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World Population Policies 2017

Abortion laws and policies — A global assessment

Highlights

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Department of Economic and Social Affairs

Population Division

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Preface

This publication presents the highlights of the report *World Population Policies 2017: Abortion laws and policies*. It provides an overview of the laws and policies relating to induced abortion. It includes consideration of the various legal grounds and selected requirements for induced abortion, including gestational limits, the number of personnel required to authorize an abortion, mandatory third-party consent, and compulsory counselling and waiting periods.

World Population Policies 2017: Abortion laws and policies – A global assessment presents data gathered in collaboration with the World Health Organization (WHO) during 2017 and 2018, using a questionnaire that was cross-checked by public health and legal experts and sent to countries for review.[1] The data have been updated based on official Government responses on legal grounds for abortion collected in the *United Nations Twelfth Inquiry among Governments on Population and Development* (the "Twelfth Inquiry") during 2018 and 2019.[2] The Population Division has been implementing the Inquiry every five years since 1963 as part of its mandate to monitor population policies at the global level.

Responsibility for these highlights rests with the Population Division of the United Nations Department of Economic and Social Affairs. Preparation of these highlights was facilitated by the cooperation of Member States and non-member States of the United Nations, the regional commissions of the United Nations and other partners. Specifically, the United Nations Population Fund (UNFPA) assisted in gathering Government responses to module on fertility, family planning and reproductive health (module II) of the Twelfth Inquiry.

[1] See Questionnaire for the Global Abortion Policies Project, available at: www.un.org/en/development/desa/population/theme/policy/GAPP_Qre.pdf.
[2] See the United Nations Twelfth Inquiry among Governments on Population and Development, available at: https://www.un.org/development/desa/pd/themes/population-policies/inquiry12

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Key messages

1. **Since the 1994 International Conference on Population and Development, the legal grounds for obtaining an abortion have become less restrictive in many countries.** Between 1996 and 2017, the percentage of countries permitting abortion increased for all legal grounds, while the percentage of countries not permitting abortion on any grounds declined. As of 2017, only four countries did not permit abortion under any circumstances.

2. **Nearly all countries allow abortion to save a woman's life.** In 2017, 98 per cent of countries permitted abortion for the purpose of saving a pregnant woman's life, either explicitly or under the general criminal law principles of necessity.

3. **Preserving a woman's health is the second most common legal justification for induced abortion.** In 2017, 72 per cent of countries permitted abortion as a means of preserving a woman's *physical* health, and 69 per cent identified *mental* health as a legal justification for abortion.

4. **There has been a marked increase in the proportion of countries permitting abortion in cases of foetal impairment, rape or incest.** Sixty-one per cent of countries allowed abortion in cases of foetal impairment in 2017, up from 41 per cent in 1996. The proportion of countries recognizing rape and incest as legal grounds for abortion increased from 43 per cent in 1996 to 61 per cent in 2017.

5. **The share of countries permitting abortion on economic or social grounds or on request has also increased during the period from 1996 to 2017.** In 2017, 37 per cent of countries permitted abortion for economic or social reasons, up from 31 per cent in 1996; while 34 per cent of countries allowed abortion upon request in 2017, up from 24 per cent in 1996.

6. **For an unlawful abortion, most countries have explicit provisions for bringing criminal charges against those involved.** In 2017 the provider of an illegally induced abortion could be held criminally liable in 95 per cent of countries; in 71 per cent, the woman undergoing the unlawful abortion could be criminally charged; and in 65 per cent of countries, a person who helped a woman to obtain an unlawful abortion could be held criminally culpable.

7. **Nearly half of all countries specify the most advanced stage of pregnancy in which an induced abortion may lawfully be performed.** In 2017, 54 per cent of countries had gestational limits for induced abortion. Gestational limits are not, however, uniformly applied across all legal grounds. The broader legal grounds for obtaining an abortion, such as abortion on request or for economic or social reasons, tend to have more stringent gestational limits than the narrower legal justifications, such as for saving a woman's life or safeguarding health, or in cases of rape or incest or foetal impairment.

8. **Two thirds of countries require the authorization of a health-care professional for obtaining an abortion.** In 2017, 65 per cent of countries required at least one health-care professional to authorize the act of performing an induced abortion. Half of these countries required the authorization of two or more health-care professionals; around a quarter required the authorization of one health-care professional; and the remaining quarter of countries did not specify the number of required authorizations.

9. **Requirements for third-party consent vary according to the age and marital status of the person seeking an abortion.** In 2017, 42 per cent of countries required parental consent for a

minor to obtain an induced abortion. Thirty per cent permitted an adult other than a parent to provide consent in such cases if a parent was not available. Requiring spousal consent for a married woman to obtain an induced abortion was less common, reported by 14 per cent of countries in 2017.

10. **Mandatory waiting periods and counselling are less common as requirements for an induced abortion.** In 2017, 13 per cent of countries required compulsory waiting periods prior to an induced abortion. In two thirds of these countries, the minimum mandatory waiting period for an abortion was between two and four days (68 per cent). Twelve per cent of countries required compulsory counselling prior to an induced abortion.

Introduction

The Programme of Action of the International Conference on Population and Development (ICPD), held in Cairo in 1994, laid the foundation for improving the sexual and reproductive health of women and men worldwide. Specifically, it emphasized the rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, the right to information and access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as the right of access to appropriate health-care services to ensure a safe and healthy pregnancy and childbirth. It underscored the importance of preventing and managing unsafe abortions [3] and of providing services for safe abortion where it is not against the law.

The Programme of Action also called upon all Governments and relevant organizations to "deal with the health impact of unsafe abortion" and stressed that, where abortion is not against the law, abortions should be safe, and that "in all cases, women should have access to quality services for the management of complications arising from abortion." The Programme of Action further noted that expanded and improved family planning services would help to reduce or eliminate the need for abortion

The goals related to reproductive health were integrated, two decades later, in the 2030 Agenda for Sustainable Development [4], in particular in Sustainable Development Goals (SDGs) 3 and 5, which are aimed, respectively, at improving health and well-being for all and at achieving gender equality and women's empowerment. Indeed, the SDGs include specific commitments to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, as reflected in SDG targets 3.7 and 5.6.

Unsafe abortions remain a major concern due to their detrimental effects on maternal health and mortality, as well as the associated social and financial strains placed on women, families and health-care systems. Globally, an estimated 25.1 million unsafe abortions take place each year, of which 97 per cent are in developing countries (Ganatra and others, 2017). Every year, at least 22,800 women die from complications related to abortion (Singh and others, 2018). The annual cost of providing post-abortion care in developing countries is estimated at US$ 232 million (Singh and others, 2018).

Since the Cairo Conference in 1994, many Governments have modified their legal provisions concerning abortion and strengthened programmes to provide safe abortion services and post-abortion care, and have adopted a variety of policies and programmes to improve reproductive health-care services and outcomes.

This publication presents the highlights of the report *World Population Policies 2017: Abortion laws and policies – A global assessment*. It provides an overview of the laws and policies on induced abortion for all 193 Members States, 2 Observer States (the Holy See and the State of Palestine) and 2 non-member States (Niue and Cook Islands) of the United Nations. It includes consideration of the various legal grounds for abortion and other requirements, including gestational limits, the number and cadre of personnel required to authorize an abortion, mandatory third-party consent, and compulsory counselling and waiting periods.

[3] Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both.

[4] A/RES/70/1

“Women and Children’s Hospital in Mumbai, India” by UN Photo/Mark Garten, 2012.

Abortion laws and policies

Every year, at least 22,800 women die from complications related to abortion (Singh and others, 2018). Most of these deaths are due to unsafe abortions. Complications from unsafe abortion are believed to account for the largest proportion of hospital admissions for gynaecological services in developing countries (Singh, 2006). Almost all deaths and morbidity from unsafe abortion occur in countries where abortion is severely restricted in law or in practice (Grimes and others, 2006; Haddad and Nour, 2009). Maternal mortality ratios [5] due to complications of unsafe abortion, for instance, are higher in regions with restrictive abortion laws than in regions with no or few restrictions on access to safe and legal abortion (United Nations, 2014; Shah and Ahman, 2009). According to the World Health Organization (2012), restricting legal access to abortion does not decrease the need for abortion, but it is likely to increase the number of women seeking illegal and unsafe abortions.

Given the nexus between legal and regulatory frameworks on the one hand and unsafe abortion and maternal mortality on the other, having a comprehensive overview of countries' laws and policies related to induced abortion is essential. Yet categorizing abortion laws and polices in a comparable fashion is far from straightforward. Provisions relating to abortion vary widely, reflecting, in part, different legal systems. The existence of multiple laws for a given country is an additional aspect that contributes to the complexity of comparing abortion laws across countries. In addition, owing to the federal nature of certain countries, individual sub-jurisdictions — usually states or provinces — can have their own separate laws. Hence even within countries, more than one abortion law may be in effect.

Since the 1994 Cairo Conference, legal grounds for abortion have become less restrictive.

The circumstances in which an induced abortion is permitted fall into five broad categories, namely: (1) to sav the life of a pregnant woman; (2) to preserve a woman's health, be it physical health, mental health, or both; (3) in cases of foetal impairment; (4) in cases of rape or incest; and (5) for economic or social reasons or on request.

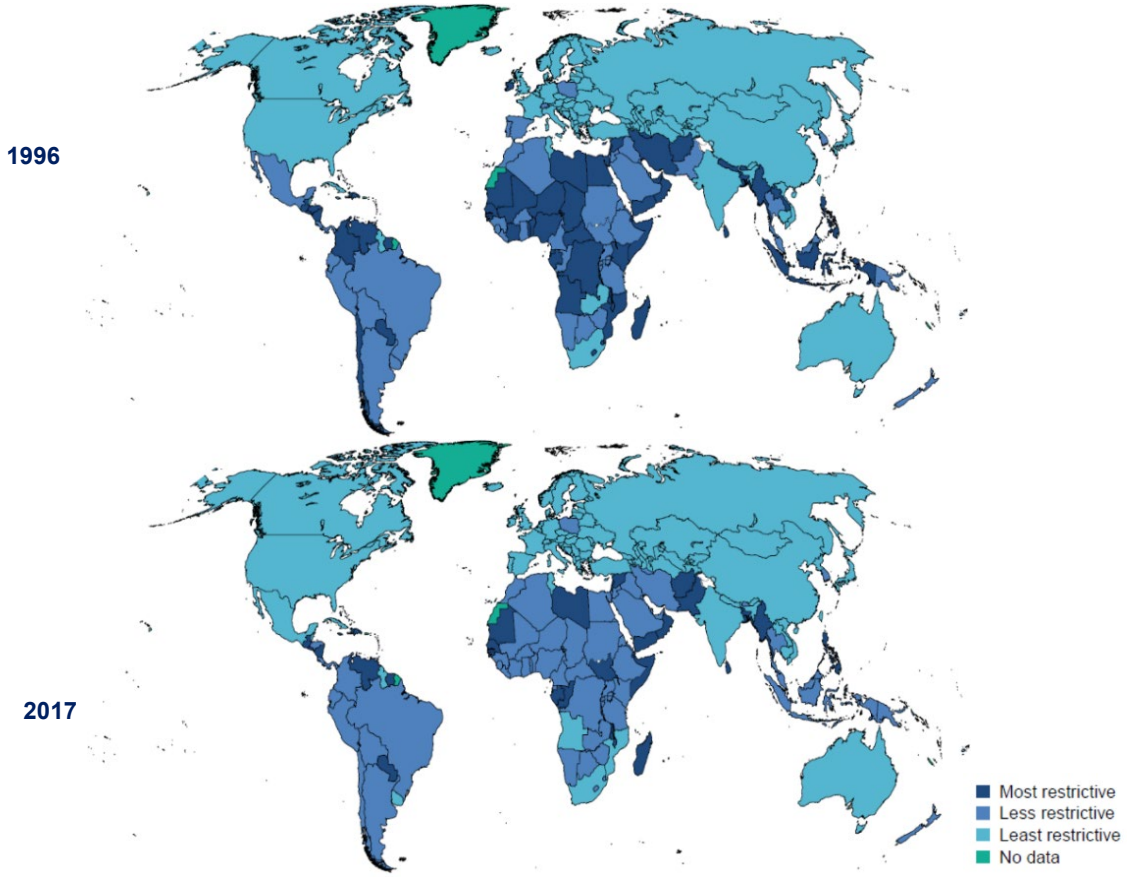
Generally, laws where abortion is permitted on request are viewed as the least restrictive, while laws that allow abortion only to save a woman's life are considered the most restrictive. The number of countries permitting abortion on all of these legal grounds has increased between 1996 and 2017 (map 1), in some cases gradually, in others rapidly (figure 1). As of 2017, only four countries did not permit abortion on any grounds.

Globally, nearly all countries allow abortion to save a woman's life.

Although some countries provide detailed lists of what they consider life-threatening situations, in general, these situations are not specified but left to the judgement of the physician or physicians performing or authorizing the abortion. Countries that allow abortions to be performed to save the life of a pregnant woman either do so explicitly or under the general criminal law principles of necessity (United Nations, 2014). The proportion of countries allowing abortion to save the life of a pregnant woman has changed little between 1996 and 2017, rising from 97 per cent in 1996 to 98 per cent in 2017.

[5] The number of maternal deaths per 100,000 live births

Map 1.
Restrictiveness of legal grounds on which abortion is permitted, 1996 and 2017



Sources: United Nations Department of Economic and Social Affairs, Population Division (United Nations, 2019a, 1996).

Notes: "Most restrictive" refers to countries that do not permit abortion on any grounds or permit abortion only to save a woman's life; "less restrictive" refers to countries that permit abortion to preserve a woman's physical or mental health, or in case of rape or incest, or because of foetal impairment; "least restrictive" refers to countries that permit abortion for economic or social reasons or on request.

Disclaimer: The designations employed and the presentation of material on these maps do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Preserving a woman's health is the second most common legal justification for induced abortion.

In 2017, 72 per cent of countries permitted abortion as a means of preserving a woman's health. In around one third of these countries, the law did not specify whether the term "health" encompassed physical or mental health, but merely indicated that an abortion was permitted to avert a risk of injury. In addition, 24 countries, while not explicitly referring to this justification in their law, permitted it implicitly since they authorized abortion on request (see below).

Of the 72 per cent of countries where abortion was permitted to preserve the physical health of a pregnant woman, two thirds made explicit reference to the concept of physical health, while the rest did not.[6] Many laws explicitly provide for the performance of abortion in cases involving a

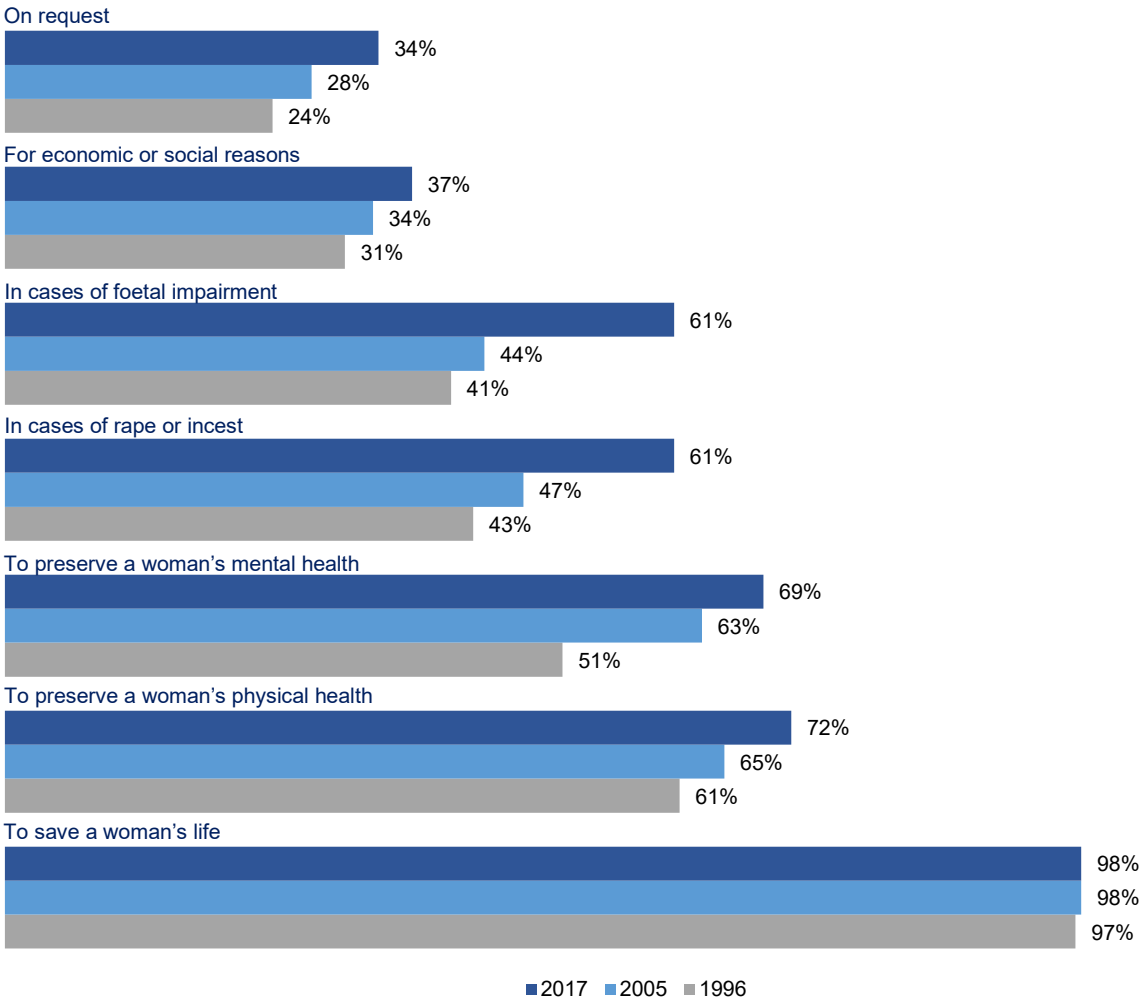
[6] These include cases where abortion in permitted on request.

threat to the mental health of a pregnant woman. Mental health is identified as a legal justification for abortion in 69 per cent of countries, and in nearly 60 per cent of these, there is an explicit reference in the law.

The terms "physical health" and "mental health" are defined in different ways. In some countries, the definition is narrow, encompassing a detailed list of the conditions required for the performance of an induced abortion on grounds of health, while in others, it is broadly defined allowing more room for interpretation.

The number of countries allowing abortion for health reasons has changed significantly in recent decades. The proportion of countries allowing abortion to preserve the physical health of a woman rose from 61 per cent in 1996 to 72 per cent in 2017, while those allowing abortion to preserve the mental health of a woman increased from 51 per cent to 69 per cent over the same period (figure 1).

Figure 1.
Percentage of countries where abortion is permitted on specific grounds, 1996, 2005 and 2017



Sources: United Nations Department of Economic and Social Affairs, Population Division (United Nations, 1996, 2005, 2019a).
Note: See table A.1.

There has been a marked increase in the number of countries permitting abortion in cases of foetal impairment.

Sixty-one per cent of countries allowed induced abortion in cases of foetal impairment in 2017, up from 41 per cent in 1996. While the overall number of countries permitting abortion in cases of foetal impairment has increased, pronounced regional differences remain. In 2017, the proportion of countries allowing abortion in such cases ranged from 89 per cent in Europe and Northern America to 39 per cent in Latin America and the Caribbean and 25 per cent in Oceania.

The number of countries allowing abortion in cases of rape or incest increased rapidly in the past decades.

Even in countries with relatively restrictive abortion legislation, abortion is often allowed in cases of rape or incest. Globally, 95 countries specifically mentioned rape in their legislation, while 57 countries made explicit reference to incest as a legal justification for abortion. Other countries refer to these as cases in which the pregnancy is the result of a "criminal offence", with no specification of the nature of the offence. Overall, 61 per cent of countries in 2017 either referred to one or both grounds in their law or did so implicitly since they permitted abortion on request.

Procedural requirements for abortion in cases of rape or incest vary. Some countries require the case to be brought to court or reported to the police or judicial authorities before permission for an abortion can be granted on the grounds of rape or incest. In others, it is sufficient for a pregnant woman to report that the pregnancy was the result of rape or incest.

The proportion of countries recognising rape or incest as grounds for abortion in their laws rose from 43 per cent in 1996 to 61 per cent in 2017. As with other grounds, there are considerable differences between regions in terms of the prevalence of laws authorizing abortion in cases of rape or incest. Europe and Northern America had the highest proportion of countries permitting abortion in such cases (89 per cent), while Northern Africa and Western Asia (38 per cent) and Oceania (25 per cent) had the lowest proportions.

Legal provisions for abortion on economic or social grounds, or on request, vary widely across regions.

In 2017, 37 per cent of countries permitted abortion for economic or social reasons (figure 1). The wording of laws authorizing induced abortion on these grounds varies. Some countries specifically mention economic or social conditions while others only imply them. Most laws that permit induced abortion for economic or social reasons are interpreted quite liberally and, in practice, differ little from laws that allow abortion on request.

In 2017, 34 per cent of countries allowed abortion to be performed on request. In many countries, a pregnant woman seeking an abortion on this basis is not required to justify her rationale under the law. In others, however, a pregnant woman may be required to state that she is in a situation of crisis or distress. This requirement is generally viewed as a formality and the decision to have the abortion rests with the woman. Countries that allow abortion on request often establish gestational limits for performance of the abortion, usually within the first trimester. After this stage of pregnancy, the woman must present documentation citing additional reasons for the abortion to be authorized.

The proportion of countries permitting abortion for economic or social reasons increased from 31 per cent in 1996 to 37 per cent in 2017; while the proportion allowing abortion on request rose from 24 per cent to 34 per cent. In 2017, 85 per cent of countries in Europe and Northern America authorized abortion for economic or social reasons and 80 per cent permitted abortion on request. By contrast, Oceania had the lowest share of countries authorizing abortion on economic or social grounds or on request in 2017 (6 per cent for both), followed by sub-Saharan Africa (10 per cent for both), and Latin America and the Caribbean (18 per cent for economic or social reasons and 12 per cent on

request). ***For an unlawful abortion, most countries have explicit provisions for bringing criminal charges against those involved.***

When an abortion is performed unlawfully, criminal charges may be brought against those involved. Prosecution of the woman undergoing the abortion may be sought, or alternatively the provider or another person who assists the woman in obtaining an abortion may be held criminally culpable. In 2017, 95 per cent of countries indicated that the provider of an unlawful abortion could be held criminally liable; 71 per cent of countries indicated that a woman undergoing an unlawful abortion could be criminally charged; while 65 per cent of countries indicated that a person who helped a woman to obtain such an abortion could be held criminally culpable (table A.2).

"WHO hosts meeting with women leaders on Maternal Health MDG" by UN Photo/Devra Berkowitz, 2008

Requirements for induced abortion

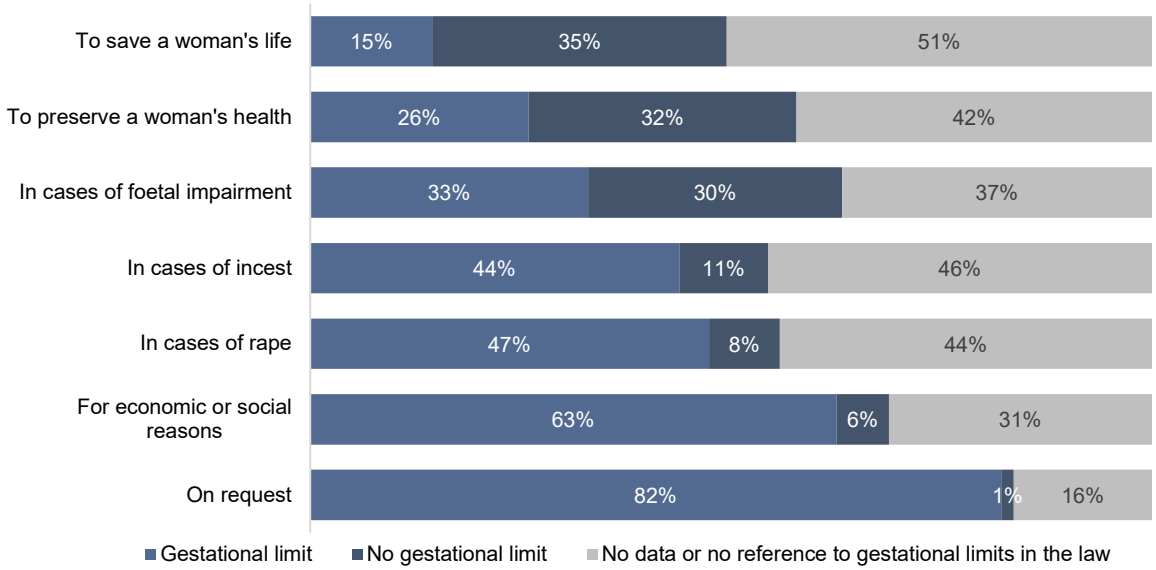
In addition to the legal grounds and criminal culpability, countries often stipulate additional requirements and regulations for performing abortions under their jurisdiction. These can be used to more clearly outline the specific instances under which an induced abortion is permissible, as well as to determine the process to obtain authorization for a lawful abortion. A country might, for example, impose gestational limits for an abortion performed for a particular reason. Other common types of requirements relate to the number and cadre of personnel required to authorise an abortion, mandatory third-party consent and various other requirements including mandatory counselling and waiting periods.

Nearly half of all countries specify the most advanced stage of pregnancy in which an induced abortion may lawfully be performed.

By applying a gestational limit, Governments specify the most advanced stage of pregnancy in which an induced abortion may legally be performed given the legal justification for the procedure. In 2017, 54 per cent of countries had gestational limits for induced abortion (table A.3). Gestational limits are not, however, uniformly applied across all legal grounds (figure 2). The least restrictive legal grounds for obtaining an abortion, such as abortion on request or for economic or social reasons tend to have more stringent gestational limits than the narrower legal justifications, such as for saving a woman's life or safeguarding health, or in cases of rape or incest or foetal impairment.

Of the 67 countries that allowed abortion on request in 2017, all but 12, or82 per cent, specified a gestational limit. Likewise, nearly two thirds of the countries that explicitly recognized economic or social reasons as legal grounds for induced abortion imposed a gestational limit in such cases. Conversely, for abortions to save a woman's life, only 15 per cent of countries specified a gestational limit, while for abortions to preserve a woman's health, 26 per cent of countries had such a requirement.

Figure 2.
Percentage of countries imposing a gestational limit, among those permitting abortion, by legal grounds, 2017



Source: United Nations Department of Economic and Social Affairs, Population Division (United Nations, 2019a).
Note: The order of the regions is determined by the share of countries imposing a gestational limit for each legal justification.

Box 1. Gestation: Definition and related terminology

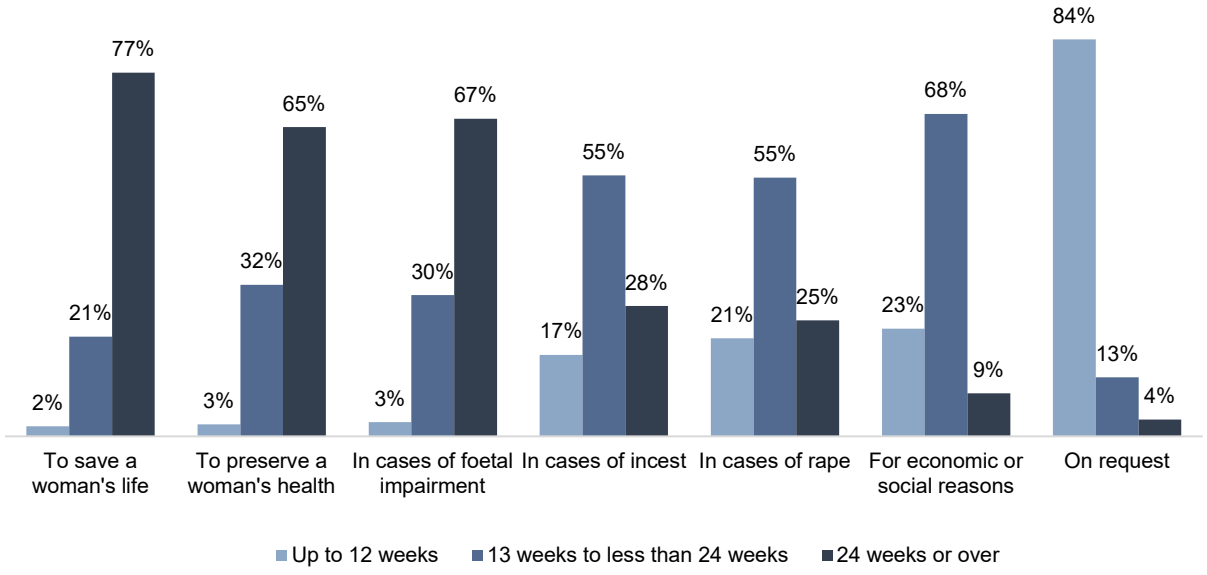
The gestation of a pregnancy refers to its duration and is usually expressed in weeks, starting from the first day of a woman's last menstrual period. Whilst inherently variable, the duration of a human pregnancy is typically around 40 weeks (WHO, 2012).

As a pregnancy progresses, there comes a point at which a foetus could potentially survive independently of its mother; this is often termed the point of "viability". Although many believe viability begins at 24 weeks of gestation, the advent of new medical technologies capable of supporting premature babies born earlier than that has fuelled debate (Rysavy and others, 2015). The concept of viability has influenced the gestational restrictions on induced abortion that exist in many countries.

An inverse relationship exists between the length of a gestational limit and the restrictiveness of the corresponding grounds for abortion.

In 2017, 77 per cent of countries that allowed abortion for the purpose of saving a woman's life and which had information on gestational limits in the law indicated that an abortion to save a woman's life was legal at a gestation of 24 weeks or longer (figure 3). Likewise, 65 per cent of countries permitting induced abortion to preserve a woman's physical or mental health and 67 per cent in cases of foetal impairment allowed abortions on such grounds at this later stage. Earlier gestational limits were more commonly seen for abortion on request, with 84 per cent of countries reporting a limit of less than 12 weeks in such situations. For abortion in cases of rape or incest, as well as for economic or social reasons, the majority of countries had gestational limits between 13 weeks and 24 weeks.

Figure 3.
Percentage of countries imposing a gestational limit, among those with information on gestational limits, by legal grounds and duration of the gestational limit, 2017



Source: United Nations Department of Economic and Social Affairs, Population Division (United Nations, 2019a).
Note: Based on countries with information on gestational limits for each legal justification. The number of countries varies by legal grounds. Cases with no gestational limit were included in the group "24 weeks or over".

Two thirds of countries require the authorization of a health-care professional for obtaining an induced abortion.

For an abortion to be performed legally, countries may require that the procedure is authorized by a specified third party. In 2017, 65 per cent of countries required the authorization of a health-care professional for an induced abortion (table A.3).

Fifty per cent of countries required authorization by two or more health-care professionals, 23 per cent required authorization of just one health-care professional, and the remaining 26 per cent did not specify a required number of authorizations.

The number of health-care professionals required to fulfil authorization requirements differs across regions. Latin America and the Caribbean had the highest share of countries requiring authorization by two or more health-care professionals (71 per cent), followed by Oceania (67 per cent) and Northern and Western Asia (64 per cent). Required authorization by a single health-care professional was most prevalent in Eastern and South-Eastern Asia (40 per cent).

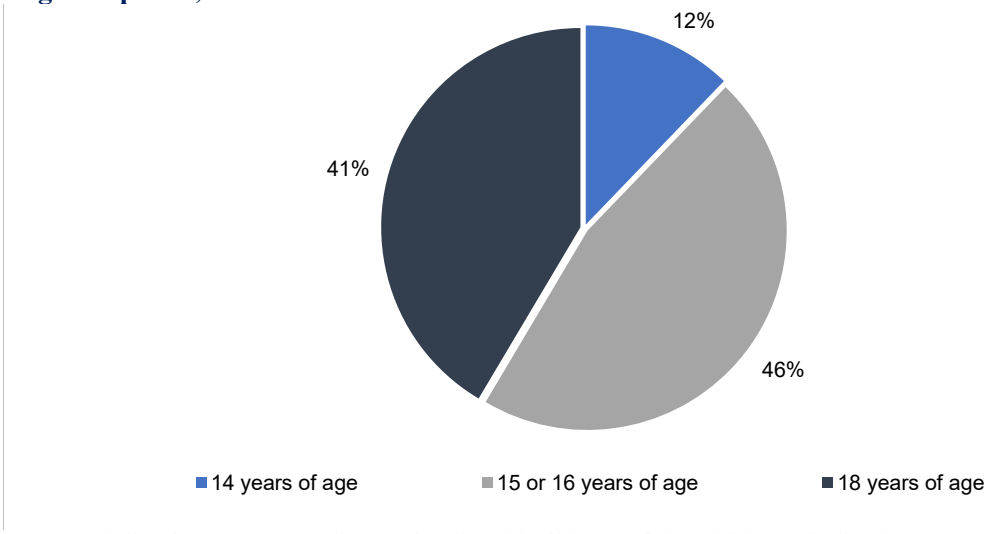
For abortions performed in cases of pregnancy due to rape, judicial authorization may also be required. Of the 95 countries in which rape was explicitly identified as a legal justification for induced abortion, 11 per cent required judicial authorization. Eleven per cent also required a police report for such abortions to be authorized.

Requirements for third-party consent vary according to the age and marital status of the woman seeking an abortion.

In a number of countries, in addition to the consent of the woman, consent from a third party is required to perform an induced abortion. This restriction may apply to women under the legal age of responsibility . In 2017, 42 per cent of countries required parental consent for abortions in the case of a minor (table A.4). Thirty per cent of countries permitted an adult other than a parent to give consent for an induced abortion involving a minor if a parent was not available.

Many countries with a requirement for parental consent for minors also specify the age at which such consent is no longer required. Of the 41 countries with information on the age of parental consent for an induced abortion involving a minor, 12 per cent stipulated that parental consent was required for minors who are 14 years of age or younger, 46 per cent required parental consent up to 16 years of age, while 41 per cent required such consent up to 18 years of age (figure 4).

Figure 4.
Percentage of countries, among those requiring parental consent, by age when parental consent is no longer required, 2017



Source: United Nations Department of Economic and Social Affairs, Population Division (United Nations, 2019a).
Note: Based on 41 countries requiring consent by a parent for an induced abortion and with information on the age when a woman can obtain an induced abortion without parental consent.

The consent of a husband for a married woman to obtain an induced abortion is somewhat less common, reported by 14 per cent of countries in 2017.

Mandatory waiting periods and counselling are less common as requirements for an induced abortion.

In addition to gestational limits, authorizations and third-party consent, countries often stipulate additional mandatory requirements for obtaining an induced abortion. Such requirements include compulsory waiting periods or counselling for women seeking an induced abortion, testing for human immunodeficiency viruses (HIV) or other sexually transmitted infections (STIs), as well as mandatory ultrasound viewings or heartbeat screenings.

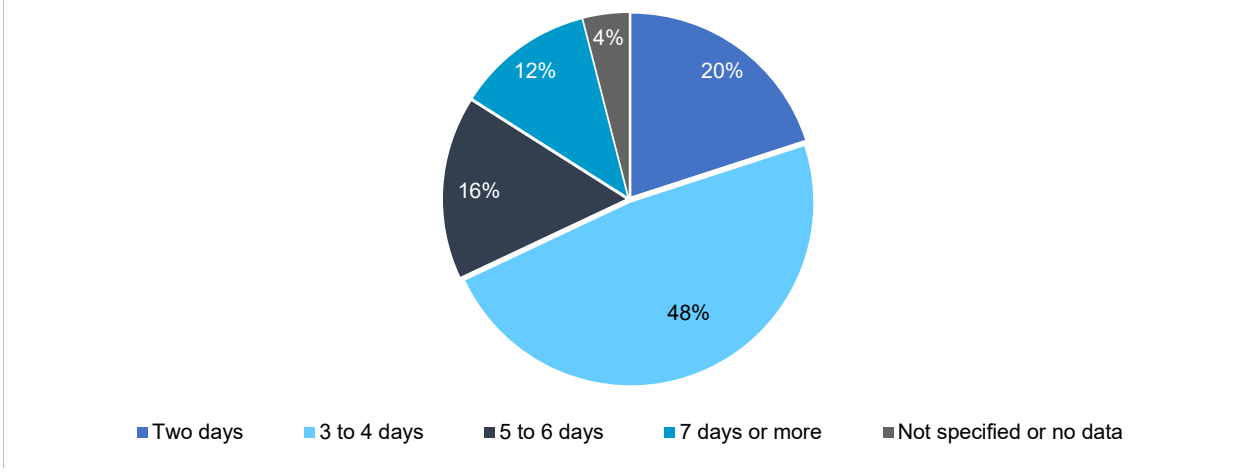
In 2017, 13 per cent of countries had compulsory waiting periods prior to receiving an induced abortion (table A.5). In many countries, the compulsory waiting period begins on the day that a woman first requests an induced abortion. In other countries, however, the waiting period begins after counselling or after a health-care professional has made a written submission requesting the procedure.

The minimum mandatory waiting time for an induced abortion ranges from two days to seven days. In nearly half of all countries with information available, the minimum mandatory waiting time was three or four days (48 per cent). In 20 per cent of countries, it was two days; in 16 per cent, it was five or six days; while in 12 per cent, it was seven days.

In 2017, 12 per cent of countries required compulsory counselling as part of the procedure for obtaining a legal abortion. Where mandatory, the content of such counselling may vary across countries.

Other, though less prevalent, requirements are for the woman to be screened for HIV or other STIs. One country required HIV testing prior to authorizing of an induced abortion, while four countries required testing for other STIs. These requirements varied by jurisdiction in two countries. One country required the woman to view an ultrasound or hear the foetal heartbeat before obtaining an induced abortion. In three countries this requirement varied by jurisdiction.

Figure 5.
Percentage of countries, among those mandating a compulsory waiting period for induced abortion, by minimum mandatory waiting period, 2017



Source: United Nations Department of Economic and Social Affairs, Population Division (United Nations, 2019a).
Note: Based on 25 countries mandating a compulsory waiting period for induced abortions. Does not include countries where the requirement for a compulsory waiting period for induced abortion varies by jurisdiction.

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Annex tables

Table A.1. Percentage of countries that permitted abortion, by legal grounds and by region, 1996, 2005 and 2017

	To save a woman's life	To preserve a woman's physical	To preserve a woman's mental health	In cases of foetal impairment	In cases of rape or incest	For economic or social reasons	On request
1996							
World	97	61	51	41	43	31	24
Sub-Saharan Africa	100	46	29	19	21	6	2
Northern Africa and Western Asia	100	63	50	46	42	21	21
Central and Southern Asia	100	57	50	43	43	43	36
Eastern and South-Eastern Asia	100	63	56	50	56	44	38
Latin America and the Caribbean	94	52	33	18	30	12	6
Oceania	100	56	50	13	13	6	0
Europe and Northern America	93	87	85	83	80	76	63
2005							
World	98	65	63	44	47	34	28
Sub-Saharan Africa	100	58	54	29	29	6	4
Northern Africa and Western Asia	100	58	58	46	38	25	25
Central and Southern Asia	100	64	57	50	50	50	43
Eastern and South-Eastern Asia	100	75	63	50	56	44	38
Latin America and the Caribbean	94	52	55	15	39	15	6
Oceania	100	56	56	13	19	13	6
Europe and Northern America	96	87	87	85	83	78	70
2017							
World	98	72	69	61	61	37	34
Sub-Saharan Africa	100	73	65	60	65	10	10
Northern Africa and Western Asia	100	63	63	50	38	29	29
Central and Southern Asia	100	64	64	71	64	50	43
Eastern and South-Eastern Asia	100	75	75	69	69	50	44
Latin America and the Caribbean	94	58	58	39	45	18	12
Oceania	100	56	56	25	25	6	6
Europe and Northern America	96	91	89	89	89	85	80

Table A.2. Percentage of countries where the woman, provider or person assisting in obtaining an abortion may be criminally charged for an unlawful abortion, by region, 2017

	Persons who can be criminally charged for an unlawful abortion		
	Woman	Provider	Person who helps a woman to obtain an abortion
World	71	95	75
Sub-Saharan Africa	92	96	85
Northern Africa and Western Asia	71	100	71
Central and Southern Asia	57	100	64
Eastern and South-Eastern Asia	63	94	69
Latin America and the Caribbean	94	100	91
Oceania	69	75	75
Europe and Northern America	39	93	61

Table A.3. Percentage of countries with gestational limits, or requiring the authorization of health-care professionals for an induced abortion, by region, 2017

	Gestational limits or requiring the authorization of health-care professionals for an induced abortion	
	Gestational limits	Authorization of health-care professional(s) required
World	54	65
Sub-Saharan Africa	40	73
Northern Africa and Western Asia	54	92
Central and Southern Asia	71	57
Eastern and South-Eastern Asia	69	63
Latin America and the Caribbean	39	52
Oceania	19	19
Europe and Northern America	83	74

Table A.4. Percentage of countries requiring third-party consent or judicial authorizations for an induced abortion, by region, 2017

	Third-party consent or judicial authorizations for an induced abortion					
	Parental consent required for minors	Judicial authorization required for minors	Consent of an adult other than a parent	Husband's consent required for married women	Judicial authorization required in case of rape	Police report required in case of rape
World	42	11	30	14	5	5
Sub-Saharan Africa	38	2	23	15	10	2
Northern Africa and Western Asia	46	21	33	46	4	0
Central and Southern Asia	64	14	50	14	0	0
Eastern and South-Eastern Asia	31	19	19	31	0	0
Latin America and the Caribbean	36	12	18	6	6	15
Oceania	6	6	6	0	0	0
Europe and Northern America	57	11	52	0	2	7

Table A.5. Percentage of countries with other requirements for an induced abortion, by region, 2017

	Other requirements for an induced abortion				
	Compulsory counselling	Compulsory waiting period	HIV test required	Other STI test(s) required	Required to view ultrasound and/or listen to foetal heartbeat
World	12	13	1	2	1
Sub-Saharan Africa	2	4	0	2	0
Northern Africa and Western Asia	8	4	0	0	0
Central and Southern Asia	14	0	0	0	0
Eastern and South-Eastern Asia	6	13	0	6	0
Latin America and the Caribbean	9	9	0	0	0
Oceania	0	0	0	0	0
Europe and Northern America	30	37	2	4	2

This publication presents the highlights of the report *World Population Policies 2017: Abortion laws and policies – A global assessment*. It provides an overview of the laws and policies relating to induced abortion. It includes consideration of the various legal grounds and selected requirements for induced abortion, including gestational limits, the number of personnel required to authorize an abortion, mandatory third-party consent, and compulsory counselling and waiting periods.