

# Global Abortion Policies Database

## Document retrieval and data-extraction methods

### Background

The World Health Organization (WHO) *Safe abortion: technical and policy guidance for health systems* (2012) describes the importance of the policy enabling environment for ensuring access to and quality of safe abortion, to the full extent of the law. The *Global Abortion Policies Database* (GAPD), by the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in partnership with the Population Division of the United Nations Department of Economic and Social Affairs (UNPD), aims to further strengthen global efforts to eliminate unsafe abortion by presenting an open-access information resource and repository of current abortion laws, policies, health standards and guidelines for WHO and UN Member States. It is structured to facilitate comparative analyses of countries' laws and policies by placing them in the context of information and recommendations from the WHO guidelines. The database contains information from 197 countries including additional information from five countries where abortion laws vary by jurisdiction.<sup>1</sup>

A key intended outcome of the GAPD is to increase both the transparency of laws and policies and the accountability of Member States for protection of women's health and their human rights.

### Process of database development

The process of database development included the following steps, each described below:

- Document retrieval and data extraction;
- Data cross-checking and cleaning;
- Country review;
- Final cross-checks and revisions; and
- Date entry.

### *Document retrieval and data extraction*

A data-extraction questionnaire was developed based on thematic domains highlighted in the WHO technical and policy guidance for safe abortion (2012). Thematic domains include: abortion legal grounds and related gestational age limits; additional requirements to access safe abortion (e.g., third-party authorisations, mandatory counselling, waiting periods, medically unnecessary screening tests, etc.); clinical and service-delivery requirements for abortion care; and conscientious objection. A sample questionnaire is available on the website.

The questionnaire was pilot-tested for one country prior to implementation. As the data-collection process evolved, specific questions requiring additional clarity were identified; guidance notes addressing each query were developed and disseminated to all data-collection partners. An

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<sup>1</sup> Australia (9 jurisdictions), Bosnia-Herzegovina (3), China (2), Nigeria (3), and United Kingdom of Great Britain and Northern Ireland (5)

explanatory guide was developed and is included as an attachment to the database. This guide explains the coding strategy applied to each question in the data-extraction questionnaire.

Data-collection partners were identified by staff at the WHO and UNPD (the “secretariat”), based on working capacity, language proficiencies, and professional networks that might aid in source document retrieval. These partners retrieved source documents and extracted data onto the questionnaire.

Each partner developed their own document search strategies based on the following suggestions:

- General Google searches on [country name]; [state/province name if applicable]; [abortion/induced abortion/termination of pregnancy/menstrual regulation/post-abortion care]; [law/legal grounds/policies/decrees/standards/guidelines/information];
- Specific specialized database searches, such as Web of science, M-base, Pubmed, Popline, etc.;
- Searches of ministry of health and ministry of justice websites;
- Requests to personal contacts with local knowledge on abortion policies;
- Requests through contacts in professional networks;
- Requests to international NGOs.

All information in the Database is linked to source documents. Primary source documents include any information published or endorsed by government, whether in hard copy or on a government website; all documents not meeting these criteria are considered secondary source documents. As a general rule, secondary sources were used together with primary source documents when the secondary source added supplementary information. Secondary source documents were also used when they were the only documents that could be found.

#### *Data cross-checking and cleaning*

All completed questionnaires were reviewed by the secretariat. Ten per cent of the questionnaires were cross-checked against information in the source documents. Approximately one-third of these questionnaires contained errors associated with data extraction, including translation, legal interpretation, and transcription issues. As a result a decision was made to recheck all questionnaires.

#### *Country review*

All questionnaires and source documents, with few exceptions,<sup>2</sup> were sent to countries for review, either through the WHO regional and country offices, or directly to ministry of health counterparts. Countries were asked to review the documents to ensure accuracy, completeness, and to confirm that the attached laws/policies were current.

Eighty-five countries returned the questionnaires with comments. The secretariat continued to engage with a number of these countries to resolve queries.

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<sup>2</sup> Questionnaires were not sent to some countries with Federal systems where laws and policies vary by jurisdiction; these include Australia, Canada, Mexico, and United States of America. Additionally a questionnaire was not sent to a counterpart in the Holy See, which is not a WHO or UN Member State.

### *Final cross-checking*

Following the country review, suggested changes supported by primary source documents were made. All questionnaires were checked and cross-checked again by the secretariat.

### *Data entry*

All data were entered onto an Excel spreadsheet. The spreadsheet was cross-checked against the questionnaires. Coded responses were cleaned and standardised for entry into a database linked to the web interface. The Excel spreadsheet is available on the website.

### **Approach to coding data**

Abortion laws and policies are complex. Individual countries' laws and policies can be protective or punitive, specific or non-specific, and limiting or facilitating for access and service provision. Laws and policies can be also contradictory, confusing, and difficult to access.

Information on the questionnaire is reflected as close as possible to what is explicitly stated in a country's law and policy source documents. This approach to data coding reveals greater nuance and detail in the database but results in some countries being presented in a manner counter to traditional classification schemes. It can also facilitate grasping the complexities and nuances of laws and policies, which were not addressed previously or were obscured behind more simplistic classification schemes.

### **Limitations of the data-collection processes and the database**

Ensuring a systematic country review process was a major challenge and as a result there were inconsistencies and variations in the way in which in-country reviews were done. The secretariat was limited to engaging most countries only through WHO country offices who in turn contacted relevant counterparts in the ministries of health. Processes followed by the Ministry of Health counterparts varied from country to country. Some reviewed the materials themselves while others sent the documents to other authorities within the Ministry of Health and/or another department such as the Ministry of Justice or Ministry of Foreign Affairs.

Two additional limitations include:

- i) Some source documents are known to exist but were inaccessible to data collectors; and,
- ii) Data extraction for source documents written in languages other than English was performed using unofficial translation tools when native speakers were not available.

### **Further engagement with countries and other database users**

Member States and other users are invited to provide suggestions for updates, corrections, and feedback using the contact forms available on the WHO and UNPD websites. Updates will be posted quarterly, pending receipt and verification of the primary source document(s).

## **Contributors**

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