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ABOUT US

WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal providededicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

COMPARATIVE ANALYSIS OF ABORTION RIGHTS WORLDWIDE

AUTHORED BY - DEEPALI SINHA

Research Scholar, CNLU

Abortion is a contentious and sensitive subject throughout the world. Pro-choice campaigners maintain that abortion is a fundamental human right that empowers women by giving them control over their bodies and reproductive destinies. Their conservative opponents are also adamant, with many thinking that life begins at conception and that abortion is murder. And abortion laws are changing rapidly in countries all around the world right now. Conservative countries and provinces, like as Turkey and the American state of Texas, are eroding long-standing protections for the right to abortion. In other Catholic-majority nations, such as Argentina and Ireland, campaigners have waged and won years-long efforts to make abortion legal. In the instance of one such country, Mexico, advocates have speculated that the country's recent legalisation of abortion may result in it being a destination for women from Texas who previously had more abortion access than Mexican women but no longer have.

Numerous international bodies, the United Nations Human Rights Committee, and regional human rights courts, including the European Court of Human Rights, the Inter-American Court of Human Rights, and the African Commission on Human and Peoples' Rights, have recognised access to safe abortion as a human right. 179 states signed a programme of action during the 1994 International Conference on Population and Development in Cairo, which included a commitment to avoid unsafe abortion. In 1967, the WHO designated unsafe abortion as a public health hazard, and in 2003, it issued technical and policy guidelines that include a suggestion that states enact abortion regulations to protect women's health. According to the United Nations Population Fund, meeting unmet family planning needs will significantly reduce maternal mortality and abortion by up to 70% in the developing countries.

United States of America

The women in the United States of America did not always have the privilege to abort their children; in fact, it came only in the year 1973 as a Supreme Court decision in the case *Roe v. Wade* in Texas. In this landmark case, an unmarried, pregnant woman in Texas, Norma

McCorvey, who is also the plaintiff, sought an abortion. But, she was denied under Texas abortion laws. She then filed a federal lawsuit under the pseudonym “Jane Roe”, challenging the Texas law as unconstitutional. Roe began to argue that the Texas abortion law which is denying her of carrying on with her abortion is encroaching upon her right to privacy and that particular law should be looked upon. The Court, in a 7-2 majority agreed upon Roe’s idea but however, declared that the states’ only objective here is to protect the pregnant woman and the potential human life. The Court held that the foetus is not a human being that could be protected by the Constitution and thus, legalised abortion. The Court declared that abortion cannot be done in the third trimester, because the function of the state as a protector of the pregnant woman and the unborn child would outweigh the woman’s right to privacy.

In another landmark case that followed, *Planned Parenthood v. Casey*, the Supreme Court struck down the essence of “spousal consent” in situation of abortion. The idea of a spousal consent would only tie women down further, and its considered as an “undue burden” that prevents women from seeking abortion.

The successive landmark cases like *Gonzales v. Carhart* and *Whole Woman’s Health v. Hellerstedt* further respected the stand of women and removed all the lacunas and limitations on women’s access to abortion.

3.2 United Kingdom

Abortion in the United Kingdom is guided under the Abortion Act, 1967. The Act allows for therapeutic abortion for up to 24 weeks. However, if there is a substantial risk to the health of the pregnant woman or if there are any foetal abnormalities, there is no time limit. For an abortion to be conducted, the view of one or more licensed, registered doctors is taken into consideration, to examine if there are any valid medical grounds to continue with the abortion. However, in practice, it is ensured by the Department of Health, that the doctors sanction abortions without genuine medical grounds, where there is a presence of other genuine reasons.

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United States of America

The Women in the United States of America had not always have the right to abortion; in fact, the right was granted by the Supreme Court in the case *Roe v. Wade* in Texas in 1973. Norma McCorvey, an unmarried pregnant woman in Texas who is also the plaintiff, sought an abortion in this landmark case. However, she was denied abortion under Texas law. She subsequently filed a federal lawsuit against the Texas statute, claiming it was illegal, under the pseudonym "Jane Roe." Roe began to argue that the Texas abortion law that prevents her from continuing

her abortion is infringing on her right to privacy and that the law in question should be reviewed. The Court agreed with Roe's concept by a 7-2 majority but stated that the states' sole aim in this case is to safeguard the pregnant mother and potential human life. The Court determined that the unborn is not a human person entitled to constitutional protection, and thereby legalised abortion. The Supreme Court ruled that abortion cannot be performed during the third trimester because the state's role as a defender of the pregnant woman and her unborn child outweighs the woman's right to privacy.

In a subsequent landmark case, *Planned Parenthood v. Casey*, the Supreme Court invalidated the concept of "spousal consent" in abortion cases. The concept of spousal consent would further bind women, and is viewed as a "undue burden" that discourages women from obtaining abortion. Successive major cases such as *Gonzales v. Carhart* and *Whole Woman's Health v. Hellerstedt* reinforced women's rights and eliminated all gaps and restrictions on women's access to abortion.

The United States has historically been one of the more progressive countries when it comes to abortion rights. For example, several European countries restrict abortion requests to the first trimester, requiring a proved need for an abortion beyond that point, but the United States normally does not. Additionally, the United States is one of only a few countries that permit abortion after the first 20 weeks of pregnancy.

Abortion is legal in every state and territory of the United States and its possessions, though limits and accessibility vary by state. It is a highly contentious and polarising subject in American society, culture, and politics, with varying anti-abortion legislation in effect in every state dating all the way back to at least 1900. Since 1976, the Republican Party has consistently pushed to restrict abortion access depending on pregnancy stage or to outlaw abortion, while the Democratic Party has consistently defended abortion access and made contraception more accessible.

Texas lawmakers approved the Texas Heartbeat Act in May 2021, prohibiting abortions as soon as heart activity is found, often six weeks into pregnancy and frequently before women are aware they are pregnant. To circumvent traditional constitutional challenges based on *Roe v. Wade*, the law provides that any person, with or without a vested interest, may sue anyone who "performs or induces an abortion in violation of the statute," as well as anyone who "aides

or abets the performance or inducement of an abortion, including by paying for or reimbursing the costs of an abortion through insurance or otherwise." The law was challenged in court, but had not yet received a full official hearing as the statute's scheduled enactment date of September 1, 2021 approached. Plaintiffs petitioned the United States Supreme Court to halt the law's implementation, but the Court denied the petition late on September 1, 2021, leaving the law to continue in effect. While unsigned, Chief Justice John Roberts and Justice Stephen Breyer issued dissenting opinions in which they stated that they would have given an injunction against the statute pending a proper judicial review. Justices Elena Kagan and Sonia Sotomayor joined them.

On September 9, 2021, Attorney General Merrick Garland, head of the US Department of Justice, sued the State of Texas over the Texas Act, claiming that "the law is unconstitutional under the Supremacy Clause and the 14th Amendment, is preempted by federal law, and violates the doctrine of intergovernmental immunity."

Additionally, Garland stated that the US government has a "responsibility to ensure that no state violates an individual's constitutional rights." According to the Complaint, Texas adopted the law "in flagrant violation of the Constitution." The United States District Court in Austin, Texas has been asked to declare the Texas Act illegal and to enjoin state actors and any and all private parties from bringing an SB 8 action. The concept of petitioning a federal court for an injunction against a state's whole civilian population is unprecedented and has raised eyebrows.

In comparison, Colorado enacted the Reproductive Health Equity Act in April 2022, which guarantees abortion rights to all state residents. While the bill as passed maintained the status quo for abortion rights, it ensures that "every individual has a fundamental right to make reproductive health care decisions, including the fundamental right to use or refuse contraception; a pregnant individual has a fundamental right to continue a pregnancy and give birth or to have an abortion, and to make decisions about how to exercise that right; and a fertilised egg, embryo, or foetus do not have a fundamental right to life."

United Kingdom

In the United Kingdom, abortion is governed by the 1967 Abortion Act. Therapeutic abortion is permitted for up to 24 weeks under the Act. There is no time limit, however, if there is a significant risk to the pregnant woman's health or if there are any foetal abnormalities. Before

an abortion can be performed, the opinion of one or more licenced, registered doctors is sought to determine whether there are any genuine medical reasons to prolong the abortion. In practise, however, the Department of Health ensures that doctors sanction abortions for non-medical reasons when other legitimate ones exist.

In the United Kingdom of Great Britain and Northern Ireland, abortion is legal. Abortion is no longer a criminal offence in Northern Ireland, after the repeal of portions of the Offences against the Person Act 1861 in October 2019. On 31 March 2020, the Abortion (Northern Ireland) Regulations 2020 came into effect, authorising abortions to be performed by a 'registered medical professional.'

In the United Kingdom, abortion is illegal under criminal law but is permitted under the Abortion Act 1967, which enables abortions provided the following conditions exist:

- danger to the pregnant woman's life
- If abortion is necessary to avoid serious lasting harm to the pregnant woman's bodily or mental health;
- danger to the pregnant woman's physical or mental health, or to the health of any other children in her family (up to a gestational age of 24 weeks); or
- a considerable risk that the kid may be born with "severe physical or mental defects."

Historically, Scotland and Northern Ireland have devolved abortion policy, but not Wales. Provisions incorporated in the Northern Ireland (Executive Formation and Other Provisions) Act 2019, which was approved by Parliament during a period when the Northern Irish Assembly was not in session, legalised abortion in Northern Ireland, which had previously been prohibited. The measure was signed into law in 2019 and the provision of services for obtaining abortion became lawful on 31 March 2020. Previously, Northern Irish women could receive abortion services without paying a fee or committing a crime in other parts of the UK.

The Northern Ireland (Executive Formation and Other Provisions) Act 2019, which came into force on 24 July 2019, extended the timeframe for restoring the Executive to 21 October 2019.

If an Executive is not restored by that date, the Act would:

Compel the Secretary of State for Northern Ireland to execute the CEDAW report's abortion recommendations;

- abolish sections 58 and 59 of the Offences Against the Person Act 1861; and
- compel the Secretary of State to amend the law by regulation in order to implement the recommendations, with those amendments taking effect on 31 March 2020.

Sections 58 and 59 of the 1861 Act were abolished on 21 October 2019 as a result of the Executive not being reinstated.

The Criminal Justice Act (Northern Ireland) 1945 maintained legal protection for the life of a child who was "capable of being born alive."

Canada

Under the combined impacts of the provincial health-care systems, and the federal Canada Health Act abortion is legal during all stages of pregnancy and publicly subsidized as a medical treatment in Canada.¹ It is the only country without any criminal abortion restrictions. In the 1988 case of *R. v. Morgentaler*, the Supreme Court of Canada formally decriminalized abortion. Today, anyone older than 14 can obtain an abortion in Canada. To terminate a pregnancy, a patient's permission must be free and informed. No one, not even the pregnant person's parents, husband, or religious group, can oppose or make the decision for her. Similar to the COVID-19 vaccination, no one can compel a woman to get an abortion.²

There is no legal time restriction for abortion in Canada; a woman may terminate her pregnancy regardless of how far along she is. However, the majority of abortions occur during the first trimester (13 weeks). Terminations after 23 weeks require additional care, and not all Quebec facilities are equipped to perform such procedures. A health law attorney can assist you in locating an enterprise. A pregnant woman can, if required, go to the United States for a late-term abortion. Régie de l'assurance maladie du Québec (RAMQ) covers the cost of the procedure and travel expenses.³

ANALYSIS

The abortion laws in the United States of America, Canada and the United Kingdom are significantly more varied and divergent than those in India. The laws in US are more pro-woman. The right to privacy of a woman is accorded greater weight than that of society as a whole. The Supreme Court determined that abortions may be performed prior to the third trimester of pregnancy. The third trimester is when the foetus begins to feel discomfort and

¹ J. Cherie Strachan, Shannon Jenkins, Lori M. Poloni-Staudinger, Candice D. Orbals, "*Why Don't Women Rule the World?: Understanding Women's Civic and Political Choices*", SAGE PUBLICATIONS, 2019 ISBN 978-1-5443-1727-4.

² "*The Current State of Abortion Rights in Canada*", MEDLEGAL, March 1, 2022.

³ *Ibid.*

progresses. In the third trimester, the state's role as a protector of the pregnant woman and her unborn child will trump the pregnant woman's personal liberty and privacy. However, in India, the final authority rests with medical practitioners, who must approve abortions in "good faith." However, this leaves a lot of possibility for abuse of such authority. Abortion is legal within the first 12 weeks of pregnancy and between 12 and 20 weeks with the consent of 2 medical practitioners. The woman's access to abortion will be restricted in this case. Abortion is not regarded as a "right" in India. It is only considered "sanctionable" by superior medical practitioners when there is a significant risk to the woman's health. However, a woman cannot terminate a pregnancy for any reason other than medical necessity.

Certain target groups seek abortion at a higher rate than ever before, including unaware youths, sex workers, rape victims, and people who prefer male children over female children. It is pointless to continue a pregnancy if the mother is unwilling to accept the child. When parents desire a male child, the existence of the female child might be quite unpleasant. The youngster is deprived of all attention and sustenance as a result of the parents' preference for a male child over a female child. If the mother of the kid is a rape victim or an unknowing adolescent, extending the pregnancy will only put undue strain on the mother's mental or physical health. The mother will be unable to accept the kid at the dawn of society and will consequently face social boycott, further jeopardising the mother's mental health.

In the United Kingdom, abortions have been reported for reasons other than medical necessity, implying that the country's Wellbeing Department is focused on sanctioning as many abortions as possible in order to maintain a woman's physical and mental health. In India, people lack an understanding of a woman's privacy. They are oblivious to the fact that a woman, even while pregnant, is the sole decider of what she wishes to do with her own body. Whether she choose to foster the unborn kid or not is entirely up to her and no one else's discretion. India's laws impinge on her right to life and personal liberty, dignity, and privacy. While it is true that legalising abortion would probably result in its abuse, it is far more convenient to terminate the unborn child than to wreck their life after they are born and grown.

In Canada, anyone who is aged 14 or above have a right to get their pregnancy terminated with their own free and informed consent. The Canadian law does not mandate any legal time for abortion and a person can choose to get an abortion anytime regardless of the fact "how advanced it is". On the other hand, Indian law permits a pregnant person to get an abortion only

if they are above 18 years of age with their free will and prior consent being obtained. According to the Medical Termination of Pregnancy (Amendment) Act of 2021, abortion can only be performed until 24 weeks of pregnancy. The eligible category includes survivors of rape, sexual assault, person with physical disabilities, minors and mentally retarded people (women).

Trends in Recent Years

Globally, abortion law has been trending toward liberalisation. Since 2000, twenty-nine nations have amended their abortion laws, with all except one—Nicaragua—expanding the legal grounds for women to get abortion services. Ireland legalised abortion via referendum this year, and South Korea's high court deemed the country's abortion prohibition illegal. While the majority of countries have expanded abortion rights, several, notably El Salvador, Poland, and the United States, are tightening prohibitions.

China

China liberalised its abortion law in the 1950s and pushed the practise as part of its one-child policy, which was implemented in 1979 with the goal of managing population increase by limiting families to one child. The policy, which made abortion services widely available, included severe coercive measures to dissuade unlawful births, including penalties, compulsory sterilisation, and abortion. China increased the long-standing two-child restriction in 2016, along with other measures to spur population growth in the face of a rapidly ageing population. Activists believe that the government, in an attempt to maintain control over demographics, may once again impose limits on women by coercive tactics.

Kenya

Postcolonial Kenya's abortion law is based on the penal code of the United Kingdom, which criminalises abortion. When Kenya approved a new constitution in 2010, it increased the grounds for women to get abortions to include emergency situations or those involving the mother's health. A court widened the exceptions in June 2019 to include rape cases. As former European colonies reconsider their abortion laws, many are broadening the grounds for abortion. For example, Benin, Burkina Faso, Chad, Guinea, Mali, and Niger—all of which retained restrictive abortion regulations from France's 1810 Napoleonic Code—have all legalised abortion in circumstances of rape, incest, and foetal abnormalities.

Ireland

In 2018, the Irish parliament allowed abortion before twelve weeks of pregnancy, as well as in circumstances involving the mother's health. Ireland once had one of Europe's most severe abortion laws, formalised in a 1983 constitutional amendment that virtually prohibited the practise. Savita Halappanavar's 2012 death as a result of being denied an emergency abortion sparked public debate and protest, prompting a nationwide referendum to repeal the amendment; the referendum carried with 66 percent of the vote. Northern Ireland legalised abortion in 2019. The 1967 Abortion Act of the United Kingdom, which authorises doctors in England, Scotland, and Wales to conduct abortions, was extended to Northern Ireland by a vote of the UK Parliament.

Zambia

Zambia is one of the few African countries that permits abortion for economic and social reasons, yet despite this liberal statute, institutional and cultural hurdles make abortion difficult for Zambian women. Zambia has less than one practising physician for every 10,000 inhabitants, and health professionals are scarce for the more than 60% of Zambians who live in rural areas. Only a registered medical practitioner, not a nurse or midwife, is permitted to perform abortions, putting safe access out of reach for the majority. Zambia has a high rate of abortion-related maternal mortality, with around 30% of maternal deaths occurring as a result of abortion complications.

Salvador

El Salvador is one of just two countries to have enacted new abortion restrictions since the 1994 Cairo Declaration acknowledged reproductive health as a crucial component of development (Nicaragua is the other). It modified its abortion law which previously prohibited the operation in the majority of situations to abolish all exceptions, imposing a blanket prohibition. Though a few other nations have similarly severe abortion regulations, El Salvador is unique in the seriousness with which they are enforced: doctors are required to report suspected abortions, and the prosecutor's office even has a dedicated division tasked with investigating them. Between 2000 and 2011, over 129 women were tried for alleged abortion, and at least 13 remain imprisoned, some for decades.

In the case of a woman simply identified as Manuela, some transformation has occurred. She miscarried in 2008 and was sentenced to prison on abortion-related charges. While serving her

30-year sentence, the woman died of cancer.

Manuela died in 2021, according to a landmark judgement by the Inter-American Court of Human Rights, because she did not get adequate health care while incarcerated, which infringed her right to life, health, and judicial rights.⁴ The court stated in its verdict that the state must fully compensate the woman's family and alter its legal and health care procedures. Human rights campaigners have hailed the decision as a ray of light for women in El Salvador and other nations in the region with restrictive abortion laws.

According to Leah Hctor, abortion prohibitions and restrictions have little effect in reducing abortion rates. Rather than that, they increase the likelihood that people will choose for riskier treatments, with women who can afford it travelling abroad for abortion.

Poland

Poland made international headlines in 2021 when it enacted a near-total abortion ban. Although the majority of Poles support abortion access, the conservative government in the country is associated with the Catholic church, which opposes abortion. Following the decision that abortion would be legal only in cases of rape or incest, large throngs of Poles came to the streets to protest.⁵ Poland already has extremely stringent abortion regulations, and each year, an estimated 200,000 women leave the nation in search of abortion elsewhere. It allows for abortion only in cases of grave foetal abnormalities or rape, or to protect the pregnant woman's health and life. When the government proposed repealing the law entirely in 2016, 150,000 women staged a state-wide strike, and the measure was heavily defeated. Similar bills were eventually introduced in Lithuania and Russia. Other Eastern European countries, such as Georgia, Armenia, Macedonia, Slovakia, and Russia have recently enacted legislation imposing preconditions on patients seeking abortions such as mandated waiting periods or counselling.⁶

Mexico

Mexico's Supreme Court, Latin America's second most populous country, deemed an outright prohibition on abortion illegal in September 2021. The court stated that the freedom of women

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⁵ Elizabeth Jackson, "Abortion laws around the world", STACKER, October 15, 2021 available at <https://stacker.com/stories/21895/abortion-laws-around-world>.

⁶ Ines Eisele, "2021: Changes in abortion laws worldwide", DW AKADEMIE, December 29, 2021.

to reproductive self-determination should be prioritised over the safety of the fetus. It overturned an abortion restriction in the northern Mexican state of Coahuila with their decision. It was determined that abortions conducted during the early stages of pregnancy without further defining that stage as well as in circumstances of rape, foetal viability, or when the woman's health is endangered, may not be criminalised. As a result, several of Mexico's 31 states were forced to ease abortion laws in order to comply with the country's first-ever countrywide rule.

United States of America

In September 2021, the Apex Court of United States declined to overturn a law operating in Texas that prohibits abortions after six weeks. Pro-choice campaigners in Texas and their friends around the country blasted the move as a de facto near-total prohibition of abortions, given that many women are unaware they are pregnant at six weeks. The court's decision may set the stage for a nationwide fight over abortion rights at the Supreme Court, as present conditions in Texas run counter to the landmark Roe vs. Wade decision ensuring abortion access across the country.

Japan

In Japan, abortions are lawful up to the 21st week and six days of pregnancy. One significant distinction between abortion laws of Japan and rest of the world is that Japan requires consent from the baby's father prior to terminating the pregnancy, although many women circumvent this requirement by bringing a man along who is not the father but has agreed to pretend that he is.⁷ It is one of only 11 nations in the world that require third-party authorization, and activists are campaigning to get the rule eliminated.

Russia

Russia has one of the highest abortion rates in the world. The President of Russia, Vladimir Putin is aiming to reverse the rapid population reduction by halting the country's high rate of termination. Russia presently covers abortions through its national health insurance programme. Putin's government, in collaboration with the orthodox church leaders in the country, is attempting to reroute these funds to provide material assistance to women who choose to prolong their pregnancy.

⁷ Elizabeth Jackson, "Abortion laws around the world", STACKER, October 15, 2021 available at <https://stacker.com/stories/21895/abortion-laws-around-world>.

South Korea

South Korea will decriminalise abortion nationwide in 2021. Prior to this ground-breaking decision legalising abortion, the country saw an estimated 50,000–500,000 risky illegal abortions each year. Women who were found attempting to have illicit abortions faced up to a year in prison.

India

India approved a bill drastically extending abortion access in 2021. The MTP (Amendment) Act of 2021 broadens the grounds for abortion authorization to include therapeutic, humanitarian, eugenic, and social considerations, enabling near-universal access. India's stated purpose in extending access is to reduce maternal mortality in the country.

Abortion prevalence trends at regional and global levels

Abortion rate

‘It is estimated that, on average, 35 out of every 1,000 women aged 15 to 44 years undergo an induced abortion each year in the modern era (2010–2014). This equates to an annual total of 56 million abortions, or 25% of pregnancies, or about one abortion for every three births.

Abortion rates in underdeveloped nations, which account for 88 percent of global abortions, are higher (36 per 1,000) than in industrialised countries (27 per 1,000). Due to the availability of successful sexual education and family planning programmes, a considerable majority of nations with liberal legislation, such as Western Europe (16 per 1,000), Northern Europe (18 per 1,000), and North America (17 per 1,000), have comparatively low rates. However, a sizable number of nations with liberal regulations (for example, those in the former Soviet bloc) have historically favoured abortion over modern contraception as a method of birth control. While contraception use has increased and abortion rates have decreased in these countries, abortion rates remain very high (42 abortions per 1,000 people in Eastern Europe from 2010 to 2014). Abortion is more prevalent in countries with stringent legislation (37 per 1,000 on average); they are also countries with a less established culture of prevention and limited access to contraception, which results in a high rate of unwanted births. The Caribbean (59 per 1,000) and South America (48 per 1,000) both have a disproportionately high prevalence. Other developing world subregions — Africa, Asia, and Central America — have rates that are comparable to the global average. However, beneath the apparent uniformity of these regional

data lies considerable variation within regions, i.e., at the country level.

Abortion rates in all regions combined have declined somewhat but dramatically over the last decade, from 40 per 1,000 in 1990–1994 to 35 per 1,000 in 2010–2014. Between these two periods, abortions increased somewhat in absolute terms, from 50 million to 56 million per year, owing to population expansion. The slight decline in abortion rates at the global level reflects divergent trends in developing countries, where the incidence has remained nearly constant (39 per 1,000 in 1990–1994 to 36 per 1,000 in 2010–2014), and developed countries, where the incidence has nearly halved (from 46 per 1,000 in 1990–1994 to 27 per 1,000 in 2010–2014). The progress made in industrialised countries is mostly owing to significant declines in Eastern Europe, where the rate fell from 88 per 1,000 in 1990–1994 to 42 per 1,000 in 2010–2014. Southern Europe likewise experienced slower declines (from 37 per 1,000 to 26 per 1,000). However, trends in developing countries remained essentially steady across all subregions, with the exception of modest (and, given confidence intervals, non-significant) declines in three of Asia's four subregions (Southeast Asia, from 46 per 1,000 to 35 per 1,000; Western Asia, from 42 per 1,000 to 34 per 1,000; East Asia, from 43 per 1,000 to 36 per 1,000). Thus, the spread of modern contraception in the South during the last two decades has not resulted in a significant decrease in abortions, most likely because the demand for children has fallen, and the increase in contraceptive use has only partially compensated for this decline.

Percentage of abortions performed in unsafely

According to estimates of abortion safety in various geographic areas, just over half (55 percent) of the 56 million induced abortions performed annually between 2010 and 2014 were "safe," meaning they used recommended techniques and providers. The remaining 45% of abortions did not adhere to medically suggested criteria. These 25 million unsafe abortions every year endanger the health and lives of women. Around a third (31%) of all abortions were "less safe," which means they were performed under less-than-optimal settings but with a procedure or provider that fulfilled WHO standards. No fewer than 14% of abortions were classified as "least safe," meaning that none of the safety standards were met. These findings underscore the significant work that are need to provide safe abortion access.

Estimates of the degree of safety reveal stark variations between the industrialised and developing worlds: between 2010 and 2014, 88 percent of abortions in the first group were considered safe, compared to 51 percent in the second. Eastern Europe stands out as the only

subregion in the North with a relatively high number of less safe abortions (14%), which indicates healthcare practitioners continued widespread use of dilation and curettage. In developing countries, the trend is in the opposite direction. In practically all subregions, more than three-quarters of abortions are unsafe. The most direct scenario exists in Africa, where the majority of abortions are extremely harmful; women in Africa continue to use the most dangerous and invasive methods. Central Africa has the gravest scenario, followed by West Africa, East Africa, and North Africa. Southern Africa is unique on the continent in that three-quarters of abortions performed there are safe. While the proportion of safe abortions is comparable to that in Africa, the situation in Latin America is far better, since abortions tend to fall into the "less safe" category as the riskiest procedures have been abandoned in favour of the (often informal) use of misoprostol. Asia's status is diverse, with some countries making little progress toward ensuring abortion safety, while others liberalised their legislation very early and now give abortion services to the entire population in healthcare facilities. When individual national circumstances are considered, the proportion of safe abortions exceeds 50% in Southeast Asia and West Asia; the safety profile of East Asia (which includes China) is even closer to that of industrialised countries. Oceania is another world region characterised by tremendous heterogeneity. Australia and New Zealand have an optimal level of safety, whereas the Polynesian islands have an exceedingly low level. In short, nearly all developed countries, with the exception of Eastern Europe, have achieved the goal of safe abortions. The situation in emerging countries is extremely different yet alarming on an aggregate level. According to these figures, safe abortions are the norm in middle- and high-income nations (as defined by the World Bank), whereas only 22% of abortions are safe in low-income countries. Additionally, the law is involved. In nations where women can terminate their pregnancy on their own volition, 87 percent of abortions are safe, compared to 25% in countries where abortion is restricted or permitted only to save the woman's life. In nations that permit abortion, 13% of abortions are dangerous, not just because some providers utilise antiquated techniques, but also because legalisation does not necessarily result in the establishment of an adequate supply of abortion services. In nations with restrictive abortion laws, 25% of abortions are safe because women with the means can have clandestine abortions from trained staff under medically acceptable conditions. However, it appears as though level of development has a higher impact than regulation. Only 0.3% of abortions performed in high-income nations with tight regulations are classified as "least safe," compared to 31% in low-income countries with a similar legal scenario. Thus, restricting access mostly harms women in emerging nations, particularly impoverished women. Women are more able to bypass legally imposed limits in

industrialised countries with restrictive legislation, such as Ireland and Poland. These numbers demonstrate that liberalisation has the potential to increase access to safe abortion for all social strata, provided that services of appropriate quality and quantity are established.’⁸



⁸ Agnès Guillaume, Clémentine Rossier, “*Abortion around the world. An overview of legislation, measures, trends, and consequences*”, CAIRN.INFO, Volume 73, Issue 2, 2018 available at https://www.cairn-int.info/article-E_POPU_1802_0225--abortion-around-the-world-an-overview.htm#pa108.