
What the abortion figures say

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It's time to change the role of abortion boards. However, my search for systematic knowledge that could inform me about a difficult topic threw up very little.



Photo: Einar Nilsen

The current abortion law has largely remained unchanged since its introduction in 1978 [\(1\)](#). There are now calls to update it – primarily to allow women themselves, and not a board, to have the final say, even after the 12th week of pregnancy [\(1–3\)](#).

Maybe it's about time. An arrangement where women are heard but not seen (they have to leave the room when the decision is made) seems old-fashioned to say the least. Claims that a greater degree of self-determination will not lead to an increase in late-term abortions, and that most women consider the meeting with the board to be an unnecessary burden, can be good arguments in such a debate. But do we know for sure that this is the case?

«In Norway, we have no idea how many women want or need an abortion but do not go through with it because they cannot face going before a board. No one has asked for that figure»

Many countries have relevant registry data. In the Nordic region, there seems to be a positive covariation between the degree of self-determination and abortion rates [\(4\)](#). Sweden, which has self-determined abortion up to the 18th week of pregnancy, had 16.4 abortions per 1000 women in 2019. Iceland, which midway through 2019 abolished the requirement for going before a board after the 16th week, had a somewhat lower abortion rate, while the corresponding rate in Finland (where a doctor's certificate is required regardless of length of pregnancy) was 7.7 [\(4\)](#). In the same year, Norway had 9.7 abortions per 1000 women. Late-term abortions are rare, but this rate was also more than twice as high in Sweden than in Norway [\(4\)](#). If we go beyond the Nordic countries, the figures are more complex: in England and Wales, which allow self-determined abortions up to the 24th week, the abortion rate is 18 per 1000 women – even higher than in Sweden [\(5\)](#). In contrast, the Netherlands, which has allowed self-determined abortion for some years, has one of the lowest rates in Europe [\(6\)](#). So, we have the figures, but the picture is mixed. It will also continue to be impossible to identify any causal relationships as long as abortion rates and measurements are impacted by cultural factors, access to abortions in other countries and the variation in methods used to calculate gestational age [\(7, 8\)](#). I have not found any scientific studies that have tried to correct for such factors, or longitudinal studies that have followed the effects of changes in the degree of self-determination.

And what exactly is the *right* abortion rate (other than as few as possible, and as early as possible)? In Norway, we have no idea how many women want or need an abortion but do not go through with it because they cannot face going before a board. No one has asked for that figure.

«Conducting research on vulnerable groups and taboo subjects is difficult, but it is nevertheless important»

So, what do we know about women's experiences of appearing before the board? I have found one scientific study from Norway based on interviews with 22 women with serious fetal complications. They all described having to go

before a board as a major additional strain [\(9\)](#). The data from this study are now 17 years old. After that, all I have found is anecdotal evidence. This is important too, but the experiences described differ, and they are probably also conveyed by women who have been granted an abortion under Section 2 (c) of the Norwegian Abortion Act (serious fetal complications) [\(10, 11\)](#). This group makes up about 60 per cent of women who have a late-term abortion [\(12\)](#). In the other cases, abortions were granted based on the women's health and life situation (Sections 2 (a) and 2 (b)), but there is very little data on the almost 3000 women in these latter two categories [\(12\)](#) in the last ten years. What were *their* experiences of facing an abortion board?

The board members also have important, but different, stories to tell [\(3, 13\)](#). Final say or not – would systematic knowledge of their experiences not also be of interest?

Conducting research on vulnerable groups and taboo subjects is difficult, but it is nevertheless important. The next time we raise the abortion issue – let's also discuss how a field that evokes a lot of emotions can best be illuminated with facts.

LITERATURE

1. Bruzelius KM. Abortnemnd – gammeldags og kvinnefiendtlig. Lov og Rett 2020; 59: 127–8. [CrossRef]
2. Gabrielsen TB, Schou L, Solvin KS. Endelig farvel til nemndene. Kvinnefronten 30.4.2021. <http://kvinnefronten.no/endelig-farvel-til-nemndene/> Accessed 16.5.2021.
3. Østborg TB. Den ubehagelige abortnemnda. Vårt Land 11.3.2021. <https://www.vl.no/meninger/verdidebatt/2021/03/11/den-ubehagelige-abortnemnda/> Accessed 16.5.2021.
4. Finnish institute for health welfare. Statistical report 10/2021. Induced abortions in the Nordic countries 2019. <https://thl.fi/en/web/thlfi-en/statistics/information-on-statistics/data-descriptions-of-statistics/induced-abortion-in-the-nordic-countries> Accessed 16.5.2021.
5. Department of Health and Social Care. Abortion statistics, England and Wales: 2019. <https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales> Accessed 16.5.2021.
6. World Population Review. Abortion rates per country. <https://worldpopulationreview.com/country-rankings/abortion-rates-by-country> Accessed 16.5.2021.
7. Møller IS. Vil reise til Sverige for abort. Dagsavisen 17.11.2018. <https://www.dagsavisen.no/nyheter/verden/2018/11/17/vil-reise-til-sverige-for-abort/> Accessed 16.5.2021.
8. Juanola L, de Vries I. The Dutch approach to abortion: leading or lagging in guaranteeing women's rights? KIT Royal Tropical Institute 28.11.2020.

<https://www.kit.nl/the-dutch-approach-to-abortion-leading-or-lagging-in-guaranteeing-womens-rights/> Accessed 16.5.2021.

9. Sommerseth E, Sundby J. Kvinners erfaringer i møtet med abortnemnda ved sene svangerskapsavbrudd. *Sykepleien Forsk* 2007; 2: 156–64.

[CrossRef]

10. Helljesen V, Rønning M, Ramsberg E et al. Måtte selv møte i abortnemnd: Er fantastisk glad og lettet over Aps abortvedtak. NRK 17.4.2021.

https://www.nrk.no/norge/matte-selv-mote-i-abortnemnd_-er-fantastisk-glad-og-lettet-over-aps-abortvedtak-1.15460091 Accessed 16.5.2021.

11. Me vart møtt med empati og omsorg i abortnemnda. Midtnorsk debatt 27.4.2021.

<https://www.midtnorskdebatt.no/meninger/ordetfritt/2021/04/27/Me-vart-m%C3%B8tt-med-empati-og-omsorg-i-abortnemnda-23870758.ece> Accessed 16.5.2021.

12. Løkeland M, Heiberg-Andersen R, Akerkar R et al. Rapport om svangerskapsavbrot 2019. Bergen: Folkehelseinstituttet, 2020.

<https://www.fhi.no/publ/2020/rapport-om-svangerskapsavbrot--2019/> Accessed 16.5.2021.

13. Lavik M. Fryktar abortpress mot sårbare kvinner. *Vårt Land* 8.5.2021.

<https://www.vl.no/nyheter/2021/05/08/fryktar-abortpress-mot-sarbare-kvinner/> Accessed 16.5.2021.

Publisert: 7. June 2021. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.21.0436

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