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Position Papers

Abortion as a human right

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Welcome from the secretariat

Dear Delegates,

The following document is a collection of position papers for the countries represented in our ATUMUN conference on the topic of *Abortion as a human right*. We expect that you have read the study guide before reading yours and other's position papers. It is of great importance that you read the position paper for your assigned country before the session begins, as this will serve as the basis of the negotiations.

When reading your position paper, it is important to note the central view(s) of your country. The position papers are kept short for you to make your own conclusions on top of the positions that the paper reveals, and we highly recommend that you do further research on your assigned country to get a better grasp of the nuances that do not fit in the position papers.

In order for you to be able to have a fruitful debate, we highly recommend that you read other countries' position papers as well. By doing so, you will get a better understanding of the topic and the different perspectives that the countries will bring to the debate.

Lastly, we would like to present an official thanks to all of the co-authors of these position papers; Camilla M. Kristoffersen., Catrine Lönneker, Dicte Møberg, Esther Rasmussen, and Jonas Jacobsen

If you have any questions, our inbox is open at atumunsekretariat@gmail.com. If you need any help with your research, we would like to refer to *Questions a resolution should answer*, *Further reading*, and *Bloc positions* in the study guide.

Sincerely, your secretariat,

Dicte Havmøller Møberg, Lucca Dybtved Kjærgaard, Nicoline Meng Aagaard Andersen,
and Simon Mosgaard Jørgensen

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Plurinational State of Bolivia

The Plurinational State of Bolivia (henceforth referred to as Bolivia) has legally allowed abortions under certain circumstances - such as rape, incest, or risks to the life or health of the pregnant person - since 1973.[1] Despite being a secular state since the ratification of a new constitution in 2009, religion plays a large role in the state, particularly in areas concerning health and education. With more than 90% of the population being religious (70% identify as Catholic), there are many religious groups advocating against abortion. This means that even in cases where abortion is legal, girls and women are pressured, by religious actors in particular, to go through with the pregnancy.[2]

According to a 2020 study, 90% of Bolivian healthcare personnel interviewed did not know in which cases an abortion is legal in Bolivia and were not aware of a change in regulations from 2014, which made sure that girls and women seeking abortion care no longer need a judicial order.[3] Healthcare personnel have the right to refuse providing a medical service, such as abortion, if it clashes with their religious, moral, or ethical beliefs - this is widespread in health facilities and often connected to stigma, misinformation, and misunderstanding of abortion laws, leading to fears of legal repercussions.[4] In 2016, only 62 legal abortions took place in hospitals in Bolivia, while estimates suggest that almost 60.000 Bolivian girls and women had illegal abortions the same year.[5]
Furthermore, unsafe abortion is a leading cause of maternal mortality. Bolivia has one of the highest maternal mortality rates in the region at 160 in 100.000 according to the United Nations Population Fund, and 60% of obstetrics and gynaecology health funds are used to treat patients facing complications from unsafe abortions. As a result, sexual violence and teenage pregnancies can also be considered an issue because of the large number of both abortions and births among teenagers, relative to the region.[6]

Many unsafe abortions take place in areas with a majority of residents with low socio-economic status - mostly where the majority are indigenous, health facilities are often inaccessible, and abortions are stigmatised.[7] Since Argentina legalised abortion in 2020, it has become more common for Bolivian women to cross the border to access abortion care, accentuating the socio-economic inequality in health care.[8] These are important points for a country that is known to advocate for indigenous rights and decolonization. While Bolivia recently entered a new political era with warming relations to USA, Bolivia tends to cooperate with countries in the region and the Global South.[9]

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[1] https://womensenews.org/2008/01/bolivias-bad-births-sit-political-sidelines/
[2] https://bti-project.org/en/reports/country-report/BOL
[3] https://www.hrw.org/news/2021/12/06/girls-ordeal-exposes-bolivias-failure-reproductive-rights
[4] https://studentreview.hks.harvard.edu/medical-personnel-uninformed-of-reproductive-law-how-bolivias-neglect-for-abortion-rights-is-endangering-pregnant-individuals/
[5] https://www.hrw.org/news/2021/12/06/girls-ordeal-exposes-bolivias-failure-reproductive-rights
[6] https://www.unfpa.org/news/bridging-worlds-bolivian-midwife-blends-traditional-practices-modern-medicine-safer-childbirth#
[7] https://www.sciencedirect.com/science/article/abs/pii/S0020729212002378
[8] https://clinicamusalatam.com/en/abortion-in-Argentina-from-Bolivia/
[9] https://bti-project.org/en/reports/country-report/BOL#pos21

Federative Republic of Brazil

The Federative Republic of Brazil (henceforth referred to as Brazil) has developed its stance on abortion through over a century of stringent legislation, limited exceptions, and ongoing political discourse. This approach took shape in the late 19th century with the *Penal Code* of 1890, which criminalised abortion under all circumstances. This strict position was carried forward into the *1940 Penal Code*, which introduced two exceptions: In cases of pregnancy resulting from rape and when the life of the pregnant person is at risk, abortion was allowed. These provisions remained the sole legal grounds for over 70 years. Additionally, a presidential decree from 1941, which was later updated in 1979, prohibited the advertisement of any method or substance capable of inducing abortion or preventing pregnancy.[10]

For decades, these laws remained unchanged, despite public health data revealing their dire consequences. Unsafe abortions emerged as one of the leading causes of maternal mortality in Brazil, with estimates from 2004 indicating that between one and four million illegal abortions occurred annually. These procedures often posed significant risks and disproportionately affected low-income women.[11] The *Penal Code* continued to impose severe penalties, and women who induced their own abortions faced up to three years of detention, while third parties could receive up to ten years with even harsher punishments if the pregnant person got harmed.

A major shift occurred in 2012, when Brazil's Supreme Federal Court ruled that terminating pregnancies where the foetus had no developed brain structure should not be considered a crime. This was the first significant expansion of legal abortion access since 1940 and reflected the judiciary's willingness to intervene where the legislature had remained reluctant. Despite this important ruling, Brazil continued to have one of the most restrictive abortion frameworks in Latin America.[12]

In recent years, political debate has intensified. On June 2nd 2026, lawmakers voted to advance a proposal that would make it harder for underage victims of sexual violence to access abortion, even though rape is one of the few legal grounds for abortion. The measure has not yet been fully cleared by the congress, but it reflects a broader trend toward tightening restrictions.[13] Other proposals, such as classifying abortions performed after 22 weeks as homicide, even in cases currently permitted by law, show the strong influence of conservative groups. Historically, most progress has come from the courts rather than from the congress, highlighting the political sensitivity of the issue.

Today, Brazil finds itself in a complex position. While the judiciary has created limited new exceptions, the main legal framework still comes from the restrictive *1940 Penal Code*. Recent political movements suggest a trend toward even tighter control despite the risks linked to unsafe abortions. As a result, Brazil's current stance is defined by very narrow legal exceptions, widespread clandestine procedures, and a continuing struggle between judicial advances and legislative resistance.

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[10] https://www.hrw.org/legacy/women/abortion/brazil.html
[11] https://www.sciencedirect.com/science/article/pii/S2667193X24003144
[12] https://verfassungsblog.de/brazil-abortion-reproductive-rights/
[13] https://www.straitstimes.com/world/brazil-moves-to-limit-abortion-access-for-child-rape-victims

Republic of Bulgaria

The Republic of Bulgaria (henceforth referred to as Bulgaria) has experienced repeated shifts between liberalisation and restriction in its abortion policy, reflecting broader political and demographic priorities. Abortion was first legalised for medical reasons in 1936, and after the Second World War, penalties were removed for procedures performed in authorised facilities. A major liberalisation followed in 1956, when abortion on request up until 12 weeks was introduced. However, from the late 1960s, the state adopted strict natalist measures: The 1968 regulations limited abortion access based on marital status, number of children, medical indications, and required counselling and approval boards. Additional restrictions in 1973 further tightened access for women with no or only one child, though amendments in 1974 modestly expanded eligibility for some groups.[14]

With the fall of communism, Bulgaria returned to a liberal framework. *Decree No. 2 of 1990* reinstated abortion on request up until 12 weeks for all women and later procedures were only permitted with medical reasoning. This remains the basis of Bulgarian abortion law today. Abortions must be performed in authorised medical facilities, and legal liability is placed on providers rather than on the pregnant person. Today, pre-abortion consultations - including legal counselling - and laboratory tests are required, and contraception must be discussed during the consultation.[15]

Access is also shaped by cost. Abortion is free of charge for women under 16, over 35, or registered as socially vulnerable, as well as in cases of rape or medical necessity. In all other circumstances, women must pay approximately €154–262 for medical abortion and €89–206 for surgical abortion. Despite this system, Bulgaria recorded the highest number of abortions in the European Union in 2018, indicating continued reliance on abortion as a primary method of fertility regulation.[16]

In contemporary Bulgaria, abortion remains legally accessible and widely used, yet significant challenges persist. High abortion rates, uneven access to reproductive-health services, and limited uptake of modern contraception continue to shape reproductive behaviour - particularly among younger and socio-economically disadvantaged groups. While the legal framework is comparatively liberal, the broader reproductive-health landscape reveals gaps in birth control, education, and equitable access.

Bulgaria has established a stable and permissive legal framework for abortion, strengthened by decades of reform. However, high abortion rates, socio-economic disparities, and insufficient contraceptive uptake indicate that further progress is needed. Expanding access to affordable contraception, improving sexual education, and addressing regional inequalities in reproductive-health services remain essential to ensuring that reproductive rights are fully realised in practice.

[14] https://tile.loc.gov/storage-services/service/ll/llglrd/2022666105/2022666105.pdf
[15] https://reproductiverights.org/maps/provision/bulgarias-abortion-provisions/
[16] https://abort-report.eu/statistics/bulgaria/

People's Republic of China

In the People's Republic of China (henceforth referred to as China) abortions have been decriminalised since the *Contraceptive and Induced Abortion Procedure Act* of 1953 and available upon request since 1957,[17] with the Chinese government having state-funded abortion services widely available to the wider population. This permissive stance stems from the traditional Chinese belief that life becomes a human right only after birth.

In the years in which the *One Child Policy* (henceforth referred to as *OCP*) of 1980 was active, the Chinese government began to widely promote the use of contraceptives and family planning. The access to abortion would allow citizens to follow the policy, but following the invention of the ultrasound, the abortion rates of female foetuses skyrocketed. Under Chinese law, male children inherit the family name and estate, which meant that having female children suddenly became undesirable to many families, as they could only legally have one child. It is estimated that the number of female fetuses aborted under the *OCP* lies between 20 and 34 million.[18] This has led to a mass masculinisation of the Chinese population in the generations born under this policy as well as the ingrained viewpoint that having only one child is preferable. When Chinese citizens were allowed a second child in early 2016, many families hesitated with having another child, which has led to a shrinking workforce and a growing elderly population compared to younger generations. With no real increase in birth rates, the Chinese government announced that all families would be allowed to have three children. This was formally passed as a law in August 2021.[19]

On August 31st 2022, the Office of the High Commissioner for Human Rights (OHCHR) released the *OHCHR Assessment of the Human Rights Concerns in the Xinjiang Uyghur Autonomous Region*.[20] In this document it was assessed that serious human rights violations were purposefully enacted towards the Uyghur population (living in mainly Western China), including the forced sterilisation and forced Uyghur abortions. When the *OCP* was introduced, ethnic minorities like the Uyghur were originally exempt, allowing Uyghur living in urban areas two children, and those in rural areas three, but following the amendment to the policy in 2017, allowing the entire populating two children in urban areas and three in rural, the growth rate of the Uyghur population suddenly dropped, as observed by the UN. Despite the rest of the Chinese population's birth rates changing, the decline in births following the amendment still have unusual figures, the same unusual figures show in the sharp rise of sterilisations and IUD placements in the Xinjiang Uyghur Autonomous Region (XUAR).

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[17] https://www.scmp.com/news/china/politics/article/3182106/abortion-legal-china-how-common-it-and-why-it-controversial
[18] https://www.britannica.com/topic/one-child-policy/Consequences-of-Chinas-one-child-policy
[19] https://www.britannica.com/topic/one-child-policy/Consequences-of-Chinas-one-child-policy#ref348419
[20] https://www.ohchr.org/sites/default/files/documents/countries/2022-08-31/22-08-31-final-assesment.pdf

Czech Republic

The Czech Republic (henceforth referred to as Czechia) has very permissive abortion laws and allows abortions at request up to 12 weeks of pregnancy and no limit under certain severe conditions.[21] Abortions are free of charge when performed for medical reasons, but with a charge of appr. €200 for on-request abortions.[22] Medical abortion via mifepristone and misoprostol is available.[23] Abortion was first legalised in The Czechoslovak Socialist Republic in 1957, and was largely understood as a medical issue rather than explicitly as a question of women's liberation.[24]

Abortion has long found wide support in Czechia with a 2007 poll finding that 72% agreeing that "Abortion should be allowed at the request of the woman" and only 1% agreeing that abortion should be banned.[25] Another poll, based on 40 countries worldwide from 2013, found that Czechia was the country with the highest rate of people reporting that it was morally acceptable to have an abortion with 49%, additionally 18% reported that it was "not a moral issue".[26] This shows a very high rate of support for permitting abortion in Czechia, additionally the framing of abortion in Czechia as a largely medical issue can help explain the fact that abortions are only covered in case of a medical purpose.

Abortion rates have been dropping quite rapidly in Czechia, from a high of appr. 3.5 per 1000 women aged 15-49 in 2015 and 3.4 per 1000 women aged 15-49 in 2016 to appr. 2.3 per 1000 women aged 15-49 in 2023.[27] It should also be noted regarding this data that fertility rates among women aged 15-49 were rising between 2015 and 2021, which means abortion rates relative to the number of pregnancies was dropping significantly. This can be attributed to several things, but overall can be understood as an improvement in preemptive family planning, that is that people have better access to and knowledge of ways to decide themselves when to have children before actually getting pregnant.

Czechia has also been recipient of some degree of so-called 'abortion tourism' from Poland, which has notably more restrictive abortion laws; a UN Committee on the Elimination of Discrimination against Women found that women who were better educated and with better access to resources would travel to, amongst other, Czechia for an abortion.[28]

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[21] https://abort-report.eu/statistics/czech-republic/
[22] Ibid.
[23] https://www.womenonwaves.org/en/country/czech-republic
[24] Dudova, 2010, The Framing of Abortion in the Czech Republic: How the Continuity of Discourse Prevents Institutional Change, https://www.researchgate.net/publication/228771921_The_Framing_of_Abortion_in_the_Czech_Republic_How_the_Continuity_of_Discourse_Prevents_Institutional_Change
[25] https://web.archive.org/web/20080311050939/http://www.angus-reid.com/polls/view/16054
[26] https://web.archive.org/web/20160420172721/http://www.pewglobal.org/2014/04/15/global-morality/table/abortion/
[27] abort-report.eu/statistics/czech-republic/
[28] https://digitallibrary.un.org/record/4071460/files/CEDAW_C_POL_IR_1-EN.pdf

Arab Republic of Egypt

The Arab Republic of Egypt (henceforth referred to as Egypt) enforces a complete ban on abortion. Specifically, medical abortion is punished by detention, both for the mother and those which provided it. If a medical professional provides an abortion, the sentence is increased to hard labour. The same punishment is enforced on someone who willfully causes a woman an abortion by beating, although this can probably be assumed to be against the will of the woman.[29] Egyptian law does have an exception for when an abortion is necessary to save the life or health of the mother.[30] Egyptian abortion law is at least in part based on Sharia law, which it is largely correspondent with.[31] Sharia law also permeates Egyptian society, which causes widespread stigmatisation against abortion and other maternal health interventions.[32]

However, the very stringent abortion ban is often not enforced.[33]

Nonetheless, it should be noted that there are still a significant number of abortions performed in Egypt. One study found that abortion practices in Egypt could generally be classified into three groupings: Traditional practices, biomedical abortion in clandestine clinics, and biomedical abortion by private gynaecologists, with a corresponding hierarchy of safety (traditional practices being the most unsafe, and private gynaecologists being the most safe). Additionally, the study noted that wealthier women can pay for safety, whereas poorer women cannot.[34] Another study found that 40.6% of women sampled in rural upper Egypt had aborted at least once. It also found that of the women who had aborted and did not seek medical care, only 18.1% were afraid to consult medical care because abortion was prohibited.[35] A third study found that 20% of obstetric admissions in Egypt was for post-abortion care.[36] These finds suggest a relatively high level of disregard for Egypt's strict abortion laws.

Despite the continued prevalence of abortion in Egypt and the, at times, lax enforcement, the Egyptian government still maintains an ardently anti-abortion policy largely based on a stringent interpretation of religious morality and scripture, and can be expected to extend that stance to the international stage.

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[29] Articles 260-264 of the Egyptian Penal Code, https://www.refworld.org/legal/legislation/natlegbod/1937/en/119651
[30] PMID: 9723854
[31] https://www.abortiondata.org/egypt/
[32] Ibid.
[33] Samir, Ahmed, 2023(thesis), In the Name of the Mother: Abortion Politics in Egypt Beyond Religion and Law
[34] PMID: 9723854
[35] KM Yassin, 'Incidence and Socioeconomic Determinants of Abortion in Rural Upper Egypt', Public Health 114, no. 4 (2000): 269–72, https://doi.org/10.1038/sj.ph.1900644.
[36] PMID: 17512379

Republic of Estonia

The Republic of Estonia (henceforth referred to as Estonia) views being denied an abortion as a violation of one's right to health as well as a course that may lead to a violation of one's right to private life. There are no prohibitions on choosing to terminate a pregnancy in Estonia, but there are certain restrictions. Those restrictions include that overall abortions can be carried out until the 12th week of pregnancy, but after that there are only certain exceptions where it is allowed to carry out termination until the 22th week of pregnancy. These exceptions include medical indications, such as fetal abnormalities, or if the pregnant person is under the age of 15 or over the age of 45. A person younger than 18 also does not need to include parents in the situation, as long as they can understand the consideration both for and against termination; it is sufficient that the pregnant person provides consent for an abortion, though the health care professional must also underline the importance of involving a legal representative or another trusted adult.[37] The change that parental consent is not needed was made in 2015.[38]

Estonia also emphasises the importance of information and how it should not be delayed due to the fact that delayed information can be detrimental to the pregnant person's health - e.g in case of a delayed abortion. This also includes information about the baby that can negatively affect private life, as it is seen as a violation of one's right to private life, if the mother is not notified. It is also important to note that being denied or pressured into having an abortion only because the pregnant person belongs to a group based on certain characteristics violates the prohibition of discrimination, whether that be by race, ethnic origin, disability, religious beliefs, sexual orientation, or other similar grounds.[39] It is considered a crime to perform an abortion without the pregnant person's consent, without legal authorization, or beyond the timeframe provided by the law.[40]

Estonia is not a particularly religious country; there is no state church and only 30% of the population describes itself as religious. Therefore, religion does not play a major role in society.[41] Since gaining independence from the Soviet Union in 1991, Estonia has undergone ample socio-economic changes, including in the education and health care sector, and in 2004, Estonia entered both the EU and NATO.[42]

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[37] https://www.inimoigustegiid.ee/en/themes/family/reproductive-rights/termination-of-pregnancy
[38] https://www.loc.gov/item/global-legal-monitor/2015-07-28/estonia-access-to-abortions-simplified-for-minors/?__cf_chl_tk=_x14Xrb22SKlmFatPf5Ms2nOAhLmjzxO03vfBfLE7Bg-1780296462-1.0.1.1-5SkUEM3U23QI4.vU81FzVyfOEDrU48YAfAfN3QYDNKU
[39] https://www.inimoigustegiid.ee/en/themes/family/reproductive-rights/termination-of-pregnancy
[40] https://www.inimoigustegiid.ee/en/themes/health/right-to-health/right-to-health-and-specific-groups/right-to-health-and-women
[41] https://www.hhrjournal.org/2017/06/02/why-is-a-good-abortion-law-not-enough-the-case-of-estonia/
[42] https://academic.oup.com/eurpub/article/31/4/790/6362668?login=false

Federal Democratic Republic of Ethiopia

On the 9th of May 2005, the Democratic Republic of Ethiopia (henceforth referred to as Ethiopia) expanded their law to include safe and legal abortion care. Previously, abortion was only allowed in cases where it would save the life of the pregnant person or protect her physical health. After the expansion in 2005, it is now legal to have an abortion in case of rape, incest, or fetal impairment. Additionally, circumstances such as the life or physical health of the mother and/or child being in danger, physical or mental disabilities in the baby, as well as if the pregnant person is a minor who is physically or mentally unprepared for parenthood.[43]

The impact of this change in legislation includes maternal mortality having decreased by more than 70%, as, historically, a third of all maternal deaths were attributed to unsafe abortions. It also, with the use of WHO-recommended guidance, increased access to reproductive and sexual health care services as well as improved the medical guidelines regarding abortion. Lastly, spreading the knowledge that an abortion is not the only birth control option has been a huge effort, which has increased the availability and information of contraceptives in Ethiopia - providing the possibility to delay or avoid pregnancy and thereby take control of their own lives. The spread of contraceptives from just under 10% to more than 28% was seen mostly among women aged 15-29 and those living in rural areas.

At the same time, anti-abortion groups are working towards overturning the law, using the overturning of *Roe v. Wade* in the US as justification to back their arguments. They spread misinformation as well as shaming the women entering abortion clinics.[44] Some of the groups trying to influence the abortion debate in Ethiopia are the *US Christian Right* groups. In addition to the misinformation, they conflate abortion rights with advocacy for the LGBTQIA+, thus targeting conservative and patriarchal countries by pushing an agenda of family values. Ethiopia is per its constitution a secular state, where government buildings and shared spaces are supposed to be free from religious expression. However, religion has in recent years found its way into the political discourse. At the same time, there has been an alliance forming between the hard-right Evangelicals and the hard-right Orthodox because of their overlapping anti-rights agendas. Ethiopia is a highly religious country with 43% of the population identifying as Orthodox Christian, 33% Muslims and 20% Protestant Christians, and religion is thus an important part of Ethiopia's profile.[45]

Ethiopia hosts the African Union's headquarters and is therefore in the center of diplomacy on the continent. It also played a role in the establishment of its predecessor. When it comes to other international relations, the net stretches far and wide - one being the EU. The collaborations include agriculture, infrastructure, and governance, though EU's concerns for democratic governance and human rights have led to tense diplomatic moments in the past.

[43] https://www.guttmacher.org/fact-sheet/induced-abortion-ethiopia
[44] https://www.msichoices.org/latest/the-transformative-impact-of-ethiopias-abortion-law-20-years-on/#
[45] https://newint.org/interactives/2024/fertile-ground/index.html

French Republic

The French Republic (henceforth referred to as France) has taken a stance as a leading country when it comes to abortion rights by enshrining this right in the constitution in 2024. This came after the decision in the U.S.A. to overturn Roe v. Wade, forcing other countries to consider the possibility of similar currents of opinion.[46] The decision for abortion to become a constitutionally guaranteed freedom should not be considered a change in domestic policy as much as a message to the world, where many countries are moving towards more restrictive abortion policies.[47]

In France, abortion has been legal since 1975 and enjoys wide support, with more than 80% of the population supporting abortion rights as well as the inclusion of these in the French constitution. Since 2000, hindering a person's right to abortion is considered a criminal offence, and in 2022, the gestational limit for abortion on request was moved from the 12th to the 14th week of pregnancy.[48][49] In cases where there are concerns over the health of the woman or the foetus, abortion is always allowed.[50]

However, there are still critics of the progressive French position: the president of the Senate insisted that the constitution was not the right venue for such social or societal rights, and the final version of the constitutional amendment used much milder wording than the initial. Furthermore, medical professionals retain the right to conscientious objection, allowing them to refuse to give abortion care if it is against their moral or religious beliefs.[51]

France often plays a key role in many issues in the UN, including in areas concerning human rights and humanitarian issues. With the changed American position in international politics, France has a wish, together with other European countries, to take a leading position in human rights issues. Thus, France can be expected to work with other European countries as well as countries taking similar, progressive positions.[52]

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[46] https://reproductiverights.org/news/france-guarantees-constitutional-right-abortion/
[47] https://verfassungsblog.de/enshrining-abortion-rights-in-the-french-constitution/
[48] https://www.legifrance.gouv.fr/codes/id/LEGISCTA000006171150/
[49] https://rollcall.com/2024/03/04/responding-to-us-france-enshrines-abortion-access-in-constitution/
[50] https://www.ined.fr/en/publications/editions/population-and-societies/abortion-in-france-50-years-after-the-veil-act-rates-and-methods-that-vary-across-the-country
[51] https://verfassungsblog.de/enshrining-abortion-rights-in-the-french-constitution/
[52] https://onu.delegfrance.org/france-s-role-at-the-united-nations-10352

Republic of Iceland

The Republic of Iceland (henceforth referred to as Iceland) has, like other Nordic countries, a progressive healthcare system - also in regards to abortion. Abortion was already legalized in certain cases back in 1935,[53] which allowed it to be gradually liberalized in the 1970s with more and more social indications taken into account. Although the first things taken into account were not the mothers' wishes, it opened up for changes on a long-term basis. The current law was voted through in the parliament in 2019.[54] Women in Iceland now have a right to abortion until the end of the 22nd week of pregnancy, though if possible it is recommended to have it before the end of the 12th week. Anyone considering termination also has the right to a free consultation with a social worker. This appointment can be used for guidance or emotional support regarding the decision itself as well as post-treatment follow-up.[55] Abortion is also available for those under 16 and those declared incompetent for pregnancy and parenthood with the consent of a parent or guardian.[56]

In 2003, Iceland adopted first-trimester combined screenings, which can detect Down syndrome and other genetic conditions. Though it can be geographically challenging for some, it is overall widely accepted. In some discourse related to Iceland, Down's syndrome and abortion has previously been brought up in media around the world. Here, one discussion point has been whether the high degree of termination, which is almost 100%, in cases of detected Down syndrome is a form of eugenics. For reference, in Australia and the UK, the number is around 90%, in Denmark it is around 98%, and it is between 67% and 85% in the US. Theories regarding the reasons behind this number differ, but one is that almost all pregnant people in Iceland have contact with the healthcare system at some point during their pregnancy and therefore nobody falls through the cracks. Another theory is that people making the appointment for a screening have already made the decision to terminate if they get a positive result. A third theory is that the lack of representation for people with Down syndrome causes fear for what a future might hold with a disabled child and what challenges the parent(s) and child might face. No matter the reason, it can be argued that the high rate of termination can be a reason behind a less diverse society.[57]

Iceland would try to work towards securing abortion as a right, not just under certain circumstances but based on choice. They would typically work with other countries who have a progressive stance on the topic and to whom the will of the pregnant person is very important.

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[53] https://www.abc.net.au/news/2024-05-01/iceland-prenatal-testing-down-syndrome-ethics/103781058
[54] https://pmc.ncbi.nlm.nih.gov/articles/PMC11236142/
[55] https://island.is/en/o/landspitali/department-of-gynecology-emergency-and-outpatient-service/abortion
[56] https://abort-report.eu/statistics/iceland/
[57] https://www.abc.net.au/news/2024-05-01/iceland-prenatal-testing-down-syndrome-ethics/103781058

Republic of India

Abortion is legal in the Republic of India (henceforth referred to as India) under the *Medical Termination of Pregnancy* (*MTP*) *act*. To be eligible for an abortion, certain grounds, time limits, and consent rules need to be fulfilled. The procedure to determine whether the pregnant person is eligible for an abortion must be performed by a qualified doctor from an approved facility. It is also important to note that separate laws prohibit abortion based on the baby's gender alone.[58]

The *MTP act* of 1971, later amended in 2021, lays out the legal groundwork to make it legal for registered medical professionals to perform an abortion in accordance with the act, without it being a crime as it otherwise would be. There are 4 primary grounds that can make someone eligible for termination: 1) Risk to life or health, 2) Pregnancy from rape, 3) Contraceptive failure, and 4) Fetal abnormalities.

When it comes to time frames, the options are tiered. Until 20 weeks, only one medical practitioner is required as well as one of the legal grounds above. Between 20 and 24 weeks, two practitioners are needed and the pregnant person must fulfill additional criterias, such as but not limited to; being a survivor of sexual assault, rape, or incest, being a minor, marital status changed during pregancy, foetal abnormalities not compatible with life, mental illness, or disability. After 24 weeks, termination is only possible in the case of substantial fetal abnormalities and must be approved by a medical board that must include a gynaecologist, pediatrician, and a radiologist or sonologist. For anyone over the age of 18 only their own consent is needed, and for anyone younger or mentally impaired the consent of a guardian is needed. It is important to note that any sexual activity involving someone under the age of 18 is considered a criminal offence, and anyone with the knowledge of it is required by law to report it. This can create tricky situations for pregnant minors seeking an abortion. In 2022, it was ruled that such reports must still be made by doctors but does not need to include identifying detail if anonymity is wished by the minor and their guardian, which complies with the *MTP act*'s confidentiality protections. It was also ruled by the supreme court in 2022 that the right and access to termination also applies to unmarried and single women.[59]

However, the progressive laws do not tell the entire reality for the women living under them. The financial burden as well as social and religious stigma are some of the reasons for current unequal access to abortion. Doctors pretending to not be able to perform an abortion due to fictional time limits shorter than those provided by the law or due to the pregnant person's marital status (which should have no effect) have also caused people to seek out private clinics instead - which will perform abortions but at a steeper price. This is especially true in cases where maintaining confidentiality is key. This results in women from lower social and economic classes seeking out home abortion instead of going to a health clinic, which is dangerous.[60]

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[58] https://legalclarity.org/is-abortion-allowed-in-india-the-current-laws/
[59] https://legalclarity.org/is-abortion-allowed-in-india-the-current-laws/
[60] https://www.theweek.in/health/more/2025/08/30/abortion-india-stigma-cost-mtp-challenges.html

Republic of Côte d'Ivoire

The Republic of Côte d'Ivoire (henceforth referred to as Côte d'Ivoire) has experienced a gradual but significant shift in its approach to reproductive rights over the past decade. In 2017, a coalition of women's rights organisations filed a constitutional challenge to the country's restrictive abortion laws, arguing that the *Penal Code* violated women's rights to health, dignity, and equality. This led to the 2018 ruling by the Constitutional Council, which declared the existing framework unconstitutional and required the government to revise the law. In 2019, Côte d'Ivoire expanded the legal grounds for abortion to include rape, incest, severe fetal abnormalities, and threats to the pregnant person's life or physical health. Further amendments in 2024 added mental health grounds and strengthened protections in cases of incest, marking continued progress towards a more rights-based legal framework.[61]

Despite these reforms, the *Penal Code* of 1981 continues to impose significant restrictions. *Article 366* permits abortion only to save the pregnant person's life, while *Article 427* allows a narrow exception for rape, which must be authorised by two physicians. *Article 425* criminalises women who undergo abortions along with the abortion provider(s) and those assisting them. These provisions contribute to persistently high levels of clandestine and unsafe abortions. 2018 and 2020 data from *PMA* show that annually, approximately 4% of women of reproductive age get an abortion, which amounts to about over 230.000 - the majority of which are through unsafe methods in non-clinical settings. Unsafe abortions account for an estimated 10% of maternal deaths each year, a concern previously highlighted by the *CEDAW Committee* in 2011.[62]

Health-system disparities further complicate access to safe care. With more than 6.000 midwives but only 470 gynaecologists, over half of which are based in Abidjan, rural regions rely heavily on midwives, nurses, and general practitioners to manage complications from unsafe abortions. Initiatives such as those led by the *Society of Gynaecologists and Obstetricians of Côte d'Ivoire* (*SOGOCI*), the *RESONANCE Project* (funded by *AmplifyChange* (2018–2021)[63]), and the *Advocating for Safe Abortion* (*ASA*) project have contributed to improvements, including a reduction in maternal mortality from 614 to 385 deaths per 100.000 live births during the project period.[64]

In conclusion, Côte d'Ivoire has made meaningful legal and public-health progress - particularly through reforms in 2019 and 2024. However, the restrictive *Penal Code* provisions, high rates of unsafe abortions, uneven distribution of healthcare providers, and limited public awareness continue to impede full implementation of free and safe abortions. Further legal harmonisation and strengthened healthcare capacity remain essential to ensuring safe and equitable reproductive healthcare for all women.

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[61] https://www.afyanahaki.org/litigating-reproductive-justice-in-africa/ivory-coast/
[62] https://www.pmadata.org/sites/default/files/data_product_results/CI%20Factsheet%201%20Abortion%20Restrictions%20English-12May21_Final.pdf
[63] https://www.pathfinder.org/wp-content/uploads/2021/09/Cote-dIvoire-Promoting-SRHR-ENG.pdf
[64] https://www.figo.org/news/breaking-silence-around-abortion-cote-divoire

Japan

Japan was the first state in Asia to legalise abortion, introducing formal access to the procedure in the immediate aftermath of the Second World War. This legislative shift emerged as a response to acute post-war challenges, including overpopulation, widespread food and housing shortages, and severe economic instability. The legal framework was established through the *Eugenic Protection Law*,[65] which combined public health objectives with state-directed eugenic principles to regulate reproductive decision-making in the country. In 1996, the law was revised and renamed as the *Maternal Health Protection Law*, signalling a shift in emphasis from eugenics to maternal health while retaining many of its original regulatory mechanisms. Nonetheless, abortion continues to be treated as a criminal offence unless specific legal conditions are satisfied. Under the *Maternal Body Protection Law* of 1948, abortion is allowed up to 22 weeks of gestation, provided that one of four criteria is fulfilled: 1) The pregnancy poses a health risk to the pregnant person, 2) The pregnant person must demonstrate significant economic hardship, 3) The pregnancy is a result of rape, or 4) The pregnant person has obtained written consent from the father. These provisions continue to shape the contemporary legal landscape of reproductive rights in Japan.

On April 26th 2023, Japan legalised its first abortion pill, offering a safer option for terminating pregnancies within the first 9 weeks. However, the practical impact of this development has been limited due to a restrictive regulatory framework governing its use. Current legislation mandates that a medical abortion requires the pregnant person to be hospitalised for two days at an approved facility, and that the procedure is conducted under the direct supervision of a designated physician. As of February 2025, only about 5% of clinics providing abortions in Japan offer medical abortions, which is mainly due to the limited number of facilities equipped with inpatient accommodations and the shortage of authorised abortion providers.

Consequently, surgical procedures remain the predominant method for abortion in the country. To date, Japan only provides surgical abortion through two techniques: Curettage, which removes uterine tissue with a metal instrument, and evacuation, which uses suction. The *WHO* has classified curettage as an outdated procedure due to its safety risks and its generally more painful nature.

Abortion in Japan is not covered by public health insurance, rendering the procedure financially burdensome for many. The cost typically ranges from ¥100.000 to ¥200.000 (approximately $700 to $1.400), placing significant economic strain on individuals seeking access to reproductive healthcare.[66]

Despite Japan's gradual progress in expanding reproductive healthcare, significant barriers continue to restrict meaningful access. The legal framework still imposes notable constraints, including the requirement for spousal consent - placing Japan among only 12-15 countries Worldwide that mandate the partner's approval for abortion. Clinical access is further limited by strict regulation of medical abortion, few authorised providers, and reliance on outdated surgical methods, while financial barriers persist due to the exclusion of abortion from public health insurance. As a result, Japan remains in a phase of cautious and incremental reform - advancing, yet leaving core structural obstacles unresolved.

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[65] https://asap-asia.org/country-profile-japan/
[66] https://metropolisjapan.com/abortion-in-japan/

Republic of Kenya

Abortion is mentioned specifically in the Republic of Kenya's (henceforth referred to as Kenya) the Constitution. *Article 26, section 4* states: "*Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.*"[67] This presents a baseline for the Kenyan stance on abortion; that it is not generally permissible except under certain circumstances. It should be noted, however, that the Kenyan penal code does not reflect this, and the penal code specifies that anyone administering an abortion is liable for 14 years of imprisonment, a pregnant person getting an abortion can get 7 years of prison, and anyone providing supply for an abortion is liable for 3 years in prison.[68]

Kenya was recently home to a series of high-profile abortion court cases, with a High Court ruling in 2022 that the constitution provided a right to an abortion under the given conditions and that lawmakers had not upheld the constitutional rights of citizens by not actualising their constitutional rights. Additionally, it found in a specific case that police had violated the constitutional rights of a 16 year old girl who had sought an abortion during the investigation.[69] This ruling was largely overturned in April 2026, when the Court of Appeals found that the constitution does not protect the right to an abortion, it instead prohibits it, with certain exceptions.[70] In addition the court found that "*Constitutional rights could not, of itself, stand in the way of proper investigation, charge and prosecution of the alleged offenses in issue.*"[71] The ruling has been seen as a significant step back for abortion rights in the country and is expected to be appealed to the Supreme Court.[72]

A significant number of abortions still take place in Kenya. A report made by the *Ministry of Health*, the *African Population and Health Research Center*, and the *Guttmacher Institute* concluded that more than half of unintended pregnancies in Kenya ended in abortion, and that 8% abortions had been with the use of an unsafe method.[73]

Kenya is a very religious country, and abortion was even further limited and severely criminalised until 2010. This has resulted in a significant stigma against abortion and a number of people believing that abortion is still illegal.[74] A study of interviews with 15 Kenyan women who had sought abortion found that perceived stigma was the most significant obstacle to their seeking an abortion.[75]

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[67] https://reproductiverights.org/maps/provision/kenyas-abortion-provisions/
[68] Ibid.
[69] https://petrieflom.law.harvard.edu/2024/04/18/two-years-on-from-a-landmark-abortion-decision-in-kenya/
[70] https://apnews.com/article/kenya-abortion-court-appeal-constitution-penal-code-dfd15213299aa4185e2012365aeae10e
[71] https://www.lemonde.fr/en/le-monde-africa/article/2026/04/24/kenyan-court-overturns-abortion-as-a-constitutional-right_6752803_124.html
[72] Ibid.
[73] https://aphrc.org/publication/incidence-of-induced-abortions-and-the-severity-of-abortion-related-complications-in-kenya/
[74] https://www.tandfonline.com/doi/10.1080/09688080.2018.1492285?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed#d1e194
[75] Ibid.

United Mexican States

In the United Mexican States (henceforth referred to as Mexico), the laws on abortion are regulated on federal level, with each state being its own federal power. In 2021, the Mexican supreme court decriminalised both acts of receiving an abortion and performing the procedure, as well as decriminalising the request for an abortion after twelve weeks in cases of rape[76]. Following this ruling, the supreme court decriminalised abortion in the Federal Penal Code on September 6th 2023, making it impossible for federal courts to criminalise the act of receiving an abortion within their jurisdiction. Still, not all penalties were lifted, with some more conservative states being slower to decriminalise certain aspects of receiving an abortion, such as the performing one on a patient.

Today, most of the 32 Mexican states allow abortions with a gestational limit of 12 weeks. There are two within which the federal law is different; Aguascalientes, which has a gestational limit of 6 weeks, and Sinaloa, which allows 13 weeks[77]. In certain cases it is still legal to receive an abortion if the person receiving the abortion has passed the gestational limit. These situations include and are not limited to; danger of death to the pregnant person, conception by rape, conception by child sexual abuse, and when the pregnant person is in a difficult economic situation. The legality of these exceptions also vary from state to state[78].

Despite abortion being legal, many Mexicans still face significant social barriers to receive the procedure. With around 80% of the population being catholic, and with a deeply patriarchal culture, the decriminalisation does little to remove the stigma of getting an abortion. This has led the tension between pro-abortion feminist movements and the conservative religious institutions of the country to remain unresolved, which in turn has led to widespread misinformation and cultural propaganda against abortion - both of which have only made the social barrier more difficult to overcome[79].

[76] https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/ijgo.15433
[77] https://ipaslac.org/en/legal-grounds-for-abortion-in-mexico/
[78] https://ipaslac.org/en/legal-grounds-for-abortion-in-mexico/
[79] https://www.nbcnews.com/news/latino/mexico-abortion-legal-social-cultural-stigma-remains-rcna123029

State of Qatar

The State of Qatar, henceforth referred to as Qatar, is a highly conservative Gulf state in which abortion remains tightly regulated and generally criminalised within the contemporary legal framework. The modern prohibition of abortion in Qatar was established with the 1971 Penal Code and later reinforced through the 1983 Medical Law and Law No. 11 of 2004, creating a highly restrictive framework in which abortion is permitted only in narrowly defined circumstances. This system reflects Qatar's broader legal, religious, and socio-political commitment to protecting prenatal life, with reproductive rights shaped by Islamic legal principles, state regulatory priorities, and a tradition that centres the protection of the mother's life as the primary, though limited, basis for lawful termination.

Qatar's broader legal framework is deeply influenced by Sharia-based legislation. This foundation shapes the country's approach to reproductive health and determines the conditions under which individuals may access sexual and reproductive services. Because sexual relations outside marriage are criminalised, access to several forms of reproductive healthcare is closely tied to marital status. This creates a system in which legal and social norms directly affect who may seek certain services. Despite these restrictions, Qatar provides a number of high-quality reproductive health services, such as contraception, family-planning support through the Primary Healthcare Corporation pregnancy care and cancer screenings. These elements reflect the state's commitment to preventive healthcare and maternal wellbeing.[80]

At the same time, Qatar maintains a highly restrictive legal framework governing abortion. Under current legislation, a doctor is prohibited from performing an abortion unless it is necessary to save the life of the pregnant woman. The law also permits abortion before sixteen weeks of gestation in two narrowly defined circumstances; when continuing the pregnancy would cause certain and serious harm to the woman's health, or when reliable medical evidence indicates that the fetus would be born with severe and incurable physical or mental impairments. In such cases, it requires the consent of both parents, must be performed in a government hospital with the approval of a three-member medical committee including an obstetrician-gynaecologist, and is regulated under procedural conditions set by the Minister of Public Health.[81]

The consequences for violating these provisions are severe. Women who undergo an illegal abortion may face up to three years of imprisonment, whilst healthcare professionals involved risk between seven and ten years, depending on the circumstances, particularly if the procedure was performed without the woman's consent[82]. Furthermore, the criminalisation of extra-marital pregnancy means that giving birth outside marriage can result in a one year jail sentence, placing additional pressure on women who may already be in vulnerable situations.

Qatar's reproductive health landscape presents a complex picture: strong investment in maternal healthcare, contraception, and preventive medicine exists alongside strict criminal penalties and significant legal barriers to abortion access. This duality reflects the state's effort to balance public health priorities with religious and legal principles, resulting in a system that offers important protections while simultaneously limiting reproductive autonomy.

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[80] https://www.expatica.com/qa/healthcare/healthcare-services/sexual-health-qatar-75965/
[81] https://almeezan.qa/LawArticles.aspx?LawArticleID=9090&LawId=253&language=en
[82] https://www.almeezan.qa/LawArticles.aspx?LawTreeSectionID=267&lawId=26&language=en

Republic of South Africa

Abortion in the Republic of South Africa (henceforth referred to as South Africa) is regulated by the *Choice on Termination of Pregnancy* (*CTOP*) *Act* of 1996. The act permits abortion on request before 13 weeks of pregnancy, permits abortion under certain relatively broad circumstances between 13 and 20 weeks, and permits abortion after 20 weeks only if the mother or foetus' life is in danger, or if there are likely to be severe birth defects.[83] The introduction of the *CTOP act* in 1996 has been a tremendous success and a role model for the potential health benefits of liberalising abortion. Furthermore, abortion-related maternal mortality fell by 91% between 1997 and 2002.[84]

During the Apartheid Regime, the South African Government followed a somewhat eclectic abortion policy, which sought to increase births among its white population while promoting contraceptives in the black population. This culminated in the 1975 *Abortion and Sterilization Act*, which severely limited access to abortion.[85] This history resulted in family planning policy becoming associated with the racist politics of the Apartheid Regime.[86]

After the fall of the Apartheid Regime, the ANC government pursued a significantly pro-choice agenda, and after significant opposition from, amongst others, religious organisations and medical organisations as well as concerns of a revolt of the backbenchers, the 1996 bill passed.[87] The *CTOP Act* can in many ways be seen as a triumph of sensible abortion policy, it paved the way in reducing maternal mortality, and provided better opportunities for women.

It should be noted there are still several significant issues regarding the access to abortion and maternal healthcare in South Africa. Many illegal abortions are still performed, and research has indicated a prominent reason for this to be the lack of education regarding availability of abortion and the gestational limit in the *CTOP Act*.[88]

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[83] https://www.gov.za/services/services-residents/birth/terminate-pregnancy
[84] https://pmc.ncbi.nlm.nih.gov/articles/PMC8378188/
[85] https://www.guttmacher.org/journals/ipsrh/1998/12/abortion-reform-south-africa-case-study-1996-choice-termination-pregnancy-act
[86] Ibid.
[87] Ibid.
[88] https://pmc.ncbi.nlm.nih.gov/articles/PMC8378188/

Kingdom of Thailand

The Kingdom of Thailand (henceforth referred to as Thailand) has undergone one of the most significant recent shifts in South-East Asia regarding abortion law reforms, transitioning from a historically restrictive framework to a more liberalised system following key constitutional and legislative developments. This transformation began when the Constitutional Court ruled in February 2020 that the criminalisation of abortion violated constitutional rights, prompting the Parliament to amend the *Penal Code*. In 2021, Thailand formally legalised abortion up to 12 weeks on request, marking a decisive departure from decades of criminal prohibition. Subsequent reforms in 2022 extended legal access to abortion up to 20 weeks, provided that individuals consult with qualified medical professionals.[89] Under the current framework, abortion is permitted not only on request in the first trimester but also between 12 and 20 weeks in cases involving risks to the pregnant person's physical or mental health, pregnancies resulting from rape, high likelihood of severe foetal abnormalities, or when the pregnant person is under the age of 15.

Despite these legislative advances, Thailand continues to face significant disparities in the practical accessibility of abortion services. On the positive side, the legal framework establishes clear procedural safeguards, including the requirement that abortions be performed by licensed medical practitioners, and it obliges doctors who object on personal grounds to provide a referral. These measures are likely intended to ensure safety, professionalism, and continuity of care. Post-abortion care is also widely available in government hospitals and is fully covered under the *National Health Security Office* (*NHSO*), demonstrating a strong institutional commitment to reducing complications and supporting women's health after the procedure.[90]

However, substantial barriers remain. Although Thailand has expanded legal access to abortion, the fact that contraception is no longer fully subsidised through *NHSO* programmes creates financial obstacles for women seeking reliable methods to prevent unintended pregnancies. Access to abortion services is similarly uneven with only 39 of Thailand's 77 provinces having officially registered abortion-providing hospitals, leaving many individuals dependent on long-distance travel or costly private clinics. In the private sector, the price of an abortion starts at approximately 5.000 Thai baht - around fifteen times the daily minimum wage - placing safe care beyond the reach of many low-income earners.[91] These structural inequalities mean that, in practice, legal rights do not always translate into equitable access. Moreover, obtaining an abortion outside the authorised system remains criminalised, with women facing penalties of up to 6 months' imprisonment or fines of up to 10.000 Thai baht. Unlicensed abortion providers are subject to sentences of up to 10 years.

Thailand's recent reforms mark a decisive shift toward recognising abortion as a legitimate component of reproductive healthcare, yet significant challenges remain. While the legal framework has expanded access and strengthened procedural safeguards, persistent inequalities, limited provincial service availability, financial barriers, and reduced contraceptive subsidies, continue to hinder meaningful implementation. Therefore, Thailand maintains a pragmatic stance of being supportive of regulated and medically supervised abortion while being aware that further policy development is required to ensure that legal rights translate into access for all.

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[89] https://www.thailawonline.com/abortion-law-in-thailand
[90] https://pmc.ncbi.nlm.nih.gov/articles/PMC5473048
[91] https://www.safeabortionwomensright.org/news/thailand-thailands-abortion-law-was-changed-four-years-ago-but-access-via-public-hospital-services-is-still-limited./

United Kingdom of Great Britain and Northern Ireland

The United Kingdom of Great Britain and Northern Ireland (henceforth referred to as the UK), has had a complicated history surrounding the legality of abortion in its different territories.[92]

In Northern Ireland, abortion is still a polarising issue. Being regulated very restrictively under the *Offences Against the Person Act* of 1861 until 2019, only a very select number of people were allowed abortions at a hospital each year. This would lead to people travelling to other parts of the UK, paying the same high fee as non-residents for an abortion, or finding illegal alternative methods (such as abortion pills) to complete the procedure. In 2018, an inquiry by the *United Nations Convention on the Elimination of All Forms of Discrimination Against Women* found that Northern Ireland's abortion law systematically violated said convention, which would lead to reforms by the UK government in Westminster. The *Abortion Act of Northern Ireland* would be introduced in 2019, effectively decriminalising abortion, but it would only truly take effect from March 31st 2020. However, the *Northern Ireland Health Minister* would not commission abortion services until December 2022,[93] which has left abortion services difficult to access, as the service was left for a prolonged time to local Health and Social Trusts, who would only provide abortion up to 10 weeks, not the full 12 which are permitted by law.

In England, abortion is legal through the 1967 *Abortion Act* but still regulated by the 1861 *Offences Against the Person Act*, which determines the cases in which abortions can be performed. The English abortion law has been complicated by the liberal interpretations of the medical professionals performing the abortion. English law does not permit abortion upon request, which leaves medical professionals to interpret the different legal grounds upon which an abortion may be performed: Most commonly used as legal grounds is *Ground C* "*that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman*"[94] under which 98% of abortions have been performed. However, disagreement over the legal bounds for when an abortion may be performed also means that doctors can easily turn away patients, if they do not want to perform the abortion, making access to the procedure more complicated than at full decriminalisation.

Scotland and Wales are also governed by the English 1967 *Abortion Act*. In Wales, as like in England, the act serves as an amendment to the 1861 *Offences Against the Person Act*, but in Scotland it updated the common law framework for the provision of abortions. This means that under Welsh and English law, abortion is a statutory crime, while it is a common law crime under Scottish law.

All abortions in England, Scotland, and Wales are performed by the National Health Service (NHS).

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[92] https://journals.sagepub.com/doi/epub/10.1177/23992026211040023
[93] https://researchbriefings.files.parliament.uk/documents/CBP-8909/CBP-8909.pdf
[94] https://www.cambridge.org/core/services/aop-cambridge-core/content/view/0154A74D64F785229FA26581BE7A8CC1/S0261387518000284a.pdf/the-abortion-act-1967-a-biography.pdf

Socialist Republic of Viet Nam

The Socialist Republic of Viet Nam (henceforth referred to as Vietnam) reveals several of the most important factors in the discussion of abortion legislation and practice as well as some of the societal factors surrounding the topic. Vietnam has a highly permissive abortion policy, with at-will abortions up to 22 weeks being legal since 1989.[95] In fact, the law states that women are "*entitled to have an abortion*"[96] and tasks the Ministry of Health with providing it as a public service. This means that pregnant people can have an abortion free of charge at state institutions. Additionally, Vietnam does not criminalise the seeking of an illegal abortion - instead, any punishment falls on those who perform it.[97] This policy was adopted as part of an attempt to curb excess population growth and as part of the socialist programme.[98] This is in line with the *Constitution of Vietnam*, guaranteeing equal rights for men and women.[99] Recently, the Vietnamese government revoked all restrictions on family size amid falling fertility rates.[100]

Despite the very permissive legal stance, there is still significant social stigma against abortion in Vietnam. Vietnam has been characterised as having a very conservative culture, and many followers of traditional Vietnamese beliefs understand foetuses as being humans with living souls. It is not uncommon for terminated pregnancies, be it from abortion or miscarriage, to be treated in much the same way as the death of a beloved family member.[101]

Vietnam is still among the countries with the most permissive abortion laws in the world, certainly within its region, and that is unlikely to change. However, there have been suggestions that Vietnam may attempt to limit the widespread use of abortion, since up to at least 40% of all pregnancies end in termination.[102] Recently, Vietnam has quietly shuffled around the locations of some centers for reproductive health in what some are describing as a thinly veiled attempt to limit the availability of abortions.[103]

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[95] Law on the Protection of Public Health, Chapter VII, Article 44 (1989), available at https://reproductiverights.org/maps/provision/vietnams-abortion-provisions/
[96] Ibid.
[97] Penal Code, Law No. 15/1999/QH10, Chapter XVII, Article 243 (1999), available at https://reproductiverights.org/maps/provision/vietnams-abortion-provisions/
[98] Nguyen Pham, Bang, Hill, Peter S., Hall, Wayne, Rao, Chalapati, *The Evolution of Population Policy in Viet Nam*, https://www.unescap.org/knowledge-products-series/asia-pacific-population-journal; https://thediplomat.com/2022/07/what-the-roe-reversal-means-for-abortion-rights-in-vietnam/
[99] 2013 Constitution of Vietnam, Article 26.
[100] https://english.news.cn/asiapacific/20250604/9b625ab09f844a17a9f65da7f0dc6b9e/c.html
[101] https://thediplomat.com/2022/07/what-the-roe-reversal-means-for-abortion-rights-in-vietnam/
[102] Ibid.
[103] Ibid.