

Inequities arising from global restrictions on abortion access may be exacerbated by COVID-19 pandemic

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Data released today to LawAtlas.org describe a global legal landscape that creates various barriers to access for safe abortion care.

Approximately 25 million unsafe abortions occur annually worldwide, according to the World Health Organization, and the stark inequities across global regulation of [abortion](#) access are likely to be exacerbated during the current COVID-19 pandemic.

The data capture details of global [abortion laws](#) in effect as of June 1, 2019 from 220 jurisdictions in the World Health Organization's Global Abortion Policies Database. Specifically, the data focus on how abortion laws regulate self-managed abortion, a recognized safe and effective method of abortion.

The data show:

- Forty jurisdictions require a [medical doctor](#) to provide abortion, while 20 jurisdictions only allow specialist doctors, such as an OB-GYN, to provide an abortion.
- Only two jurisdictions—the Philippines and Victoria, Australia—permit a pharmacist to provide an abortion.
- In 84 jurisdictions, a [health](#) care professional is required to verify that a pregnant person's reasons for seeking an abortion are within "permissible grounds" before receiving an abortion.

- In 158 jurisdictions, a pregnant person is subject to criminal penalties for participating in an unlawful abortion.

"Abortion laws contain penalties for people who self-managed their abortion, even though self-managed abortion can be clinically safe," explained investigator Patty Skuster, JD, a Senior Legal Adviser at Ipas and Research Fellow at the Center for Public Health Law Research. "Self-managed, medication abortion promises to significantly improve abortion access, particularly for those who lack access to [healthcare providers](#)."

In countries hit hardest by COVID-19, access to medical services, including abortion, will be limited. In Italy, for example, abortions must be carried out in suitably equipped public clinics authorized by the region. Though use of telemedicine and self-managed abortion could potentially help alleviate healthcare shortages intensified by the pandemic, legal barriers may stand in the way.

"As the world faces severe burdening of the health system, access to medication abortion becomes even more critical to ensuring equitable access of safe and effective care for pregnant people struggling to navigate this crisis," said Adrienne Ghorashi, JD, program manager at the Center for Public Health Law Research.

The current dataset excludes US state laws regulating medication abortion, which are captured in the [Abortion Law Project](#) on LawAtlas.org.

The data were produced as part of a collaboration between CPHLR and Ipas.

More information: Policy Surveillance Program and Ipas. Global Abortion Laws relating to Self-Managed Abortion. LawAtlas.org. April

2, 2020. [lawatlas.org/datasets/global-s ... anaged-abortion-laws](http://lawatlas.org/datasets/global-s...anaged-abortion-laws)

Provided by Temple University Center for Public Health Law Research

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