Analysis of Abortion Policy Throughout the Globe

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Analysis of Abortion Policy Throughout the Globe

Abstract: The Dobbs v. Jackson Women’s Health Organization United States Supreme Court decision held that the Constitution does not guarantee the right to abortion, overturning the Roe v. Wade decision that had protected that right for decades. This landmark decision brought the topic of reproductive rights into the national spotlight, as many states took the opportunity to introduce restrictions on abortion that were previously disallowed by Roe. The regression of abortion rights in the United States makes it a global outlier, as many countries across the world have liberalized their laws on abortion in recent decades. These countries have taken measures such as decriminalizing the practice, increasing the number of circumstances where abortion is allowed, and improving accessibility to abortion. This paper seeks to thoroughly analyze and discuss current abortion policy and level of accessibility across the world, and why there is still variance on that policy in different regions. Through this analysis, this paper argues that there are a number of factors contributing towards the global trend of liberalization including on the ground activism, legal challenges to anti-abortion laws, and institutional support from a variety of organizations. The goal of this paper is to reach a better understanding of the dynamics of abortion policy, and to be an educational resource for those actively fighting for reproductive rights.
Introduction

On January 22, 1973, the landmark Supreme Court case *Roe v. Wade* was officially decided. By a 7-2 decision, the court held that:

“The Due Process Clause of the Fourteenth Amendment protects against state action the right to privacy, and a woman’s right to choose to have an abortion falls within that right to privacy. A state law that broadly prohibits abortion without respect to the stage of pregnancy or other interests violates that right. Although the state has legitimate interests in protecting the health of pregnant women and the “potentiality of human life,” the relative weight of each of these interests varies over the course of pregnancy, and the law must account for this variability.”

The court further clarified the degree of abortion regulation allowed by states based on the trimester model of pregnancy. In the first trimester, no regulation was allowed, as it was deemed a decision between the “pregnant woman and her attending physician.” In the second trimester, the state could impose regulations on abortion as long as they are “reasonably related to maternal health.” In the third trimester, the state could regulate abortions or even completely prohibit them, with the condition that those laws “contain exceptions for cases when abortion is necessary to save the life or health of the mother.” *Roe v. Wade* was instrumental in codifying reproductive rights for millions of women. While state governments could still technically regulate abortion, they were very limited in doing so, and there was no trimester in which the practice could be completely prohibited. In 1992, nearly 20 years after the *Roe* decision, another case on abortion came to the Supreme Court: *Planned Parenthood of Southeastern Pennsylvania v. Casey*. A 5-4 decision reaffirmed *Roe*, but it did allow some additional provisions to legislation regulating abortion; through the introduction of a new standard. “The new standard asks whether a state

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2 Ibid.
3 Ibid.
4 Ibid.
abortion regulation has the purpose or effect of imposing an “undue burden,” which is defined as a “substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability.” Almost all of the provisions the Pennsylvania legislature had introduced into abortion legislation were allowed. These allowed additions included: informed consent, a 24 hour waiting period, and parental consent for a minor seeking an abortion. While Roe was upheld, it was slightly diluted, and there was now more divide amongst the court over the issue of abortion. If only one more justice had joined those who dissented, Roe v. Wade could have been overturned in the 90s. With this fact in mind, the case of Dobbs v. Jackson Women’s Health Organization represents a logical endpoint of the Supreme Court’s changing position on abortion. This case, decided on June 24, 2022 by a 6-3 decision, overturned Roe v. Wade. The Supreme Court had completely changed its views on if abortion was a service that was constitutionally protected. “The Constitution does not mention abortion. The right is neither deeply rooted in the nation’s history nor an essential component of “ordered liberty.” Nearly 50 years after Roe v. Wade, abortion was no longer a guaranteed right in the United States.

This marked regression of abortion rights in the United States has been an outlier in a global sense. Over the past 30 years, dozens of countries and territories have taken measures to further liberalize their abortion laws.

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6 Ibid.
In the same timeframe, only four countries have rolled back legalities on abortion.\(^9\)

\(^9\) Ibid.
The overwhelming trend over the past several decades has been in favor of making abortion more legal and accessible. With that said, there is still wide variation in abortion policy throughout the world, from full legalization to total prohibition.\footnote{Ibid.} \footnote{The map showcased below divides countries into six major categories in terms of their abortion policy. Countries highlighted in green allow abortion on request, with varying gestational limits. Countries highlighted in blue allow abortion on broad social or economic grounds. Countries highlighted in yellow allow abortion to preserve a woman’s health, with many also allowing for the procedure in cases such as rape, incest, or certain fetal diagnoses. Countries highlighted in light red allow abortion to save a person’s life, with many also allowing for the procedure in cases such as rape, incest, or certain fetal diagnoses. Countries highlighted in dark red do not allow abortion under any circumstances. Countries highlighted in stripes, constituting only the United States and Mexico, have abortion laws that vary from state to state. One country, Western Sahara, is highlighted in gray, placing it in the unknown category. At the time of writing, the Center for Reproductive rights does not have adequate information on how this country handles abortion.}
At the time of writing, the majority of women of reproductive age live in countries that allow for abortion. Across the globe, 662 million (34%) of women of reproductive age live in the 77 countries that allow for abortion on request. 12 457 million (23%) of women of reproductive age live in the 12 countries and territories that allow abortion on broad social or economic grounds. 13 226 million (12%) of women of reproductive age live where abortion is permitted when pregnancy poses a risk to a woman’s health. 14 416 million (20%) of women of reproductive age live in the 44 countries that allow abortion to save a woman’s life. 15 111 million (6%) of women of reproductive age live in the 21 countries that prohibit abortion altogether. 16 It is clear that differences in abortion policy throughout the world affects the lives of hundreds of millions of women. Thorough examination of these policy differences will be the goal of this paper. This paper will analyze the abortion policy of every permanently populated continent: Europe, The Americas, Australia, Asia, and Africa. While not perfect, this order represents a sliding scale

12 “The World’s Abortion Laws.”
13 Ibid.
14 Ibid.
15 Ibid.
16 Ibid.
from the most “liberal” continents on abortion rights to the most “anti-liberal” continents on abortion rights. Additionally, this paper will explore the issues women face in receiving abortion care even in countries with legalized abortion. The information presented in this paper has been collected from a variety of organizations, websites, articles, and news sources. Understanding both legality and accessibility issues in terms of abortion is integral in the broader fight to make abortion easier to receive for people across the world. Also important to understand are the factors contributing to the current wave of liberalization. While these factors vary depending on location, important ones include increased pro-choice advocacy, both on the ground and in the courtroom, and institutional support from both governmental and non-governmental organizations. In particular, it is the work of activists that has been essential in the global trends we see today, and the primary goal of this paper is to serve as an educational resource for those activists.

Abortion Rights in Europe

Europe comprises dozens of countries, and most of them allow for abortion. Throughout the continent, 40 countries have legalized abortion on request, two countries have legalized abortion on broad social grounds, and five countries do not allow abortion on either of these grounds. Notably, the five European countries that currently do not allow abortion on request

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17 Albania, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Republic of Moldova, Montenegro, Netherlands, North Macedonia, Norway, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine
18 Finland, United Kingdom
19 Andorra, Liechtenstein, Malta, Monaco, Poland
21 While the listed source states 39 countries with abortion on request and 6 countries with abortion not legalized or allowed on broad social grounds, this has since changed. In 2022 San Marino legalized abortion with a gestational limit of 12 weeks. See: “San Marino Legalises Abortion, One Year after Landmark Referendum,” Euronews, September 1, 2022, https://www.euronews.com/2022/09/01/san-marino-legalises-abortion-one-year-after-landmark-referendum.
or on broad social grounds have a high percentage of Catholics in their population. Andorra’s 89.5% Christian population is predominantly Roman Catholic.²² Liechtenstein’s population is approximately 70% Roman Catholic.²³ 96.4% of Maltese citizens aged 15 and over are Roman Catholics.²⁴ Around 90% of Monaco’s population is Roman Catholic.²⁵ Poland, which has seen its Roman Catholic population decline in recent years, still has 71.3% of people identifying as followers of the church.²⁶ Clearly, the influence of the Catholic Church continues to be a roadblock for some countries in gaining abortion rights. The fight for reproductive rights in these countries will likely be an uphill battle, but there is hope for change in the future. San Marino has a 91.5% Christian population, with the vast majority of those Christians identifying as Roman Catholic.²⁷ However, following a referendum in which 77% of citizens voted in favor, abortion was officially legalized in the country.²⁸ Activists in countries with a high degree of anti-abortion religious sentiment should keep the case of San Marino in mind.

Europe has seen change in recent years, with several countries changing or updating their abortion policies. These changes have varied in degree. In 2023, the Parliament in Spain approved legislation allowing girls aged 16-17 to receive abortions without parental consent.²⁹

Also in that year, Malta eased its blanket ban on abortion to allow termination if a woman’s life

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²⁸ “San Marino Legalises Abortion, One Year after Landmark Referendum.”
is in danger. In March of this year, France enshrined abortion as a constitutional right. One of the most significant victories for abortion-rights activists in Europe in recent years occurred in Ireland. Ireland has a history of anti-abortion activism, as in the early 1980s Catholic organizations worked to make Ireland an anti-abortion country. These organizations saw major success when, in 1983, Ireland’s 8th constitutional Amendment, “acknowledging the right of the unborn and [gave] due regard to the equal right to life of the mother”, passed. With constitutional backing, the fight in Ireland to provide abortion-rights proved to be long and tedious. A driving force for abortion-rights activists in the country were two publicized cases that occurred as a result of Ireland’s anti-abortion policies. In 1992, a 14 year old rape victim eventually led to a court ruling that the young woman’s suicidal thoughts were enough of a life threat to justify legal termination. This case also led to two amendments being passed, one allowing Irish people to travel to get an abortion and another allowing information to be distributed about legal abortion in other countries. Then in 2012, a woman went to a hospital having a miscarriage, but doctors could not legally intervene as the fetus still had a heartbeat. This led to a massive infection in the mother’s uterus by the time the heartbeat couldn’t be detected, which ultimately killed her. The 2012 case in particular was integral in providing fuel to activism aiming to repeal the Eighth Amendment. Now that there was a widely publicized case of a woman dying due to not being able to terminate her pregnancy, it became clear that

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30 Ibid.
33 Ibid.
34 Ibid.
35 Ibid.
36 Ibid.
access to abortion was a matter of life and death. The year after, the Protection of Life During Pregnancy Act passed, legalizing abortions that would protect the mother’s life.\textsuperscript{37} And in 2018, 35 years after the Eighth Amendment was passed, it was repealed, legalizing abortion up to 12 weeks gestation.\textsuperscript{38} In a way, the effects of the Eighth Amendment in Ireland are what killed it. Abortion activists effectively organized around the cases in 1992 and 2012, and slowly but surely secured legal victories until the Amendment was repealed. As stated earlier, Europe is one of the more progressive continents in terms of abortion-rights. There is now a base standard of legality in the vast majority of countries, and recent reforms and changes showcase the active efforts in making abortion accessible for those who need them.

With that said, the 40 countries with legalized abortion still have varying levels of accessibility, and barriers to the procedure. 15 countries\textsuperscript{39} have mandatory waiting periods, and 12 countries\textsuperscript{40} have mandatory counseling prior to getting an abortion.\textsuperscript{41} There exists a level of significant overlap with these two particular policies, with 10 countries having both mandatory waiting periods and mandatory counseling. People in Europe facing at least one barrier to accessing abortion are likely to face multiple. Also important to note here is that barriers to access can express themselves in the very institutions that are meant to provide abortions. In Italy, abortion has been legal since 1978, and since 2018 the country is one of the 22 of 28 EU member states to allow conscientious objection to abortion from physicians.\textsuperscript{42} According to 2017 Italian Ministry of Health Data, 68.4% of gynecologists identify as “conscientious objectors”.\textsuperscript{43}

\textsuperscript{37} Ibid.
\textsuperscript{38} Ibid.
\textsuperscript{39} Albania, Armenia, Belgium, Georgia, Germany, Hungary, Ireland, Italy, Latvia, Luxembourg, Netherlands, Portugal, Russian Federation, Slovak Republic, Spain
\textsuperscript{40} Albania, Armenia, Belgium, Bosnia and Herzegovina, Georgia, Germany, Hungary, Italy, Lithuania, Netherlands, Russian Federation, Slovak Republic
\textsuperscript{41} “European Abortion Laws.”
\textsuperscript{43} Ibid.
This is a high average, but even this number does not fully elucidate the issue, as some Italian regions have rates of conscientious objectors that are even higher. These regions include Sicily, with an 83.2% conscientious objector rate, Basilicata, with an 88.1% conscientious objector rate, and Molise, with a 96.4% conscientious objector rate. A map with each Italian region’s respective conscientious objector rate is shown below.

These numbers represent a massive hurdle for women seeking abortion, with many women in the country facing extraordinary difficulties in finding hospitals that will provide them abortions. There are a number of factors contributing to this high conscientious objector rate. The Catholic Church is heavily influential in Italy, and their anti-abortion attitudes impact those of doctors and other healthcare workers. Much of this influence comes from the fact that the Vatican City, the seat of Catholicism, is located in Rome. The Vatican praised the *Dobbs* decision

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44 Ibid.
45 Ibid.
in the United States, and has emphasized the need for mothers to carry through their pregnancies. Additionally, there are structural barriers that make work difficult for those doctors who are not conscientious objectors. The Council of Europe found that non-objecting medical practitioners “face several types of cumulative disadvantages at work both direct and indirect, in terms of workload, distribution of tasks, career development opportunities.” In the midst of such high proportions of conscientious objectors, there is significant political force behind making abortion even more difficult to access. “The group, called Pro-Vita e Familgia (‘Pro-Life and Family’), is hoping to change Italy’s law on abortion to introduce two extra steps before patients can receive treatment. Under the group’s demands, doctors offering an abortion should first have their patient see the fetus and then have them hear its heartbeat.”

Italy showcases that legality does not necessarily guarantee accessibility. Abortion being legal in the country for decades does not change the fact that, in reality, a large chunk of people who want an abortion are unable to receive one. In order for abortion to truly be a right people possess, a sufficient number of facilities and doctors willing to perform is necessary.

Russia, while currently allowing abortion, is also in the midst of regressive trends. An important motivating factor is the shifting policy goals of Russia under the leadership of Vladimir Putin. “That changed under Putin, who has forged a powerful alliance with the Russian Orthodox Church, promoting “traditional values” and seeking to boost population growth. Health Minister Mikhail Murashko has condemned women for prioritizing education and career over reproductive rights.”


47 Fox and Di Donato, “In Italy, Abortion Is a Right. For Many Women There, Getting One Is Nearly Impossible.”

childbearing.” Currently, abortion can be difficult to access for women in the country. Some regions hold “Days of Silence” where public clinics won’t provide the procedure. Women are required to undergo a waiting period, 48 hours to a week, between their first appointment and the actual procedure. According to some women, they even had to get the priest to sign off before they could get an abortion. Russian women face a variety of barriers that seek to discourage them from getting an abortion. Accessing abortion may eventually be made even more challenging, as lawmakers are pushing for a nationwide ban on abortion in private clinics. While this has yet to materialize, the Health Ministry has stated that it is ready to consider it. The Health Ministry has also released a decree restricting circulation of abortion pills, further jeopardizing women’s ability to make their own reproductive choices. “But it will affect the availability of emergency contraceptives, sometimes known as morning-after pills, which are taken within days of unprotected sex to prevent pregnancy. Three out of six brands available in Russia contain mifepristone in a lower dose, meaning they’ll be severely restricted once the decree takes effect Sept. 1, 2024.” Another recent initiative from the Health Ministry involves having gynecologists try and convince women to not go through with abortion. “Olga Mindolina was contemplating an abortion in 2020, traumatized by an earlier, difficult pregnancy. But when a doctor in a state clinic in the western city of Voronezh asked her what she wanted to do, she said she didn’t know — and was told, “In this case, you should give birth.” Clearly, Russian women are in a pernicious situation when it comes to accessing abortion. The government has

50 Ibid.
51 Ibid.
52 Ibid.
53 Ibid.
54 Ibid.
55 Ibid.
56 Ibid.
clearly signaled its desire to reduce the number of abortions, and women face pressure to not go through with the procedure even from those providing it. It remains to be seen if Moscow will try and crack down on abortion, but women seeking abortions will continue to occupy a vulnerable position for the foreseeable future.

One European country stands out as an outlier in the global trend of liberalization of abortion laws, that being Poland. In 2020, a ruling by Poland’s Constitutional Tribunal removed fetal abnormalities as an exception to abortion being illegal, and imposed a near total-ban on the practice.\(^{57}\) Now, women can only proceed with abortion if their life is at risk, or if there is a “reasonable suspicion” that the pregnancy is a result of rape or incest.\(^{58}\) In theory, this would still allow those who need abortion the most to get the procedure, but that is not necessarily the case.

> “Women who have abortions are not prosecuted under the law, but doctors and others who help women terminate pregnancies, up to the point of viability, may face up to three years in prison. If an abortion takes place beyond the point of viability, then the person who aided in the abortion may face up to eight years in prison. This creates what many consider a “chilling effect,” as doctors scared of running afoul of the law hesitate to take life saving steps for pregnant patients.”\(^{59}\)

The more restrictions there are on abortion, the less accessible it becomes as a whole. Even if there are exceptions provided, the reality is that whether or not a particular case falls into one of those exceptions is not always easy to tell. A woman may not be able to prove that their pregnancy is the result of rape or incest, even if it is the case, and medical professionals are not given room to provide abortions in those cases of ambiguity. This atmosphere produces dire consequences, as abortions being this difficult to access has seemingly led to the deaths of several women.

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58 Ibid.
59 Ibid.
“Krzysztof Sowinski has cried every day since his wife Marta, who was five months pregnant, died of sepsis in 2022; he believes doctors put Marta’s life in danger by not giving them the option to terminate the pregnancy while the fetus’ heart was still beating. Janusz Kucharski also lost his partner Justyna to sepsis in the fifth month of a pregnancy. She left behind two boys. It is likely, reproductive-rights advocates say, that these women would be alive if not for Poland's increasingly restrictive abortion laws.”

As has been seen in other countries, access to abortion not only gives women the autonomy to make their own decisions with their bodies, it provides them with a procedure that at times can be life-saving. For women like Marta and Justyna, lack of access to abortion meant they were unable to do what was necessary to save their lives. It is possible that Poland changes course on these new restrictions, with the right-wing Law and Justice party no longer in power. With that said, it is still an ongoing issue with the new government. In March 2024, president Andrzej Duda vetoed legislation that would have provided over-the-counter access to the morning-after pill for girls and women ages 15 and up. However, the president is facing resistance from the Polish government, with officials taking measures to bypass the veto. Health Minister Izabela Leszcyna, in response to the veto, stated, “We have prepared a regulation, I'm in contact with pharmacists … . This pill will be available on a pharmaceutical prescription,” The future of abortion rights in Poland is uncertain, with the new government having conflicting aims as to how to handle it on a policy level. However, for as long as abortion remains largely illegal and inaccessible, the lives of millions of Polish women will continue to be at risk.

Abortion Rights in North and South America

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60 Ibid.
62 Ibid.
Following the *Dobbs* decision, many states took action to either protect or restrict abortion access. This has separated the states and territories of the United States into five distinct categories. Eleven states\(^63\) have expanded abortion access since *Dobbs*. Eleven states\(^64\) have abortion protected under their laws and/or constitutions. Five states and territories\(^65\) have abortion accessible to varying degrees but without any legal protection. Fourteen states and territories\(^66\) are “hostile”, expressing a desire to prohibit abortion entirely and lacking any legal protections for abortion. Fourteen states\(^67\) list abortion as illegal.\(^68\) A map displaying the abortion policy of every state and territory is shown below.\(^69\)

\(^63\) California, Connecticut, Hawaii, Illinois, Maryland, Minnesota, New Jersey, New York, Oregon, Vermont
\(^64\) Alaska, Colorado, Delaware, Kansas, Maine, Massachusetts, Michigan, Montana, Nevada, Ohio, Rhode Island
\(^65\) New Hampshire, New Mexico, Puerto Rico, U.S. Virgin Islands, Virginia
\(^66\) American Samoa, Arizona, Florida, Georgia, Guam, Iowa, Nebraska, North Carolina, Northern Mariana Islands, Pennsylvania, South Carolina, Utah, Wisconsin, Wyoming
\(^67\) Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, West Virginia
\(^69\) The map showcased divides each category of abortion policy by color. States colored in blue have expanded access to abortion. States colored in yellow have abortion protected. States and territories colored in orange do not have abortion protected. States and territories colored in red are “hostile”. States colored in brown have made abortion illegal.
Given the recency of *Dobbs*, many states are still changing or altering their abortion policy. In November 2023, voters in Ohio passed new constitutional protections for abortion. In April 2024, the Arizona Supreme Court reinstated an 1864 law that only allows for abortions if the mother’s life is at risk, also suggesting that doctors who perform abortions can be prosecuted. In the two years since the *Dobbs* decision, abortion access has become one of the great dividers between states, with the noticeable trend that more Democratic states are more likely to protect and expand access while more Republican states are more likely to criminalize and restrict access. Of the 25 states that voted for President Biden in 2020, 18 have either

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expanded abortion access or have abortion protected. Of the 25 states that voted for Trump in 2020, 73 21 have either prohibited abortion entirely or expressed a desire to. However, the states noted as recently changing their abortion policy serve as notable counter-examples, as in the 2020 election Arizona voted for President Biden and Ohio voted for Trump. 74 Many Democratic and Republican states remain active policy battlegrounds in the aftermath of the Dobbs decision, and activists should keep this fact in mind. As stated earlier, this anti-liberalization of abortion laws in much of the United States has differentiated the country from the rest of the world, as well as much of the continent. America’s southern neighbor, Mexico, has undergone significant liberalization of abortion policy in recent years.

In 2021, the Mexican Supreme Court declared that abortion can no longer be considered a crime. 75 Two years later, in 2023, the Supreme Court made another decision completely decriminalizing abortion on the federal level. 76 The year before and after Dobbs, Mexico experienced the exact opposite of what the United States did, rulings from their Supreme Court that liberalized abortion policy. Like the United States, Mexican abortion policy now varies by state, as they are still in the process of reforming their legislation to comply with the Supreme Court’s ruling. 77 Further insight on the recent change in Mexico can be found in a statement made by Planned Parenthood:

“For the past nine years, Planned Parenthood Global has supported local feminist groups, collectives, activists, and key organizations in the Yucatán peninsula to advocate for abortion rights, increase favorable media attention to educate and inform communities about sexual and reproductive rights, and launch several legal strategies to advance those rights, now bolstered by the Supreme Court ruling.” 78

73 Ibid.
74 Ibid.
77 “The World’s Abortion Laws.”
78 “Mexico | Planned Parenthood Global.”
A driving force behind liberalization of abortion laws throughout the world is activism. As is made clear through Planned Parenthood’s statement, pro-choice activism is a multifaceted endeavor that not only seeks to expand access, but also to inform people about the importance of securing abortion rights.

Canada has no national law regarding abortion. Rather, with access being legal and accessible, it is treated like other medical procedures and regulated through provincial/territorial and professional bodies. While there have been attempts to pass anti-choice legislation in Canada in recent decades, they have never garnered the institutional support necessary for success. In contrast to the United States and Mexico, Canada has been stable in allowing abortion throughout its borders for decades. In fact, this stability has allowed for further progressive measures in Canada regarding abortion access. Since 2018, all provinces, territories, and federal health programs cover the cost of Mifegymiso, a Canadian abortion pill, for people covered under their respective health insurance plans. Just like the United States and Mexico, the backbone of Canada’s current abortion policy can be found in a Supreme Court ruling, this time in 1988. In the case of R. v. Morgentaler, the Canadian Supreme Court found Canada’s abortion law unconstitutional, with Chief Justice Brian Dickinson writing: “Forcing a woman, by threat of criminal sanction to carry a fetus to term unless she meets certain criteria unrelated to her own priorities and aspirations, is a profound interference with a woman’s body and thus a violation of her security of the person.” The cases of the United States, Mexico, and Canada go to show the influence of Supreme Courts as institutions in the three most populous countries in

80 Ibid.
81 Ibid.
82 Ibid.
North America. They have served as the driving impetus for progressive and regressive changes in abortion policy for the past several decades. With this in mind, it seems that if the United States ever returns to a *Roe*-like standard applied across every state and territory, it will likely be through another Supreme Court ruling.

As previously stated, the world has seen the liberalization of abortion laws in the last three decades. No other region better showcases this phenomenon than Latin America, with various countries enacting progressive reforms in recent years. In 2012, a 17-14 vote in the Senate led to the legalization of abortion in Uruguay. Following mass demonstrations in Argentina, as well as the support of then newly elected president Alberto Fernández, a 38-29 Senate vote in December 2020 legalized abortion up until the fourteenth week of pregnancy. Following a case filed by a women's rights group, in 2022 Colombia’s Constitutional Court decriminalized abortion for up to the first 24 weeks of pregnancy. As is made clear, activism has been the cornerstone of Latin America’s current “green wave” of countries overturning recent restrictions. Activist Susana Chiarotti, who originally proposed adopting the color green in 2003, states: “It’s the color that represents life, nature. It was to try to show that we are the ones defending life.” This response from Chiarotti indicates that she took inspiration from anti-abortion activists in the United States, who are frequently referred to as “pro-life”. This branding strategy would not be the only thing anti-abortion groups in America inspired.

“Just as U.S. conservatives worked for decades to incrementally roll back abortion access and stack courts with conservative justices, abortion-rights groups in Latin America took a similar long-term, bit-by-bit approach. While grassroots organizations rallied protesters to take to the streets, leaders sought support from international human rights groups and

84 Ibid.
85 Ibid.
began to take the battle to the courts. Meanwhile they shared strategies with organizers engaged in their own fights in other countries.**87

These recent reforms in Latin America demonstrate the importance of a multi-faceted approach in securing abortion rights. Protests and demonstrations served as an external pressure to governments in meeting demands, while court battles built up a legal case for those demands. Part of what has made these measures successful has been the support of various institutions and organizations. As previously mentioned, Planned Parenthood has dedicated efforts towards Latin America. The Center of Reproductive Rights has a specific program dedicated to securing abortion rights and access in Latin America.88 Local organizations also work to ensure access and provide educational material, such as Socorristas en Red and Manodiversia.89 Organizations on the regional, national, and international level will continue to prove integral to Latin American activists who seek to legalize and expand access to abortion.

With that said, the green wave has not secured its desired reforms in every Latin American country. In fact, some have gone in the complete opposite direction. In January 2021, Honduras approved a constitutional amendment strengthening the language around the country’s total abortion ban.90 In November of 2023, the Peruvian Congress, through a 72-26 vote, approved a law with the following language: “The conceived is subject to rights in everything that favors it… These rights are based on human dignity.”91 Even Latin American countries that have legalized abortion during the green wave are not immune to regression. Following the election of president Javier Milei in Argentina, his anti-abortion rhetoric has had a noticeable

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87 Ibid.
90 Zissis et al., “Explainer.”
91 Ibid.
impact. “Health workers say such statements have already encouraged healthcare providers to refuse to provide abortion services due to their personal beliefs, and warn they could push women to use clandestine methods instead.”

Milei’s actions as president have also impacted abortion access in the country. Verónica Gago, a researcher and feminist, states: “We’re getting reports that, because of his budget cuts, some hospitals are not giving out abortion drugs.”

Milei’s election to office in part represents pushback in Argentina against its legalization of abortion. While it remains to be seen whether Milei will take measures to actually criminalize abortion, his presidential term has already made abortion more difficult to access in just a few months time. Another aspect of the current conundrum in Argentia for abortion-rights activists is the spread of disinformation. “The abortion counseling service Fundación Mujeres por Mujeres, which operates in Tucumán, said it had seen a 42% increase in women seeking advice, when comparing February 2024 against February 2023. It said many of the women had read misinformation online that abortion is now illegal, or had been told so by doctors.” Throughout the last few years, Latin America has made clear that the process of gaining abortion rights has no endpoint. To secure reproductive rights, it is necessary for activists to maintain their willingness to organize against pushback. This is all the more the case when the pushback is coming from inside the government.

Abortion Rights in Australia and Surrounding Islands

Australia, like the United States and Mexico, is divided up into several states. While these states all have their own policies on abortion, these rules in practice are very similar to each

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93 Ibid.
94 Ibid.
other. Generally, abortion is legal and accessible for 16-24 weeks, with abortions after that point needing the approval of at least one medical practitioner.\textsuperscript{95} Also generally, while these laws do allow for conscientious objectors, they must openly disclose this to the patient and refer them to a doctor who does not have a conscientious objection.\textsuperscript{96} These pro-choice policies came about in Australia as a result of decades of activism from various organizations. Most notably, the Abortion Law Reform Association (ALRA) was formed in 1971, which sought to educate on family planning and fight for abortion rights in Queensland.\textsuperscript{97} The following year, the ALRA formed the organization Children by Choice, specifically dedicated to providing assistance to women.\textsuperscript{98} The work of these organizations, as well as their feuds with anti-choice groups, culminated in 1985 with a court decision legalizing abortion under common law.\textsuperscript{99} This decision emboldened pro-choice organizations, and their activism continued to goals such as removing the ban of RU486, an abortion drug, into Australia.\textsuperscript{100} Thanks to these efforts, millions of women in Australia are able to safely access abortion. Similar to Latin America’s “green wave”, as abortion became more of a publicly recognized issue in Australia, organizations formed and fights for access occurred both outside and inside the courtroom. In order to consistently ensure access, these advocates had to organize, and exert enough pressure to officially legalize the practice. With that said, abortion advocacy in Australia has been much more localized to particular states, in contrast to the national approach of the green wave in Latin America. The Australian Capital Territory legalized abortion in 1993, Queensland legalized abortion in 2018, and South Australia

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\textsuperscript{96} Ibid.


\textsuperscript{98} Ibid.

\textsuperscript{99} Ibid.

\textsuperscript{100} Ibid.
legalized abortion in 2021.\textsuperscript{101} Given the recency of much of the broader legalizations in specific states, it remains to be seen if Australia as a country will maintain the ease of access to abortion it does today.

The island countries surrounding Australia, lying across the Oceanic cultural regions of Polynesia, Melanesia, and Micronesia, are a different story. Abortion is legally restricted throughout the region, and only permitted in certain circumstances.\textsuperscript{102} For example, in Papua New Guinea abortion is only allowed in order to save the woman’s life.\textsuperscript{103} Unfortunately, there is a lack of national data for all of these Pacific Island countries, making it difficult to come to any strong determinations regarding their abortion policies.\textsuperscript{104} However, there is reason to believe that lack of legal abortion in these countries is part of broader issues in these countries surrounding women and their autonomy.

“In a study of respondents in Fiji who have experienced physical and/or sexual partner violence, 10.2\% reported that their partner had ever refused or stopped contraception, and 13.6\% stated that their current or most recent partner refused to use a condom. In Vanuatu, a needs assessment identified that 14-21\% of women wishing to use family planning methods and 74-78\% of women wanting to use condoms have either been subjected to or fearful of physical and sexual violence from their intimate partner.”\textsuperscript{105}

Women in Pacific Island countries are subject to a broad range of violence. Even women who actively try to avoid pregnancy may be put in situations where they are forced to give in to the demands of their partners. Considering the scope of the problem, it is integral for abortion-rights advocates in these countries to also focus on fighting against the violence women still routinely

\textsuperscript{101} “Australian Abortion Law and Practice.”
\textsuperscript{103} “The World’s Abortion Laws.”
\textsuperscript{104} Dawson et al., “How Do Pacific Island Countries Add up on Contraception, Abortion and Reproductive Coercion?”
\textsuperscript{105} Ibid.
face. If these advocates are able to secure further protections for the women in these countries, the fight for safe and legal abortion access becomes far more feasible.

Abortion Rights in Asia

Asia can be broadly separated into six separate categories as to the grounds abortion is allowed. Three countries¹⁰⁶ prohibit abortion altogether, 16 countries¹⁰⁷ allow abortion to save the life of a woman, seven countries¹⁰⁸ allow abortion to preserve physical health, two countries¹⁰⁹ allow abortion to preserve physical and mental health, four countries¹¹⁰ allow abortion for socio-economic reasons, and 18 countries¹¹¹ allow for abortion without restriction as to reason.¹¹² Notably, China and India, the two most populous Asian countries, allow for abortions. This means that a majority of Asian women live in countries where abortion is legal.¹¹³ With that said, both Chinese and Indian women face a variety of problems when it comes to abortion access.

Over the past few decades, China has taken varying positions on abortion as a result of changing policy goals. During the era of the one-child policy from 1980-2015, forced abortions were performed.¹¹⁵ Also at this time, many regions also introduced regulations restricting abortion, which brought long-standing consequences.

¹⁰⁶ Iraq, Laos, The Philippines
¹⁰⁷ Afghanistan, Bahrain, Bangladesh, Bhutan, Brunei Darussalam, Indonesia, Iran, Lebanon, Myanmar, Oman, Sri Lanka, Syria, Timor-Leste, United Arab Emirates, West Bank and Gaza, Yemen
¹⁰⁸ Jordan, Kuwait, Maldives, Pakistan, Qatar, Saudi Arabia, South Korea
¹⁰⁹ Israel, Malaysia
¹¹⁰ Hong Kong, India, Japan, Taiwan
¹¹¹ Armenia, Azerbaijan, Cambodia, China, Cyprus, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, Nepal, North Korea, Singapore, Tajikistan, Thailand, Turkey, Turkmenistan, Uzbekistan, Vietnam
¹¹³ While the listed source lists Thailand as only to preserve physical and mental health, Cyprus as for socio-economic reasons, and Bahrain as without restriction as to reason, these countries have since changed their policies and have been categorized into the correct groupings within these footnotes. See: “The World’s Abortion Laws.”
¹¹⁴ “Abortion in Asia | Guttmacher Institute.”
“However, these regulations, while largely failing to curb sex selection, had two important effects. First, they emboldened the family planning bureaucracy. And second, they entrenched institutionalization of the procedure. Specifically, abortion, along with much of reproductive care in China, became its own special class of medical procedure regulated by state and societal objectives, instead of a private decision between a doctor and a patient.”

For many women, getting abortions means having to navigate through barriers imposed by local provinces. In 2018, the region of Guangzhou reiterated a 2003 ban on retail sales of abortion-inducing medications, and “further specified that medical abortions may only be performed under the supervision of medical professionals affiliated with institutions authorized to perform surgical abortions.” Also in that year, Jiangxi instituted the restriction that “any patient who is allowed to have another child but wishes to terminate a pregnancy after 14 weeks of gestation must prove that the procedure is medically necessary and obtain signatures from three doctors.” Multiple regions in China have made abortion significantly more difficult to obtain with restrictions such as these. At times, these restrictions have come as a result of court rulings.

“In February 2023, a Chengdu court ruled that termination of pregnancy without spousal consent or “legitimate reasons” constitutes a violation of men’s right to reproduction. The judge’s decision specified three such “legitimate reasons”: the woman has a health condition incompatible with pregnancy, the couple is living separately after a breakdown in the relationship, or the wife has already requested a divorce.”

This court decision echoes policies of countries that are, on paper, more restrictive on abortion than China. Narrowing the scope of abortion to such an extent excludes many Chengdu women from getting the procedure. Unfortunately for women in China, these regional policies are not all they have to worry about. The national government has been actively discouraging abortions,

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116 Ibid.
117 Ibid.
118 Ibid.
119 Ibid.
one method of this being exaggerating the potential consequences that come with the procedure. In 2018, a directive from The National Health Commission stated: “Abortion is a remedial measure taken after an unwanted pregnancy. Abortion can cause serious damage to a woman's fertility and reproductive health and may lead to a variety of complications and secondary infertility, with a higher risk of complications and secondary infertility after repeat abortions.”

Even more recently, in August 2022, a birth-encouraging plan from the National Health Commission included a directive to “reduce abortions that are not medically necessary.” It is clear that the Chinese government wants to decrease the number of abortions in their country. This is likely due to the current birth rate issues China is experiencing, which threaten the country’s economic position. “Fewer children means a smaller labor force in the decades to come, posing a grave threat to China’s industrialization, urbanization, and ability to become a high-income nation.” With China incentivized to increase their birth rate, it is very possible the government will take active measures in making abortion more difficult to obtain. In fact, in November of 2022, China’s National Medical Products Administration banned two abortion pills from being sold online. As stated earlier, abortion in China is very much intertwined with the broader health system, strictly regulated by the government. Access to abortion, to the extent that it exists, does so because the Chinese government has so far restrained itself in not completely prohibiting the procedure. With China being a particularly authoritarian country, abortion access for hundreds of millions of people is at the mercy of bureaucrats and government officials even more so than usual. For women to be completely assured that their right to abortion will not be infringed, the country will have to undergo massive systemic changes, including the

120 Ibid.
121 Ibid.
122 Ibid.
123 Ibid.
democratization of their government. While democratization would not necessarily change the current landscape of abortion access by itself, it would likely make the government more responsive to the needs of their people.

Women in India face massive systemic issues when it comes to accessing abortion. One major problem is that there are simply not enough facilities to accommodate India’s population. “Government records show that for the more than 370 million women of childbearing age in the country, India just has 10,782 public health facilities that provide abortion up to 12 weeks, and merely 4,213 public health facilities that can abort up to 20 weeks.” With lack of adequate public facilities, many women turn to unsafe abortion. This has had disastrous consequences, as “unsafe abortion remains India’s third leading cause of maternal mortality, with eight women dying every day.” Exacerbating the issue, doctors will sometimes refuse to provide abortion to somebody seeking it. This is clearly demonstrated in the case of Kiran Kumbhar, a pregnant woman who was seeking to terminate her pregnancy.

“The local community doctor referred her to the district hospital 50 kilometers away, which she visited multiple times in search of treatment. Each time she went, the doctors would shun her when she tried to talk to them, and ask her to visit some other day. “None was serious,” she says. After four such visits, collectively traveling more than 400 kilometers via a series of public buses despite her severe physical weakness, Kumbhar lost her calm.”

Women in India often have to exert extensive physical and mental effort in finding a doctor that will provide them abortion, all while they are undergoing pregnancy. Additionally, there are a variety of complications for women in getting a doctor to provide them abortions. To prevent the further decline in the sex ratio, in 1994 the Pre-Conception and Pre-Natal Diagnostic Techniques

125 Ibid.
126 Ibid.
Act was enacted, which criminalized prenatal sex-detection tests. Consequently, this act made it far more difficult for women to access safe abortion. As Accredited Social Health Activist Suraiyyya Terdale states, “For instance, women like Kamble, who have two daughters, are often on the radar of public health care authorities when they seek an abortion. “Many doctors fear they will later be arrested for aborting a female child, and so they deny an abortion,” Each particular aspect of healthcare does not exist in a vacuum, rather it interacts with the rest of the broader system. In criminalizing prenatal sex-detection tests, the Indian government made it much harder for women to get abortions. Another issue for women in finding a doctor that will provide an abortion are broader biases against women that are still prevalent in Indian society. As an example, conservatives in India consider it shameful to have a child at an older age, and having a significant gap between a first and second child. Indian women do not exist in an environment free of judgment regarding what they do with their bodies. Even worse, many doctors will insult women if they are seeking an abortion. Journalist Sanket Jain, referring to Accredited Social Health Activist Maya Patil, states, “She recalls an incident two years ago where a doctor berated a pregnant woman, saying, “How many children do you want? Are you going to give birth to a dozen more?” This has a chilling effect for women seeking abortion. Understandably, many women worry that going to a doctor for an abortion will cause them to be ridiculed, leading them to seek alternative methods. In fact, more than 25% of abortions in India were performed by women themselves at home. Clearly, Indian women are in a position where they are so desperate to escape shaming, they will put their lives at risk and forgo seeing a doctor entirely. In order for Indian women to feel safe in practicing their right to get an abortion, not

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127 Ibid.
128 Ibid.
129 Ibid.
130 Ibid.
131 Ibid.
only are more facilities necessary, societal values must shift in order to end the stigma that still exists against women. There are those in India who are working to change their situation. In India, there are approximately one million accredited social health activists providing a variety of services to women. They distribute medicine for common ailments, as well as speak to doctors on behalf of patients, explaining their situations and ensuring they get the care they need. Activists like Patil and Terdale work to ensure that Indian women get proper care, even when they face significant abuse from medical professionals and Indian society as a whole. The work these social health activists do will continue to be integral, especially for India to become a safer place for women seeking abortions.

Asia is home to much of the Middle East, and many of those countries have restrictions on abortion. Of the Asian countries that can be considered to be part of the Middle East, Iraq has abortion completely prohibited, nine countries only allow it only to save a woman’s life, five countries only allow it to preserve physical health, and Israel allows it to preserve physical and mental health. In those Middle Eastern countries with heavy restrictions on abortion policy, it is often not just the law that serves as a barrier to the procedure. In Lebanon, abortion is only allowed to save a mother’s life. There are a multitude of problems in that country that make getting even legal abortions incredibly difficult. “In addition, access to safe abortions is limited by the insufficiency of the healthcare infrastructure, social and religious pressure and the cost of

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132 Ibid.
133 Ibid.
134 “Middle East Countries 2024,” accessed March 30, 2024, https://worldpopulationreview.com/country-rankings/middle-east-countries. Note: This source lists every country that can be listed as a Middle Eastern country, including countries that are only rarely included in that categorization. Whether a country counts as being part of the Middle East or not will sometimes depend on personal definitions as to what the Middle East is. For the purposes of this paper, all 27 countries listed are considered part of the Middle East
135 Afghanistan, Bahrain, Iran, Lebanon, Oman, Syria, United Arab Emirates, West Bank and Gaza, Yemen
136 Jordan, Kuwait, Pakistan, Qatar, Saudi Arabia
the procedure.” Change in leadership of governments can also make abortion less accessible, which is what happened in Afghanistan. “The Taliban’s return to power did not result in a change of the law, as some might have feared, but it did make obtaining an abortion much more costly and difficult, further imperiling women’s lives.” Part of why some Middle Eastern countries have such anti-liberal abortion laws can be traced back to their colonial past. “Most abortion laws in the region are punitive and were promulgated during the colonial period, when French and British regimes supported pronatalist policies to increase the population of the metropole and the colonized lands. As colonial laws criminalizing abortion became entrenched in society, legal and medical services for women desiring abortions also became restricted.” Of course, Islam has also been majorly influential in these nations’ abortion policies. Religious sentiment has been a massive roadblock in ensuring abortion rights in the Middle East.

“In contrast to extremely restrictive countries such as El Salvador and Poland, and, more recently, several US states that ban nearly all abortions, all countries in the MENA region permit abortion if the pregnant woman’s life is in danger. This resonates with Islamic jurists who have historically perceived abortion as generally haram (forbidden) after the fetus achieves “ensoulment” (the status of a person), except to save the woman’s life.”

The current issues many women in the Middle East face in attaining full abortion rights are linked to historical realities, religious sentiment, and contemporary political conflict. It is likely the Middle East will have to undergo long-term political and cultural changes in order for women’s rights and safeties to be assured. There is some hope for this in the future, as there has been some resistance to the strict abortion policies of several Middle Eastern countries. In Iran,

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140 Ibid.
citizens are directly repudiating the abortion restrictions of their country. “Estimating the precise number of abortions in Iran proves challenging. Nonetheless, a senior health expert with the Expediency Council suggests that both legal and illegal abortions total approximately 1.3 million annually, with intentional abortions accounting for around 530,000 cases.” Abortion activists in these countries, while working to provide adequate resources to those who need it, should also work to further direct popular sentiment against governments that continue to restrict abortion.

That said, there are also eight Asian-Middle Eastern countries that provide abortion without restriction as to reason. It is important to recognize the diversity of abortion policy in the Middle East, there are a comparable number of countries that allow abortion to those that heavily restrict it. Some countries utilize interpretations of Islam that allow for abortion and other reproductive health measures, like Turkey. “In Turkey, the adoption of a liberal interpretation of Islam allowed the introduction of abortion clinics in the 1960’s as part of a family planning program. In the same period, pronatalist programs were abandoned and the use of contraceptives became encouraged.” Even in extremely religious Middle Eastern countries, it is possible for abortion rights to exist. However, those countries in the Middle East that allow for abortion still face issues in terms of the ability for women in those countries to consistently access it. In Turkey, abortions are mostly performed in private hospitals, and access to birth control is limited due to the high price of contraceptives. In Cyprus, abortion procedures are performed mostly in private clinics due to the nation’s natalist policy, impacting especially women who face socioeconomic issues. Turkmenistan, while technically allowing for abortion, has an extremely

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142 Armenia, Azerbaijan, Cyprus, Georgia, Kyrgyzstan, Turkey, Turkmenistan, Uzbekistan

143 Bufflier, “Abortion in the Middle East.”


145 Ibid.
strict gestational limit of five weeks.\textsuperscript{146} The Middle East is a region where much work is needed to be done in order to secure abortion rights and accessibility for women. Not only do many Middle Eastern women live under governments hostile to the procedure, those that don’t are often unable to access the procedure, just like Chinese and Indian women. Asia as a continent today faces a variety of systemic and cultural barriers to abortion access, and this will continue to be the case for the foreseeable future.

**Abortion Rights in Africa**

Like Asia, Africa can be separated into six separate categories as to what grounds abortion is allowed. Six countries\textsuperscript{147} prohibit abortion altogether, 12 countries\textsuperscript{148} allow abortion to save a woman’s life, 13 countries\textsuperscript{149} allow abortion to preserve physical health, 12 countries\textsuperscript{150} allow abortion to preserve physical and mental health, three countries\textsuperscript{151} allow abortion for socio-economic reasons, and eight countries\textsuperscript{152} allow for abortion without restriction as to reason.\textsuperscript{153} In recent years, the continent has seen several countries liberalize their abortion laws. In 1996, South Africa’s parliament nearly unanimously adopted a constitution that guaranteed South Africans the right to make the decision to get an abortion.\textsuperscript{154} Since 2005, Ethiopia’s law allows abortions in the cases of rape, incest, fetal em pairment, if the woman is a minor, or if she

\textsuperscript{146} “The World’s Abortion Laws.”
\textsuperscript{147} Congo (Brazzaville), Egypt, Madagascar, Mauritania, Senegal, Sierra Leone
\textsuperscript{148} Côte D’ivoire, Gabon, Gambia, Libya, Malawi, Mali, Nigeria, Somalia, South Sudan, Sudan, Tanzania, Uganda
\textsuperscript{149} Burkina Faso, Burundi, Cameroon, Central African Republic, Comoros, Djibouti, Guinea, Kenya, Lesotho, Morocco, Niger, Togo, Zimbabwe
\textsuperscript{150} Algeria, Angola, Botswana, Chad, Democratic Republic of the Congo, Eritrea, Eswatini, Ghana, Liberia, Mauritius, Namibia, Seychelles
\textsuperscript{151} Ethiopia, Rwanda, Zambia
\textsuperscript{152} Benin, Cabo Verde, Equatorial Guinea, Guinea Bissau, Mozambique, São Tomé & Príncipe, South Africa, Tunisia
\textsuperscript{153} “The World’s Abortion Laws.”
has physical or mental disabilities.\textsuperscript{155} In 2012, Somalia’s new constitution allowed abortion in necessary cases, especially to save the life of the pregnant woman.\textsuperscript{156} Benin legalized abortion less than a year before the overturning of \textit{Roe v. Wade}.\textsuperscript{157} Clearly, countries have been taking steps in making abortion more accessible for their populations. This is in part due to institutional support for abortion rights on the part of the African Union. Two decades ago, they recognized the right to abortion in cases of rape and incest, when the life of the mother or fetus is endangered, and when the mother’s mental and physical health is at risk.\textsuperscript{158} This recognition on the part of the African Union, also known as the Maputo Protocol, has been a driving force in liberalizing abortion laws throughout the continent.

With that said, Africa has also been center to regressive trends since \textit{Roe v. Wade} was overturned. Anti-abortion groups in Africa have been emboldened by the decision, and have been working to make abortion more restrictive.

“In April, Family Watch International helped to develop a “family values and sovereignty” meeting at Uganda’s presidential offices with lawmakers and other delegates from more than 20 African countries. The organization’s Africa director also is advocating for his country, Ethiopia, to revoke a 2005 law that expanded abortion access and dramatically reduced maternal mortality.”\textsuperscript{159}

If anti-abortion activists see legislative success in Africa, it could prove fatal to millions of women who have relied on abortion for their healthcare needs. In the region of East Africa, abortion opponents are especially outspoken, and countries offer little sex education and provide legal abortions in limited circumstances.\textsuperscript{160} Already, anti-abortion groups and organizations have

\textsuperscript{158} Ibid.
\textsuperscript{159} Ibid.
\textsuperscript{160} Ibid.
made abortion less accessible in certain countries in the region. In 2023, the Protestant Council of Rwanda directed health facilities run by their member institutions to stop performing abortions entirely.\textsuperscript{161} Measures such as these are part of broader accessibility issues for getting an abortion in Africa. In Ethiopia, civil society workers have asked their government to investigate what they fear is a new trend: fewer public health facilities providing abortion and more women seeking care after unsafe abortions.\textsuperscript{162} As has been seen in other regions of the world, less public facilities offering abortions means women will often resort to unsafe abortions. Some may also turn to abortion drugs, but even then, women may face issues in actually obtaining them.

Different brands of drugs and pharmacies are available throughout the continent, however in many countries they cannot be accessed without a prescription.\textsuperscript{163} While these drugs are also available in informal markets,\textsuperscript{164} this is still yet another complication for women in accessing abortion care. Another issue African countries face is incongruence between their laws and the reality of accessibility. This can be seen with countries that allow for abortion in the case of rape. “For example, in the case of pregnancies resulting from rape, several countries require onerous burdens of proof, such as submitting an affidavit to a magistrate (in the case of Zimbabwe) or requiring that a magistrate attest to the materiality of the facts (in Cameroon and Burkina Faso).”\textsuperscript{165} This particular issue mirrors what is happening in countries like Poland. Even if abortion is allowed under certain circumstances on paper, actually proving that circumstance can be extremely difficult. While Africa continues to face issues in terms of abortion legality and accessibility, activists are actively fighting for abortion-rights and protections. In fact, the data indicates that they have been essential in the fight for abortion rights throughout the continent.

\begin{thebibliography}{9}
\bibitem{161}Ibid.
\bibitem{162}Ibid.
\bibitem{164}Ibid.
\bibitem{165}Bankole et al., “From Unsafe to Safe Abortion in Sub-Saharan Africa.”
\end{thebibliography}
“The critical role of abortion activists has already been recognized in the continent, and research shows that legislative reform for women is significantly less likely to occur without action by domestic women’s coalitions and activists.”166 They have been integral in lowering the risk of abortion, making the procedure more accessible, and making it so that less people have to resort to unsafe methods.167 With that said, it is important to recognize the difficulties these activists still face. Inevitably they will face setbacks even after much hard work, which is what happened in Sierra Leone. “Similarly, in Sierra Leone, the Safe Abortion Act, which would have allowed abortion without restriction as to reason, was passed by parliament twice (in 2015 and 2016). However, the president at the time refused to sign it, leaving in place an outright ban that dates back from the Victorian era.”168 Sometimes, there are issues in information accessibility, as is the case in Zambia.

“The experience of Zambia shows how, in the absence of public information campaigns and the newly legal services being out in the open, decades may pass before this information reaches all interested parties. For example, in 2014, only 16% of Zambian women in three provinces knew the legal criteria for abortion that had been in place since 1972. Research from 2005 indicates that a generalized lack of knowledge about the South African abortion law contributed substantially to the high proportion of abortions obtained outside of formal facilities there, despite nearly a decade since decriminalization.”169

Activists also find themselves in a precarious position in dealing with the rise of anti-abortion activism since the overturning of Roe v. Wade. “As the opposition to abortion rights rises, people who have abortions, abortion providers, and activists become targets for arrest, prosecution, and incarceration.”170 The fight for abortion rights in Africa will continue to be an uphill battle, as

166 Pizzarossa, Maziwisa, and Durojaye, “Self-Managed Abortion in Africa.”
167 Ibid.
168 Bankole et al., “From Unsafe to Safe Abortion in Sub-Saharan Africa.”
169 Ibid.
170 Pizzarossa, Maziwisa, and Durojaye, “Self-Managed Abortion in Africa.”
activists have to fight against legal barriers, a lack of adequate resources, as well as a growing movement actively hostile to their aims.

**Conclusion**

Recent years have shown just how much abortion-rights activists have been able to accomplish. Over the past 30 years, more than 60 countries and territories have liberalized their laws on abortion, in contrast to just four countries that have rolled back legality. Activists, in cooperation with various institutions and organizations, have successfully pressured governments to either legalize abortion entirely, or loosen the amount of restrictions. However, the broader movement to secure full abortion rights and access across the world is far from over. Countries face a variety of problems in terms of accessibility, and these issues persist long after legality is achieved. With that said, if global trends continue as they have been, abortion rights activists should continue seeing victories. If activists want to continue influencing these trends, it is necessary that they continue to both fight for legality and work with communities to ensure women are able to receive safe abortion care.

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