

🔍 abortion in malta



When Lack of Access to Information Fuels Fear: The Case of Malta's Anti-Abortion Misinformation and Disinformation

Published in May 2025



Co-funded by
the European Union



**L-Università
ta' Malta**



**Mediterranean
Digital Media
Observatory**

This report is part of a series of reports highlighting disinformation narratives spread across Greece, Cyprus and Malta since December 2022. Each report presents a disinformation narrative surrounding a particular topic or issue, bringing together examples of false or misleading claims about the issue, describing how disinformation spread and discussing the context in which it was circulated.

MedDMO's Approach

For this series of publications, the Mediterranean Digital Media Observatory's (MedDMO) fact-checking partners developed a framework with specific criteria for analysing disinformation narratives. In this context, we used the European Digital Media Observatory's (EDMO) definition of disinformation narratives—clear messages derived from a consistent set of contents that can be proven false using fact-checking methodology. Our criteria include examining sets of claims that are demonstrably misleading or false concerning a specific topic and that have emerged within a short period. Furthermore, our objective is to analyse instances where these narratives were crafted by actors or groups with the intention to incite fear, exert influence and control, or harass individuals using social media platforms. When sufficient data on the actors and their objectives is available, we examine whether these instances are part of a disinformation campaign.

A human right and yet a contentious subject almost everywhere, abortion is particularly controversial in Malta, which has some of the strictest abortion laws in the European Union. This short report gives a snapshot of the situation in order to discuss claims and narratives that have circulated locally.

The context

A good way to understand how lack of access to information fuels fear and misinformation* is to consider the case of abortion in Malta.

Lack of context is another driver of false information, so here we begin with some background. Malta, the smallest EU member state, often prides itself on its '[liberal credentials](#)'. In 2011, the country held a long overdue referendum to decide whether divorce should begin to be allowed – at that point, it was one of only three countries in the world (counting the Vatican City) where divorce was illegal. The vote was close: 'yes' won at around 52%. Years later, it became the first European country to [ban](#) 'gay conversion therapy'; then, in a move based on one of the main electoral pledges of the Labour Party, it legalised same-sex marriage, and later, transgender and non-binary individuals obtained the right to [change their gender](#) on official documents.

Yet there is a paradox: when it comes to giving women the right to choose whether to continue a pregnancy or not, Malta appears to clutch onto conservative ideals.

The law



Malta's laws criminalising abortion have been in force [since the 1800s](#). Up until 2023, it was among a handful of countries that [completely prohibited abortion](#). What happened in 2023 – almost two hundred years after the original laws were written – was that two legal exceptions were [introduced](#) to the Criminal Code. Their essence is that abortion on Maltese territory is only an option if a) a woman's life is at risk due to medical complications; and b) if her health is 'in grave jeopardy which may lead to death'. Furthermore, the abortion can only happen with the approval of three doctors.

Even with the changes, the law is still 'extremely strict', according to Isabel Stabile, who was interviewed for this report on 23rd April 2025. Stabile is a gynaecologist and professor at the University of Malta as well as an activist with Doctors for Choice Malta, a non-governmental and non-profit organisation of medical professionals advocating for safe and accessible sexual and reproductive healthcare. She is also the [first Maltese recipient](#) of the Human Rights Tulip award, which is handed out annually by the Dutch government in its embassies.

* The terms 'misinformation' and 'disinformation' are both used throughout this report, but it is important to note that they refer to different things. 'Misinformation' is content that is false/misleading but not necessarily produced with the specific intention to be such. 'Disinformation' is produced intentionally.

In 2022, Stabile filed a [judicial protest](#) on behalf of 135 doctors asking the Maltese government to review the country's blanket ban on abortion – this came after the health authorities refused US tourist Andrea Prudente's request to terminate a non-viable pregnancy after she began experiencing severe complications at sixteen weeks. The doctors behind the protest believed that the law not only impacted women seeking such medical care, but also medical doctors themselves by prohibiting them from providing necessary care in pregnancies with complications, therefore disallowing them from adhering to international standards. This was the second judicial protest targeting Malta's abortion ban to be filed in June 2022, a [first one](#) having been filed by the Women's Rights Foundation two weeks prior.

Following the doctors' judicial protest, the Maltese government reviewed the law. But then-president George Vella, himself a doctor by profession, [refused to sign](#) the bill as it was. To avoid the embarrassment of the resignation of a president it itself had appointed (and the first presidential resignation since Malta became a republic), the government watered down the bill's wording. It added the concept of a three-doctor panel's approval, and perhaps more significantly, whereas the original bill would have covered women whose health was at risk, the [amended version](#) only allows abortion when a patient's life is in danger. It took seven months from the date the bill was first tabled in parliament to when it finally became law.

The [reactions](#) to the amended law varied. Anti-abortion groups expressed relief, whereas pro-choice groups believed it to make the situation more dangerous for women.

As [the situation stands](#), legal exceptions apart, [Malta's abortion laws remain the most restrictive in the EU](#), remaining illegal [even in cases](#) of rape and incest. Women can face up to three years in prison for terminating a pregnancy, and doctors who assist them face up to four years as well as the permanent revocation of their licence to practice.

The culture



What is interesting from the perspective of media and communication is the interplay of Malta's size and information dynamics. Being such a small archipelago (around 316km²), one would expect information to travel quickly. However, information tends to get trapped in filter bubbles or echo chambers. As Reporters Without Borders (RSF) notes in its [country profile](#),

On almost every issue of public interest, Maltese society suffers from deep polarisation. Coverage of topics such as migration and abortion remains unpopular and incites abuse against journalists covering these topics.

The country's small size, combined with echo chambers, strong Catholicism, and conservatism on a micro and macro level, has a double effect. On the one hand, it means limited accessibility to reliable information about abortion care. On the other, it allows false and misleading information to spread and propagate with ease.

Misinformation is 'the order of the day', said Andreana Dibben, a social policy academic and board member of the Women's Rights Foundation, in an interview for this report on 9th May 2025. She felt the problem stems from the Maltese being raised in a society where, from a young age, they are exposed to a single perspective: the anti-abortion stance.

Everyone is entitled to an opinion. But wherever one stands on the issue, it is undeniable that one of the most pervasive misconceptions or, perhaps, narratives – not just in Malta, but everywhere – is that criminalisation stops abortion. In reality, [one cannot ban abortion. One can only make it less safe.](#)

Why this report?

False and misleading claims about abortion

- emerge frequently, particularly online (e.g. in comments under posts on social media and under articles on news sites)
- misinform/mislead the public, whether intentionally or not (sometimes, people genuinely believe misinformation and disinformation – in an [earlier report](#), we recommended [this TED Talk](#))
- are fuelled by a lack of information, which itself comes from abortion being taboo and a criminal offence in Malta

Levels of mis/disinformation and common myths

We typically think of everyday informal communication (such as social media posts and offline conversations) as the source of mis/disinformation about subjects like abortion. However, this appears to be only a symptom of a much deeper problem. As mentioned briefly in the previous section, two women were interviewed for this report: Isabel Stabile, a gynaecologist and professor at the University of Malta who is also an activist with Doctors for Choice Malta, an organisation which advocates for the decriminalisation of abortion; and Andreana Dibben, a social policy academic and board member of the Women's Rights Foundation. Both women pointed to the cultural and systemic nature of false and misleading claims about abortion.

These claims might be seen as operating at two levels:

- 1. In healthcare and social care settings and in medical tuition**
- 2. In everyday conversation, through the grapevine**

At the level of healthcare/social care providers, common narratives include the following:

a) Providing information about abortion is illegal

This is false. It is completely legal for doctors and healthcare workers in Malta to provide information about abortion, including information about overseas care. There is nothing in the Criminal Code to legally prevent someone from providing information. Furthermore, the Code only applies to Maltese territory, so Maltese women with the financial means can legally travel for treatment abroad (for the statistics, see this report by Amphora Media which forms part of a European cross-border investigation, Exporting Abortion). A number of NGOs, including Doctors for Choice, provide accessible and reliable information.

b) One is legally bound to report a woman who has had/is going to have an abortion

This is not so straightforward. There is no explicit mention of this in the Criminal Code, but some nonetheless believe that it is related to laws dealing with safety and protection of minors. Dibben noted that some professionals may feel pressured to report a woman planning to have an abortion because they perceive it as 'a child protection case', which carries a legal obligation to report, but – as she points out – the Minor Protection Act refers only to the born, defining 'minor' as 'a child under eighteen years of age'.

There have indeed been cases of women being [reported by doctors](#). Fear of such repercussions creates a chilling effect that may lead others to not seek care. This creates a culture of mistrust in place of the open communication and confidentiality that should define a social care/healthcare professional-patient relationship, ‘stopping women from accessing essential care’, according to Dibben.

c) Abortion pill reversal is possible

This is scientifically impossible and potentially dangerous. The abortion pill – sometimes referred to as medical abortion – is actually two pills. These are mifepristone, which is taken first, and misoprostol, which is taken slightly later. This regimen is [considered safe](#) enough for someone to self-manage at home (within a specific period of their pregnancy). The first pill, mifepristone, is an anti-progesterone (progesterone being a hormone required to maintain a pregnancy). The abortion reversal treatment comes in the form of pills that presumably work to counteract the mifepristone’s effects by increasing the level of progesterone in the body. However, according to Stabile, this treatment can actually cause infection and severe bleeding. Indeed, it is not supported by science. The American College of Obstetricians and Gynecologists has [described it](#) as ‘unproven and unethical’.

According to Stabile, Maltese doctors have prescribed pills to reverse abortions locally.

These misconceptions and myths might be seen as stemming from the same problem: abortion being taboo. In the medical setting, this is perhaps exacerbated by the fact that Malta’s ‘medical school has chosen to ignore it’, as Stabile said. This, in some ways, creates problems that extend beyond our shores. ‘We do not prepare doctors for the world,’ Stabile added. ‘We should be preparing doctors for the world, not for Malta [only], because doctors from Malta can go anywhere.’ Perhaps this exposure to other places and attitudes – even through social media – is what is encouraging a change of culture among young doctors who, Stabile felt, are more open to conversations on abortion care.

Doctors are first and foremost people, and they are the result of their culture.

On that note, myths that circulate through the grapevine typically consist of the following:

a) Abortion is wrong and dangerous

While the rightness or wrongness of abortion might come down to personal opinion, it needs to be acknowledged that abortion is recognised as a human right by international bodies like [Amnesty International](#) and, as an essential element of ‘quality healthcare’, by the [World Health Organization](#), too. As for it being dangerous, this is a false claim. Abortion is internationally considered to be a [‘simple and common healthcare procedure’](#) that can be carried out safely.

b) It is an inhumane procedure

Anti-abortion messaging often alludes to barbaric surgical procedures. It ignores medical abortion (pills) and suggests that treatment is done later in a pregnancy than is actually the norm. Locally, this might be partly the result of the [1984 film *The Silent Scream*](#) having been shown in Maltese schools for decades. Dibben referred to this film as ‘the most notorious project of [abortion] misinformation’. It has in fact been [debunked locally](#), and has internationally long been [considered misleading](#). Dibben said that some people’s ‘whole education’ on abortion is based on the film, and she has heard of cases of teachers who genuinely believed its claims until learning more about it. She also made an interesting point about the visuals commonly used by the anti-abortion movement. ‘When people think of abortion, often they think of abortions happening at, for example, six months of pregnancy,’ she said. Images of babies, which [feature extensively](#), could fuel this notion.

c) Restricting access to abortion reduces the number of abortions carried out

It is widely acknowledged that abortions occur regardless of the restrictions placed. As the [World Health Organization notes](#), ‘restricting access to abortions does not reduce the number of abortions [...]; however, it does affect whether the abortions that women and girls attain are safe and dignified’. [In Malta](#), despite the near-blanket-ban, abortions are increasing year upon year, and the abortion doula service offered by Doctors for Choice receives calls daily. As [Amphora Media has reported](#), over 2,000 self-managed abortions have taken place in Malta in the last five years. The way in which abortion has been discussed locally has implied that the near-blanket-ban has stopped women from seeking abortions.



A post in an anti-abortion Facebook group from February 2020 implying that abortion (facing a complete blanket ban at the time) was not taking place in Malta.

d) Abortion has long-term consequences

During the interview, Stabile said that ‘the regret rate is very small.’ This was observed in the [Turnaway Study](#), a ten-year investigation beginning in 2007 that followed a thousand women from more than twenty states in the US to assess how receiving or being denied an abortion impacted them and their families in the long-term.

e) Rape victims do not get pregnant

This claim is indisputably false. Rape is often brought up as one of the justifications for increasing access to abortion (not just locally but also internationally), giving rise to the rebuttal that rape victims do not, or are unlikely to, get pregnant as a result of rape.

Times of Malta [fact-checked the claim](#) in 2023 after local doctor Jean Karl Soler posted it as a comment under an article by the newspaper about the then-newly-introduced abortion bill. As the Times pointed out, the bogus claim has reared its head in debates beyond Malta’s shores, and it has a long history, stretching as far back as the thirteenth century. Soler’s claim was based on disputed data and incomplete figures, and studies broadly show that the same number of women get pregnant in cases of rape as that of consensual sex – which is basic biology.



A doctor’s comment under a Times of Malta article in July 2023.

f) ‘Pro-choice’ means ‘pro-abortion’

‘Pro-choice’ and ‘pro-life’ are the prevailing terms used to describe either side of the abortion debate. Somebody who is pro-choice believes that a woman has the right to choose whether to continue a pregnancy or not, whereas somebody described as pro-life believes that abortion should be banned under all circumstances. Stabile sees the latter as a bit of a misnomer because it may misrepresent the other side by inferring that the pro-choice stance is anti-life or pro-abortion. In her view, ‘pro-life’ is a misleading term used to define an ‘anti-choice’ stance. ‘I’m not pro-abortion,’ she said during the interview, ‘I’m pro-choice’. Language matters, and it is interesting to note how [journalistic standards](#) navigate the issue.

The case of US tourist Andrea Prudente, having put Malta's strict anti-abortion laws in the spotlight by making international headlines, sparking the discussion for a change in national law (see [subsection 'The law'](#)), was also subject to speculation. One [Facebook post](#), which did not name Prudente directly but referred to 'a pregnant woman' being brought to Malta, claimed that said 'pregnant woman' was [used by unnamed 'third parties'](#) in a conspiracy to introduce abortion to the country. The Opposition leader [had implied](#) something along the same lines.

In Malta, abortion is stigmatised, more so because it is criminalised. All of the aforementioned myths might be seen as the result of fear stemming from a lack of access to information and lack of openness to discussion.

The effects of lack of information/discussion

False and misleading information spreads rapidly in contexts where tensions are running high and in conversations on emotive subjects. In a way, both of these apply to the case of abortion in Malta. The near-blanket-ban contributes to the stigmatisation of abortion, and in turn the cultural stigma creates an information drought. It is much easier for misinformation and disinformation about abortion to spread where a lack of access to reliable information and lack of openness to discussion on the subject prevails.

Stabile expressed that lack of information is 'at the centre of the misinformation problem'. She also said that 'it is easier to spread falsity than it is to spread the truth'. This is something we observe again and again in our investigations; misinformation and disinformation content typically appeals to emotions, bypassing rationality to provoke an instant reaction. It is a 'very serious' situation, according to Stabile, because 'false information and lack of information drives decisions'. Furthermore, as a healthcare issue, abortion-related misinformation and disinformation have a societal-level impact.

Related fact checks by Times of Malta

Between January 2023 and April 2024, Times of Malta fact-checked three claims related to the subject of abortion. We outlined one of them – a doctor’s claim that ‘rape victims do not get pregnant’, made in July 2023 – [in the previous section](#). The other two are as follows:

- In January 2023, the head of obstetrics and gynaecology at the state-run Mater Dei hospital, Yves Muscat Baron, stated that there is now a 79.2% survival rate for an unborn baby when the mother’s waters break before twenty weeks. He was testifying in constitutional proceedings initiated by Andrea Prudente, the US tourist who was denied an abortion at Mater Dei hospital after suffering severe complications when she was sixteen weeks pregnant. Times of Malta asked Muscat Baron to confirm the source of his claim. He directed the newspaper to the health ministry, which also declined to comment. After consulting various studies, Times of Malta found the claim to be [mostly false](#).
- In March 2024, NGO Doctors for Life claimed that ‘in numerous European countries, 90-100% of unborn children diagnosed with Down syndrome are aborted’. As the Times reported, the NGO said this in an open letter to then-MEP Cyrus Engerer in reaction to Engerer’s support for abortion to be included in the Charter of Fundamental Rights of the European Union, asking him to clarify his position on ‘the widespread abortion of children with Down syndrome’. Variations of the claim have been made around the world, typically in countries where abortion rights are a particularly contentious subject. [Through its research](#), the Times found that reliable data is not readily available, although EU data suggests that the rate of abortions due to congenital anomalies has increased, varying from one country to another and usually in line with screening rates.

Concluding remarks

Abortion is surrounded by false and misleading information, and although Malta is not unique in that aspect, it is an interesting case study as a country with one of the strictest abortion laws in the EU. Echo chambers foster a lack of access to information and lack of openness to discussion, and again, as a healthcare issue, abortion-related misinformation and disinformation have a societal-level impact. Access to reliable information is crucial because it is the foundation of an informed opinion, whatever that opinion may be.