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A review of abortion laws in Western-European countries. A cross-national comparison of legal developments between 1960 and 2010



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ABSTRACT

The extent to which women have had access to legal abortions has changed dramatically in Western-Europe between 1960 and 2010. In most countries, abortion laws developed from completely banning abortion to allowing its availability on request. Both the timing and the substance of the various legal developments differed dramatically between countries. Existing comparative studies on abortion laws in Western-European countries lack detail, usually focus either on first-trimester abortions or second trimester abortions, cover a limited time-span and are sometimes inconsistent with one another. Combining information from various primary and secondary sources, we show how and when the conditions for legally obtaining abortion during the entire gestation period in 20 major Western-European countries have changed between 1960 and 2010. We also construct a cross-nationally comparable classification of procedural barriers that limit abortion access. Our cross-national comparison shows that Western-Europe witnessed a general trend towards decreased restrictiveness of abortion laws. However, legal approaches to regulating abortion are highly different in detail. Abortion access remains limited, sometimes even in countries where abortion is legally available without restrictions relating to reasons.

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1. Introduction

Abortion laws in Western-European countries root from Penal Codes that criminalized abortion under all circumstances. However, during the past fifty years, most countries have replaced Penal Code provisions pertaining to abortion by laws that specify circumstances in which abortions can be legally obtained [1]. Almost all Western-European countries have completed a process that can be

characterized as liberalization of abortion laws. The process of liberalizing abortion laws differed markedly between various countries, as the legislative processes that are associated with changing abortion laws took place in highly differing political and social contexts. This article aims to provide a comprehensive review of national developments in abortion laws in 20 Western-European countries between 1960 and 2010. It contains a concise but complete description of all relevant legal changes and judicial decisions that determined the legality of abortion in European countries in the last fifty years. In addition, we classify historical and current abortion laws in the various Western-European countries in a way that allows for a cross-national comparison of the long-term trends in abortion law reform.

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We also describe the societal and political contexts of the legal developments, and identify relevant actors.

The existing body of literature about the legal status of abortion in Western-European countries has important limitations. First, commonly used designs have important drawbacks. Most existing studies describe the extent to which abortion is permitted in a number of multiple countries at a single point in time [2–6]. These studies provide an up-to-date comparative foundation for explanatory studies [7,8] and policy initiatives on reproductive health and women's rights but we cannot learn from them how abortion legislation evolves. To address questions regarding legal developments, information about the way abortion laws have developed over time in various countries is essential. Available case studies describe how the legal status of abortion has developed over time in single countries [9–18]. These studies often contain detailed and elaborate descriptions of the legal proceedings in the various countries, but cannot be straightforwardly used for cross-national comparisons. Existing cross-national studies of developments over time usually classify laws in a way that allows for the cross-national comparison of the legal status of abortion [1,19–24], but mostly cover a limited time-span, typically about a decade. As the development of abortion laws mostly is a long-term, gradual process, studies that focus on a short time risk missing out on important developments outside the observation window.

Second, used sources on abortion laws are sometimes contradictory. First, legal developments are sometimes reported in different years by different studies. For example, while most scholars place the legalization of abortion in France in 1975 [19,24], at least one study reports that in France abortion was made legally available on request as early as 1953 [25]. Also, scholars sometimes interpret laws differently. For example, one study classifies the Dutch abortion law of 1981 as allowing women to have an abortion in case the life of the pregnant woman is at risk, or to preserve her physical or mental health [20]. Others [3,24,26,27] argue that abortion is available on request. The confusion might be caused by differences between the letter and the spirit of the law. Dutch law requires women to state that they are in a situation of serious distress (that cannot be resolved by any other means than abortion), by which it appears as if preserving the mental health is a legal ground for abortion. However, there is no third party that needs to certify whether women are actually in a state of distress. Therefore, abortion is de facto available on request. Literature on abortion laws is filled with little inconsistencies like the ones described here.

Finally, existing studies arguably are too focused. Most comparisons of abortion policies discuss the legal grounds for obtaining legal abortions. Certainly, the legality of abortion is an important determinant for the possibilities for women to terminate pregnancies, but it is certainly not the only determinant. Some authors stressed the important role of legal barriers to abortion in understanding the extent to which women have abortion access [4,28]. For example, some countries do not allow minors to have an abortion without the consent of (one of) the parents, which may reduce abortion access for pregnant minors. Other barriers include the necessity of authorization for

the treatment by a second physician and the obligation for pregnant women to receive pre-abortion counseling.

To overcome these problems, this study presents a cross-national comparison of abortion laws that combines the level of detail provided by case studies with the high comparability of cross-national comparisons. We describe how the conditions for legally obtaining an abortion and the procedural barriers changed in 20 major Western-European countries between 1960 and 2010.

To allow for cross-nationally comparing the legal developments, we propose a categorization that builds on earlier cross-national comparisons, but updates the existing categorizations on some crucial points. Of course, it is impossible to devise a cross-nationally comparable categorization of laws without losing information about idiosyncrasies of national laws, as a generalized classification cannot encapsulate the subtleties typical for the abortion law in a certain country. To provide complete information about the national abortion laws and to make transparent how we made decisions in our categorization, the development of national laws and the specific provisions in each of the national laws are provided in the Online Supplement. Furthermore, to understand how and why abortion laws have evolved the way they did, we provide a review of the relevant research findings to identify the most important actors that influenced the process of legal reforms in Western Europe, as well as the social, political and legal contexts within which these actors sought to facilitate or frustrate abortion law reforms. We focus on Western European countries, because (1) legislative developments in these countries have comparable origins as they mostly result from democratic legislative and juridical procedures and (2) the variation of abortion laws in Western-European countries covers the full legal spectrum of permissiveness. Laws vary between the most restrictive to the most liberal law imaginable. However, even the most liberal laws impose some restrictions.

2. Materials and methods

To comprise the overview of cross-nationally comparable information about Western-European abortion laws between 1960 and 2010, we first built a corpus that combines information from five main sources. First, the most obvious sources of primary information about the legal developments in different countries are the official texts of national abortion laws. The legal texts are published in the official language(s) of the country that codifies them, making the information less accessible to scholars not proficient in that particular tongue. Second, English translations of almost all relevant laws (Penal Codes and health-related laws) that were passed between 1948 and 1999 are disseminated through the International Digest of Health Legislation, published quarterly by the World Health Organization. The Digest appeared in print until 1999—legal developments from later years are published online [29]. Third, information about legal developments was obtained from the Annual Review of Population Law, published annually from 1974 to 1997 by the United Nations Population Fund and Harvard Law School Library and updated and disseminated online by the Harvard School of Public Health

afterwards [30]. This database contains verbatim English translations of the original texts of relevant constitutional provisions, legislation, and regulations, as well as judicial decisions and legal pronouncements. A fourth source of information about legal developments is the United Nation's global review of abortion policies [24]. These documents briefly summarize the development of abortion laws in various countries and typically span several decades. Fifth, we consulted the relevant monographs and country studies and cross-examined these sources with the primary legal texts.

We analyzed the sources from this corpus in the following way. First, for each country, we made a comprehensive list of all the relevant legal changes bearing on the legal status of abortion and the procedural barriers that would be in force. We then set out to find the relevant documents behind these legal changes. Whenever possible, we used the primary sources, that were then translated to English. If primary sources were not available, we interpreted the published English verbatim translation of these sources as translated and disseminated by the WHO, the UN Population Fund and the library of the Harvard Law School. We used these texts to create a comprehensive overview of the various legal changes, indicating when they took place, and using language from the literal texts taken from the abovementioned sources to signify the nature of the changes. We then cross-validated our interpretation of the laws with existing cross-nationally comparative overview studies (Guttmacher, IPPF, Cook etc.). If we found inconsistencies, we turned to monographs of in-depth single country studies. In the few cases that no such studies were available, we consulted with country experts. The final stage consisted of having a panel of experts check the face validity of our interpretation of these laws.

The first step of our analyses thus resulted in a core text of all the relevant legal changes between 1960 and 2010 in the countries under study. This text, as annotated and under reference to the original sources, is available in the Supplement. We used this text to construct a categorization of the abortion laws of 20 Western-European countries between 1960 and 2010. As becomes obvious from the detailed country descriptions in the Online Supplement, there are a large number of restrictions that limit abortion access. Laws may require minors who need an abortion to have parental consent, and also waive this requirement when this would be in the best interest of the woman. Laws may also require that abortions can only be performed in hospitals or specialized facilities, be only performed by trained medical personnel, may mandate a waiting period, and may demand that women receive counseling intended to persuade her to refrain from having an abortion (e.g., Germany, since 1995). However, the most basic way in which laws aim to limit abortion access is by limiting the number of reasons for legal abortion. The legal limits pertaining to the reasons for legal abortion form the basis under our classification. Next to this categorization, we interpreted the base text to identify the various procedural barriers in a cross-nationally comparative way.

We classify the abortion laws of 20 European countries between 1960 and 2010 in categories that show the various legal restrictions on abortion. We categorize countries

according to the letter of the law as published in the actual texts of the law or the relevant secondary sources, as well as publications of court decisions and other relevant statutes. It should be noted that a law can be interpreted more liberally than the level of restrictiveness would seem to indicate. For example, the Belgian College of Prosecutors General agreed to not prosecute abortion between 1973 and 1981 [10]. Belgium had at that time a very restrictive abortion law, allowing abortion only to save a woman's life. The Prosecutors' treaty de facto legalized abortion on request. On the other hand, abortion laws can also be more restrictive than would appear from the law. For example, in Italy the reluctance of medical practitioners to provide abortion services makes abortion less available than it would be in other countries that also allow abortion for socio-economic reasons [3]. We divide the legality of abortion in Western-European countries between 1960 and 2010 in nine commonly used categories [24]. These categories are:

1. Pregnancy termination is not permitted under any circumstances.
2. Pregnancy termination is permitted to save a pregnant woman's life.
3. Pregnancy termination is permitted if a pregnant woman's physical health is in danger.
4. Pregnancy termination is permitted if a pregnant woman's mental health is in danger.
5. Pregnancy termination is permitted if the pregnancy results from rape or incest.
6. Pregnancy termination is permitted if the fetus is impaired or non-viable.
7. Pregnancy termination is permitted if a pregnant woman cannot afford to carry the pregnancy to terms for socioeconomic reasons.
8. Pregnancy termination is available if a pregnant woman states that the pregnancy puts her in a state of distress.
9. Pregnancy termination is available without restrictions pertaining to reason.

It is important to notice that all European countries that allow women to make the final decision (i.e. abortion laws in category 8 and 9) do so only during a limited period of the pregnancy. In other words, even the least restrictive laws impose gestational limits. Most commonly, abortions are available on request for pregnancies in the first trimester. When the gestational limits have passed, abortions can usually still be justified for other reasons. However, the request for such abortions must usually be approved, either by a medical doctor or a special committee. Abortions in the second and third trimester may also be subject to gestational limits. For example, the Greek law of 28 June 1986 allows abortion on request in the first twelve weeks of a pregnancy. After that period, abortions that are the consequence of rape can be terminated until the nineteenth week of pregnancy, and pregnancies that involve fetal malformations can be aborted in the first 24 weeks. As in most other European countries, abortions to save women's life or protect her physical or mental health are permitted regardless of the length of gestation.

It should be noted that we used the most detailed categorization available, relying on earlier work [31,32]. Our

categorization deviates somewhat from other studies, in the sense that we distinguish laws that allow abortion on request from those under which a woman needs to proclaim a state of distress. While the distress proviso may lead to a de facto legalization of abortion on request, it forms a de jure extra barrier for abortion. For each legal development, we interpreted whether or not the change resulted in a veritable change in the reasons under which an abortion could be legally permitted, and whether or not the laws instigated or removed procedural barriers. Again, we cross-checked our interpretation of the laws with existing comparative studies, and used the rich information from monographs to solve differences.

3. Results

In [Table 1](#), we indicate these gestational limits by citing the number of weeks of the pregnancy during which abortions are legal. Here, the number of weeks of the pregnancy is based on the gestational age, i.e., the number of weeks since the fertilization. In some cases, abortion laws specify the number of weeks since the last menstruation period (LMP, e.g., the Dutch 1981 abortion laws). In such cases, the gestational age is measured as the time since LMP minus two weeks.

In the early 1960s abortion access was highly restricted in most Western-European countries. During the fifty years we observed, most countries have progressively lifted restrictions pertaining to the availability of abortion. The only cases of laws that never permit abortion are found in Ireland until 1983, and Malta since 1981. Laws allowing abortions under life-threatening conditions have been or still are part of Penal Codes in France, Luxembourg, the Netherlands, Italy, Ireland, Portugal and Spain. Historically, the legal grounds for avoiding criminal charges in cases where women's life is endangered by a pregnancy follow from the general legal principle of "necessity" [33]. Most European countries allow for abortion for mental health reasons—all countries that allow for abortion for such reasons also allow abortion for reasons that are not directly related to the pregnant woman's health or life. In 1935, Iceland was the first Western-European country to allow for abortion in cases where the broader social and economic situation of a pregnant woman does not allow her to rear a child. Scandinavian countries were the first Western-European countries to allow abortion on request: Denmark in 1973, Sweden in 1974, and Norway in 1978.

Although the general trend is towards decreasing restrictiveness, sometimes countries adopted more restrictive abortion laws: Finland in 1978, and the United Kingdom in 1990. These countries reduced the length of the period in which abortion was allowed for socio-economic reasons. Nowadays, three out of four European countries under study have laws that allow abortion if the pregnant woman states that she is in a state of distress, or on request during the first weeks of pregnancy. With the exception of Ireland and Malta, all the other European countries in [Table 1](#) now allow early abortion for socio-economic reasons.

In addition the permissiveness of abortion laws, there are numerous other ways of restricting abortion access.

Laws may require that abortions can only be performed in hospitals or specialized facilities, or may demand the authorization of (at least) a second physician. Besides the authorization of physicians, abortion laws may require women who need an abortion to have consent of a third party, such as the partner, or parents in the case of minors or mentally disabled women. Furthermore, some laws waive this requisite when this would be in the best interest of the woman, while others do not require the consent of partner or parents, but allow them to express their opinion. Laws may also mandate a waiting period when there is no immediate threat to the pregnant woman. Physicians can be allowed to refrain from the procedure on religious or ethical grounds. [Table 2](#) gives an overview of these procedural barriers to abortion in Western-European abortion policies.

Laws that generally prohibit abortion a priori do not stipulate barriers to legal abortion. This often holds for abortion laws allowing abortion to save the life of the pregnant woman. In situations where there is an immediate threat to a woman's life, laws often have no obligations regarding the location of the procedure, nor are there regulations on the consent of the pregnant woman. Authorization of a second physician, if necessary, can be waived. In such cases, physicians are not allowed to refuse to participate in the abortion when they have conscientious objections to the termination of pregnancies.

Laws may also demand that women receive information or counseling. [Table 3](#) provides a summary of the changes in these regulations of Western-European abortion laws. The column Risks of the procedure summarizes whether the abortion law explicitly demands that the physician inform the pregnant woman on the medical consequences and risks of the treatment. Pregnant women may be obliged to be informed on alternatives to abortion. Society might offer benefits or social care for young parents to overcome economic grounds for an abortion, and adoption can be an alternative to an abortion. Furthermore, social workers might be able to help with the final decision, when this is necessary. To avoid unwanted pregnancies, women might be offered information on contraceptives prior or after the procedure. (After)Care may be obliged to avoid emotional problems that can be caused by the treatment.

[Tables 2 and 3](#) show, that in most countries, procedural barriers limit the abortion access. When there is no immediate threat to the life of the pregnant woman, abortion can only take place in hospitals or authorized facilities. Nowadays, the authorization of (at least) a second physician is necessary in two third of the countries when the abortion is allowed on medical grounds. Abortion access can be restricted for minors. In nine countries, minors need parental consent. However, in most of these countries, the physician may refrain from this, if they find it necessary. The consent of the partner is hardly ever necessary. Iceland is the only country that allows the spouse to participate in the application for an abortion. Seven countries have specified a waiting period, ranging from three days to one week. Half of the countries have laws that specifically state that the physician is allowed not to participate on ethical or religious grounds. After requesting an abortion, women in nine countries are informed on alternative

Table 1

Cross-national comparison of developments of legality of abortion in 20 Western-European countries between 1960 and 2010.

| Country | Year | | Restrictions as to reason | | | | | | | | |
|-----------------------------|-------------------|----------|---------------------------|-----------|-----------------|-------------------|-----------------|-----------------|------------------------|-----------------|-----------------|
| | Adopted | In force | Never allowed | Save life | Physical health | Fetal impair-ment | Sexual crime | Mental health | Socio-economic reasons | Distress model | On request |
| Austria | 1937 | 1937 | | X | X | | | | | | |
| | 1974 | 1975 | | X | X | X | | X | | | 12 ¹ |
| Belgium | 1867 | 1867 | | X | | | | | | | |
| | 1990 | 1990 | | X | X | X | | | | 12 | |
| Cyprus | 1928 | 1928 | | X | X | | | X | | | |
| | 1974 | 1974 | | X | X | X | X | X | X | | |
| Denmark | 1956 | 1956 | | X | X | 16 | 16 | X | X | | |
| | 1970 | 1970 | | X | X | 12 | 12 | X | 12 | | |
| | 1973 | 1973 | | X | X | X | X | X | X | | 12 |
| Finland | 1950 | 1950 | | X | X | 16 ² | 16 ² | 16 ² | | | |
| | 1970 | 1970 | | X | X | 16 ³ | 16 ³ | 16 ³ | 16 ³ | | |
| | 1978 | 1978 | | X | X | 12 ³ | 12 ³ | 12 ³ | 12 ³ | | |
| | 1985 | 1985 | | X | X | 24 | 12 ³ | 12 ³ | 12 ³ | | |
| France | 1955 | 1955 | | X | | | | | | | |
| | 1974 ⁴ | 1975 | | X | | X | | | | 10 | |
| | 1979 | 1980 | | X | | X | | | | 10 | |
| | 2001 | 2001 | | X | X | X | | | | 12 | |
| Germany: GDR | 1950 | 1950 | | X | X | X | | | | | |
| | 1965 | 1965 | | 12 | 12 | 12 | 12 | 12 | 12 | | |
| | 1972 | 1972 | | X | | | | | | | 12 |
| Germany: FRG | 1933 | 1934 | | X | X | X | | | | | |
| | 1976 | 1976 | | X | X | 22 | 12 | X | 12 | | |
| Germany after reunification | 1992 | 1992 | | X | X | 22 | | X | | 12 | |
| Greece | 1995 | 1995 | | X | X | | 12 | X | X | 12 | |
| | 1950 | 1950 | | X | X | | X | | | | |
| | 1978 | 1978 | | X | X | 20 | X | 12 | | | |
| Iceland | 1986 | 1986 | | X | X | 24 | 19 | X | | | 12 |
| | 1935 | 1935 | | 28 | 28 | | | 28 | 8 | | |
| | 1975 | 1975 | | X | X | X | 16 | 16 | 16 | | |
| Ireland | 1861 | 1861 | X | | | | | | | | |
| | 1983 | 1983 | | X | | | | | | | |
| Italy | 1930 | 1931 | | X | | | | | | | |
| | 1975 | 1975 | | X | X | | | | | | |
| | 1978 | 1978 | | X | X | X | X | X | 12 ⁵ | 12 ⁵ | |
| Luxembourg | 1879 | 1879 | | X | | | | | | | |
| | 1978 | 1978 | | X | X | 12 | 12 | 12 | | | |
| Malta | 1879 | 1879 | | X | | | | | | | |
| | 1981 | 1981 | X | | | | | | | | |
| Netherlands, the | 1886 | 1886 | | X | | | | | | | |
| | 1981 | 1984 | | X | | X | | | | 22 ⁶ | |
| Norway | 1902 | 1902 | | X | X | X | | | | | |
| | 1960 | 1964 | | X | X | X | X | X | | | |
| | 1975 | 1975 | | X | X | X | X | X | 12 | | |
| | 1978 | 1979 | | X | 18 | 18 | 18 | 18 | 18 | | 12 |
| Portugal | 1886 | 1886 | | X | | | | | | | |
| | 1984 | 1984 | | X | X | 16 | 12 | X | | | |
| | 1997 | 1997 | | X | X | 24 | 16 | X | | | |
| | 2007 | 2007 | | X | 12 | 24 | 16 | 12 | | | 10 |

Table 1 (Continued)

| Country | Year | Restrictions as to reason | | | | | | | Distress model | On request | | |
|---------------------|------|---------------------------|----------|---------------|-----------|-----------------|------------------|--------------|----------------|------------|---------------|------------------------|
| | | Adopted | In force | Never allowed | Save life | Physical health | Fetal impairment | Sexual crime | | | Mental health | Socio-economic reasons |
| Spain | 1944 | | | | X | | | | | | | |
| | 1985 | | | | X | X | | | | | | |
| | 2010 | | | | X | 22 | 12 | X | | | | |
| Sweden | 1946 | | | | X | 22 | | | | | | 14 |
| | 1974 | | | | X | 24 | 24 | | | | | |
| | 1975 | | | | X | | | | | | | 18 |
| Switzerland | 1937 | | | | X | | | | | | | |
| | 1942 | | | | X | | | | | | | |
| | 2001 | | | | X | | | | | | | 12 |
| United Kingdom, the | 1929 | | | | X | | | | | | | |
| | 1967 | | | | X | 28 | | | | | | |
| | 1990 | | | | X | X | | | | | | |

Notes: X: allowed during the entire gestation duration; 8, 10, 12, 14, 16, 18, 19, 20, 22, 24, 28: upper gestational limitation (weeks) until which abortion is permitted.

¹ Abortion after 12 weeks when under the age of 14.

² 20 weeks if minor.

³ 20 weeks in very special cases.

⁴ Temporary law, for 5 years. Made permanent with the adoption of Law No. 79–1204 on 31 Dec. 1979.

⁵ 90 days.

⁶ 22 weeks gestational weeks measured as “24 weeks since last menstruation”.

⁷ Law is not effective in Northern Ireland.

options, such as adoption. Informing women on contraceptives to avoid future unwanted pregnancies is obliged in only four countries, and in two other countries, woman are offered to be informed on the use of contraceptives. Five countries offer (after)care to the women.

4. Discussion

To understand the evolution of abortion legislation in Western-Europe, it is fruitful to understand the contexts of abortion law reforms. However, a detailed description about the causes of legal reforms in all the countries we discussed falls outside of the scope of this current study. In this section, we therefore discuss the causes of legal reforms in more general terms. We identify the most important actors in the public debate about abortion in Western-European countries, as well as the positions they held in that debate. We also discuss the origins of abortion law reforms, both in terms of intra-national and international developments.

4.1. Actors and positions in the public debate about abortion reforms

Abortion legislation are often considered as the prime example of so-called “morality policies”: policies reflecting high-order moral principles [34]. The positions held by proponents and opponents of restrictive abortion laws are mostly incommensurable. Advocates of legal restrictions to abortion maintain that life starts at conception and abortion should therefore be seen as actively terminating human life. The Catholic Church was an active actor advocating strict abortion laws. Illustratively for its position, at the 1994 International Conference on Population and Development in Cairo, delegates from Vatican City demanded that the references to unsafe abortion were stricken from the official documents, “because all abortions are unsafe for the fetus” [35]. Contrastingly, opponents of abortion law restrictions argue that women’s reproductive health correlates with the legal status of abortion. If abortion is illegal, women who do seek an abortion have to resort to illegal abortion procedures that are often unsafe [36]. Legalizing abortion enables the introduction of safe abortion procedures and allows for the proper training of medical specialists. Proponents of legalized abortion, scholars and public health officials have argued that more permissive abortion laws would reduce or even prevent these maternal deaths [36,37]. Women’s movements in the 1960s and 1970s were the prime advocates of liberalized abortion laws and framed the Western-European abortion debate in terms of the right of women to decide to have an abortion. These movements were successful in setting the abortion issue on top of the public and political agenda [38].

Public debates that accompanied the legislative proceedings towards enacting less restrictive abortion laws have been particularly fierce throughout Western Europe” Although the anti-abortion reform protests in Western-European countries are arguably less violent than those in the United States [39–41], the legislative process involved with changing abortion laws has produced virulent controversies and public disputes in most Western-European countries as well. For example, the

Table 2

Cross-national comparison of developments of procedural barriers to abortion in 20 Western-European countries between 1960 and 2010.

| Country | Year | | Location | Authorization 2nd physician | Consent partner | Parental consent | Waiting periods | Conscientious objection |
|--------------------------------|---------|----------|------------------------------------|--------------------------------|--------------------|---------------------|---------------------|----------------------------|
| | Adopted | In force | | | | | | |
| Austria | 1937 | 1937 | – | No | No | No | No | No |
| | 1974 | 1975 | (...) | (...) | (...) | (...) | (...) | Yes |
| Belgium | 1867 | 1867 | Institution, hospital | Yes | No | No | No | No |
| | 1990 | 1990 | Health care institution | Yes ^a | (...) | (...) | 6 days | Yes |
| Cyprus | 1928 | 1928 | – | No | No | No | No | No |
| | 1974 | 1974 | Hospital | Yes | No | No | No | No |
| Denmark | 1956 | 1956 | Hospital | Yes | No ^b | Yes | No | No |
| | 1973 | 1973 | Hospital, clinic | Yes ^a | (...) | Yes ^c | (...) | Yes |
| Finland | 1950 | 1950 | Hospital | Yes | No ^b | Yes ^c | No | No |
| | 1970 | 1970 | (...) | No | (...) | No | (...) | (...) |
| France | 1955 | 1955 | – | Yes | No | No | No | Yes |
| | 1974 | 1975 | Hospital | Yes ^a | (...) | Yes ^d | 1 week | (...) |
| | 1979 | 1980 | (...) | (...) | (...) | (...) | 1 week ^e | (...) |
| | 2001 | 2001 | (...) | (...) | (...) | Yes | (...) | (...) |
| Germany: GDR | 1950 | 1950 | Hospital | Yes | No | No | No | No |
| Germany: FRG | 1933 | 1934 | – | No | No | No | No | No |
| | 1976 | 1976 | Hospital, private practices | Yes | (...) | Yes | 3 days | Yes |
| | 1992 | 1992 | Hospital, authorized facility | Yes ^a | No | Yes | 3 days | No |
| Germany after reunification | 1993 | 1993 | (...) | Yes | (...) | (...) | (...) | Yes |
| | 1995 | 1995 | (...) | Yes ^a | (...) | (...) | (...) | No |
| | 1995 | 1995 | (...) | Yes ^a | (...) | (...) | (...) | No |
| Greece | 1950 | 1950 | – | Yes | No | No | No | No |
| | 1978 | 1978 | Hospital | No | (...) | (...) | (...) | (...) |
| | 1986 | 1986 | Comprehensive Health Unit | No ^f | (...) | Yes | (...) | (...) |
| | 1986 | 1986 | Comprehensive Health Unit | No ^f | (...) | Yes | (...) | (...) |
| Iceland | 1935 | 1935 | Hospital | Yes | No | No | No | (...) |
| | 1975 | 1975 | (...) | (...) | No ^g | (...) | (...) | (...) |
| Ireland | 1861 | 1861 | – | No | No | No | No | No |
| Italy | 1930 | 1931 | – | No | No | No | No | No |
| | 1978 | 1978 | Hospital | Yes ^a | (...) | Yes | 1 week | Yes |
| Luxembourg | 1879 | 1879 | – | No | No | No | No | No |
| | 1978 | 1978 | Hospital, authorized facility | Yes | (...) | Yes | (...) | Yes |
| Malta | 1879 | 1879 | – | No | No | No | No | No |
| Netherlands, the | 1886 | 1886 | – | No | No | No | No | No |
| | 1981 | 1984 | Hospital, clinic | (...) | (...) | Yes ^h | 5 days | Yes |
| Norway | 1902 | 1902 | Hospital | Yes | No | No | No | No |
| | 1960 | 1964 | (...) | (...) | No ⁱ | No ⁱ | (...) | (...) |
| | 1975 | 1975 | Hospital, clinic | (...) | No | (...) | (...) | (...) |
| | 1978 | 1979 | (...) | Yes ^a | (...) | No ^c | (...) | (...) |
| | 1886 | 1886 | – | No | No | No | No | No |
| Portugal | 1984 | 1984 | Health establishment | Yes | (...) | Yes ^c | 3 days | Yes |
| | 2007 | 2007 | (...) | Yes ^a | (...) | (...) | (...) | (...) |
| | 2007 | 2007 | (...) | Yes ^a | (...) | (...) | (...) | (...) |
| Spain | 1944 | 1944 | – | No | No | No | No | No |
| | 1985 | 1985 | Private or public health centre | Yes | (...) | (...) | (...) | (...) |
| | 2010 | 2010 | (...) | Yes ^a | (...) | Yes ^c | 3 days | (...) |
| Sweden | 1946 | 1946 | Hospital, clinic | Yes | No | Yes | No | No |
| | 1974 | 1975 | (...) | Yes ^a | (...) | No | (...) | (...) |
| Switzerland | 1937 | 1942 | Hospital, clinic | Yes | No | Varies | No | No |
| | 2001 | 2002 | (...) | No | (...) | No | (...) | (...) |
| | 1929 | 1929 | – | No | No | No | No | No |
| United Kingdom, the | 1967 | 1968 | Hospital, clinic | Yes | (...) | Yes ^c | (...) | Yes |

Notes: – No location specified by law; (...) regulation unchanged (including the remarks in footnotes).

^a Only in case of abortion on medical grounds.^b The partner is allowed to express his opinion.^c Physicians may refrain from this requirement.^d Parental consent is only necessary when the pregnant woman is an unmarried minor.^e The waiting period can be reduced by two days if the time limit would otherwise be reached.^f The law does not stipulate whether the authorization of a second physician is required, but it does state that the procedure needs to be carried out by two physicians.^g The consent of the partner is not necessary, but the partner is to join in the application for the abortion.^h The law stipulates that minors need the approval of their parents or guardians, but this is not necessary in practice.ⁱ Not required, but the partner must express his opinion.^j The parents are allowed to express their opinion.

Table 3

Cross-national comparison of developments of policies on information and counseling before and after the abortion treatment in 20 Western-European countries between 1960 and 2010.

| Country | Year | | | Inform on alternatives | Help with final decision | Information on contraceptives | (After)care |
|-----------------------------|---------|----------|--------------------|------------------------|--------------------------|-------------------------------|-----------------|
| | Adopted | In force | Risks of procedure | | | | |
| Austria | 1937 | 1937 | No | No | No | No | No |
| Belgium | 1867 | 1867 | No | No | No | No | No |
| | 1990 | 1990 | Yes | Yes | (...) | Yes | (...) |
| Cyprus | 1928 | 1928 | No | No | No | No | No |
| Denmark | 1956 | 1956 | Yes | No | No | No | |
| | 1973 | 1973 | (...) | No ^a | (...) | (...) | (...) |
| | 2000 | 2000 | (...) | (...) | (...) | (...) | No ^a |
| Finland | 1950 | 1950 | Yes | No | No | No | No |
| | 1970 | 1970 | (...) | (...) | (...) | Yes | (...) |
| France | 1955 | 1955 | No | No | No | No | No |
| | 1974 | 1975 | Yes | Yes | (...) | (...) | (...) |
| Germany: GDR | 1933 | 1934 | No | No | No | No | No |
| Germany:FRG | 1933 | 1934 | No | No | No | No | No |
| | 1976 | 1976 | Yes | Yes | (...) | (...) | (...) |
| Germany after reunification | 1992 | 1992 | Yes | Yes | No | No | No ^b |
| Greece | 1950 | 1950 | No | No | No | No | No |
| Iceland | 1935 | 1935 | No | No | No | No | No |
| | 1975 | 1975 | Yes | Yes | (...) | Yes | (...) |
| Ireland | 1861 | 1861 | No | No | No | No | No |
| Italy | 1930 | 1931 | No | No | No | No | No |
| | 1978 | 1978 | Yes | Yes | (...) | Yes | (...) |
| Luxembourg | 1879 | 1879 | No | No | No | No | No |
| | 1978 | 1978 | Yes | (...) | (...) | (...) | (...) |
| Malta | 1879 | 1879 | No | No | No | No | No |
| Netherlands, the | 1886 | 1886 | No | No | No | No | No |
| | 1981 | 1984 | Yes | Yes | Yes ^c | No ^a | No ^a |
| Norway | 1902 | 1902 | No | No | No | No | No |
| | 1975 | 1975 | Yes | Yes | (...) | (...) | (...) |
| | 1978 | 1979 | (...) | (...) | No ^a | (...) | (...) |
| Portugal | 1886 | 1886 | No | No | No | No | No |
| | 2007 | 2007 | Yes | Yes | No | No | No |
| Spain | 1944 | 1944 | No | No | No | No | No |
| | 2010 | 2010 | Yes | Yes | No | Yes | No ^a |
| Sweden | 1946 | 1946 | No | No | No | No | Yes |
| | 1974 | 1975 | (...) | (...) | (...) | (...) | No |
| | 1995 | 1995 | (...) | (...) | (...) | (...) | No ^a |
| Switzerland | 1937 | 1942 | No | No | No | No | No |
| | 2001 | 2002 | Yes | Yes | (...) | (...) | (...) |
| United Kingdom | 1929 | 1929 | No | No | No | No | No |

Notes: (...) Regulation unchanged (including the remarks in footnotes).

^a Shall be offered.

^b Shall be offered at the request of the pregnant woman.

^c If necessary.

Netherlands' law that *de facto* decriminalized induced abortion passed the Chambers of Parliament only with the smallest parliamentary majority possible in 1980 and 1981. The proceedings leading to legal changes were accompanied by years of rowdy public demonstrations [14,15]. Other Western-European countries had similar experiences. Illustratively, the Belgian monarch, who refused to sign a liberal abortion law into force, was forced to temporarily abdicate in 1990 as the government decriminalized abortion [10]. More recently, the liberalisation of abortion law in Portugal (in 2007) and Spain (in 2010) were accompanied by mass protests in these countries' capitols.

4.2. Origins and diffusion of abortion law reform

The driving *social* force behind the observed changes of abortion laws in Western-Europe were the women's

movements that were involved in the second wave of feminism. Abortion law reforms were one of the main demands of feminist groups, and the groups played an active role in generating public awareness of abortion issues and influencing the political processes accompanying the legal reforms themselves [42]. But more social forces were influential. For example, the religious composition of countries populations and the strength of churches can be important when explaining legal reforms, particularly regarding morality policies [32,43]. Amongst religious groups, opposition to abortion is fierce, and religiously inspired lobby groups that opposed abortion law reforms succeeded to prevent or delay abortion law reforms in Europe—at least for some time [32,44,45].

The public debates spilled over into the political sphere in the late 1960s. Indeed, the most important *political* explanation of legal reforms is the composition of the legislative and executive branches of government. Policies are

thought to be at least partly inspired by the political ideologies of the politicians who advocate them [46,47]. In general, it can thus be expected that governments that are comprised of parties with left-wing political ideologies are more likely to adopt permissive abortion laws. Indeed, the first liberal abortion reforms took place in countries with a strong hegemony of left-wing parties [45,48], whereas the liberalization of abortion policies was often postponed in countries with multi-party governments, most often including confessional political parties. In these countries, abortion reform was delayed [26], and the adopted laws were less often fully unrestricted.

A considerable and still growing body of evidence suggests that explanations that pertain to countries internal circumstances do not tell the whole story of abortion law reform. Countries do not reform laws in a vacuum. Their legislators and policy makers are influenced by laws and legal developments in other countries. Both temporal [49] and geographical [46,50] diffusion of policies can theoretically be expected. European evidence of policy diffusion is mostly anecdotal, but evidence from the United States suggests that abortion laws are more likely to be made more permissive if laws in neighboring states already are more permissive [51]. The 1967 Abortion Act of the United Kingdom was expected to “influence the legislation of many countries” [52]. Reforms in Denmark and Sweden have been linked to the more liberal abortion law in Poland, that attracted abortion tourism from the Nordic countries [27]. Also, the debate surrounding Dutch abortion liberalization was demonstrably inspired by more permissive laws in other countries [15]. In turn, the permissive Dutch abortion law and the abortion tourism from Germany it attracted was an important argument in the German debates on abortion law reforms [38]. Recent cross-national analyses support this thesis [53].

5. Conclusion

Public and political debates about abortion law reforms are invariably heated. Since abortion policies are morality policies, juxtaposing arguments are highly incommensurable. Women’s rights movements have argued that safe (and thus legal) abortion is very important for women’s reproductive health. Opponents of abortion law reforms – often religiously inspired – argued that abortion is tantamount to murder. It is not uncommon for proponents and opponents of legalized abortion to publicly argue their respective cases with unyielding zeal.

The evolution of abortion laws in Western-Europe can be viewed as a result of a process, in which legislators have sought a compromise between the interests of the various actors, while at the same time operating in the context of internal political and social realities and the reality of abortion tourism and abortion law reforms in other countries. As a consequence of this process, during the past fifty years, abortion laws in Western-Europe have become increasingly permissive. In almost all Western-European countries, abortion is now available on request in the early stages of gestation. At the same time, policies that allow abortion access under specific circumstances only remain in force in many countries. For example, laws may require

that abortions can only be performed in hospitals or specialized facilities. Laws may also call for the authorization of (at least) a second physician. Abortion laws may require consent of partners or parents. Laws may also mandate a waiting period, or stipulate that women should receive counseling.

This paper can serve as a basis for cross-national empirical analyses of both the causes and consequences of abortion law reforms, and can serve as a reference for policy makers. Our descriptive work can be advanced upon in various ways. First, we restricted our analyses to Western Europe, but it would be useful to examine whether or not long-term trends in the permissiveness and procedural barriers of abortion laws in other countries can be classified in the way we did. Laws have changed in Eastern Europe since the collapse of the Soviet-Union, and a paper that compares the differing legal trends in post-socialist countries would certainly be merited. Furthermore, legal developments in non-Western countries are certainly studied, but mostly with cross-sectional designs or limited longitudinal designs.

Conflicts of interest statement

The NWO had no involvement in the study design, nor in the collection, analysis and interpretation of data; nor in the writing of the report, nor in the decision to submit the article for publication. The authors declare no conflict of interest.

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