

Global Abortion Policies Database

Explanatory guide

This document explains the approach taken to complete the 30 questions in the abortion policies data-extraction questionnaire (copy provided on the WHO web platform).

The questionnaire addresses the follow issues:

- Legal grounds for abortion and related gestational limits;
- Additional requirements to access safe abortion;
- Clinical and service-delivery aspects of abortion care; and
- Conscientious objection.

Data coders made a concerted effort to reflect what is explicitly written in laws or policies; all data are linked to law and policy source documents that can be accessed in the database. The following coding options apply to most questions:

- Yes/No;
- Not specified (when there is no explicit reference in the source documents to the particular issue in question);
- Not applicable;
- Varies by jurisdiction (where laws or policies vary by jurisdiction within the same country);
- No data
 - Can mean no sources found; or
 - Evidence of a source document exists but the document could not be accessed (e.g., could not be located, could not be translated, etc.); and
- See note (notes provide further details on selected issues, including where conflicting information exists in different law/policy documents).

Court cases, such as *Rex v. Borne*, or other common law principles were not applied when coding data, unless there is evidence that such principles have been officially adopted or tested.

Question 1 - Legal grounds on which abortion is permitted

Abortion laws and policies are complex. Individual countries' laws and policies can be protective or punitive, specific or non-specific, and limiting or facilitating for access and service provision. Laws and policies can be found in a wide range of source documents, including criminal/penal codes (sometimes only in the penalties section), general health acts, abortion-specific acts, constitutions, ministerial decrees, health regulations, and/or national standards and guidelines. A country's laws and policies can be also contradictory, confusing, and difficult to access.

The individual legal grounds listed on the questionnaire for which abortion is permitted include: to save a woman's life; to preserve a woman's health; to preserve a woman's physical health; to

preserve a woman's mental health; in cases of intellectual or cognitive disability of the woman; in cases of incest; in cases of rape; in cases of foetal impairment; for economic and social reasons; on request,¹ and, other. The questionnaire is structured to reflect each of these as a standalone ground with the respective gestational age limit. Being limited to these categories during coding, we provide extensive notes to reflect variations and specificities in legal texts as they relate to legal grounds.

Coding considerations for legal grounds

"Yes" is coded for all specified legal grounds. "No" or "Not specified" is coded for all other cases, as follows:

"No" is coded when:

- Penalties exist for all abortions *and* no legal grounds are provided; or,
- Penalties exist for unlawful/illegal abortion *except* when (or *unless* there is) a specific list of grounds provided; or,
- The law states that 'abortion is lawful/legal *only* for specific grounds'.

"Not specified" is coded when:

- Penalties exist only for unlawful/illegal abortion and no legal grounds are provided (e.g., violations of service provision); or,
- Penalties exist only for unlawful/illegal abortion and provided legal grounds are not limited to a specific list of exceptions.

Further information on what laws state about lawful/legal and unlawful/illegal abortion and related penalties can be found in the table on *Penalties*.

Coding implications for specific grounds

Each ground is treated independently.

- *Life* is not assumed to be included under *health*; thus, some countries are reflected as having a legal ground for *health* but not for *life*;
- *Physical health* and *mental health* are not assumed to be sub-categories of *health* unless both are independently stated in the law; thus, some countries are reflected as having a legal ground for *health* but not for *physical health* or *mental health*. Conversely, some countries are reflected as having legal grounds for *mental health* and *physical health* but not for *health*, unless it is independently stated.
- *Abortion on request (without restriction as to reason)* is also treated independently, meaning that when a country allows it, other legal grounds are not automatically assumed to exist unless they are explicitly stated in the law; thus, some countries may be reflected as having *abortion on request* but not abortion for other grounds listed on the questionnaire.

¹ Abortion on request is defined as abortion without restriction as to reason.

Grounds with limited sets of conditions are coded as “*other*”, for example:

- Where abortion is allowed for a limited number of medical conditions, these are coded under *other*. Neither *life* nor *health* is coded “Yes” unless independently specified.
- Where a woman must claim or manifest some condition and/or have third-party confirmation to have an abortion on her request, “No” is coded for *on request* and these conditions are listed under *other*.

Such coding can be counter-intuitive, but it reflects the confusion that can be created by literal interpretation of abortion laws.

Question 2 – Additional restrictions

Third-party authorisations

Third-party authorisation(s) for abortion may be required. They can be also related to the legal grounds (e.g., abortion on request) and/or the gestational age of the pregnancy.

Mandatory counselling

Mandatory counselling is coded “Yes” when it is required. We considered mandatory counselling as counselling provided with the purpose of dissuading the woman from having the abortion.

Informed consent, options counselling or information provision were not considered mandatory counselling.

Prohibitions on sex-selective abortion

Countries that explicitly prohibit sex-selective abortion are coded as “Yes”. Where additional information is provided about exceptions (e.g., abortion allowed for sex-linked genetic diseases), this information is provided in the notes.

Question 3 – Gestational age

- The responses reflect gestational age limits for each legal ground. If no gestational limit applies for some grounds (e.g., in some countries - to save the life of the woman and/or prevent harm to her health) this is indicated.

Question 4 - Number/Cadre of authorizations required

- The notes reflect when there are variations based on gestational age and/or legal ground (e.g., different number of authorisations or composition of a committee) and specify whether the number includes the person performing the abortion, where such information is available.

Question 5 and 6 – Additional rules regarding consent of minors

- Responses reflect who can consent in place of a parent; and
- Responses reflect age at which a woman can consent to abortion services.

Question 7 – Waiting period

- The responses reflect when the waiting period begins as well as the total duration of the waiting period.

Question 8 - Who can be criminally charged

- The responses reflect differences between ‘provider’ and ‘person who assists’ where such information is available;
- Where there is no distinction between provider and person who assists, both have been coded “Yes”; and,
- The woman is not included in the list of those who can be charged for an illegal abortion unless she is explicitly mentioned in the law.

Questions 9 and 10 - Restrictions on information provided to the public

- Restrictions on advertising abortion services and restrictions on provision of information about access to legal services are noted.

Questions 11 and 12 – National guidelines for induced abortion and national guidelines for post-abortion care

- Guidelines issued or endorsed by government that provide specific technical guidance on clinical care are included.

Question 13 – Methods allowed

- Where applicable, a note is provided to differentiate what is ‘allowed’ versus what is ‘recommended’.

Questions 14 - 17 - Mifepristone/misoprostol on the Essential Medicines List (EML) or other official list

- Responses reflect what is found on the EML or any official list, including drug registration lists or forms.
 - In countries where misoprostol or mifepristone are not on the EML or some official list, but are mentioned in an official service guideline or operational document, this conflict is noted.

Questions 18 and 19 – Restrictions on methods to detect sex of the foetus

- Responses reflect restrictions regarding use of any pre-natal or pre-conception sex-detection method.

Questions 20c and 21 – Regulations and policies related to insurance coverage

- Responses reflect eligibility for particular types of health coverage and insurance.

Questions 20a and 22 – Regulations and policies related to facilities/settings where abortion can be provided

- Responses reflect where abortion can be provided.

Questions 20b and 23 – Regulations and policies related to health-care personnel permitted to provide abortion

- Responses reflect the cadre of health-care personnel who can provide abortions.

Question 24 – Post-abortion care settings

- Responses reflect where post-abortion care can be provided, including treatment for complications of unsafe abortion.

Question 25 – Post-abortion contraception counselling

- Responses reflect where contraceptive counselling is a component of abortion care.

Question 26 – Additional requirements to provide induced abortion services

- Responses reflect requirements for both facility and/or health-care provider.

Question 27 – Facility conscientious objection

- The responses reflect where a facility can object to provision of induced abortion services.

Question 28 – Facility referral requirements

- The responses reflect when referral or information provision is required.

Question 29 – Provider conscientious objection

- In cases where a certain cadre of providers are not permitted to object, this is noted; and
- Circumstances in which providers are not allowed to object is noted.

Question 30– Provider referral requirements

- The responses reflect when referral or information provision is required in relation to conscientious objection.