the level of identification, or separation, of governmental institutions with religions⁷⁵. It is not a straight line that correlates the two continua, but a loop: when a state proves either too strongly negatively or positively identified with religion, there is

⁶⁶ Woodhead 2011: 125.

⁶⁷ Ibidem.

⁶⁸ Cf. Ibidem: 127.

⁶⁹ Ibidem: 127-128.

⁷⁰ Ibidem: 136.

⁷¹ Ibidem.

⁷² Ibidem.

⁷³ Cf. Durham 2011: 360.

⁷⁴ Cf. Ibidem

⁷⁵ Cf. Ibidem.

no religious freedom, while the non-identification of the state, i.e., its neutral status, correlates with high religious freedom records⁷⁶. Accordingly, there are various types of religion-state systems, ranging from theocratic states where the identification of the state with religion is extremely positive, constituting a unique reality, to abolitionist states, with zero identification, to the point of wanting to eliminate religion as a social factor⁷⁷.

Keeping this scheme in mind, Italy falls into the category of endorsed religions: there is a positive identification in that the state recognises the decisive role of a particular religion within the country's history and traditions⁷⁸, obviously we are talking about Catholicism. Its recognition is now well emphasized in the slogan of the current majority party: *Dio, Patria e Famiglia*⁷⁹, which legitimizes it as a determinant of Italian national identity.

This favouring of one religion above the others leads religion to be read as a loyal and valuable partner that often offers increased legitimacy to political groups⁸⁰. At the same time religious groups benefit from their privileged position: they meddle in political affairs and regain lost power.

In the Italian context, then, the prominent role of the Catholic Church takes on added significance, not only because of the issue of national identity mentioned above, but also for the discipline of relations of the portion of Catholics living in Italy and for the discipline of relations with the Holy See, i.e., the office of the Pontiff that operates on a planetary level, and not only in Italy⁸¹. This concerns the significance of Rome for Catholicism, as the episcopal seat of the Supreme Pontiff, and indeed the problematic nature of State-Church relation emerges precisely following the designation of Rome as the capital of the Kingdom of Italy in September 1870, when the Holy See comes under Italian sovereignty⁸².

⁷⁶ Cf. Durham 2011: 361.

⁷⁷ Cf. Ibidem: 364-370.

⁷⁸ Cf. Ibidem: 366.

⁷⁹ God, Fatherland and Family is the slogan of the Italian political party Brothers of Italy that won the last general elections in September 2022 and whose leader, Honourable Giorgia Meloni, currently holds the position of Prime Minister.

⁸⁰ Political groups find support from religious groups, especially during the election campaign, by pursuing policies and proposals in line with religious thought: pure propaganda and political strategy to gain votes.

⁸¹ Cf. Dalla Torre 2012: 4-5.

⁸² Cf. Ibidem: 5.

The national issue is resolved later, in 1871, with the Guarentigie Law⁸³, and is further developed in 1929⁸⁴, when during the Fascist era Benito Mussolini and the Cardinal Secretary of State, Pietro Gasparri, sign the Lateran Pacts⁸⁵, representing a crucial point in the history of these relations. The State opens up to the Catholic religion, abandoning the secular attitude⁸⁶.

Starting from the Lateran Pacts, this type of relationship finds continuity even after Fascism, since the Lateran Pacts are actually referred to in Article 7 of the Constitution⁸⁷. However, towards the end of the 20th century, governments activate the constitutional mechanism of reviewing the agreements between the State and the Church⁸⁸, to adapt them to the new realities⁸⁹ of the time⁹⁰, leading to the Villa Madama agreement of 1984⁹¹, that definitely reclaims the secularity of the Italian state⁹².

Bearing in mind the regulation of the relationship between the Catholic Church and the Italian state, another element must be addressed: Christian Democracy.

The religious element is not only somewhat external to politics, considering the independence and sovereignty of the Church enshrined in the Constitution⁹³, but also internal, given the presence of a political party that has made the sacred a political instrument since 1948. Christian Democracy conducts an election campaign in which there is an overlap between political and religious aspects, the use and instrumentalization of Catholic symbols, metaphors and manifestations⁹⁴. In fact, doctor Leonardi emphasizes that the sacred becomes a political instrument capable of appealing to the imagination of citizens linked to a form of religiosity marked by strong popular elements⁹⁵ and the reason to this recourse to the sacred lies in the need to reach out to the masses, who are

⁸³ Cf. Dalla Torre 2012: 6.

⁸⁴ In Fascism, the Church is officially recognised as an institution with international legal subjectivity, and its relations with the State are no longer subordinate to the authority of the State but in deed to the international order and characterized by absolute equality [Cf. Dalla Torre 2012: 9].

⁸⁵ Cf. Dalla Torre 2012: 8.

⁸⁶ Cf. Ibidem.

⁸⁷ Cf. Ibidem: 14.

⁸⁸ Cf. Ibidem: 17.

⁸⁹ Cf. Broglio 2004: 6.

⁹⁰ See the passing of the divorce and abortion laws and the failure of the two consecutive abortion referenda.

⁹¹ Cf. Dalla Torre 2012: 18.

⁹² Cf. Barbera & Fusaro 2001: 178.

⁹³ Cf. Ibidem: 177.

⁹⁴ Cf. Leonardi 2014: 457.

⁹⁵ Cf. Ibidem.

disinclined to listen to an excessively political discourse and much more open to arguments pertaining to their own symbolic and religious universe⁹⁶.

On the other side, the Church takes advantage of this scenario. Suffice is to say that Pius XII is convinced that Second World War is the result of moral degeneration and that the Church is the only institution capable of pointing the way to a reconstruction of society with the law of Christ at its centre⁹⁷, and that is why he urges Italians to vote for Christian Democracy that ensures respect for religion⁹⁸. Here, throughout the entire Christian Democrat election campaign of 1948, being Catholic and being Italian constitute a whole⁹⁹ and the new trait of national identity¹⁰⁰, while the election event in and of itself takes the contours of a challenge, a crusade, in which the fates of all humanity are at stake against the opposing party, the infidel¹⁰¹.

Even after the conclusion of the consecrated Christian Democrat experience in 1993¹⁰², the Catholics are present in the life of the country assuming the role of ethical animation of civil society and democracy as a whole; in other words, the Church aims for an ethical commitment that is independent of the choice of party affiliation¹⁰³. There is a move to reconsider and accept the secular nature of politics, focusing on the responsibilities of the laity in politics, no longer considered mere executors of ecclesiastical directives but active collaborators in the definition of social doctrine¹⁰⁴, while Catholics build new forms of associationism that mark their active and spontaneous participation in public life¹⁰⁵.

Today, the Church continues its project of exerting its power and influence in the public arena¹⁰⁶, committing to directly impact society and politics¹⁰⁷, including with the strong cross-Catholic presence in many left- and right-wing political movements¹⁰⁸.

⁹⁶ Cf. Leonardi 2014: 460.

⁹⁷ Cf. Ibidem: 461.

⁹⁸ Cf. Ibidem: 462.

⁹⁹ Cf. Ibidem: 463.

¹⁰⁰ Cf. Capperucci 2002: 243.

¹⁰¹ Cf. Leonardi 2014: 463.

¹⁰² Cf. Capperucci 2002: 240.

¹⁰³ Cf. Ibidem: 244.

¹⁰⁴ Cf. Ibidem.

¹⁰⁵ Cf. Ibidem: 245.

¹⁰⁶ Cf. Pombeni 2010: 121.

¹⁰⁷ Cf. Capperucci 2002: 246.

¹⁰⁸ Cf. Broglio 2004: 7.

One of the topics on the political agenda on which the Church has been most active is the access to abortion, which it has always openly opposed¹⁰⁹. Following will be the positions of the spokesman of Catholic doctrine from the time of the passage of Law 194 to protect abortion.

Pope Paul John II, in office during the very years of Law 194, associates abortion with a kind of general amorality in the name of freedom¹¹⁰ and defines it as the deliberate and direct killing, however it is carried out, of a human being in the initial phase of his existence, between conception and birth¹¹¹. He states that it cannot be justified by the many existential difficulties¹¹², while the attempts to justify abortion lie in a selfish concept of freedom that sees procreation as an obstacle to the unfolding of one's personality¹¹³. The Pope writes that laws that legitimize abortion, referred to as suppression of life, contradict the inviolable right to life and deny the equality of all before the law¹¹⁴. He also condemns sterilization and contraception, which he considers causes the declining birth rate¹¹⁵.

Beyond accusations and denunciations, he urges doctors and medical staff to not practicing abortions, remaining faithful to respecting life from its conception especially when it does not yet have the opportunity to proclaim its rights, which is an obligation for every human being, believer or nonbeliever¹¹⁶.

His successor Pope Benedict XVI continues in the same vein, condemning abortion and those who practice it in the name of the rights of the unborn foetus¹¹⁷.

In an attempt to hinder those who want abortions and those who perform abortions, the Pope mentions the alleged indelible marks in the woman and those around her and the devastating consequences on the family and society¹¹⁸: abortion kills the baby, an innocent, destroys the woman and blinds the conscience of the baby's father, ruining

¹⁰⁹ Cf. Ciobanu 2022: 5-24.

¹¹⁰ Cf. Ciobanu 2020: 49.

¹¹¹ Cf. Ibidem: 61.

¹¹² Cf. Ibidem.

¹¹³ Cf. Ibidem.

¹¹⁴ Cf. Ibidem: 62.

¹¹⁵ Cf. Ibidem.

¹¹⁶ Cf. Ibidem: 51.

¹¹⁷ Cf. Ciobanu 2022: 14.

¹¹⁸ Cf. Ibidem: 16.

family life¹¹⁹. Abortion, again, represents an escape from a responsibility, which can never produce happiness and peace¹²⁰.

And now we come to present day with Pope Francis, who defines unborn children as weak people¹²¹ victims of abortion¹²², more defenceless and innocent than anyone else, whose human dignity is to be denied in order to be able to do whatever one wants with them, taking their lives and promoting legislation so that no one can prevent it¹²³.

He resumes Pope Paul John II's talks on the role of doctors and medical staff to respect life as a gift from God¹²⁴. The Pope also tries to approach the issue from a scientific point of view, the scientific nature of the issue would be given the fact that a human life is at stake¹²⁵.

In all this what the disastrous consequences, scientific evidence, and arguments supporting the Church's anti-abortion campaign actually are remains a mystery. The only explanation presented is God's will and other concepts attached to purely Catholic thinking, which still leave the right to freedom of choice and self-determination in oblivion.

But the Vatican hierarchy does not just want to influence public opinion, it seeks the legitimization of its only thought, the criminalization of abortion as it once was¹²⁶, to be applied to the entire population. It is a matter of power. Pope Francis in a 2016 speech claims the criminal nature of abortion and its similarities to the Mafia in that it takes out one to save another¹²⁷.

The propaganda efforts find concrete expression in the establishment of a new body, a Roman dicastery, with the purpose of protecting human life from conception, promoting and encouraging organizations and associations that help the family to cherish the gift of life and prevent the use of abortion¹²⁸. In fact, it is precisely the introduction of these

¹¹⁹ Cf. Ciobanu 2022: 19.

¹²⁰ Cf. Ibidem: 20.

¹²¹ Cf. Ibidem.

¹²² Cf. Ibidem: 21.

¹²³ Cf. Ibidem: 20.

¹²⁴ Cf. Ibidem: 21.

¹²⁵ Cf. Ibidem.

¹²⁶ Cf. Perini 2010a: 2.

¹²⁷ Cf. Ciobanu 2022: 22.

¹²⁸ Cf. Ibidem: 23.

kinds of associations and their volunteers in clinics of many Italian regions to persuade women to not have an abortion, promoted by politics as well¹²⁹, that represents the most relevant victory of the efforts of the Church and the Catholic thought in these terms.

Even today in 2023, the Church shows its influence on issues of public debate and its incessant interference in the political affairs, to the point of hindering the full implementation of a right, such as abortion, through the ‘never-born’ narrative and psychological pressure on those who request and perform abortions.

The next chapter discusses the topic again, in the context of the history of Law 194, which even to this day is supposed to protect the right to abortion but fails precisely because of a compromise with religiously based ethical values.

¹²⁹ Cf. Ricci 2021.

Chapter III – History towards Law 194: a delusional compromise.

Before 1975¹³⁰ women's autonomy in decision-making on matters of the body is not yet to be recognised¹³¹ and the Italian government judges abortion on the basis of the Fascist law of 1930 according to which abortion constitutes a crime for those who practice abortions on a woman, who is also incriminated if she consented or if she procured the abortion herself; those who instigate abortions are likewise punished¹³². Nevertheless, women, clandestine and criminal¹³³, resort to abortion on a daily basis¹³⁴: with the assistant of the compliant doctor, the village nurse or the mammy on duty, or even procuring the abortion themselves¹³⁵.

Women are united by the dramatic urgency of not getting pregnant, for essentially material reasons¹³⁶ related to economic status and the lack of resources to raise a child, and, according to testimonies, they go so far as to have two or three abortions a year or even twice as many¹³⁷, defying fate¹³⁸ to find a way out¹³⁹. In fact, the tragic nature of the clandestine abortions of those years is not so much the risk of being incriminated¹⁴⁰, as the danger of those so-called medical practices that endanger lives¹⁴¹.

In the early 1970s, UNESCO estimates one and half million clandestine abortions and an annual turnover of seventy million lire for those practicing them¹⁴², while according to other sources clandestine abortions range from three million to 16 thousand cases per year, and women who die each year because of abortion practices range from eleven to twenty thousand¹⁴³. Nevertheless, during the 1960s, the figures reported in different newspaper articles differ according to the sources taken into consideration; here, the most reliable source is that of the Gaetano Salvemini Movement in Rome in 1973, which

¹³⁰ Cf. Perini 2010a: 1.

¹³¹ Cf. Ibidem: 3.

¹³² Cf. Perini 2010b: 27.

¹³³ Cf. Perini 2010a: 3.

¹³⁴ Cf. Ibidem.

¹³⁵ Cf. Ibidem.

¹³⁶ Cf. Ibidem: 4.

¹³⁷ Cf. Ibidem: 3.

¹³⁸ Cf. Perini 2010b: 7.

¹³⁹ Cf. Ibidem: 14.

¹⁴⁰ Cf. Ibidem: 7.

¹⁴¹ Cf. Ibidem: 3.

¹⁴² Cf. Ibidem: 7.

¹⁴³ Cf. Perini 2010a: 29.

records twenty thousand women who died of abortions or illnesses resulting from clandestine practices and one million two hundred thousand clandestine abortions per year¹⁴⁴.

Between the imminent risk of death and a pregnancy, women choose to put their lives at risk by taking or injecting substances into their bodies, such as iodine, phenol, cinchona, lysine, wormwood, etc., or even by introducing swabs, foils, cannulas or nails and scrapers¹⁴⁵ and by facing the serious complications on their own health by themselves¹⁴⁶. Women avoid going to the hospital, for fear of being reported, so if they get a fever, a symptom of an ongoing infection, they just stay at home, in bed, hoping it will pass¹⁴⁷. But it will not, indeed it will degenerate into septicaemia and the woman only arrives in the hospital dead¹⁴⁸.

Those who survive suffer penal condemnation and moral condemnation¹⁴⁹: society marginalises and punishes women for denying motherhood. The trial is a real humiliation that almost never comes to a verdict, but few women really get it, namely those who procure the abortion themselves with the help of other women¹⁵⁰. It is postponed until a later date, or a pardon is granted to the accused, the woman, who nevertheless remains morally criminal¹⁵¹. All this happens because of the insistent patriarchal culture that suggests motherhood as the main self-fulfilment for women¹⁵² so denying it is inconceivable.

However, in those years a change is taking place and a new generation of men and women is emerging, with women having more opportunities to study, coming into contact with the media, reading newspapers and the first feminist publications and experiencing a different reality from their mothers' generation¹⁵³ who won the right to vote but did not affect the internal relationships in their families, the stereotypes and prejudices of a world

¹⁴⁴ Cf. Perini 2010a: 29.

¹⁴⁵ Cf. Perini 2010b: 29.

¹⁴⁶ Cf. Perini 2010a: 35.

¹⁴⁷ Cf. Ibidem.

¹⁴⁸ Cf. Ibidem.

¹⁴⁹ Cf. Ibidem: 25.

¹⁵⁰ Cf. Perini 2010b: 9.

¹⁵¹ Cf. Ibidem.

¹⁵² Cf. Ibidem: 7.

¹⁵³ Cf. Ibidem: 5.

that still belongs to men¹⁵⁴. This change in Italy is also the result of an international climate that affirms a new phase with respect to the issue of women's reproductive bodies, especially thanks to the public and media prominence of certain abortion trials and women's stories¹⁵⁵.

Starting from the 1970s, women from all over Europe tell their experiences to the newspapers¹⁵⁶, and for each one they tell about themselves, others nod¹⁵⁷, involving a network of people¹⁵⁸. The same happens in Italy. In fact, in the previous decade, the Italian reality of clandestine abortions is known but not addressed as a social issue¹⁵⁹ until women begin to recount their testimonies, bringing to light the everydayness of abortion¹⁶⁰ and preparing the public space within which the abortion debate of the following decade develops¹⁶¹.

Women begin to self-determine, starting with the realization that they must live everything on their bodies and must find an alternative¹⁶². It is this self-determination over one's own body that opens up a new history of abortion¹⁶³, since the stories become public, just as the intimate and private knowledge of half of society becomes public¹⁶⁴.

Women publicly claim the right to decide if, when and how to have a child, because motherhood is no longer a moral duty or biological destiny, but a choice, and in this air of social change groups and associations aimed at offering legal and practical support to women are growing¹⁶⁵. In Italy, in 1973, Adele Faccio, Emma Bonino and Maria Adelaide Aglietta found the Sterilization and Abortion Information Centre, CISA¹⁶⁶.

On the opposite side: the criticisms and oppositions of the Church and medicine, who find in the witch the most explicit symbol of the women they want to repress¹⁶⁷.

¹⁵⁴ Cf. Perini 2010b: 6.

¹⁵⁵ Cf. Perini 2010a: 6.

¹⁵⁶ Cf. Ibidem.

¹⁵⁷ Cf. Perini 2010b: 11.

¹⁵⁸ Cf. Ibidem: 12.

¹⁵⁹ Cf. Ibidem: 3.

¹⁶⁰ Cf. Ibidem.

¹⁶¹ Cf. Ibidem: 1.

¹⁶² Cf. Ibidem: 14.

¹⁶³ Cf. Ibidem: 19.

¹⁶⁴ Cf. Ibidem: 4.

¹⁶⁵ Cf. Filippini 2018: 4.

¹⁶⁶ Cf. Ibidem.

¹⁶⁷ Cf. Ibidem: 5.

The debate is heated and includes actors whose purpose is to use words as political weapons, either to give communicative shape to the way the topic is perceived or to discredit the other side by gaining support for their own positions¹⁶⁸. But the situation is even more complex, as it does not include positions that are unequivocally for or against abortion; with them coexists the collective recognition of clandestine abortion as a social scourge, a health problem that brands the country with backwardness and incivility¹⁶⁹.

This motivates politics¹⁷⁰, which must inevitably address the regulation of abortion at this point to put an end to the debate.

In 1973, the first legislative proposal on the regulation of abortion is introduced, legalising abortion in cases of risks to the physical and mental health of the mother or in the event of physical and/or mental malformations of the unborn child¹⁷¹. In addition to it, the legislative proposal guarantees the right to conscientious objection of medical personnel, that keeps the last word on the necessity of the practice¹⁷².

Debates continue both in Parliament and in civil society without reaching an agreement; on the other hand, in 1974, a Panorama poll reveals that 63% of Italians wants the abortion law to be dealt with as soon as possible. The next step comes at the beginning of the following year, when the Constitutional Court declares partially illegitimate the article of the Italian penal code punishing those who practice abortions with the woman's consent and the woman herself¹⁷³. The legislator establishes the superior value of the mother as a person already formed, as opposed to the foetus, which is not yet a person in the full sense, representing a decisive turning point in the Italian context still marked by the criminality of abortion¹⁷⁴.

What is clear is that the centrality of the body and of the subjective and intimate choices take on such a mass public impact as to pivot for a renewed democracy and stubbornly impose on the collective debate a new reflection on civil and citizenship rights¹⁷⁵: there

¹⁶⁸ Cf. Perini 2010b: 4.

¹⁶⁹ Cf. Perini 2010a: 38.

¹⁷⁰ Cf. Perini 2010b: 17.

¹⁷¹ Cf. Geddo 2019.

¹⁷² Cf. *Ibidem*.

¹⁷³ Cf. Perini 2010a: 1.

¹⁷⁴ Cf. *Ibidem*: 2.

¹⁷⁵ Cf. Perini 2019: 249.

is a civil society that reacts to the country's problems and contributes to their resolution¹⁷⁶, through a non-violent revolution through which society demands and obtains social reforms that redesign the face of Italy¹⁷⁷.

In addition to this, politics finally intercept the direction of society and acts accordingly, looking at the issue from different angles¹⁷⁸.

In the face of the cultural changes that are subverting the traditional role of women in society¹⁷⁹, the dominant Catholic discourse is indeed weak, and the women's movement exploits this weakness by bringing to light the inconsistencies of the Catholic value system, which is unworkable in relation to women's real lives, and which inevitably leads to clandestine abortion¹⁸⁰.

Nevertheless, an almost unconscious unease reigns in the left-wing parties when it comes to considering women's centrality¹⁸¹, and the parliamentary left does not seem entirely convinced of the battle, probably for fear of compromising relations with the Catholic world¹⁸²

In fact, although the political parties try to deal with the topic of abortion, it does so by following an approach that does not actually take a position, as it focuses on the State's need to protect the health of its citizens without declaring itself for or against abortion and thus avoiding the question of the nature of the foetus, whether or not it is a person¹⁸³. Moreover, the authority to decide whether the intervention is necessary or not remains with the doctor and not with the free choice of the woman concerned¹⁸⁴.

After several years of discussions, in 1978 both the Chamber and the Senate present and approve the text of Law 194, with the title of *Law for the social safeguard of maternity*

¹⁷⁶ Cf. Perini 2019: 259

¹⁷⁷ Cf. Ibidem: 250.

¹⁷⁸ Cf. Ibidem: 246.

¹⁷⁹ Cf. Ibidem.

¹⁸⁰ Cf. Ibidem: 247.

¹⁸¹ Cf. Ibidem: 248.

¹⁸² Cf. Ibidem: 249.

¹⁸³ Cf. Perini 2010b: 14.

¹⁸⁴ Cf. Geddo 2019.

*and for the voluntary interruption of pregnancy*¹⁸⁵, women have apparently won for having obtained the dignity of a law allowing abortion¹⁸⁶.

The law represents an opening towards a new future¹⁸⁷, in which we move from abortion as a crime to abortion as a right regulated by law¹⁸⁸, but it is not a point of arrival¹⁸⁹.

In fact, the right to abortion continues to be challenged and endangered by a debate that shows no signs of ceasing: the Catholic Church opposes and condemns abortion¹⁹⁰, to the point that three years later Italians are called to the polls to pronounce the fate of the newborn Law 194 through two abrogative referenda¹⁹¹ advanced by the radicals and the Movement for life¹⁹² ¹⁹³. The query advanced by the radicals aims at expanding the possibilities of recourse to abortion¹⁹⁴, while the Catholics propose two other queries; one is maximal, on the total abrogation of Law 194, and the other one is minimal, asking to legitimize only therapeutic abortion¹⁹⁵.

The Italians reject both the referenda: the Italians are in favour of Law 194 as it stands¹⁹⁶. In particular, it is the Church that has lost¹⁹⁷, because it has lost its direct influence on individuals, who are now part of a generation that grew up in the days of sexual emancipation¹⁹⁸.

However, the issue of abortion is not reducible to the clash between secularists and Catholics, but concerns socially constructed representations and models of women, whereby the real clash is between the idea of women as containers of life and women as

¹⁸⁵ Cf. Geddo 2019.

¹⁸⁶ Cf. Perini 2019: 252.

¹⁸⁷ Cf. Ibidem.

¹⁸⁸ Cf. Ibidem: 251.

¹⁸⁹ Cf. Ibidem: 252.

¹⁹⁰ Cf. Geddo 2019.

¹⁹¹ Cf. Perini 2019: 251.

¹⁹² Cf. Ibidem: 253.

¹⁹³ The Movement for life is an association founded a few years before the referenda to oppose abortion and supported by the Catholic world. The aim of the association is to promote and defend the right to life and the dignity of every human being, from conception to natural death, by promoting a culture of welcoming the weakest and most defenceless and, first and foremost, the conceived and unborn child. After the defeat in the repeal referendum, they worked at the local level to promote a culture of life and discourage women from having abortions, which they still do today. [Cf. Siviero 2022]

¹⁹⁴ Cf. Perini 2019: 253.

¹⁹⁵ Cf. De Crescenzo 2021.

¹⁹⁶ Cf. Perini 2019: 254.

¹⁹⁷ Cf. Ibidem: 257.

¹⁹⁸ Cf. Ibidem: 256.

female conditions¹⁹⁹. And here the central role is that of active presence of women in the referendum campaign, who with their door-to-door information and discussion work speak directly to other women and win the debate²⁰⁰.

Law 194 is preserved and proposes a median and political solution between the different discourses produced in almost a decade of parliamentary debate and at least fifteen of debate outside the institutions²⁰¹. The law is ostensibly a success, given the measurable and tangible decrease in clandestine abortions, but much discourse remains outside²⁰², even today, because of the implications of the law itself. What is left out is the focus on women as women, responsible bearers of choices²⁰³, who are only granted the illusion of having some decision-making power over their own bodies.

The decisive law mediates the communist view of abortion as a social drama and the law as a lesser evil²⁰⁴, this because the text of the law comes as the result of a compromise between the different parties that are involved in the political debate from the very beginning but retains a firm belief in the social value of motherhood, as the very title of the law suggests²⁰⁵. The safeguard of motherhood is emphasised over voluntary interruption of pregnancy.

Indeed, the primary objective of the law is to prevent the use of abortion through the network of family counselling centres in order to protect women's health²⁰⁶. Although the law guarantees the voluntary interruption of pregnancy within the first ninety days of gestation for health, economic, social or family reasons, on the practical level there are many indicators of opposition to abortion, starting from the procedure to follow²⁰⁷. In the case of a request for pregnancy interruption, there follows an examination of possible solutions to the problems proposed by the applicant that do not allow her to carry a pregnancy, a proposal for help to eliminate these problems, and only then is a certificate of approval of the request issued²⁰⁸. But that is not all, because the woman is asked to

¹⁹⁹ Cf. Perini 2019: 257.

²⁰⁰ Cf. Ibidem: 256.

²⁰¹ Cf. Ibidem: 259.

²⁰² Cf. Ibidem.

²⁰³ Cf. Ibidem.

²⁰⁴ Cf. Ibidem: 257.

²⁰⁵ Cf. Ibidem.

²⁰⁶ Cf. Salute.gov 2023.

²⁰⁷ Cf. Ibidem.

²⁰⁸ Cf. Ibidem.

wait a week after the certificate is issued, in the absence of urgency, to reflect on her decision²⁰⁹.

In this regard, Article 2 and 3 of Law 194 put emphasis on the crucial role of family counselling centres in providing information and support to the woman concerning the possibilities of carrying a pregnancy²¹⁰. Article 5 expresses the state's serious commitment to support the woman during pregnancy and after childbirth to assert her rights as a mother and as a worker, if abortion is requested for economic reasons²¹¹.

The women's rights that are ensured are those related to their status as mothers, in other words, a woman's right to become a mother is the first one that the law intends to safeguard, while it aims to remove the barriers that prevent women from realising this right. A woman's simple freedom of choice is not contemplated.

The specific law designed primarily to guarantee abortion discourages women from having an abortion and incites them to have the baby instead, but this is not the only symptom of the problematic nature of Law 194.

Article 9 of the Law for the social safeguard of maternity and for the voluntary interruption of pregnancy raises the most controversial and problematic aspect of the access to free and safe abortion. This rule establishes the possibility for the medical personnel involved in the practice of abortion to express conscientious objection and thus be exempted from this task²¹². At the same time, paragraph 4 states that healthcare facilities authorised to practice voluntary interruption of pregnancy must in any case ensure that the necessary procedures are carried out, and that the regions may also provide for this through personal mobility²¹³, in other words healthcare facilities have the obligation to organize themselves properly.

This article in the law guaranteeing the right to conscientious objection is problematic on several fronts: for the medical personnel themselves and, of course, for the women who ask to have an abortion.

²⁰⁹ Cf. Salute.gov 2023.

²¹⁰ Cf. L. n. 194/1978.

²¹¹ Cf. Ibidem.

²¹² Cf. Pellizzone 2018: 111.

²¹³ Cf. Ibidem: 111-112.

With regard to the implications for medical personnel, the contribution by Elena Spina, who analyses this aspect from the perspective of the sociology of professions²¹⁴, is interesting and relevant.

Elena argues that the profession is crossed by three fracture lines that undermine its unity²¹⁵. The first concerns the hyper-specialisation of medicine, which leads to the emergence of distinct and autonomous professional sub-categories, each with its own considerations that inevitably lead to conflicts and tensions in the medical environment; this first fracture line constitutes a horizontal fragmentation²¹⁶. The second fracture line is a vertical fragmentation and is caused by the emergence of medical managers oriented towards the macro-care of the population, as opposed to their colleagues oriented towards the micro-care of individuals as practitioners²¹⁷. The third and last fracture line is instead identified in the feminisation of the profession, where the entry of women puts an end to male dominance in the liberal professions²¹⁸.

Considering the arguments mentioned above, Elena puts forward three hypotheses in regard with the impact of conscientious objection on gynaecology²¹⁹: the first is that conscientious objection may cause a fracture within gynaecology, the second is that non-objective medical personnel experiences marginality²²⁰ and the third one is that pro-choice gynaecologists who are in a position of marginality “better identify themselves in a constructed community, including professionals who share the same values rather than the same knowledge, undermining the unity of the professional group”²²¹, so they develop a greater propensity to work in multidisciplinary teams²²².

The first hypothesis is strictly linked to the mere social and political climate of the years in which Law 194 is enacted: at the time, there is already a divide between the pro-choice, linked to the left-wing and moderate Catholic movements, and the anti-choice, linked to the more radical Catholic movements and the movement for life²²³. This division leads to

²¹⁴ Cf. Spina 2019: 118.

²¹⁵ Cf. Ibidem: 121.

²¹⁶ Cf. Ibidem.

²¹⁷ Cf. Ibidem.

²¹⁸ Cf. Ibidem.

²¹⁹ Cf. Ibidem: 122.

²²⁰ Cf. Ibidem: 123.

²²¹ Ibidem: 117.

²²² Cf. Ibidem: 123.

²²³ Cf. Ibidem.

the marginalisation and professional isolation of abortionists, who are locked up in *ghettos*²²⁴.

To assess the second hypothesis, according to which non-objecting gynaecologists operate at a disadvantage due to marginality, marginality itself is broken down into three dimensions, namely workload, career and power and status²²⁵. Consideration and analysis of these three actually show the marginal status of medical staff who decide not to object and ensure access to abortion.

Being a non-objector doctor is an onerous task in organizational terms due to the excessive workloads and heavy shifts, and a non-objector doctor will only be limited to performing abortions during their career due to the high number of objectors²²⁶. Therefore, being a non-objector also means foregoing important career opportunities and having fewer opportunities for professional development²²⁷. This is in fact another reason why doctors declare themselves conscientious objectors²²⁸: abortion activities are presented as repetitive and unskilled²²⁹. Finally, also in terms of social consideration, non-objectors are subject to stigma and discrimination and work in a climate of contempt from colleagues²³⁰: they have to face socio-professional consequences for their choice.

The choice of whether or not to use conscientious objection has consequences for medical personnel on the professional and social levels, but obviously the most relevant consequences are for women.

The law seems to protect the individual conscience without sacrificing the woman's right to abortion²³¹, but concretely it does not: the large number of objecting gynaecologists²³², who represent the majority, is a factor that makes the implementation of law 194 less laborious²³³. The European Committee of Social Rights recognises this risk in 2012 and 2014, denouncing the violation of the right to health of voluntary interruption of

²²⁴ Cf. Spina 2019: 123.

²²⁵ Cf. Ibidem: 124.

²²⁶ Cf. Ibidem: 125.

²²⁷ Cf. Ibidem.

²²⁸ Part 1 of chapter 5 deals with data on conscientious objectors and the reasons for their choice in the Italian context.

²²⁹ Cf. Pellizzone 2018: 113.

²³⁰ Cf. Spina 2019: 126.

²³¹ Cf. Pellizzone 2018: 112.

²³² Part 1 of chapter 5 deals with the data in regard with conscience objectors in Italy.

²³³ Cf. Pellizzone 2018: 112.

pregnancy applicants due to the high percentage of objectors²³⁴. Moreover, the high percentage of objectors also constitutes a violation of the right to work of non-objector medical staff, who is indirectly discriminated against by having to take on a huge amount of work²³⁵, as already argued.

In Italy, the Ministry of Health denies the problem by virtue of estimates and calculations that do not actually take into account peripheral realities and therefore do not consider the adequacy of the ratio between available resources and the resources needed to guarantee access to abortion²³⁶. In December 2017, the Ministry incognito and ten months late²³⁷ presents the report on the implementation of Law 194 concerning 2016 data²³⁸, which is not entirely satisfactory²³⁹: the text cites the decrease in the number of facilities performing abortions as not significant, which, moreover, is not related to the high number of objecting gynaecologists in the text; on the contrary, it emphasises the hypothetical usefulness of abolishing facilities that perform few abortions²⁴⁰.

Despite the Ministry of Health's denials, the problem exists and is caused by the high percentage of objectors which leads to other issues as well.

In 2017, the UN Human Rights Committee reports a significant number of clandestine abortions in Italy precisely because of the high percentage of doctors who refuse to practice voluntary interruptions of pregnancy²⁴¹. A step back to the degradation and the danger of clandestine abortions after years of struggle.

Indeed, in 2018, the report presented by the Minister of Justice to the Parliament highlights the growing phenomenon of illegal abortions, especially among foreign women²⁴². These categories of women find themselves in a marked state of isolation, due to language and social barriers, and thus delay going to the appropriate facilities or medical personnel to request an abortion²⁴³. Waiting and the need to travel to distant

²³⁴ Cf. Pellizzone 2018: 112.

²³⁵ Cf. Ibidem: 113.

²³⁶ Cf. Spina 2019: 119-120.

²³⁷ Cf. Associazione Luca Coscioni 2018: 8.

²³⁸ Cf. Pellizzone 2018: 113.

²³⁹ Cf. Ibidem: 114.

²⁴⁰ Cf. Ibidem.

²⁴¹ Cf. Spina 2019: 120.

²⁴² Cf. Pellizzone 2018: 116.

²⁴³ Cf. Ibidem.

facilities due to the lack of non-objector medical staff encourage the search for alternative routes that are against the law and more convenient in terms of logistics and time²⁴⁴.

The right to conscientious objection is explicitly mentioned in the Charter of Fundamental Rights of the (European) Union and linked to freedom of thought, conscience and religion, but its exercise must still be regulated²⁴⁵. It constitutes a unitary institution that legitimises the omissive behaviour of an individual who shirks their legal obligations, due to a deep inner conviction²⁴⁶, but must always be in balance with the faculty that the individual conscience claims²⁴⁷.

In the case of abortion, the guarantee of conscientious objection sacrifices the pregnant woman's fundamental right to health, which requires a guarantee of access to abortion practices²⁴⁸. Conscientious objection hinders the effective exercise of the right to terminate a pregnancy²⁴⁹, which in turn means that the right to abortion is not guaranteed in the country.

Law 194 therefore appears problematic and disappointing for countless reasons, starting with its interest in preventing abortion in order to safeguard motherhood, the long and arduous procedures for accessing abortion practices, and first and foremost, the reassurance of the right to conscientious objection.

In essence, the law should guarantee the possibility of terminating a pregnancy but at the same time the possibility for medical personnel not to perform the operation: the two aspects are incompatible, and one right cannot be guaranteed without sacrificing the other, indeed the realization of one violates the realization of the other.

²⁴⁴ Cf. Pellizzone 2018: 116.

²⁴⁵ Cf. Ibidem: 117.

²⁴⁶ Cf. Ibidem.

²⁴⁷ Cf. Ibidem: 118.

²⁴⁸ Cf. Ibidem: 119.

²⁴⁹ Cf. Spina 2019: 117.

Chapter IV – Politicians’ view and initiatives on abortion in recent times.

In September 2022, national elections are held for the renewal of the Chamber of Deputies and the Senate of the Republic²⁵⁰, and political parties are required to present their programmes containing their vision and proposals on many issues, including abortion and Law 194.

The left-wing parties, +Europe, Verdi-Sinistra Alliance and Democratic Party, support the full application of Law 194, in terms of recognising women’s sexual and reproductive rights, and therefore intend to remove the obstacles preventing access to abortion, first and foremost the high rate of conscientious objectors²⁵¹.

In its programme, Brothers of Italy also writes about the need to ensure the full application of Law 194, focusing on the prevention of abortion and the establishment of a fund to help single women in financial difficulty to carry a pregnancy to term²⁵². Honourable Giorgia Meloni is really committed to the full implementation of Law 194, indeed among politicians she is the only one who does so, if one bears in mind the remarks of the previous chapter on the text of the law: the law is named Law for the social safeguard of maternity *and* for the voluntary interruption of pregnancy, and its first purpose is to prevent abortion, just as the leader of Brothers of Italy claims, and to help women not to have abortions.

In the meanwhile, the other right-wing parties remain silent on the subject²⁵³. The League writes about the effective promotion of Life by involving the non-profit organizations committed to this front, while Berlusconi’s political party, Go, Italy!, devotes part of its programme to the measures needed to support motherhood and birth²⁵⁴.

At the end of the election campaign, the right-wing coalition obtains a majority in both chambers²⁵⁵, gaining the power to change and implement laws in Italy in accordance with their values and ideals.

²⁵⁰ Cf. Camera.it 2022.

²⁵¹ Cf. Tebano 2022.

²⁵² Cf. Ibidem.

²⁵³ Cf. Ibidem.

²⁵⁴ Cf. Sgreccia 2022a.

²⁵⁵ Cf. La Repubblica 2022.

In relation to the topic of our interest, Honourable Giorgia Meloni²⁵⁶, before the elections, explains her thoughts on Law 194 in an interview for *Non è l'Arena*^{257 258}. The politician declares: “Non intendo abolire o modificare la legge 194. In che lingua ve lo devo dire?”²⁵⁹ (I do not intend to abolish or change Law 194. In what language should I tell you this?). In so doing, she reassures voters that she has no interest in restricting access to abortion, if of course one interprets Law 194 as a law with the sole purpose of guaranteeing abortion.

Yet, in the same days, right-wingers accept the demands of ultra-Catholics to oppose abortion and sign the Charter of Principles drawn up by Pro Life & Family^{260 261}. The main points of the text are against abortion, against the legalisation of cannabis, against euthanasia and against ‘gender’ theory²⁶². With regard to the voluntary interruption of pregnancy, it is written that it is urgent to at least eliminate all social, economic or personal conditions that today force or induce a woman to have an abortion, with the aim of having abortion recognized and condemned as the suppression of a defenceless and innocent human life²⁶³. In other words, here abortion is explicitly referred to as homicide and some politicians representing right-wing parties agree with it.

According to Pro Life & Family’s spokesman, Jacopo Coghe, the leaders of right-wing parties themselves adhere to the principles of the Charter, through personal talks with the Family Day²⁶⁴ spokesman, Massimo Gandolfini, and signed commitment documents²⁶⁵.

The right-wing position on abortion therefore appears ambiguous and confuses voters who blindly trust Honourable Meloni’s above mentioned statements. Even in the election

²⁵⁶ Since 22 October 2022, Honourable Giorgia Meloni has been holding the position of Prime Minister of Italy [Cf. Governo.it 2022].

²⁵⁷ Cf. CorriereTv 2022.

²⁵⁸ It is an Italian television programme by Massimo Giletti broadcast on La7 channel until April 2023 that deals with current political, social and news topics and protagonists [Cf. Redazione ANSA 2023c].

²⁵⁹ CorriereTv 2022.

²⁶⁰ Cf. Sgreccia 2022b.

²⁶¹ It is an Italian non-profit association that promotes the ‘traditional family’ consisting of a man and a woman and opposes abortion [Cf. Pro Vita & Famiglia 2022].

²⁶² Cf. Ricciardi 2022.

²⁶³ Cf. Ibidem.

²⁶⁴ It is an ultra-Catholic demonstration in defence of the ‘natural family’ and the reproductive imperative [Cf. Prearo 2020].

²⁶⁵ Cf. Sgreccia 2022b.

campaign the right-wing claims that it has more important and urgent issues to deal with and that abortion is not a priority²⁶⁶.

In order to clarify and deduce the position of the parties in power in Italy, we monitor the statements, proposals, and initiatives of politicians regarding the voluntary interruption of pregnancy in the last year, starting with legislative proposals.

In October 2022, shortly after the election results, Maurizio Gasparri²⁶⁷ presents in the first sitting of Palazzo Madama a bill entitled *Amending Article 1 of the Civil Code on the recognition of the legal capacity of the conceived*²⁶⁸. Thus, the acquisition of rights is subordinated to the event of conception, and not to that of birth as established by Italian law²⁶⁹: in this way the conceived is recognised as a subject on a par with persons²⁷⁰, it is a subject with rights²⁷¹.

This is not the first time the politician Gasparri presents a citizens' initiative bill on embryo's rights, but so far it has not been successful²⁷². This is then followed by the proposals of the leader of The League, Massimiliano Romeo, and the senator of Brothers of Italy, Isabella Rauti, which respectively envisage the recognition of the conceived as a member of the family nucleus for all purposes and the institution of the Day of Unborn Life²⁷³.

All these bills actually undermine access to abortive practices. All of them regard the recognition of the rights of the embryo, intended as an unborn life through the attribution of legal capacity. Legal capacity allows an individual to be the victim of a crime and thus to incriminate the perpetrator of that crime; in the case of the bills mentioned, especially Gasparri's one, they essentially recognise abortion as a crime and the woman as the perpetrator under the law since the entity²⁷⁴ is a bearer of rights from conception.

²⁶⁶ Cf. Guerra 2022c.

²⁶⁷ He is a Go, Italy! senator [Cf. Il sole 24 ore 2022].

²⁶⁸ Cf. Politica 2022.

²⁶⁹ Cf. Pisu 2023: 319.

²⁷⁰ European legal systems recognise as a person that which is identified with the human being only from birth [Cf. Pisu 2023: 322].

²⁷¹ Cf. Pisu 2023: 321.

²⁷² Cf. Ibidem: 320.

²⁷³ Cf. Carboni 2023.

²⁷⁴ Entity is the term for the embryo. It is referred to as entity since it is not an already formed person.

There is no doubt that human life develops in a continuous and gradual process from conception onwards, and thus begins well before birth²⁷⁵, yet civil law identifies birth as the decisive and easily ascertainable moment for the recognition of general legal capacity²⁷⁶. This is because the idea that human existence and protection is conditioned by birth is not accepted anymore²⁷⁷, and although the current law outlines the protection of prenatal life^{278 279}, it does not attribute full subjectivity or legal capacity to the embryo or foetus²⁸⁰ on a par with an already formed human being.

However, the obstinacy with which politicians propose anti-abortion laws is worrying, especially in light of the current global backwardness in the protection of gender rights²⁸¹. This is the case with the approach to abortion of the illiberal democracies of Poland and Hungary²⁸².

In 2020, the Polish Constitutional Court declares the partial illegality of one of the articles of the law regulating access to abortion in the country: from 2020, in Poland, if the foetus has serious malformations, abortions will not be permitted²⁸³. The reason for the decision is rooted in the belief that the ‘person’ originates at conception, whereby the foetus qualifies as a child²⁸⁴.

In Hungary, on the other hand, the government amends the law on access to abortion in 2022, adding an obligation for the woman to listen to the foetus’ heartbeat, an indication of its vital signs, before proceeding with the procedure²⁸⁵. The government justifies the introduction of the amendment with the need to provide women with more complete information on pregnancy, but in reality, this is an instrumentalization that hinders the exercise of the right to abortion²⁸⁶ and adds psychological pressure on women.

²⁷⁵ Cf. Pisu 2023: 323.

²⁷⁶ Cf. Ibidem: 324.

²⁷⁷ Cf. Ibidem: 325.

²⁷⁸ Cf. Ibidem: 324.

²⁷⁹ The Italian abortion law sets the first 90 days as the time limit within which a woman can have an abortion [Cf. Pisu 2023: 325].

²⁸⁰ Cf. Pisu 2023: 325.

²⁸¹ Cf. Ibidem: 327.

²⁸² Cf. Ibidem.

²⁸³ Cf. Ibidem.

²⁸⁴ Cf. Ibidem.

²⁸⁵ Cf. Ibidem.

²⁸⁶ Cf. Ibidem.

Attempts are also being made in Italy to legalise the obligation to listen to the foetus' heartbeat before proceeding with the voluntary interruption of pregnancy.

Anti-choice associations are promoting a collection of signatures for a popular initiative bill for a referendum aimed at adding to the text of Law 194 precisely the obligation for doctors who perform abortions to show the woman who intends to abort the foetus and make her listen to its heartbeat²⁸⁷. The initiative is called *Un cuore che batte* (A beating heart) and the motivations behind it follow the Hungarian line, namely, to provide the woman with information and, in this case, to make her aware of the 'life she is carrying' – only in this way, the initiative's website states, can the woman be truly free and responsible for her actions²⁸⁸. With the bill, the possibility of abortion is still authorised and permitted under the law²⁸⁹, yet the obligation to listen to the foetal heartbeat remains a profound violence for the woman who chooses to abort.

The signature collection does not concern isolated cases²⁹⁰, as the forms and documentation required to activate it are available in almost all Italian municipalities²⁹¹. Moreover, another shocking fact is that the bill is filed in the Court of Cassation on 16 May 2023²⁹² and in July Italian newsreader, Flavia Carlini²⁹³, spreads the news through her social channels, but the major national news channels and politicians remain silent.

On the other hand, a particularly discussed anti-abortion proposal concerns the 'foetuses' cemetery': yet another attempt to humanise the foetus by politicians in parliament and discourage women from having an abortion.

²⁸⁷ Cf. Ora et Labora in Difesa della Vita 2023b.

²⁸⁸ Cf. Ibidem.

²⁸⁹ This is highlighted in an article published on Pro Life & Family's website. Anti-abortionists follow the strategy of affecting not so much the law as the emotions of those to practice or have abortions to discourage them. They do this by alluding to the image of the 'helpless baby' who is in the womb and has 'no voice' but can make its presence felt by its mother with the beating of its 'little heart'. They guarantee that the access to abortion is still ensured by law, nevertheless the woman remains morally guilty [Cf. Ufficio Stampa Pro Vita & Famiglia 2023].

²⁹⁰ Beyond the law that would legitimise the obligation to listen to the foetal heartbeat, in Italy this violence, and other forms of violence as well, is inflicted on women in many hospitals. There, the medical staff humiliates women who have abortions by treating them as murderers. The psychological pressure and social stigma suffered by Italian women is the subject of part 3 of chapter 5. [Cf. Grbic 2022].

²⁹¹ Cf. Ora et Labora in Difesa della Vita 2023a.

²⁹² Cf. Naguib 2023.

²⁹³ Flavia Carlini is an Italian populariser who covers politics, geopolitics, rights and 'shared struggles' through her social platforms, podcasts, newspapers and television [Cf. Pisto 2022].

Shortly before the 2022 elections, Brothers of Italy senator, Luca De Carlo, relaunches a bill to establish the compulsory burial of aborted fetuses, regardless of the woman's will and authorisation²⁹⁴. This is not the first time this issue enters the public arena, in fact Brothers of Italy also presents the proposal during the previous legislature²⁹⁵ and not only that, as the fact of greatest resonance even in the international press²⁹⁶ concerns a case from 2020²⁹⁷. The case involves a woman who, months after undergoing a therapeutic abortion in a Roman hospital, discovers that the foetus has been buried in the Garden of Angels²⁹⁸ in the Flaminio cemetery²⁹⁹, contrary to her wishes³⁰⁰, with her personal details on the gravestone³⁰¹.

The case is not unique, but very frequent in Italy³⁰². Around fifty foetus cemeteries are mapped in the country, including those in Milan³⁰³, “Cremona, Canicattì, Teggiano, Vicenza, Cavezzo”³⁰⁴, but the number is probably much higher³⁰⁵. Other practices include the planting of a tree on communal land for every unborn child^{306 307} and the establishment of a register of unborn children in which the fetuses are identified with fictitious names^{308 309}. Moreover, public hospitals often enter into agreements with Catholic associations for members of these associations to collect aborted fetuses and arrange burial at their own expense, abusing a formula³¹⁰ in the national mortuary regulations adopted in 1990³¹¹.

²⁹⁴ Cf. Somma 2022.

²⁹⁵ Cf. Guerra 2022a

²⁹⁶ Cf. Ibidem.

²⁹⁷ Cf. Somma 2022.

²⁹⁸ The Garden of Angels is a 600 square metre area dedicated to the burial of aborted fetuses, who are defined as those ‘babies’ that never came into the world [Cf. Melina 2018].

²⁹⁹ Cf. Perego 2023: 378.

³⁰⁰ The woman explicitly ruled out the intention to bury the foetus. [Cf. Perego 2023: 378].

³⁰¹ Cf. Perego 2023: 378.

³⁰² Cf. Somma 2022.

³⁰³ Cf. Baldassarre 2021: 17.

³⁰⁴ Ibidem.

³⁰⁵ Cf. Ibidem.

³⁰⁶ Cf. Ibidem.

³⁰⁷ This fact occurs in Pescara [Cf. Baldassarre 2021: 17].

³⁰⁸ Cf. Baldassarre 2021: 17.

³⁰⁹ The institution of the Register of unborn children regards the Italian cities of Cagliari and Marsala [Cf. Baldassarre 2021: 17].

³¹⁰ Cf. Baldassarre 2021: 18.

³¹¹ Cf. Perego 2023: 383.

Article 7 of the regulation guarantees broad freedom in the choice of whether or not to bury the aborted foetus, with particular emphasis on parental consent³¹². Burial of the fetuses is therefore not compulsory under the law³¹³. As far as the public hospital's responsibilities are concerned, it should limit itself to issuing transport and burial permits when and only if there is a request from the rightful claimants and, if not, it should direct fetuses to thermal treatment³¹⁴. However, as already mentioned, it does not respect these directives in most cases.

Article 7 specifically states that the request for the burial of the foetus must be submitted by parents, relatives or *chi per essi*^{315 316}. The wording is misinterpreted in a way that it extends the possibility of requesting burial to anyone, and thus also the persons without any interest, and without the consent³¹⁷ or knowledge of the woman who had an abortion.

The woman should be the only one who can dispose of the product of the abortion according to her own will, since she is the only person authorised to make decisions on the termination of pregnancy³¹⁸.

The burial of fetuses in the Italian context is hence often presented according to such dynamics: after having an abortion women learn of graves that bear their name and cross and are publicly accessible to all without their consent³¹⁹. Thus, women who have abortions are identified and a purely intimate and private fact becomes a cause for public pillorying and public ridicule³²⁰. It is no case that Silvia Baldassarre in her article *A come aborto: la 'lettera scarlatta' del XXI secolo nel Giardino degli angeli* compares the name of the woman on the grave, the lapidary mark, to the letter A that the protagonist of the novel *The Scarlet Letter* is forced to wear on her chest to indicate being an adulteress³²¹. It is a social mark³²² in order to humiliate the woman for her action.

³¹² Cf. Baldassarre 2021: 3.

³¹³ Cf. Ibidem.

³¹⁴ Cf. Ibidem: 8.

³¹⁵ Cf. Ibidem: 18.

³¹⁶ The formula *o chi per essi* translates as 'or their delegate representatives', nevertheless in its original language it assumes definitely a vaguer meaning that may be interpreted in several ways.

³¹⁷ Cf. Perego 2023: 383.

³¹⁸ Cf. Ibidem: 385.

³¹⁹ Cf. Somma 2022.

³²⁰ Cf. Tringali 2022.

³²¹ Cf. Baldassarre 2021: 8.

³²² Cf. Ibidem.

The consequence of such widespread practices is the deprivation of freedom of choice and self-determination for those who deny consent to burial³²³, in vain, and the violation of the right to privacy³²⁴ and freedom of religion³²⁵. Since in every respect, the woman's consent, which is necessary for the burial of the foetus, the processing of its data and the affixing of a religious symbol, is lacking³²⁶.

Firstly, Law 194 itself protects the anonymity and privacy of women who resort to abortion practices and punishes those who break the rule³²⁷. Therefore, in the case of our interest, the display in imperishable memory of the abortionist's birth name, visible to an indeterminate and potentially unlimited public, constitutes to all intents and purposes the offence of unlawful processing of personal data³²⁸. The name is then flanked by the Catholic symbol of the cross on the gravestone; the burial itself is marked by religious factors that are considered normal and proper for the respect and dignity of the dead³²⁹ in Italian culture^{330 331}.

All this is carried out by private Catholic associations which, with an agreement with the hospital, take the initiative to bury the products of abortion, without requiring further consent³³². They act in the name of recognising the dignity of the foetus, which would have been alive, even if only for a short time; this would be for them an act of mercy, humanity and civilisation³³³, which justifies the violation of women's rights and social stigmatisation.

However, due to the same violation of the woman's consent, the same agreements between public hospitals and these associations are illegitimate and violate the prohibition of granting areas for private burials to persons or entities whose aim is profit and

³²³ Cf. Perego 2023: 383.

³²⁴ Cf. Baldassarre 2021: 5.

³²⁵ Cf. Perego 2023: 378.

³²⁶ Cf. Baldassarre 2021: 8.

³²⁷ Cf. *Ibidem*: 5.

³²⁸ Cf. *Ibidem*: 7.

³²⁹ Cf. *Ibidem*: 11.

³³⁰ For many cultures, the burial of loved ones expresses a privileged form of piety, affection and spiritual relationship with those who are no longer with us [Cf. Persano 2019: 479].

³³¹ It is generally agreed that the cemetery has a dual function, the spiritual one of allowing the mourning and remembrance of loved ones and the one of protecting public health and hygiene through the disposition of corpses [Cf. Perego 2023: 384].

³³² Cf. Perego 2023: 383.

³³³ Cf. Persano: 2019: 480.

speculation³³⁴. The target here is precisely political speculation propagating the ‘culture of life’³³⁵ and the blaming of women.

At the conclusion of this matter and following the remarks made, the bill presented by Brothers of Italy on the destination of the foetus represents a regulatory obligation devoid of legitimate state interest and medical purpose that simply hinders access to voluntary interruption of pregnancy³³⁶ by privileging the position of the foetus over that of the woman who generates it³³⁷.

Given these circumstances, despite denials, the right wing is trying to get its hands on the right to abortion. Indeed, Honourable Meloni herself champions the famous culture of life mentioned above, opposing it to what she calls ‘the abyss of death’³³⁸. She, as she often states, intends to give women the right to make a different choice if they believe abortion is the only solution³³⁹. The Premier urges women considering abortion to give themselves a chance to experience the joy of giving birth to and raising their child³⁴⁰; this is perfectly in line with anti-choice positions. The board member of Pro Life & Family Onlus, Maria Rachele Ruiiu, identifies in the absence of social, economic, moral and psychological help in the face of an unexpected pregnancy as the real form of violence³⁴¹. Apparently, both ignore the Italian reality, in which the path to abortion is extremely arduous and limit the reasons why people decide to have an abortion to the sole case of economic problems³⁴².

Instead, the focus of political interest is on birth rate. In May 2023, the third edition of the States General of Birth rate is held, featuring Pope Francis and Prime Minister Giorgia Meloni³⁴³. The event is dedicated to the demographic health of the country and opens with the statement³⁴⁴ “Un figlio non è solo un affare di famiglia, un fatto privato, ma un investimento per il Bene Comune. Un figlio è di tutti e per tutti”³⁴⁵ (A child is not just a

³³⁴ Cf. Baldassarre 2021: 19.

³³⁵ Cf. Ibidem.

³³⁶ Cf. Perego 2023: 377.

³³⁷ Cf. Ibidem: 386.

³³⁸ Cf. Campo 2022.

³³⁹ Cf. La Repubblica 2022.

³⁴⁰ Cf. Politica 2023.

³⁴¹ Cf. Redazione ANSA 2023a.

³⁴² The reasons for resorting to abortion are not known, as the annual report on voluntary interruption in Italy does not include such reasons [Cf. Guerra 2022b].

³⁴³ Cf. Teleborsa 2023.

³⁴⁴ Cf. Redazioni Tgr 2023.

³⁴⁵ Ibidem.

family affair, a private matter, but an investment for the common good. A child is all for all). The State and the Church discuss the need to have children without addressing the problems of motherhood³⁴⁶ and without mentioning the rights of the pregnant person³⁴⁷ to autonomously decide whether or not to become a parent.

The event is therefore yet another manifestation of patriarchal thinking that confines women to their role as mothers and sees their bodies as incubators that constrict sacred life and over which it is the State that has decision making powers: ‘a child is all for all’ and reproduction does not belong only to the one who lives it but must be a collective affair.

Honourable Meloni also insists on measures to support families with children and/or who will have children³⁴⁸, these are the abortion prevention measures that would guarantee the ‘right not to abort’.

Nonetheless, the promotion and guarantee of the so-called right not abortion is a political strategy used not so much to propose an alternative to abortion, so much as to convince women not to abort through emotional pressure and the offer of cash contribution³⁴⁹. In light of the fact that abortion is not an obligation, essentially the right not to have an abortion is baseless.

They opt for this imperative policy of non-abortion as a result of resignation to accepting the existence of Law 194, so one takes action not to abrogate it but to weaken it³⁵⁰. While in practice, anti-abortion activities and associations are financed to intercept women who want to have abortions in order to persuade them not to do so³⁵¹.

An example of this is what happens in Piemonte, where in 2022 €400,000 is allocated for the Fund for Unborn Life, presented as a contribution for women in financial difficulty who decide not to have an abortion, but which is not given directly to women, but to anti-

³⁴⁶ Honourable Giorgia Meloni only mentions career and professional life as obstacles to motherhood but does not address the more intimate and personal aspects of motherhood, as well as a woman’s right to choose not to become a mother [Cf. Governo Italiano 2023].

³⁴⁷ Cf. Governo Italiano 2023.

³⁴⁸ Cf. Ibidem.

³⁴⁹ Cf. Guerra 2022b.

³⁵⁰ Cf. Alliva 2023.

³⁵¹ Cf. Ibidem.

abortion associations³⁵². A year after the initiative, the Region doubles the fund to one million euro³⁵³.

After Piemonte, Umbria approves a motion to set up a Fund for Unborn Life as well, with the usual justification of preventing abortions with measures to remove economic and social obstacles that prevent the composition of new families³⁵⁴. The Region does not clarify either the amount of funds or how the funds will be managed³⁵⁵, but given its clear aim, it is elementary to predict that it might follow the Piemonte strategy.

Most of these proposals come from the right administrations³⁵⁶, joined also by the left though: in Puglia, 5 Star Movement promotes the regional council to offer 5,000 euro to those who renounce abortion³⁵⁷. However, in this case, the left intervenes and therefore the resolution is suspended³⁵⁸.

What is apparent is that politics is a crucial ally of anti-abortion movements, and in this collaboration between the two parties, the associations make the movement, pressure and ideological elaboration, while the parties translate those claims into law³⁵⁹ and support the associations' initiatives through economic sustenance. Although there are few laws on the subject, it is well discussed throughout the chapter how from the earliest moments of government, and even before, there is a proliferation of anti-abortion discourse³⁶⁰. Among the politicians themselves, there are several anti-choice representatives, including Alfredo Mantovano, Undersecretary of State to the Prime Minister's Office, and Eugenia Roccella, Minister for the Family, Birth and Equal Opportunity; both promoters of Family Day and embodiments of the defence of life from conception to death³⁶¹.

Further, along with supporting and promoting anti-abortion initiatives, politicians advance abstentionism about measures for the proper implementation of Law 194; but not inherent to prevention, which they already deal with, but access to abortion.

³⁵² Cf. Guerra 2023.

³⁵³ Cf. Ibidem.

³⁵⁴ Cf. Girardi 2023.

³⁵⁵ Cf. Ibidem.

³⁵⁶ Cf. Guerra 2022b.

³⁵⁷ Cf. Guerra 2023.

³⁵⁸ Cf. Ibidem.

³⁵⁹ Cf. Alliva 2023.

³⁶⁰ Cf. Ibidem.

³⁶¹ Cf. Ibidem.

On 18 May 2023, the Parliamentary Intergroup on Reproductive Health and Voluntary Interruption of Pregnancy, promoted by the Luca Coscioni Association³⁶² for freedom of scientific research, meets for the first time in the Chamber of Deputies³⁶³. The group's objective is to ensure that all women, without impediments of any kind, see their right to abort and reproductive health respected through the correct application and updating of Law 194³⁶⁴. In particular, the group intends to obtain the publication of open data on the state of the law enforcement, to ensure that modern contraceptive methods are free of charge, and to update Law 194 with regard to women's right to health³⁶⁵.

Several centre-left parliamentarians join the initiative, on the other hand, no representatives of any right-wing party are available and show interest to participate in the group's work³⁶⁶.

The right has not been in power for very long, yet predictions on the future of access to abortion in the national scene are alarming, in light not only of what has already been reported in this chapter, but also of the study of what is happening, and happened, in Brothers of Italy's political laboratory, the Marche region, ruled by the right since 2020.

After 50 years of centre-left administrations, Marche votes for the right in 2020, with Francesco Acquaroli representing Brothers of Italy as president of the region³⁶⁷. Francesco Acquaroli is currently still in the office and continues to apply the party policies he has been testing since his candidacy³⁶⁸: Marche is the prototype of what the government is now mandating everywhere.

The Marche region, then, in 2020 initiates the national approach of opening up to private associations of anti-choice fundamentalists in consultancies³⁶⁹ until it reaches its peak in April 2023. For Women's Health Day, the region, together with the Equal Opportunities

³⁶² It is a non-profit social promotion association founded in 2002 aimed at affirming civil liberties and human rights, in particular the right to science, self-determined personal assistance, the removal of architectural barriers, end-of-life choices, embryo research, access to medically assisted procreation, the legalisation of euthanasia, and access to cannabinoid medicines and the worldwide monitoring of laws and policies on science and self-determination [Cf. Associazione Luca Coscioni 2023].

³⁶³ Cf. Ass. Luca Coscioni 2023.

³⁶⁴ Cf. Ibidem.

³⁶⁵ Cf. Ibidem.

³⁶⁶ Cf. Ibidem.

³⁶⁷ Cf. Il Resto del Carlino 2020.

³⁶⁸ Cf. Sky tg24 2022.

³⁶⁹ Cf. Redazione 2022.

Commission of the Marche Region and the Marche's orders of nurses, pharmacists, doctors, obstetricians and psychologists, sponsors two events on pregnancy organized by anti-choice associations, for which the health company issues useful credits for the professional update provided for the medical and health professions³⁷⁰. The series of meetings takes place in Macerata and in Loreto, under the title *Maternity in Expectation. Preserving Health of Pregnant Women* and the organizational support of Pro Life & Family, the Loreto Life Help Centre and the Federation of Christian-inspired Family Counselling Centres Marche Region³⁷¹. Regarding the event in Macerata, it is held at the Macerata State Library³⁷², the university's seat of Humanistic Studies: although the University of Macerata, as a secular institution, does not join the initiative³⁷³, the fact that the event takes place within a place of education remains serious.

The meetings not only spread sexist and reactionary messages but also train future objectors³⁷⁴ and are an image of political vision that opposes to the voluntary interruption of pregnancy.

In addition to the promotion of anti-abortion propaganda, another culmination is the non-renewal of the agreement with the Italian Association for Population Education, which has been active since 1954 to deal with family, psychological and medical care³⁷⁵.

The Ascoli Piceno office in particular holds a decisive role in the area of abortion access, as in 1981 it signs an agreement with Mazzoni Hospital to carry out voluntary interruptions of pregnancy within that facility, due to the absence of non-objector doctors³⁷⁶. This agreement comes to an end as of February 1, 2023, because according to the Marche Territorial Health Boards, the services offered by hospitals in Ascoli Piceno and San Benedetto del Tronto, another city in the Marche, would be sufficient and therefore the agreement is redundant³⁷⁷.

³⁷⁰ Cf. Cronache Ancona 2023.

³⁷¹ Cf. Ibidem.

³⁷² Cf. Ibidem.

³⁷³ Cf. Rapisardi & Di Vito 2023.

³⁷⁴ Cf. Ibidem.

³⁷⁵ Cf. Manconi 2023.

³⁷⁶ Cf. Ibidem.

³⁷⁷ Cf. Ibidem.

Abortion procedures in Ascoli Piceno are the responsibility of the only four non-objector doctors currently serving at the Ascoli Piceno hospital³⁷⁸. However, it is unreasonable to expect the four alone to handle all requests for termination of pregnancy, as the region itself is among those with the highest rate of conscientious objectors, an estimated 70% compared to the national average of 64.6%³⁷⁹.

The Italian Association for Population Education, therefore, served as a point of reference for health protection in the area³⁸⁰ when public health care was unable to guarantee the implementation of Law 194: one in six women arranged for assistance from the centre and now will no longer be able to do so³⁸¹.

Finally, as the last anti-abortion action, mention is made of the Regional Council's opposition³⁸² to the Ministry of Health's updated measures requiring the administration of the abortion pill³⁸³ in counselling centres by nine weeks of gestation³⁸⁴.

In August 2020, the Ministry of Health announces the update of the Guidelines on the voluntary interruption of pregnancy with mifepristone and prostaglandins, by means of a circular issued by the Directorate General for Health Prevention³⁸⁵. The Superior Health Council expresses a favourable opinion on the use of abortion by pharmacological method up to nine weeks' gestation, in adequately equipped public outpatient facilities or in day hospital³⁸⁶. The current directives extend the possibility in which pharmacological abortion is possible³⁸⁷ and remove constraint that imposed the obligation of hospitalization from the moment the drug is taken until the expulsion of the abortion product is verified³⁸⁸.

³⁷⁸ Cf. Manconi 2023.

³⁷⁹ Cf. Ibidem.

³⁸⁰ Cf. Ibidem.

³⁸¹ Cf. Ibidem.

³⁸² Cf. Il Fatto Quotidiano 2021.

³⁸³ To carry out a voluntary interruption of pregnancy there are the surgical method and the pharmacological method: the former involves an operation, under general or local anaesthesia, at public facilities of the national health service and private facilities affiliated and authorized by the regions, while the latter is based on taking two different active ingredients, mifepristone and a prostaglandin, 48 hours apart. Mifepristone causes the embryo's viability to cease and taking the second drug causes its expulsion [cf. Salute.gov 2023].

³⁸⁴ Cf. Casini 2021: 330.

³⁸⁵ Cf. Spagnolo 2020: 275.

³⁸⁶ Cf. Ibidem.

³⁸⁷ Previous directives allowed the use of abortion by pharmacological method up to seven weeks' gestation [Cf. Casini 2021: 330].

³⁸⁸ Cf. Casini 2021: 334.

The new guidelines refer to the most up-to-date scientific evidence on the use of the drugs, to the use in most European countries of the pharmacological method in day hospital and outpatient settings, and to the recommendations made by the World Health Organization on the subject³⁸⁹.

The World Health Organization recommends pharmacological abortion by the ninth week of gestation as a safe and effective method of interrupting a pregnancy³⁹⁰. It also confirms its fundamental role in facilitating safe access to abortion practices globally³⁹¹ and therefore in implementing Law 194: it guarantees simplicity, confidentiality and security³⁹².

Despite the reassurances, just a few months after the Ministry of Health's updates, in the Marche region the councillor for Equal Opportunities declares that she initiates a check on the compatibility of the Ministry of Health's new guidelines with Law 194³⁹³. The councillor believes that counselling centres should not be places where abortions are carried out, but places of assistance and investigation³⁹⁴: the councillor appeals to prevention and safeguard of motherhood, essentially referring to the practices to discourage women from continuing with abortion, already showed. However, she is not the first to show displeasure about pharmacological abortion. According to other anti-choice positions, the new regulations would underestimate the risks to the woman's health, such as severe bleeding, pain and psychological repercussions that the woman would have to face alone³⁹⁵. Anti-choice realities welcome the decision of the Marche regional council³⁹⁶ of opposing the Ministry's recommendations³⁹⁷.

The right-wing majority at the helm of the Marche region does not consider the Ministry of Health's directives to be binding³⁹⁸, so they restrict, instead of facilitating, access to voluntary interruption of pregnancy to encourage families to have children instead.

³⁸⁹ Cf. Res. n. 865/2020.

³⁹⁰ Cf. Redazione ANSA 2023d.

³⁹¹ Cf. Ibidem.

³⁹² Cf. Spagnolo 2020: 275.

³⁹³ Cf. Milesi 2020.

³⁹⁴ Cf. Ibidem.

³⁹⁵ Cf. Spagnolo 2020: 275-276.

³⁹⁶ Cf. Il Fatto Quotidiano 2021.

³⁹⁷ Cf. Ibidem.

³⁹⁸ Cf. Ibidem.

The facts cited describe the context experienced in the Marche region with regard to abortion during the years of right-wing government starting from 2020³⁹⁹: such approaches are increasingly present on a national level after the national elections of 2022.

Italian politicians ignore that guaranteeing access to free and safe abortion does not constitute an obligation to abort, but rather guarantees an individual freedom of choice.

The government shows a morbid interest in controlling and violating women's bodies⁴⁰⁰ and particularly their reproductive systems in order to ensure the protection of the foetus, which is placed above the woman who carries it.

Even during the leftist government, access to abortion is limited, indicative of the problematic nature of law regulating it and the cultural environment. With the rise of the right wing to power though, the situation worsens due to financial and non-financial support for anti-choice associations, which work to dissuade women from having abortions with attempts to make the foetus more comparable to a person possible⁴⁰¹.

³⁹⁹ In the region, the situation is so alarming that the provincial capital, Ancona, has been chosen as the venue for a national demonstration for free and safe abortion. In May 2023, around 2000 people from all over Italy gathered to denounce the drastic reduction in access to voluntary pregnancy termination [Cf. Redazione ANSA 2023b].

⁴⁰⁰ Cf. Pisu 2023: 329.

⁴⁰¹ Cf. Ibidem.

Chapter V – The limits beyond the law: logistical, linguistic and cultural aspects.

1. Clinics and conscience objectors: a discussion on the data.

On 8 June 2022, the Ministry of Health submits to parliament the report containing data for the year 2020 on voluntary interruptions of pregnancy carried out in Italy⁴⁰². The year 2020 is marked by Covid-19 pandemic, and the report itself underlines the impact on the organization of services, the carrying out of interventions and data collections, which are subject to major delays in the registration of cases, despite the fact that voluntary interruption of pregnancy is recognised as one of the services that cannot be postponed during the pandemic in the gynaecological field⁴⁰³.

The Ministry reports the results of the survey with a positive outcome: the twenty-one regions reorganise their activities to guarantee access to abortion services during Covid-19 pandemic either along general lines or through autonomous internal reorganization of services, moreover abortion recourse decreases in all regions of the country, especially in the South⁴⁰⁴. The latter is very positively received.

To supplement the data, the report provides regional data on the provision of voluntary interruption of pregnancy and conscientious objection services⁴⁰⁵. The report indicates the high proportion of conscientious objection among medical staff, which is, however, lower than in the previous year; among gynaecologists it is 64.6% and among anaesthetists 44.6%⁴⁰⁶. The Ministry is also satisfied with the figure for available facilities that carry out voluntary interruptions of pregnancy, which is 63.8% of the total number of facilities with obstetrics and/or gynaecology departments⁴⁰⁷. Only in the cases of Campania and the Autonomous Province of Bolzano the percentage is lower than 30%; in nine other regions the percentage of points is above 70%, while in the remaining regions the value is between 30 and 70%⁴⁰⁸.

⁴⁰² Cf. Salute.gov 2022.

⁴⁰³ Cf. Ministry of Health 2022: 2.

⁴⁰⁴ Cf. Ibidem: 14.

⁴⁰⁵ Cf. Ibidem: 56.

⁴⁰⁶ Cf. Ibidem.

⁴⁰⁷ Cf. Ibidem: 57.

⁴⁰⁸ Cf. Ibidem.

The data comes from the regions through the monitoring carried out by the Ministry of Health that, according to the Ministry, is ‘ad hoc’, detailed, as explicitly repeated several times in the document⁴⁰⁹.

Nevertheless, the data shared are closed and aggregated by region⁴¹⁰, which do not allow for an analysis of how the service is provided in each individual facility and whether Law 194 is well applied, as the report does not bring out the territorial detail that indicates where the service is really lacking⁴¹¹. Apart from that, the data are for two years prior to the publication of the document, which does not put the current situation into context.

The interpretation itself of the data provided by the Ministry of Health is problematic as well. According to the report, the decrease in recourse to abortion practices is attributable to increased sales of emergency contraceptives⁴¹², but this explanation is inferred by ignoring indicative of the woman’s decision. Women’s reasons for resorting to voluntary interruptions of pregnancy are not made explicit, let alone researched and the correlation between the two data reported is found according to a superficial analysis of the Italian context. It is assumed that the woman in the end consciously decides not to abort. However, the decrease in the number of abortions performed in Italy may be due to many other reasons, such as the lack of facilities guaranteeing the service or a lack of support in this choice⁴¹³, and therefore it may be due to a compulsion.

The report gives a partial, blurred and untrue picture of what really happens in Italian hospitals⁴¹⁴. This is due to the late presentation of the text and to the indicators and the way in which the data is published⁴¹⁵.

Essentially, the figures are underestimated, and it is the same for previous reports presented by the Ministry of Health in the previous years⁴¹⁶.

⁴⁰⁹ Cf. Ministry of Health 2022: 2.

⁴¹⁰ Cf. Tremolada 2022.

⁴¹¹ Cf. Da Rold 2022.

⁴¹² Cf. Ministry of Health 2022: 4.

⁴¹³ Cf. Da Rold 2022.

⁴¹⁴ Cf. Tremolada 2022.

⁴¹⁵ Cf. Ibidem.

⁴¹⁶ Cf. Ibidem.

As early as August 2021, Chiara Lalli and Sonia Montegiove⁴¹⁷ launch an investigation, titled *Mai dati* (Never provided), to map the real presence of gynaecologists, anaesthetists and health workers throughout Italy by means of civic access, i.e., by asking public administrations to share data⁴¹⁸.

The request follows a slow and tortuous procedure to obtain and receive the data, in fact, a certified e-mail is sent with the request for generalised civic access, after which the data is transcribed on a spreadsheet⁴¹⁹. However, some data received are partial or still aggregated, so it is necessary to ask for further clarification, which is not always forwarded⁴²⁰. More than three hundred certified e-mails are sent between the first request, the reminder to the anti-corruption and transparency officer for those who have not replied within the requested timeframe, additions and further requests for clarifications⁴²¹.

Some public administrations send data up to 2020, leading to old research data again⁴²²⁴²³. Having old data makes them useless: the situations in the structures are constantly changing, between personnel changes, retirements or bureaucratic changes⁴²⁴.

The one hundred and eighty Italian health facilities surveyed are asked by the researchers for the total number and number of objectors per professional category⁴²⁵. In the end, the researchers collect official data from 60% of the facilities surveyed⁴²⁶, but the results do not correspond to the ministerial report.

The most disconcerting data that emerge concern non-objectors who do not perform voluntary interruptions of pregnancy and ‘facility objection’⁴²⁷.

The first figure presents a problematic situation, from which it follows that the assessments made by the Ministry of Health as well as those made by the survey workers are based on inaccurate numbers, since even among the doctors declared as non-objectors,

⁴¹⁷ Chiara Lalli is a lecturer in the History of medicine and Sonia Montegiove is a computer scientist and journalist, together they start the investigation [Cf. Votano 2022].

⁴¹⁸ Cf. Da Rold 2022.

⁴¹⁹ Cf. *Mai dati* 2022.

⁴²⁰ Cf. *Ibidem*.

⁴²¹ Cf. *Ibidem*.

⁴²² Cf. *Ibidem*.

⁴²³ Structures omit information, are unclear, vague or forward data from previous years [Cf. *Mai dati* 2022].

⁴²⁴ Cf. *Mai dati* 2022.

⁴²⁵ Cf. *Ibidem*.

⁴²⁶ Cf. *Ibidem*.

⁴²⁷ Cf. *Ibidem*.

some do not perform the intervention⁴²⁸. This is strictly correlated to the reasons why a doctor declares themselves an objector. Apart from personal religious and ethical convictions, doctors who are willing to perform abortions live under disadvantaged conditions, caused by professional marginalization and high workload as well as lack of career advancement⁴²⁹, which may lead to doctors themselves not performing the procedure.

The second concerns facilities where access to abortion practices is not guaranteed⁴³⁰. The lack of such a guarantee may be due to the fact that the hospitals are facilities where it is not possible to request voluntary interruption of pregnancy regardless, or those where it is possible, but have 100% objectors^{431 432}. This condition is complex, since Law 194 in Article 9 stipulates the obligation to guarantee the service⁴³³, but the same guarantee can be made in different ways: facilities that do not perform abortions can still assist the woman in forwarding her the necessary information about the facilities where abortions are possible, or in facilities with 100% objectors, access is required by non-objecting doctors from other hospitals⁴³⁴.

Therefore, the difficulty in finding information about where in practice the abortion service is provided, with all its modalities, is enormous and makes the search for the facility a treasure hunt, due also to the lack of medical staff practicing voluntary interruption of pregnancy.

The percentage of conscientious objection remains high and still represents a limit for the application of Law 194.

According to data updated to 20 November 2021 available at Luca Coscioni Association's website, there are seventy-two hospitals with an objection rate between 80 and 100%, facilities with an objection rate of more than 80% are forty-six, while there are twenty-

⁴²⁸ Cf. Mai dati 2022.

⁴²⁹ This aspect has been discussed at length in Chapter 3 of the thesis.

⁴³⁰ Cf. Mai dati 2022.

⁴³¹ Cf. Ibidem.

⁴³² The report from the Ministry of Health explicates only data referring to health facilities where access to abortion is guaranteed but does not mention the facilities with 100% objectors, since the highest percentage recorded for conscientious objection is 90% for non-medical personnel in Molise, while for gynaecologists the highest percentage is 84.5% in Bolzano. These are high percentages, but they do not reach 100%. [Cf. Ministry of Health 2022]

⁴³³ Cf. L. 194/1978.

⁴³⁴ Cf. Mai dati 2022.

two hospitals and four consultation centres with 100% objection among average gynaecologists, anaesthetists, nursing staff and socio-medical workers⁴³⁵. But, as already mentioned, these data are constantly evolving due to the changes that inevitably take place, so a facility with only one non-objector doctor practicing voluntary interruption of pregnancy may run out at any moment for some reason.

There is a need for accurate, reliable and up to date data by publishing them in a continuous flow⁴³⁶.

The Luca Coscioni Association together with the two researchers of the *Mai dati* survey in May 2022 address an open letter to the Minister of Health and the Minister of Justice requesting open, quality and up to date data on the application of Law 194 concerning individual facilities⁴³⁷. They also request data on non-objectors who do not perform abortions to be included, to guarantee pharmacological abortions, and to submit an annual report⁴³⁸. To date, there is no news of a response to the letter⁴³⁹.

The consequences of such scenario are burdensome for those wishing to access the service who are faced with inaccurate or even inexact information and therefore find themselves lost in the search for a facility that will guarantee them the right to an abortion.

There are so few facilities that very long waiting lists are formed and this, together with the time it takes to find a facility, shortens the time for administration. A person may travel to another region to have an abortion, but this option involves time and costs that should not be incurred, given the recognition of access to safe and free abortion as a right. The travel arrangements themselves entail the loss of working days, leave, money, as well as the risk of exceeding the legal time limit for which an abortion can be performed⁴⁴⁰.

The lack of medical staff practicing abortions and the lack of information on the facilities have a strong economic but above all emotional impact. These barriers accessing abortion

⁴³⁵ Cf. Lalli & Montegiove 2022.

⁴³⁶ Cf. *Mai dati* 2022.

⁴³⁷ Cf. Gallo, Lalli, Montegiove, Pompili & Parachini 2022.

⁴³⁸ Cf. *Ibidem*.

⁴³⁹ Always bear in mind the current political context and the proposals of politicians regarding the right to voluntary interruption of pregnancy discussed in the previous chapter.

⁴⁴⁰ The evaluations in this paragraph are made by the candidate.

care are the cause of anxiety, depression and greater stress, and involve an economic commitment. Indeed, those with the fewest resources are the most harmed.

2. Incomplete and false information.

This topic is partly addressed in the previous section since the Ministry of Health shares insufficient directives and information about how and where access to abortion is ensured.

In every region, women go on a treasure hunt in search of the facility where they can have an abortion, at the risk of being unable to do so because of long delays or the inability to travel.

In addition to this, false news is often shared on the internet or in the media about the consequences on the physical and psychological health of those who have it to prevent others from having it. They portray abortion as a procedure fraught with risks.

The first point of anti-abortion propaganda is precisely the dangerousness of the procedure. On the occasion of Women's Day 2022, the Pro Life & Family press office disseminates an article on the association's blog regarding this: abortion is a tragedy for the mother, and only the death of the child is 'safe'⁴⁴¹ ⁴⁴². The association cites the ministerial report with 2020 data confirming the very low percentage of maternal deaths whose cause is attributable to abortion and diminishes it⁴⁴³. It discredits the data because 'low' does not mean 'absent' and therefore there have been dead women; the association also writes in the article visible to millions of users that the document does not report the number of deaths⁴⁴⁴.

What the association shares is incorrect, as the report in the dedicated section shows data inherent in complications of pharmacological and surgical abortion also by type of

⁴⁴¹ Cf. Ufficio Stampa Pro Vita & Famiglia 2022.

⁴⁴² In the original language it is written 'di sicuro c'è solo la morte di un bambino', that the candidate translates as written in the paragraph. However, one can dwell on the word 'sicuro', which the candidate translates as 'safe' since it is a reference to safe abortion but in Italian the same word also indicates the certainty of a fact being fulfilled, so the word could also be translated as 'certain'.

⁴⁴³ Cf. Ufficio Stampa Pro Vita & Famiglia 2022.

⁴⁴⁴ Cf. Ibidem.

complication⁴⁴⁵. Percentages are shown in a table, where the deaths for both types of abortion procedure in the time frame of interest of the report are 0%^{446 447}.

It is true that voluntary interruption of pregnancy constitutes one of the leading causes of maternal death, however this data is derived from unsafe abortions conducted in contexts of illegality⁴⁴⁸, which are defined as procedures “carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both”⁴⁴⁹. The case mainly concerns developing countries, where 55% of abortions are unsafe, in contrast to Western countries where it is only 3% of cases⁴⁵⁰.

Even safe abortions may present risks, but they depend on “the quality of the facility [that those who have an abortion] reach, and the qualifications [and skills] of the health provider”⁴⁵¹ and not on the procedure *per sé*.

The World Health Organization declares abortion as a safe medical procedure, if performed with the methods specified by the same organization⁴⁵².

A retrospective observational cohort study conducted in 2015 in California on a sample of more than 54,000 voluntary interruptions of pregnancy investigates the rate of procedure-related complications⁴⁵³. Any medical diagnosis or treatment related to the abortion and provided by any care facility within six weeks after the procedure is defined as a complication, while major complications are defined as those requiring hospitalization, surgery or blood transfusion⁴⁵⁴. The study reports a percentage of admissions to an emergency department within six weeks from voluntary interruption of pregnancy of 6.4%⁴⁵⁵ but among these only 0.87% are for diagnosis of abortion-related

⁴⁴⁵ Cf. Ministry of Health 2022: 55.

⁴⁴⁶ Cf. Ibidem.

⁴⁴⁷ There has been previous discussion about the reliability of the data provided by the Ministry of Health. Despite what was stated in so far, no association or new channel has reported cases of maternal deaths attributable to voluntary interruption of pregnancy.

⁴⁴⁸ Cf. Haddad & Nour 2009: 122.

⁴⁴⁹ Ibidem.

⁴⁵⁰ Cf. Ibidem: 123.

⁴⁵¹ Ibidem.

⁴⁵² Cf. World Health Association 2012: 97.

⁴⁵³ Cf. Upadhyay, Desai, Zlidar, Weitz, Grossman, Anderson & Taylor 2015: 175.

⁴⁵⁴ Cf. Ibidem.

⁴⁵⁵ Cf. Ibidem: 182.

complications⁴⁵⁶. The rate of major complications is 0.23%⁴⁵⁷. In total, the rate of post-abortion complications faced in emergency rooms and at the provider facility is 2.1%⁴⁵⁸, confirming the very low risk of complications.

Despite anti-abortion declarations, it is unsafe and illegal abortions that represent a critical condition for public health and human rights.

Another well-known anti-abortion campaign claims that induced abortion increases the risk of breast cancer by 2000%⁴⁵⁹. By appealing to scientific research and personal interpretations of it, the associations aim to prove the correlation between voluntary interruption of pregnancy and breast cancer⁴⁶⁰.

In particular, Pro Life & Family starts from information released by the National Cancer Institute, regarding the direct effects of pregnancy and breastfeeding on breast cells, i.e., cell differentiation⁴⁶¹. Such differentiated cells would be more resistant to turning into cancer cells than cells that have not undergone differentiation, according to researcher Joel Brind⁴⁶². From these assumptions, the association deduces that abortion would make the maternal breast more susceptible to possible cancer, and subsequently seeks evidence for this assertion in statements by doctors, such as Giuseppe Noia^{463 464}. The doctor admits there is an abundance of literature denying this correlation, but he too cites alleged studies to support his thesis; induced abortion would increase the risk of breast cancer by 44%, and the more abortions the more the risk increases⁴⁶⁵.

Indeed, it is a difficult area of study and doctors and researchers have to continue with observational studies, rather than randomized studies which represent the most reliable

⁴⁵⁶ Cf. Upadhyay, Desai, Zlidar, Weitz, Grossman, Anderson & Taylor 2015: 175.

⁴⁵⁷ Cf. Ibidem.

⁴⁵⁸ Cf. Ibidem: 181.

⁴⁵⁹ Cf. Pro Vita & Famiglia 2018.

⁴⁶⁰ Cf. Ibidem.

⁴⁶¹ Cf. Ibidem.

⁴⁶² Cf. Ibidem.

⁴⁶³ Cf. Ibidem.

⁴⁶⁴ He has a degree in medicine and surgery and is a professor of prenatal medicine and promoter of anti-choice ideology, according to his website named 'Noiprenatalis'. [Cf. Noiprenatalis.it 2023]

⁴⁶⁵ Cf. Noia 2018.

way to understand whether something causes cancer⁴⁶⁶. Among observational studies, case-control studies or cohort studies can be carried out⁴⁶⁷.

In the former, research is conducted on two separate groups, with one representing people who have had cancer and the other representing people who have not; both groups are asked questions about their backgrounds⁴⁶⁸. This is not considered particularly reliable, because of errors in recall: people often do not remember everything they have gone through, especially for healthy people⁴⁶⁹. People who have had cancer tend to remember more factors that may have brought them the disease, so following this study the correlations between breast cancer and abortion are greater because of the forgetfulness of the other study group who did not have cancer⁴⁷⁰.

In the second, instead, researchers collect baseline information about a group of people who do not have cancer, which is then observed over time⁴⁷¹. At the end of the monitoring, researchers see who gets the disease and whether there are some common factors among them⁴⁷². This method cancels the errors in recall and therefore is more reliable⁴⁷³.

It is evident therefore that the results on the correlation between voluntary interruption of pregnancy and breast cancer changes depending on the study method⁴⁷⁴.

However, experts tend to accept cohort study results rather than case-control study results; as a consequence, scientific evidence does not find any correlation between breast cancer and voluntary interruption of pregnancy⁴⁷⁵.

Experts also debunk the belief that abortion impairs fertility⁴⁷⁶, which is another false information spread by anti-abortion associations to discourage women from having abortions⁴⁷⁷.

⁴⁶⁶ Cf. American Cancer Society 2014.

⁴⁶⁷ Cf. Ibidem.

⁴⁶⁸ Cf. Ibidem.

⁴⁶⁹ Cf. Ibidem.

⁴⁷⁰ Cf. Ibidem.

⁴⁷¹ Cf. Ibidem.

⁴⁷² Cf. Ibidem.

⁴⁷³ Cf. Ibidem.

⁴⁷⁴ Cf. Ibidem.

⁴⁷⁵ Cf. Ibidem.

⁴⁷⁶ Cf. Bhattacharya, Lowit, Bhattacharya, Raja, Lee, Mahmood & Templeton 2012: 1.

⁴⁷⁷ Cf. Marcolivio 2022.

As with the other risks reported by anti-abortion groups, the risk of infertility is actually traced back to the absence of access to safe abortion and the lack of adequate medical care in the case of any contraindications that can be managed absolutely safely in health care settings⁴⁷⁸.

Finally, along with the physical health risks, anti-abortionists also point to the alleged risks on the mental health of those who have abortions.

The so-called Post Abortion Syndrome would be a posttraumatic syndrome that would follow every induced abortion⁴⁷⁹. There are no studies to prove this, especially since voluntary interruption of pregnancy does not constitute a compact domain in which women react in the same way⁴⁸⁰. There are countless variables that determine specific emotions and reactions following an abortion, and it is not correct to assume that inherently every abortion involves grief, anxiety, regret, guilt, depression and shame⁴⁸¹.

The studies that would demonstrate the correlation between posttraumatic syndrome and voluntary interruption of pregnancy in fact do not report the sources of these findings and refer to the widespread narrative that abortion is imposed on the woman, who believes she knows what the right choice is, and therefore is a painful experience *a priori*⁴⁸².

There is no denying the existence of negative experiences and consequences, however, it is equally arguable that such ill feelings are related to the contexts in which abortions are performed⁴⁸³ rather than to the abortion itself⁴⁸⁴.

One of the most interesting studies on the subject is the 2011 study by the National Collaborating Centre for Mental Health, which disproves correlations between abortion and mental health risks, identifying other factors such as social stigma, life events and mental health problems prior to abortion⁴⁸⁵. Having a history of mental health problems and other factors, such as pressures from the outside and discouragement over the

⁴⁷⁸ Cf. NHS 2020.

⁴⁷⁹ Cf. Lalli 2018: 6.

⁴⁸⁰ Cf. Ibidem.

⁴⁸¹ Cf. Ibidem.

⁴⁸² Cf. Ibidem: 7.

⁴⁸³ The following section delves into the topic of social stigma and psychological violence that the medical staff inflicts on women who have abortions, which depicts the conditions under which women have abortions in Italy.

⁴⁸⁴ Cf. Lalli 2018: 7.

⁴⁸⁵ Cf. National Collaborating Centre for Mental Health 2011: 124.

decision of abortion, are the determinants that affect the woman's mental status, resulting in mental health issues^{486 487}.

The false information disseminated by those who oppose abortion constitutes a persuasive political strategy which fuels the politics of terror. Scientific research exposing its falsehood is likewise available for reference. However, its presence on the internet remains extremely dangerous: the readers, who are not medical experts, can do nothing but believe the assumptions, whereas they signal the support of science.

3. Psychological violence and social stigma.

The law establishes an obligation for medical staff, whether or not they are objectors, to assist the woman in the stages leading up to and following the interruption of pregnancy; medical staff are also required to intervene if the woman's life is in imminent danger⁴⁸⁸. Therefore, in these cases conscientious objection cannot be invoked⁴⁸⁹. What is happening in Italian facilities, however, deviates greatly from the requirements of the law.

The Italian newspaper, *L'Espresso*, starting from 2020 provides a safe space in which to anonymously share the experiences of those who have abortions, in order to denounce the obstacles and gratuitous pain often suffered in exercising a right recognized by law⁴⁹⁰. After launching the initiative, titled *In nome di tutte* (In the name of all), hundreds of testimonies arrive from all over Italy⁴⁹¹. Following are some of them to offer a clear picture of what happens even if one accesses the voluntary interruption of pregnancy service.

It starts from the cases of therapeutic abortion, which is performed after the ninety days in circumstances where the foetus has malformations, and the delivery or pregnancy poses a danger to the woman's mental and physical health⁴⁹².

⁴⁸⁶ Cf. National Collaborating Centre for Mental Health 2011: 121.

⁴⁸⁷ It is the denied abortion that instead results in serious mental health damage. The candidate addresses this aspect in chapter 6 on reproductive coercion [Cf. Worrel 2023: 382].

⁴⁸⁸ Cf. L. n. 194/1978.

⁴⁸⁹ Cf. Ibidem.

⁴⁹⁰ Cf. *L'Espresso* 2020b.

⁴⁹¹ Cf. Ibidem.

⁴⁹² Cf. L. n. 194/1978.

It is the case of an anonymous woman from Rome⁴⁹³ and N. from Naples⁴⁹⁴, both of whom discover that the foetus is ‘inadequate for life’⁴⁹⁵. Despite their desire to have a child they opt for abortion so as not to bring into the world a child who even if born would lead a life that life is not⁴⁹⁶, a suffering.

In Rome, where there are five doctors willing to perform a therapeutic abortion for nearly three million people, the wait is gruelling, and when it ends, the woman is conducted in a room with other women who are giving birth to the child they wanted⁴⁹⁷. The procedure provided for therapeutic abortion is to take drugs that would stimulate delivery, which as such is preceded by the moment of labour⁴⁹⁸. However, the woman has no information about the procedure, how long to wait, what medication she would be given, nor the type of operation, but when the moment comes, it is painful and she is completely alone⁴⁹⁹. N. is alone and in pain too⁵⁰⁰.

Doctors do not administer anaesthetics and leave them alone to suffer the pain⁵⁰¹ as if it were a punishment.

N. is abandoned with the expelled foetus body between her legs for a while, and the anaesthesiologist does not assist her because he is an objector⁵⁰². She is ‘just’ a woman who is having an abortion, therefore not worthy of rescue, and all the objector staff want nothing to do with a woman having an abortion. Only when they realize she is bleeding to death with a split uterus do they intervene^{503 504}.

In order not to practice voluntary interruption of pregnancy, doctors lead women to death, and not only that. Throughout Italy, the medical staff in charge treats women as murderers,

⁴⁹³ Cf. Dondi & Testi 2020.

⁴⁹⁴ Cf. L’Espresso 2020c.

⁴⁹⁵ Cf. Dondi & Testi 2020.

⁴⁹⁶ Cf. L’Espresso 2020c.

⁴⁹⁷ Cf. Dondi & Testi 2020.

⁴⁹⁸ Cf. Di Niro 2021.

⁴⁹⁹ Cf. Dondi & Testi 2020.

⁵⁰⁰ Cf. L’Espresso 2020c.

⁵⁰¹ Cf. Ibidem.

⁵⁰² Cf. Ibidem.

⁵⁰³ Cf. Ibidem.

⁵⁰⁴ Women who perform therapeutic abortions are often forced to suffer the pains of labour and give birth alone in a bed in the ward. There is no delivery room for them, and the foetus remains between their legs for hours, leading the woman even to see its body, until the medical staff dignifies them with attention and performs the final surgery [Cf. Di Niro 2021].

mistreating them, forcing them to be ashamed of wanting to exercise a right⁵⁰⁵, before during and after surgery.

G. from Padua tells of the psychologist who tries hard to change her mind about the surgery, to the point of showing her an image of a foetus at ten weeks, exclaiming ‘That’s what you’re going to kill’⁵⁰⁶. While S. from Perugia tells of the cruelty she endures from the doctor who forces her to listen and see the foetus’ heart during the ultrasound⁵⁰⁷. The luminary resuscitation doctor, as well as the woman’s former partner from Tuscany, humiliates her by telling her that she would throw a life in the organics bin and that she deserved a white coffin as a bedroom ornament⁵⁰⁸. Another gynaecologist goes so far as to compare the woman having an abortion to Nazis and voluntary interruption of pregnancy to natural selection⁵⁰⁹.

Still others lie, taking advantage of misinformation about the procedures: the time limit within which abortion is viable is exceeded or, again, after the abortion the woman could not have had children⁵¹⁰.

These are not the testimonies of individual women, but the common experience of all those who claim their right to abortion, made up of loneliness, pain and psychological violence.

Despite what happens in Italian hospitals, the State does not defend the right to abortion⁵¹¹; on the contrary, it adds obstacles and additional psychological pressure.

A recent example is the establishment of the *Stanza dell’ascolto* (Listening room) in Turin’s Sant’Anna Hospital in Piemonte, which ranks first in the region in the number of voluntary interruptions of pregnancy performed⁵¹². The *Stanza dell’ascolto* is a convention whereby women intending to have an abortion face an interview with

⁵⁰⁵ Cf. Manetti 2020.

⁵⁰⁶ Cf. Ibidem.

⁵⁰⁷ Cf. Manetti 2020.

⁵⁰⁸ Cf. Ibidem.

⁵⁰⁹ Cf. L’Espresso 2020a.

⁵¹⁰ Cf. Manetti 2020.

⁵¹¹ Women often do not report what happens in facilities to the Carabinieri, despite the fact that it is prosecutable by law: reporting would mean years of trials. Trials would imply the need to recount each time what has been experienced, so the wound would be continually reopened, without having the certainty of positive results. [Cf. Di Niro 2021].

⁵¹² Cf. Aoi 2023.

volunteers from an anti-abortion association⁵¹³. Law 194 establishes the possibility for facilities that perform voluntary interruption of pregnancy to use the support of volunteer associations in order to implement the law, specifically with regard to abortion prevention⁵¹⁴. In fact, too often these associations are nothing more than anti-choice groups that exert psychological pressure on women in order to dissuade them.

The Brothers of Italy alderman advocates the need to establish the convention to support nascent life, in the face of the failure of institutions to support a woman who wishes to have an abortion because she has felt abandoned in the face of the challenge of motherhood⁵¹⁵. Therefore, it entrusts the task of support to anti-choice realities, which would work to solve the injustices that make ‘being a mother complicated’, as for them it is the right not to have an abortion that is not sufficiently protected by the state⁵¹⁶.

It would seem to be a common belief that if the woman has been able to access the abortion, her rights have been met and that she has nothing more to expect from the health care organization⁵¹⁷. Thus, all other aspects that accompany the process are neglected, from the reception and support at the decision stage, to the ways and places of abortion intervention⁵¹⁸. It was previously reported what happens during this process: risk of death due to lack of rescue, denial of preliminary information and use of anaesthetics, rooms shared with women giving birth, no care for the patient, gratuitous cruelty and psychological pressure. What it takes for women to experience abortion as a poor choice to be ashamed of, which is a deep wound to their dignity⁵¹⁹ and self-determination and a form of institutionalized⁵²⁰ psychological violence.

Abortion itself is stigmatized in the public debate around reproductive rights⁵²¹, especially in Catholic Christian countries such as Italy, where abortion is considered an exceptional

⁵¹³ Cf. Aoi 2023.

⁵¹⁴ Cf. L. n. 194/1978.

⁵¹⁵ Cf. Aoi 2023.

⁵¹⁶ Cf. Ufficio Stampa Pro Vita & Famiglia 2023.

⁵¹⁷ Cf. Pioggia 2016: 150.

⁵¹⁸ Cf. Ibidem.

⁵¹⁹ Cf. Ibidem.

⁵²⁰ It is a form of institutionalized violence due to the fact that it finds the support and legitimization of political groups.

⁵²¹ Cf. De Zordo 2016: 195.

case and not part of a woman's reproductive experience⁵²², even to the point of marking the woman herself who has an abortion as inferior to the ideal of womanhood⁵²³.

There are few studies inherent in the reasons behind the stigma of abortion, and of the woman who has an abortion⁵²⁴. Bajos e Ferrand⁵²⁵ identify among the causes of abortion stigma the accelerated medicalisation of contraception in recent decades that makes unplanned pregnancies less socially and morally acceptable: medical staff cannot understand why women do not use them or do not use them effectively⁵²⁶. They too would focus on abortion prevention, which basically does not constitute pro-choice thinking in favour of women's self-determination. The doctors in question ignore the uniqueness of sexual experience that may conflict with the use of certain contraceptives and especially the costs of the same contraceptives that are not affordable to all⁵²⁷.

However, in countries like Italy, the abortion narrative is articulated in purely moral and religious terms⁵²⁸ in what should be a secular context⁵²⁹. In fact, the rhetoric of human rights is abused for the pure purpose of defending the rights of the conceived⁵³⁰. It does not go beyond this. The stigmatization and discrimination of women who have abortions occur precisely because they do not conceive of the idea of suppressing what they see as a 'child in potency'⁵³¹.

The foetus thus becomes the patient to be safeguarded, and therefore the moral condemnation against the woman takes the form of the penalty to be served for the harm inflicted on the 'unborn'⁵³².

4. Language on the experience.

⁵²² Cf. De Zordo 2016: 212.

⁵²³ Cf. Ibidem: 211.

⁵²⁴ Cf. Ibidem: 214.

⁵²⁵ Bajos and Ferrand's study is one of the few qualitative studies done in Europe about the experience and opinions of women and medical staff on abortion [Cf. De Zordo 2016: 215].

⁵²⁶ Cf. De Zordo 2016: 214.

⁵²⁷ Cf. Ibidem: 215.

⁵²⁸ Cf. Ibidem: 216.

⁵²⁹ Cf. D'Amico 2016: 173.

⁵³⁰ Cf. De Zordo 2016: 216.

⁵³¹ Cf. Ibidem: 229.

⁵³² To the reasons for social stigma is also the denial of motherhood. The candidate elaborates on this in the next chapter.

Contempt and discrimination against women who have an abortion come through actions and through words, which can be as direct and explicit as they can be indirect in filtering their message.

Words are “physical tools that change and refine our perception of the external environment; they are inner tools that modify and enhance our thoughts; and they are social tools that allow us to interact with others”⁵³³. This is especially true for abstract concepts: they require language and social interaction to be acquired⁵³⁴. Concrete concepts are easy for individuals to understand because their image is defined in the external world, unlike abstract concepts⁵³⁵. Individuals depend on each other to acquire abstract concepts, since they need someone to explain their meaning to them⁵³⁶. However, this also means that “abstract concepts vary [according to the way in which] specific individuals represent them”⁵³⁷.

Words constitute a lethal weapon to manipulate the perception that an individual has on a concept, because they determine the image one offers to the other.

As far as the narrative of abortion in Italy is concerned, the voluntary interruption of pregnancy is almost always portrayed in a negative light. In fact, beyond the more extreme and direct positions that associate abortion with murder⁵³⁸ and the woman who requests it with a killer, opposition to abortion also emerges through more indirect language. This is the most devious strategy of the anti-abortionists because their position is not explicit and therefore not directly attackable. In this case, the position of the interlocutor is deduced by careful analysis of their speech and the words they select.

Below are the major messages that are filtered through communication, in accordance with the choice of certain words, or simply the way the discourse is formulated and the inclusion of superfluous information.

⁵³³ Dove, Barca, Tummolini & Borghi 2022: 2461.

⁵³⁴ Cf. Ibidem: 2452.

⁵³⁵ Cf. Ibidem.

⁵³⁶ Cf. Ibidem.

⁵³⁷ Ibidem: 2458.

⁵³⁸ Marina Casini, in her article *La RU486 tra legge 194 e nuove linee di indirizzo sulla interruzione volontaria di gravidanza con Mifepristone e prostaglandine*, defines abortion as the suppression of a child [Cf. Casini 2021: 338] and the abortion pill as a specific poison, an anti-human pesticide. [Cf. Casini 2021: 330].

First, the media normalise the conception of abortion as an inevitable trauma, a negative experience, an imposition or even a superfluous, trivial topic, pivoting on women's supposedly negative and painful experiences. These kinds of experiences are the most widely reported and they spread a stereotype about the abortion experience that discourages those who wish to have an abortion.

In fact, the media, as well as newspapers that focus on science and psychology, narrate the post-abortion phase as a mourning that produces an immense sense of emptiness⁵³⁹. Thus, abortion remains a possible choice, however, with consequences⁵⁴⁰: suffering and repentance.

Such a perspective is also fuelled by the representation of voluntary interruption of pregnancy in TV series, which are vehicles for culture as well.

For decades in Italian and other television fiction, abortion has always been staged as a tragedy or avoided through various strategies or plot twists⁵⁴¹. Specifically, there are three main narratives.

The first is that of the perfectly timed miscarriage: the character avoids having to make the decision because the 'problem' is solved by a miscarriage⁵⁴². Here, voluntary interruption of pregnancy is not considered a real option and still not a legitimate choice of the woman⁵⁴³. The discussion is not addressed.

The second depiction sees the development of the complexity of the female characters, who begin to consider abortion as a possibility⁵⁴⁴. However, most of them eventually give in to motherhood, which is presented as a natural destiny of women, an unconditional and absolute value⁵⁴⁵. This narrative ends up becoming an indirect condemnation of abortion itself, which is a threat to motherhood⁵⁴⁶. The maternal instinct wins out.

⁵³⁹ Cf. Sorgon & Colantuono 2022.

⁵⁴⁰ Cf. Ibidem.

⁵⁴¹ Cf. Siviero 2021.

⁵⁴² Cf. Ibidem.

⁵⁴³ Cf. Ibidem.

⁵⁴⁴ Cf. Ibidem.

⁵⁴⁵ Cf. Ibidem.

⁵⁴⁶ Cf. Ibidem.

Finally, the third is about women who have abortions: the issue is always dramatic, and even long after the fact, the female characters are marked by an open wound, a scar on the soul⁵⁴⁷.

Screenwriter Gloria Malatesta explains the motivations behind such narratives: abortion as a conscious choice is read as an indelible stain on the female character, condemning her in the eyes of the audience⁵⁴⁸. Moreover, television, like social media, is the translation of the deeply Catholic and patriarchal culture, already present in the real world, into the digital and fantasy world. Therefore, abortion is acceptable only if it is spontaneous, without considering the context in which the abortion hypothesis is placed in the characters' story⁵⁴⁹.

Such narratives of abortion in TV series are simplified and always placed in terms of moral conflict, which does not restore a picture of the reality around the decision to have an abortion, such as social pressure, procedures, undignified treatment by the objecting medical staff, and more⁵⁵⁰. In the general culture, the woman has an abortion and then regrets it for the rest of her life.

Through these representations, not only are inaccurate and irrelevant representations conveyed, but also erroneous messages that create a collective imagination around abortion, which in turn guide public and political discourse⁵⁵¹.

Although there is no explicit mention of abortion, there is no shortage of indirect condemnation. In Italy, in May 2023, Giulia Tramontano is killed by her partner in her seventh month of pregnancy: the media and politicians are talking about double murder⁵⁵². Go, Italy! is presenting a bill to introduce a new specific crime concerning the killing of a pregnant woman⁵⁵³. However, there are already numerous correspondences in the Italian Penal Code that provide for aggravating circumstances when the woman is pregnant⁵⁵⁴.

⁵⁴⁷ Cf. Siviero 2021.

⁵⁴⁸ Cf. Ibidem.

⁵⁴⁹ Cf. Ibidem.

⁵⁵⁰ Cf. Ibidem.

⁵⁵¹ Cf. Ibidem.

⁵⁵² Cf. Rapisardi 2023.

⁵⁵³ Cf. Ibidem.

⁵⁵⁴ Cf. Ibidem.

To speak of double homicide in these news stories makes the woman and the foetus as two distinct people and thus risks contesting abortion, which may be equated with murder, as is already the case in many countries that restrict voluntary interruption of pregnancy⁵⁵⁵. According to Italian law, persons become such, acquiring legal capacity, only after birth, not before⁵⁵⁶. Therefore, in the Tramontano case, it cannot be spoken of double homicide because the conceived does not possess rights distinct and autonomous from those of the woman. The conception itself does not exist except as a function of the woman, so it is not on the same level as the gestating person.

Once again, violence against women is being exploited for other purposes without addressing a discussion on the origin of such violence that puts men at the centre⁵⁵⁷.

Nevertheless, abortion is not only an inevitably painful experience, but also a minor issue.

In an article published on ANSA's website about abortion, the author expresses herself in somewhat positive terms, however, at the opening of the article she includes superfluous information about the time when the referendum for Law 194 took place⁵⁵⁸. The author writes about an Italy in the midst of a terrorism emergency grappling with the kidnapping and then the murder of Aldo Moro⁵⁵⁹. This is completely inappropriate information with respect to the main topic of the article, from which it appears that in those years Italy should have been thinking about issues other than the regulation of abortion, which consequently is an issue of little importance⁵⁶⁰.

Even though one does not explicitly take a position, the selected words say a lot and can fit into the anti-abortion discursive framework.

Bruce Blackshaw and Daniel Rodger publish an article on abortion in 2021 in which the two avoid taking a position about the nature of foetuses: the question is posed as a condition and unanswerable question. Throughout the article the authors put the situation in terms such as 'whether' foetuses are persons⁵⁶¹. Despite this, according to the authors,

⁵⁵⁵ Cf. Rapisardi 2023.

⁵⁵⁶ Cf. Blasi 2023.

⁵⁵⁷ Cf. Rapisardi 2023.

⁵⁵⁸ Cf. De Crescenzo 2021.

⁵⁵⁹ Cf. Ibidem.

⁵⁶⁰ Cf. Ibidem.

⁵⁶¹ Cf. Blackshaw & Rodger 2021: 465-472.

foetuses have their entire lives ahead of them⁵⁶². Moreover, they pay particular attention to distance themselves from pro-choice theories⁵⁶³.

Within this scenario, the woman instead is a murderer, victim or heroine.

Women who terminate an unexpected or unwanted pregnancy are labelled as murderers, bad mothers/women, or even irresponsible⁵⁶⁴ in the most direct and explicit cases.

However, nowadays the most common label given to women who have abortions is that of the victim. The woman is a victim of the economic and/or social problems that lead her to opt for abortion⁵⁶⁵. Therefore, voluntary interruption of pregnancy is apparently tolerated as a choice, which in turn is justified by the context that the woman experiences.

In this narrative, the woman is a passive actor, acting according to the circumstances that arise from the outside world; she is portrayed as being incapable of consent, as their choice passes through hypothetical other constraints. The woman, therefore, is not an active actor in her own life with full decision-making capacity, and the choice to abort is not contemplated as her individual choice.

Not only does this represent a violation of the woman's right to self-determination as she sees others telling her experience and truth, but it also creates stereotypes about the decision to have an abortion, starting with the reasons, which are always related to external causes, usually economic.

If, on the other hand, the woman chooses to carry the pregnancy forward, she is a heroine.

In July 2023, Feliciano Chimenti dies of cancer shortly after giving birth to her second child⁵⁶⁶. Some of the major news outlets, including *Il Messaggero*, spread the news, however, making misinformation⁵⁶⁷: the woman discovers she has the tumour during her pregnancy and renounces treatment so as not to put her child at risk⁵⁶⁸. It is her husband

⁵⁶² Cf. Blackshaw & Rodger 2021: 468.

⁵⁶³ Cf. Ibidem: 466.

⁵⁶⁴ Cf. De Zordo 2016: 212.

⁵⁶⁵ Cf. Ibidem.

⁵⁶⁶ Cf. Leuzzi 2023.

⁵⁶⁷ Cf. Ibidem.

⁵⁶⁸ Cf. Mei 2023.

himself who disproves this narrative; Feliciano discovers the tumour after the birth of the child and has been undergoing the planned treatments all along⁵⁶⁹.

Despite the lies of the news outlets, it is the latter that needs an attention of the communication that portrays Feliciano Chimenti as a heroine.

The author of the article in *Il Messaggero* writes about Feliciano as a woman who sacrificed herself in order to give her life to her baby girl and goes on to write about the emotion her choice arouses in the community⁵⁷⁰. Feliciano's choice here is one to be rewarded, and her death becomes as tolerable as it is justified because of the little girl's salvation. This mentality is also manifested in Minister Matteo Salvini's commentary on the affair: in the sacrifice of one's life, there is all the unconditional love of a mother⁵⁷¹. The Minister calls Feliciano an extraordinary mother: if one wants to be a good mother, she has to die, literally, for her children.

The subject that prevails in the narratives is the foetus, even when talking about the woman who is thus reduced to a mere incubator who is not given dignity. Even in death, the health of the foetus is more important.

The foetus narrative is being instrumentalized as well to get as many people as possible to join the anti-abortion ideology by always pressuring the emotionality of the interlocutors.

Anti-abortion narratives never mention the foetus; on the other hand, they refer to it with the terminology of the unborn, the baby, the small child, the vulnerable. All this makes the foetus comparable to an already formed, defenceless person, which creates a reaction in the interlocutor that results in the development of a sense of protection toward the foetus.

Along the same lines of personifying the foetus through the use of words, abortion itself is called infanticide.

The case concerns an illegal abortion that takes place in August 2023 near Caserta, Italy: the woman took a high amount of an anti-inflammatory drug with the purpose of

⁵⁶⁹ Cf. Leuzzi 2023.

⁵⁷⁰ Cf. Mei 2023.

⁵⁷¹ Cf. Grazi 2023a.

procuring the abortion⁵⁷². The article circulated by *Fanpage* still mentions the ‘foetus’, and not the ‘unborn’, the ‘baby’, etc., yet the article refers to abortion as infanticide. The fact that it is an illegal abortion does not imply that it should be treated differently than an abortion performed according to Italian regulations.

Talking about infanticide creates the same effects as calling the killing of a pregnant woman a double murder: it humanizes the foetus, which is not yet a person though.

If, on the other hand, one considers the very actors who are in charge of spreading these ideologies about abortion, they call themselves ‘pro-life’, which is equally problematic.

In this thesis this specific terminology is used only in cases where it coincides with the name of some association, otherwise there is the usage of the terminology ‘anti-choice’ to refer to anti-abortion ideology. The choice stems precisely from an awareness of the criticality of the term ‘pro-life’.

The media are aware that the term indicates associations that oppose abortion; however, it is still a manipulative technique to forward an ultimate wrong message. The expression ‘pro-life’ implies that those in favour of abortion are anti-life, and therefore pro-death. If one considers such individuals as advocates of the ideology that voluntary interruption of pregnancy is murder, such wording makes sense. However, it remains dangerous for those who have not yet questioned the issue enough: to suggest that supporters of abortion, as a free choice, are anti-life is propaganda to prevent that right from being recognized.

It is more correct to refer to these groups as anti-choice groups, because what they do is obstruct the freedom and self-determination of those who decide to access voluntary interruption of pregnancy, through stigmatizing policies and rhetoric against them. They instrumentalize, lie and psychologically humiliate in the name of their own personal ends and for their own idea of society, which they intend to extend to the whole world.

Imposing their own ideology that does nothing but undermines the rights of others is itself a violation of human rights as well as a form of violence⁵⁷³.

⁵⁷² Cf. Falco 2023.

⁵⁷³ The evaluations in this paragraph on the term ‘pro-life’ are made by the candidate.

To convince someone, one may argue one's position with logical reasoning, or narrate⁵⁷⁴. When it comes to voluntary interruption of pregnancy, the media, politicians and other public entities propose narrative communication, which aims to appeal to the affective-emotional sphere of the recipient⁵⁷⁵. Through this strategy, anti-choice thinkers manipulate the narrative of abortion experience by exalting its tragic nature and especially by always placing the foetus, never the woman, at the centre. This contributes to the view of voluntary interruption of pregnancy as something wrong by increasing the social stigma attached to it.

There is a need for a narrative that accommodates the nuances about the abortion experience and normalizes it as part of a woman's reproductive life, in which the woman is the subject with fully conscious decision-making capacity.

⁵⁷⁴ Cf. Parachini 2021: 42.

⁵⁷⁵ Cf. *Ibidem*.

Chapter VI – An introduction to the relationship between abortion and motherhood: control over reproduction and experience.

The discriminatory and judgmental attitudes of the medical staff, such as the statements of political and anti-choice groups and all the obstacles to abortion access, encapsulate the core of the Italian mentality for which it is not contemplated that a woman can choose to have an abortion.

As mentioned earlier, limits on abortion do not eliminate abortions, but rather make them clandestine, illegal, to the detriment of the health of the woman who decides to that route. Denial of the possibility of abortion also has major repercussions on mental health and economic status.

The conviction that voluntary interruption of pregnancy may harm mental health is one of the main reasons why laws stipulate that women must receive counselling before proceeding, even to the point of laws restricting and/or outlawing abortion itself⁵⁷⁶. Yet, the Turnaway Study belies that assumption by looking at women who had abortions and those who were denied abortions⁵⁷⁷.

Previous studies that support the thesis of the negative effects of abortion actually use as a comparison group women with wanted pregnancies that ended in miscarriage or birth⁵⁷⁸. But such group is very different from the group of women seeking abortion⁵⁷⁹, so the research results are not entirely reliable. What is intended here is to compare those who want to have a child with those who do not, and research based on such juxtaposition cannot offer a reliable picture of the situation.

In contrast, what is useful is to compare two groups of women who do not intend to carry a pregnancy, but one of whom is denied the possibility.

Of course, upstream there is always the woman's mental health to be considered starting even before the unintended pregnancy: those who experience traumatic events previously or have a history of mental health problems are more prone to pathology during pregnancy

⁵⁷⁶ Cf. Biggs, Upadhyay, McCulloch & Foster 2017: 170.

⁵⁷⁷ Cf. Ibidem: 169-178.

⁵⁷⁸ Cf. Ibidem: 176.

⁵⁷⁹ Cf. Ibidem.

and even after abortion⁵⁸⁰. But even in this casuistry, abortion denial has the worst effects of all⁵⁸¹.

Women who see their choice to have an abortion respected and realized experience better mental health conditions⁵⁸², as they have greater economic stability⁵⁸³, than those who are denied a wanted abortion.

Indeed⁵⁸⁴, regarding economic conditions, limits on abortion that prevent a woman from accessing the service often result in reduced working hours⁵⁸⁵. Having to forsake professional life consequently increases poverty⁵⁸⁶. The woman sees “lower credit scores [and] more bankruptcies and evictions”⁵⁸⁷ that, again, leads the woman to struggle to support herself and her unwanted child.

Limiting access to abortion also further aggravates the conditions of people in discriminated groups.

The state of abortion reflects the state of civil rights for all, not just reproductive rights: black people are particularly affected by limits on access to abortion, precisely because they have experienced reproductive oppression for centuries⁵⁸⁸. This condition is not limited to the Italian reality; it extends overseas.

The United States takes a special interest in the fertility of black people, establishing differentiated policies about their reproductive bodily autonomy⁵⁸⁹ or “the freedom to decide whether, when, and how to have a child, with whom, and under what circumstances”⁵⁹⁰. The government restricts access to health care for black people: limited access to contraceptives or abortion or prenatal services and obstetrical care;

⁵⁸⁰ Cf. Biggs, Upadhyay, McCulloch & Foster 2017: 176.

⁵⁸¹ Cf. Ibidem.

⁵⁸² Cf. Ibidem: 174.

⁵⁸³ Cf. Foster, Biggs, Ralph, Gerds, Roberts & Glymour 2018: 1290.

⁵⁸⁴ It should be kept in mind that denying the possibility of abortion inevitably results in the woman’s obligation to carry the pregnancy and have the baby.

⁵⁸⁵ Cf. Foster, Biggs, Ralph, Gerds, Roberts & Glymour 2018: 1296.

⁵⁸⁶ Cf. Ibidem.

⁵⁸⁷ Worrel 2023: 382.

⁵⁸⁸ Cf. Kozhimannil, Hassan & Hardeman 2022: 1537.

⁵⁸⁹ Cf. Ibidem.

⁵⁹⁰ Ibidem.

under the circumstances, it is riskier for black people to carry pregnancy than to have a legal abortion⁵⁹¹.

These government efforts to control black women's reproduction have deep historical roots⁵⁹² that make the situation extremely problematic. Specifically, three stages are identified: "the commodified black womb under enslavement; the diseased black womb that should be sterilised during the early twentieth century [and] the welfare womb that must be controlled through contraception in the latter half of the twentieth century"⁵⁹³.

During slavery, black women are exploited as 'producers' of other slaves⁵⁹⁴; according to the law of the time, the past present and future children of black women would also be enslaved without question⁵⁹⁵ thus safeguarding the system. After slavery, on the other hand, the black womb becomes a danger to white society because of the idea of race in America: black women could have given birth to more children than white women⁵⁹⁶ compromising American identity⁵⁹⁷.

The latter idea persists even today⁵⁹⁸, only, if after slavery forced sterilizations are authorized⁵⁹⁹, today the government continues to impose its control over the reproduction of black women through the use of contraceptives⁶⁰⁰. Underlying this is the interpretation of black women's fertility as unnecessary or dangerous to American values⁶⁰¹.

In fact, Black feminist theory places abortion also in a broader context, which is that of the welfare and health of women, communities and families, which includes a woman's right to become a mother as well⁶⁰². Generally, feminist theories have a hostile relationship with motherhood, mostly connected to unhappiness; black motherhood, on the contrary, is perceived as powerful, spiritually rooted⁶⁰³ and "an act of life-affirmation

⁵⁹¹ Cf. Kozhimannil, Hassan & Hardeman 2022: 1538.

⁵⁹² Cf. Nash 2018: 701.

⁵⁹³ Davidson 2018: 316.

⁵⁹⁴ Cf. Ibidem: 312.

⁵⁹⁵ Cf. Ibidem: 313.

⁵⁹⁶ Cf. Ibidem.

⁵⁹⁷ Cf. Ibidem: 310.

⁵⁹⁸ Cf. Ibidem.

⁵⁹⁹ Cf. Ibidem: 315.

⁶⁰⁰ Cf. Ibidem: 316.

⁶⁰¹ Cf. Ibidem: 314.

⁶⁰² Cf. Nash 2018: 702.

⁶⁰³ Cf. Ibidem: 703.

staged in (or against) a cultural moment that seeks to relegate black bodies to the space of death”⁶⁰⁴, thus assuming political significance⁶⁰⁵.

For black feminist theory, motherhood is a revolutionary act⁶⁰⁶ in a country where politicians want to suppress the growth of the African American population.

At the same time, however, black women in the country are more likely to die from pregnancy or childbirth than white women due to the lack of proper maternal care simply because they are black⁶⁰⁷. Here access to abortion is essential in order not to further increase the black maternal mortality rate.

Limits on abortion access are a form of discrimination, but black women, who are already marginalized and discriminated against because they are black, pay an even higher price.

Essentially, the very limitations to abortion stem from the stigma about abortion, which in turn is rooted in preconceptions about the female role within society.

These are the so-called archetypal constructions of the feminine, namely the idea that female sexuality is naturally oriented toward reproduction, that there is a maternal, feminine instinct that would lead women to care for the vulnerable, and finally the social and cultural importance attached to motherhood in women’s lives⁶⁰⁸. It is the gender role stereotypes produced by patriarchal culture.

On the basis of an assumed superiority of men over women⁶⁰⁹, men dominate analyses of social life with the presumption that their way of understanding and seeing may be applied to anyone⁶¹⁰. Among men’s impositions on women are roles to be played in society, which however do not exist as entities in their own right⁶¹¹, but are socially constructed: although both men and women are equally capable of hanging out the laundry, in a heterosexual couple this task is more likely to be attributed solely and exclusively to the woman⁶¹². In this male-dominated social system, patriarchy, it is precisely men who occupy almost all

⁶⁰⁴ Nash 2018: 703.

⁶⁰⁵ Cf. Ibidem.

⁶⁰⁶ Cf. Ibidem: 705.

⁶⁰⁷ Cf. Lenzen 2022.

⁶⁰⁸ Cf. De Zordo 2016: 212.

⁶⁰⁹ Cf. Croteau & Hoynes 2015: 219.

⁶¹⁰ Cf. Ibidem: 25.

⁶¹¹ Cf. Ibidem: 283.

⁶¹² Cf. Ibidem.

positions of political and economic power, limiting the role and influence of women⁶¹³. Over the centuries, one becomes accustomed to these gender stereotypes, which manifest themselves in the unequal distribution of power between men and women, and continually contributes to their reproduction⁶¹⁴.

Among the social roles attributed to women is precisely the role of mother⁶¹⁵. This is essentially because of the differences between the sexes, whereby in the course of human evolution most women devote almost all of their adult lives to procreating and nursing children^{616 617}. This conception still lingers today, despite the actions of women to free themselves from this role and take ownership of their decision-making ability about their future.

From what can be deduced, a woman cannot shirk her role as a mother in society, and if she does, she acquires the characteristics of a deviant attitude⁶¹⁸. The decision to have an abortion is deviant behaviour.

In Italian society, actors in power often reiterate the relevance of motherhood in the country.

Prime Minister Giorgia Meloni puts children right at the top of the political agenda, making them a top priority as the foundation stone of the establishment of any future⁶¹⁹. Honourable Meloni presents motherhood as an undeniable desire of women, who would give it up only in the name of professional fulfilment⁶²⁰. The Pope follows the same line; both are convinced that women are harmed by the lack of the experience of motherhood⁶²¹. Motherhood is therefore more of a destiny than a choice. This only fuels the aforementioned gender roles and stereotypes about economic concern as a determining factor in the rejection of motherhood.

⁶¹³ Cf. Croteau & Hoynes 2015: 291.

⁶¹⁴ Cf. Ibidem: 290.

⁶¹⁵ Cf. Ibidem: 291.

⁶¹⁶ Cf. Ibidem: 292.

⁶¹⁷ Since gender roles are socially constructed, biology loses its fundamental trait and it is human beings themselves who may change the social environment [Cf. Croteau & Hoynes 2015: 292].

⁶¹⁸ Deviant behaviour is an attitude that does not conform to basic cultural norms and expectations [Cf. Croteau & Hoynes 2015: 346].

⁶¹⁹ Cf. Grazi 2023c.

⁶²⁰ Cf. Ibidem.

⁶²¹ Cf. Ibidem.

Women's choices are complex, diverse, and cannot be traced back to the sole concern of not being able to support raising a child. This is simplistic, as well as violent.

In fact, the Pope and Prime Minister Meloni spend many words on the importance of motherhood in the female experience⁶²² but do not seriously address the issues related to it.

The very narrative of motherhood and pregnancy are an insane narrative that ties them purely to a positive experience, as opposed to the drama of abortion of course. What occurs is an idealization of motherhood as the inescapable destiny of womanhood: negative experiences are not accepted, as well as the request of help from women who become mothers.

In January 2023 in a Roman hospital, a new mother falls asleep while breastfeeding and the infant, three days after birth, dies of suffocation⁶²³. The news makes the rounds on the net creating sides about the mother's responsibility, most of which reflect cultural expectations about women's performance of motherhood.

In particular, the affair brings to light a number of firm points about the experience, a negative one, of motherhood, namely the fragility in which a woman finds herself after childbirth, the practice of rooming-in and obstetrical violence⁶²⁴.

Rooming-in is the practice of allowing mother and infant to sleep in the same room in the immediate postpartum moments to encourage immediate attachment and to initiate breastfeeding⁶²⁵. It should be a choice of the woman, who assesses on the basis of her physical and mental condition whether she is able to care for the newborn.

During and after childbirth, the role of midwives is essential in giving support to the woman, but it can also aggravate the situation⁶²⁶. There are numerous stories of women reporting the insults received and help denied, because a mother who says she is tired and asks for help only has to resign herself and is a mother who does not try hard enough⁶²⁷.

⁶²² In this view, motherhood is perceived as a purely woman-related experience, excluding from the discourse LGBT+ community.

⁶²³ Cf. Rabbai 2023.

⁶²⁴ Cf. Marini 2023.

⁶²⁵ Cf. Mamma 2023.

⁶²⁶ Cf. Marini 2023.

⁶²⁷ Cf. Ibidem.

These are stories of lack of care, normalization of extreme suffering of maternal bodies, denial of caesarean section despite conscious request and failure to relieve. Mothers are portrayed as invincible, multitasking⁶²⁸ because this role is what is entrusted to women from birth. These are stories of obstetric violence.

These treatments seek justification in the history of childbirth: a physiological event that has occurred for almost all of human history without recourse to scientific knowledge in the modern sense⁶²⁹. However, childbirth is also an extremely risky event that may result in sudden and highly destructive pathological consequences for the parturient as well as the newborn⁶³⁰. In fact, with the post-World War II period in the West, the total hospitalization of childbirth is accomplished, one relies on an expert system to minimize the risks⁶³¹ and in this context, obstetrical violence asserts itself as a dehumanization of the treatment given to women in childbirth and a violation of human dignity⁶³².

Following childbirth, one of the most common complications is then postpartum depression⁶³³.

Post-partum depression “is a severe form of depression [...] affecting approximately 15% of women”⁶³⁴, whose “primary symptoms include fatigue, anxiety, self-blame and sadness”⁶³⁵, causing “great personal suffering”⁶³⁶. It not only affects negatively the life of the mother but also her relationship with the infant and their development⁶³⁷.

However, the family environment has a significant impact on the mother’s mental health in the postpartum stages: strong family support protects the mother from the development of stress hormone, which in turn prevents postpartum depression and makes the mother enjoy better psychological health⁶³⁸.

⁶²⁸ Cf. Marini 2023.

⁶²⁹ Cf. Antonelli 2016: 268.

⁶³⁰ Cf. Ibidem.

⁶³¹ Cf. Ibidem: 269.

⁶³² Cf. Ibidem: 276.

⁶³³ Cf. Astor, Lindskog, Juvrud, Wangchuck, Namgyel, Wangmo, Tshering & Gredebäck 2022: 2230.

⁶³⁴ Srivastava & Singh 2022: 525.

⁶³⁵ Astor, Lindskog, Juvrud, Wangchuck, Namgyel, Wangmo, Tshering & Gredebäck 2022: 2230.

⁶³⁶ Ibidem.

⁶³⁷ Cf. Ibidem.

⁶³⁸ Cf. Ibidem: 527.

These dark sides of pregnancy as well as motherhood are beginning to emerge nowadays through the testimonies of women.

One of them, for instance, is that of Italian showgirl, actress and model Elisabetta Canalis, who tells about her experience with pregnancy: she did not like it, she was scared of feeling the foetus inside her and the changes in her body⁶³⁹. No euphoria and no state of grace⁶⁴⁰.

Her testimony is followed by criticism and insults because hers is seen more as an exception and an unpopular experience, but one that is shared by many mothers⁶⁴¹.

Pregnancy, like childbirth and motherhood, are complex and delicate times for women from both physical and emotional perspectives. Each woman deals with the experience differently, and it is important that she be accorded her rights as a person with fears, emotions and needs. The negative experience of childbirth, pregnancy and motherhood does not make a mother less competent and/or less worthy, it only makes her a human being.

Society's most common reaction to this reality is the one of prevention, manifesting itself with comments like 'you could have thought of this before'⁶⁴², also often used by antiabortionists as a cop-out: to the woman, in order to avoid negative experiences about pregnancy and motherhood or abortion, it will be enough to avoid pregnancy itself, because the nuances and uniqueness of women's experiences, especially if negative, are not accepted, as well as the possibility to have an abortion.

Yet, despite this almost common response, shunning motherhood in Italy is not a plausible choice, as evidenced by the social stigma and limits on abortion and government's efforts to encourage women to experience motherhood.

⁶³⁹ Cf. Turco 2023.

⁶⁴⁰ Cf. Ignazzi 2023.

⁶⁴¹ Cf. Ibidem.

⁶⁴² Cf. Ibidem.

Chapter VII - Relation between restrictive abortion policies and reproductive coercion.

Motherhood for Honourable Giorgia Meloni is a right, and every woman should be given the right not to have an abortion, rather than the right to have one. Access to abortion itself is limited in many ways, including logistics, culture, and lack of information. In addition, abortion prevention and the social safeguard of motherhood are the main interests of the Italian law dedicated to the regulation of voluntary interruption of pregnancy.

Limits on access to abortion take the form of a tool to force women to become mothers, where even adoption is not well received and birth support is among the recurring topics on the political agenda.

Italy has been experiencing a demographic crisis in recent years, and according to Istat (the Italian national institute of statistics) forecasts updated to 2021, the population will continue to decline⁶⁴³. However, discussing birth support is risky, especially in a country where attempts are made to restrict abortion by all means and pro-choice people are defined as the disseminators of a morticidal culture⁶⁴⁴.

The low birth rate is already an excuse in other countries to ban abortion.

In 2021, Chinese authorities declare they will reduce all abortions performed for ‘non-medical purposes’⁶⁴⁵.

After the one-child policy⁶⁴⁶, the phenomenon of selective abortions⁶⁴⁷ and the introduction of the rule allowing each couple to have three children^{648 649}, China’s birth rate in 2021 is among the lowest in the world at 1.16⁶⁵⁰. In response to the emergency,

⁶⁴³ Cf. Infodata 2023.

⁶⁴⁴ Cf. Catani 2017.

⁶⁴⁵ Cf. Sisti 2021.

⁶⁴⁶ The norm, in effect from 1979 to 2016, stipulates that each Chinese couple may have only one child. The norm is instituted to prevent overpopulation but actually leads to an aging population [Cf. Sisti 2021].

⁶⁴⁷ They are sex-selective abortions resulting in a gender imbalance, with 30 million more males than females [Cf. Sisti 2021].

⁶⁴⁸ In 2016, the Chinese government abolishes the one-child policy by allowing couples to have two children, eventually upgrading the norm to three children per couple. All of these are unsuccessful attempts that lead to the current situation [Cf. Sisti 2021].

⁶⁴⁹ Cf. Sisti 2021.

⁶⁵⁰ Cf. Master & Zhang 2022.

authorities therefore decide to place limits on voluntary interruptions of pregnancy to repopulate the country, using the pretext of improving women's reproductive health⁶⁵¹.

The truth is that China instrumentalizes women's bodies to suit the country's interests, including population growth, economic growth, and the need for manpower: women have been under state control since the one-child policy⁶⁵². First the government restricts women's reproductive rights by forcing them to have abortions, and then it restricts abortions⁶⁵³. Thus, the blame for population growth and decline is placed solely on women.

Women's bodies cannot be held captive by government policies or alarmist narratives about overpopulation or low birth rate⁶⁵⁴. The right to bodily autonomy must be a recognized right, because the choice of when, how, with whom, and whether to have children must be a free and informed choice, unencumbered by life demands in the service of any more coveted demographic, economic, social, political, environmental, or security claims⁶⁵⁵.

In recent years, some countries, including Italy, have been launching programs to encourage larger families in exchange for financial incentives without, however, bringing about the desired results⁶⁵⁶, partly because the reason for denying motherhood is traced back to the family's one and only economic condition.

Italians are aware of the demographic crisis in the country and are enormously concerned about it, especially if one focuses on the increasing aging of the country and the slowdown in economic growth⁶⁵⁷. The reasons why couples are not having children are mainly the rising cost of living, job insecurity, low wages and lack of services for children, as well as the difficulty of reconciling work and family⁶⁵⁸ and fear for the children's future.

Adding to the reasons attributed to couples is the woman's choice. Although most women claim to have maternal instincts, according to the Ipsos survey contained in the report

⁶⁵¹ Cf. Console 2022.

⁶⁵² Cf. Sgreccia 2021.

⁶⁵³ Cf. Ibidem.

⁶⁵⁴ Cf. Turi 2023.

⁶⁵⁵ Cf. Ibidem.

⁶⁵⁶ Cf. Ibidem.

⁶⁵⁷ Cf. Carraretto 2023.

⁶⁵⁸ Cf. Ibidem.

compiled by Save the Children, 43% of women do not want children⁶⁵⁹. Causes include fatigue, difficult reconciliation between work and family, lack of support, scarcity of existing services, and last but not least, the cost of supporting a newborn in its early years⁶⁶⁰.

Among these, the most significant reason is undoubtedly the difficult reconciliation between work and family, as it is also the main reason why working mothers resign⁶⁶¹. Among men, on the other hand, this reason accounts for only 3% of cases, while the main reason is related to moving to another company⁶⁶². The data show how motherhood and raising children is a role that falls solely and exclusively on women, which find justification in the stereotypes of gender roles supported and reproduced in Italian society.

It is again reiterated that women cannot escape the role imposed on them by patriarchal society; they are neither allowed to have an abortion nor to give up the baby if they decide to carry the pregnancy.

On Easter morning in 2023, a woman abandons an unwanted baby in the Cradle for Life at the Milan Polyclinic, and several prominent figures take action to get the baby's mother back⁶⁶³. The Cradle for Life allows a child to be safely entrusted to a facility so that they may receive immediate necessary care and it should preserve the anonymity of the parents: health care personnel are notified immediately, while still allowing the parents time to get away⁶⁶⁴.

In this case, however, the clinic discloses the mother's letter left with the child⁶⁶⁵ to the detriment of confidentiality, and an appeal is made for the mother to go and get her child back⁶⁶⁶.

The problematic factor in the telling of the story is precisely the fact that it appeals to the mother to decide to reconsider her choice. It violates the anonymity that should be guaranteed, as it seeks to identify who did the deed and views the mother's choice to

⁶⁵⁹ Cf. Carraretto 2023.

⁶⁶⁰ Cf. Ibidem.

⁶⁶¹ Cf. Ibidem.

⁶⁶² Cf. Ibidem.

⁶⁶³ Cf. Grazi 2023b.

⁶⁶⁴ Cf. Ibidem.

⁶⁶⁵ Cf. Ibidem.

⁶⁶⁶ Cf. Bombino 2023.

abandon her child as a symptom of a failure of society to intercept the distress⁶⁶⁷. Moreover, the narrative suggests that children live better with their birth mother⁶⁶⁸ than with an adoptive family, regardless of the conditions under which they would live.

Cradle for Life is established with the specific intent of offering couples, as well as women, the option of entrusting their child, a newborn, to a facility and avoiding abandonment in more dangerous and degrading settings for the child, while guaranteeing anonymity. The reasons for such a choice are many and may be economic as well as not. In addition, such an option prevents women from having an abortion, if she does not wish to do so, and equally denies motherhood that she does not feel like facing. The story of the affair shows that this option is also not socially conceived. Abortion is not an option but, upstream, neither denying motherhood is.

The appeal cites the mother, the woman, by holding her responsible for the facts, but the father of the child, the man, is never called on appeal. A woman's full right is to decide not to take care of a child and not to be infantilized and treated as an unconscious being unable to make decisions. But society recognizes this privilege only for the man and does not take action for him in the same way.

In this narrative, Italy forgets the interests of the child for whom it claims to be activating: the child would live with a mother who is not such, because she did not want them.

These conditions under which a child grows up have negative effects on their psychological development and mental health, even during adulthood⁶⁶⁹.

In fact, several studies show that children who are the result of an unwanted pregnancy, defined as “actively rejected by the woman soon after conception”, will develop deviant attitudes in childhood and severe mental problems during adolescence and adulthood⁶⁷⁰.

The study conducted by Joyce, Kaestner and Korenman in the United States demonstrates that children born of an unwanted pregnancy have a higher risk of being born at a lower weight, dying in the first year of life, being abused and not receiving sufficient resources

⁶⁶⁷ Cf. Bombino 2023.

⁶⁶⁸ Cf. Ibidem.

⁶⁶⁹ Cf. David 2006: 181.

⁶⁷⁰ Cf. David 2011: 184.

for healthy development⁶⁷¹. In fact, mothers are less likely to initiate or continue breastfeeding⁶⁷².

Another research also undertaken in the United States points out the low quality of the emotional relationship between mother and child⁶⁷³ “in terms of affection and social support, and increased violence and less leisure time interaction during childhood”⁶⁷⁴ compared to cases of desired pregnancies.

In Switzerland and Finland, unwanted children are more likely to feel socially inadequate, commit crimes and need psychiatric care⁶⁷⁵.

Nevertheless, the most unique study inherent in the consequences of being born unwanted is the Prague Study, conducted in the Czech Republic⁶⁷⁶. It is a unique research in having the definition of unwantedness given not only by the fact that the pregnancy is overtly unwanted but it is expressed by the woman’s dual request for an abortion, a request that was not approved⁶⁷⁷.

Results reveal the differences between children born from desired pregnancies and children born from unwanted pregnancies: the latter are more prone to be psychiatric patients at any point in their lives, especially if they are only children⁶⁷⁸. This is as a consequence of the family environment in which the child grows up, in which the woman “rejects the role of mother”⁶⁷⁹ and consequently treats her child with greater emotional coldness⁶⁸⁰.

Another interesting perspective argues that admitting one’s denial towards the experience of motherhood is itself one of the characteristics that make a woman a good mother.

According to cultural expectations, “women are expected not only to love their children but to engage in self-sacrifice and self-discipline [...] to protect [them]”⁶⁸¹. This narrative

⁶⁷¹ Cf. David 2011: 185.

⁶⁷² Cf. Ibidem.

⁶⁷³ Cf. Ibidem.

⁶⁷⁴ Ibidem.

⁶⁷⁵ Cf. David 2006: 182.

⁶⁷⁶ Cf. Ibidem: 181.

⁶⁷⁷ Cf. David 2011: 190.

⁶⁷⁸ Cf. David 2006: 187.

⁶⁷⁹ Ibidem.

⁶⁸⁰ Cf. Ibidem.

⁶⁸¹ Dubriwny & Siegfried 2021: 190.

poses motherhood and the denial of it on two opposite poles, but the same women who decide to terminate a pregnancy, for whatever reason⁶⁸², are actually good mothers because they prevent “children from experiencing pain and hardship”⁶⁸³. The choice not to carry a pregnancy is a form of care and protection of the mother toward the child⁶⁸⁴.

In this context, the woman, as the subject of procreative responsibility, chooses what it is appropriate to give birth for and what to refuse to give birth for⁶⁸⁵, starting from her perception of her own experience as a mother⁶⁸⁶. This evaluation concerning the recognition of the value of responsible choice of procreation leads to conscious motherhood⁶⁸⁷.

Nevertheless, in cases where the child is not wanted by the couple or has malformations in the womb, and abortion is denied, that child will have nothing but a future of suffering, both psychological and physical, ahead of it. Therefore, the choice to abort is the best for the child and the family⁶⁸⁸.

“It is precisely as good mothers that women [...] can lay claim to the rightness of their choice to terminate [the pregnancy] and their right to make the choice”⁶⁸⁹, while forcing them to that socially imposed fate will harm her and the child.

The impact on the child’s life and well-being should be an interest of governments. Access to voluntary interruption of pregnancy should be permitted, where its restriction and compulsion for women to experience motherhood “have serious costs and consequences for public health, women’s well-being and the development of children born involuntarily”⁶⁹⁰. Those who restrict access to abortion are not concerned about the welfare of children.

Abortion and motherhood are closely linked: one cannot refer to one without mentioning the other, and both are victims of morbid public interest and political control. Opposing

⁶⁸² The reasons may be denial of the mother’s role as well as malformations of the foetus within the womb.

⁶⁸³ Dubriwny & Siegfried 2021: 196.

⁶⁸⁴ Cf. Ibidem.

⁶⁸⁵ Cf. Angelini 2023: 211.

⁶⁸⁶ Cf. Ibidem: 213.

⁶⁸⁷ Cf. Ibidem.

⁶⁸⁸ Cf. Dubriwny & Siegfried 2021: 199.

⁶⁸⁹ Ibidem: 197.

⁶⁹⁰ David 2011: 190.

abortion, like opposing motherhood or controlling the experience of it, reduces the woman to a mere incubator, conveys that her body does not belong to her but to the state.

They are not two opposing realities because in both cases it involves violence that is perpetrated but not recognized and is functional to the denial of self-determination of women's bodies and women's reproductive health. Denying and restricting abortion, which consequently forces women to become mothers, represents therefore a form of reproductive coercion which is a form of gender-based violence.

Conclusions.

The narrative on the right to abortion starts from its moral implications, that is, the identification of the time limit within which practicing it is ethically acceptable. This coincides with the moment when the autonomy of the foetus in the womb is recognized, namely, its status as a person in its own right.

Over the time, science detects three determinants: the heartbeat reveal, the capacity of the foetus to experience pain and consciousness. These conclusions are the result of the interpretation of scientific findings, which, however, depend on the cultural, social and political backgrounds of the times and places in which the conclusions are advanced. In the Italian context, the autonomy of the foetus is set from the 90th day of gestation, which coincides with the complete formation of the placenta.

The scientific community does not offer a univocal position. Indeed, beyond the arguments and conclusions, in the scientific arena the main actor in the discourse is always and only the foetus, while denying the subjectivity and self-determination of the pregnant woman.

In addition to science, religion is the other actor influencing consideration of the status of the foetus, which again is central to the woman.

In Italy, the Catholic Church holds the power to condition public opinion essentially as a determinant of national identity, but also because of the very relationships between the Church and the State, which start with the arrangement of the episcopal seat of the Supreme Pontiff in Rome and the Lateran Pacts of the Fascist era. The role of Catholicism in Italian society thus becomes prominent, to the point of becoming a political tool of Christian Democracy until the 1990s to attract as many voters as possible. Even today, although in different forms, Catholicism is present within the political choices.

On the issue of abortion, the Catholic Church firmly opposes comparing it to murder based on the recognition of the foetus as a person from the moment of conception. This position is taken into consideration during the formulation of Law 194.

In fact, the 1978 Law on the social safeguard of maternity and on the voluntary interruption of pregnancy is born precisely as a compromise between all the actors involved in the debate, and therein lies its problematic nature.

While the law establishes the modalities of access to abortion, it does not fully guarantee it, because it starts from the firm belief in the value of motherhood: its primary goal is prevention of abortion through the help of family counselling centres and economic assistance for women from the state. In addition, the provision recognizes the right to conscientious objection for medical staff, at the expense of the woman's self-determination.

The woman's free choice is not central to the law because it is conditioned by external factors, primarily the medical staff's choice of whether or not to perform the operation.

Regarding the current status of access to abortion in Italy, the situation remains dramatic.

Starting with the political context, the current ruling government led by Honourable Giorgia Meloni does not declare itself directly opposed to abortion, yet its support, including economic support, for anti-choice associations and legislative proposals aimed at recognizing, in one way or another, the legal capacity of the foetus go far beyond the official statements of the Honourable Meloni herself. The leader of Brothers of Italy assures the implementation of the part of Law 194 pertaining to abortion prevention in the name of the so-called right not to abort, without actively engaging in recognizing women's self-determination.

The political atmosphere shows that abortion is far from a vested right; rather, it suggests a coming regression about the regulation of abortion in Italy. But modification or repeal of the law itself is not necessary to hinder women's choices because of logistical limitations and the cultural and social stigma attached to abortion itself.

The rate of conscientious objection in the country is such that women are forced to travel to other regions to claim their right to abortion, but risk exceeding the time limit within which performing abortions is permitted. Exacerbating the circumstances is also the lack, inaccuracy and false information disseminated to women by facilities, the media and the Ministry of Health website.

Even if one is able to access the service, the psychological violence perpetrated by the medical staff is inconceivable. Not only is there still an attempt to dissuade women from having an abortion, but during the procedure women are left alone to risk their lives in case of complications due to lack of rescue, denial of anaesthetics, gratuitous cruelty and

inhuman and degrading treatment. These treatments impose psychological pressure on the woman whose reaction can be no other than to be ashamed and repent of her choice to have an abortion.

Indeed, the common narrative of voluntary interruption of pregnancy is that of a painful, dramatic experience that the woman regrets. However, this narrative does not trace its motivation back to the obstacles and violence she suffered, but rather to the revival of maternal instinct. The terms used to describe facts and people shape reality and influence the perception of the interlocutor about that fact and person; in fact, discrimination and social stigma pass not only through deeds but also through words.

So far, research has highlighted the approach of policies and culture toward the right to abortion in Italy: a discriminatory approach whereby the choice to have an abortion is not contemplated.

The denial of abortion translates into the woman's obligation to carry a pregnancy and, consequently, to become a mother.

In Italian culture and society, motherhood has a central meaning, as evidenced by the very law regulating abortion and by the head of the government and the Church. This is dictated by gender stereotypes that impose that role on women and brand the denial of motherhood as deviant. In addition, current policies also encourage families to have children in relation to the low birth rate, which tends to decline progressively as the years go by.

In this context, the correlation between the social importance placed on motherhood and the low birth rate constitutes a dangerous complex whereby the risk of erupting into institutionalized reproductive coercion grows, which is already manifested through restrictions on abortion.

The state and society thus manifest indirect obsessive control of women's bodies and their autonomous decision-making about their reproductive freedom through devious persuasion techniques aimed at reducing women to mere incubators.

In conclusion,

[limits] of abortion constitute an act of gender-based violence and discrimination, as it perpetuates the stereotype that women [...] can only free exercise their sexuality to procreate and reinforces the gender role that imposes motherhood as a compulsory destiny⁶⁹¹.

⁶⁹¹ Baker 2023.

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