



SAFE AND LEGAL ABORTION IN THAILAND: Closing the Gap Between Law and Practice

Brief Assessment of the Implementation of the 3rd Cycle UPR Recommendations

In its 3rd UPR cycle in November 2021, no country made a recommendation directly addressing abortion, but Thailand supported recommendations on the right to health and sexual and reproductive health and rights (SRHR) that inherently include abortion, notably from Uruguay (51.116), Bhutan (51.117), Malaysia (51.124) and Iceland (52.71, noted). Five years on, Thailand has legalised abortion up to 12 weeks (Section 305 of the Criminal Code, in force from 7 February 2021), and both the National Health Security Office (NHSO) and, since April 2025, the Social Security Office (SSO) subsidise safe abortion services free of charge for Thai nationals and, in the case of the SSO scheme, for migrant workers enrolled in social security. Yet six years after legalisation, the gap between law and practice remains wide.

In 2026, only 171 of over 1,400 hospitals nationwide (approximately 10 percent) provide abortion services; 26 out of 77 provinces have no provider at all; only 20 percent of facilities offer services for pregnancies between 12 and 20 weeks; and only four facilities, all private, offer services beyond 20 weeks. Section 301 of the Criminal Code continues to criminalise abortion outside the legal framework with up to six months imprisonment and/or a fine of up to 10,000 baht. Structural stigma among healthcare providers, unmonitored conscientious objection, unlawful additional screening requirements imposed by facilities, digital-platform censorship of SRHR information, and the near-total absence of information in languages other than Thai continue to obstruct access. In 2025, both the CEDAW Committee (Concluding Observations on Thailand's 8th periodic report, adopted 10 July 2025) and the UN Special Rapporteur on the right to health (Tlaleng Mofokeng, preliminary observations following her February 2025 visit to Thailand) urged the accelerated decriminalisation of abortion. More than a year later, the Thai government has yet to act on these recommendations. This factsheet identifies five priority challenges and provides recommendations to the Royal Thai Government (RTG) and UPR Member States to close the gap between law and practice.






























Only **171** of **1,400** hospitals (about 10% in Thailand) provide abortion services nationwide.



Abortion outside the legal framework remains criminalized

Up to **6 months** imprisonment

Fine of up to **THB 10,000**



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments



Challenge 1: Severe Scarcity and Geographic Inequality of Safe Abortion Providers, and Unlawful Additional Service Conditions

Six years after legalisation, the number of authorised abortion facilities remains grossly inadequate for a population of approximately 66 million people. Provincial and regional inequalities are severe, and facilities routinely impose additional screening and eligibility requirements not required by law. This forces pregnant persons to travel across provinces, delay care until later gestational ages, or resort to unsafe methods, in direct contravention of the CESCR General Comment No. 22 on the right to sexual and reproductive health.

171 authorised facilities in 2026 for a nation of over 1,400 hospitals. According to the Referral System for Safe Abortion (RSA) and analysis by the Tamtang Foundation, only 171 health facilities, approximately 10 percent of public health facilities with the capacity to provide such services, were providing abortion services in 2026, up from 135 in 2024 and 156 in 2025. 26 of Thailand's 77 provinces have no abortion facility at all.

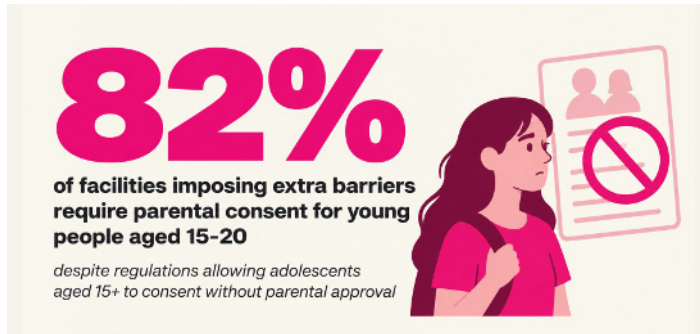
Only 20 percent of facilities offer services between 12 and 20 weeks; only 4 offer services beyond 20 weeks. Only 20 percent of the 171 facilities offer services for pregnancies between 12 and 20 weeks, and just 3 percent (only 4 facilities, all private) offer services for pregnancies beyond 20 weeks.



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments



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This effectively denies later-term care to the vast majority of persons who need it, including adolescents who may not identify their pregnancy within 12 weeks.

Facilities routinely impose additional conditions not required by law

Tamtang Foundation analysis in 2024 found that 18 percent of facilities impose additional conditions on access. Among these, 82 percent require parental consent in all cases for young people aged 15 to 20, contrary to ministerial regulations affirming the legal right of adolescents aged 15 and above to give informed consent without parental consent, and 57 percent only accept clients referred through the RSA network. Some facilities force patients to accept contraceptive implants or sterilisation as a condition of service. Some public hospitals require spousal or parental consent in all cases: in one case in northeastern Thailand, a 29-year-old lesbian survivor of rape was denied services because she could not provide a male partner or family member.

Marginalised populations face compounded barriers

Adolescents, LBTQI+ persons, persons living with HIV, and people who use drugs face additional obstacles because of a lack of inclusive and non-discriminatory services. Persons living with HIV report being placed last in service queues or completely denied surgical abortion services. In Bangkok, where demand is highest, only 1 of 11 Bangkok Metropolitan Administration (BMA) public hospitals provides abortion services, and does so restrictively; the remaining 10 refuse to provide the service and refuse to join the RSA referral network.

Challenge 2: Barriers to Free Abortion Services under NHSO and Social Security Coverage, and Exclusion of Non-Insured Populations

Thailand operates two public health insurance schemes that subsidise safe abortion. The NHSO has provided free abortion services under the Protection and Prevention (P&P) category for Thai nationals since 2016, and the SSO began covering abortion, complications treatment and sterilisation for Thai nationals and enrolled migrant workers in April 2025, a landmark development for migrant reproductive rights. In practice, however, patients continue to be denied services, referral letters and information, and non-insured populations (stateless persons, undocumented migrants, refugees) remain fully excluded, contrary to the 3rd cycle recommendations by Uruguay (51.116) and Malaysia (51.124) on universal SRHR access including for migrants.



Community workers provide migrant communities access to sexual and reproductive education in Thailand, amid persistent language, administrative and insurance barriers.

SOURCE: Expertise France / L'Initiative, Migrant Health Mainstreaming Project (2025)

18 complaints from insured patients denied services or referral letters, January to June 2026

Between January and June 2026, the Tamtang Foundation received at least 18 complaints from patients insured under the SSO who were denied abortion services or referral letters. One private hospital reportedly refused to issue a referral letter because "the fetus had no abnormalities" and the referral took two weeks. Another hospital insisted on establishing a committee to investigate whether the patient should be referred, resulting in a six-week delay. Delays push patients into later gestational ages, increased medical risks, and difficulty finding a facility willing and able to provide the service.

Migrant workers under SSO coverage are denied services despite legal entitlement

Since April 2025, migrant workers enrolled in the SSO are entitled to free abortion services in Thailand for the first time. In practice, Tamtang's abortion counselling experience documents ongoing denials by SSO and NHSO facilities on grounds of alleged "language barriers", although the same services are provided to Thai nationals at those facilities. Many SSO hospitals and the SSO hotline itself remain unaware of the April 2025 policy, leaving patients confused and unable to exercise their rights.

Reimbursement contradictions and repeat-pregnancy denials

Some Thai patients who became pregnant more than once within the same fiscal year were unable to have their second abortion



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments

No health insurance fully covers safe abortion for:



covered by the NHSO reimbursement scheme, despite NHSO regulations stating that reimbursement should be available based on the actual number of pregnancies. Denials of NHSO-covered ultrasound services also persist, with some facilities requiring patients to register for antenatal care rather than abortion services in order to receive the ultrasound, contradicting NHSO policy.

Non-insured populations are fully excluded

No health insurance scheme fully covers the cost of safe abortion for migrant workers outside the social security system, stateless persons, individuals without civil registration, and refugees. These groups pay out-of-pocket fees of 5,000 to 50,000 baht, or resort to unsafe or illegal methods, disproportionately exposing them to Section 301 criminal liability.



Challenge 3: Structural Stigma, Unmonitored Conscientious Objection and Institutional Bias among Healthcare Providers

Structural stigma, formally recognised in Medical Council of Thailand regulations permitting conscientious objection without any enforceable referral obligation, is a primary driver of service inaccessibility. Even where the law permits abortion and public funding covers it, the absence of willing providers renders the right meaningless. The 2025 CEDAW Concluding Observations to Thailand expressly called for measures to address conscientious objection by medical personnel and stigma against women seeking abortion.



Abortion-rights activists hold a merit-making ceremony outside the Ministry of Public Health. The ceremony honoured women who died after being unable to access safe abortion and called for legal abortion services to be accessible in practice.

SOURCE: Luke Duggleby / HaRDstories (2023)

Consensus of religious and moral refusal in 5 out of 11 BMA public hospitals. Conversations conducted by Tamtang Foundation with representatives from 5 out of 11 BMA public hospitals during 2023 to 2024 revealed a consensus among obstetricians, nurses and hospital administrators at all 5 institutions expressing unwillingness to provide abortion services on religious grounds. Only 1 of the 11 BMA public hospitals provides the service, reportedly scolding, shaming and turning away patients.

Conscientious objection is legally recognised but the referral obligation is unenforced. The Medical Council of Thailand's regulation on abortion permits physicians' conscientious objection ("service denial"), on the condition that any doctor who refuses must provide an immediate referral without delay. However, no mechanism exists within the Medical Council or the Ministry of Public Health to monitor or enforce this referral obligation. The Royal Thai College of Obstetricians and Gynaecologists has not, on the record, sanctioned any doctor for refusing to refer.

Willing providers face obstruction from colleagues and hostile working environments. Medical practitioners who provide abortion care face obstruction from colleagues who oppose the practice, refusal to cooperate by nursing and support staff, and misinformation directed at patients (including false claims that abortion services are unavailable). The Department of Health under the Ministry of Public Health has categorically refused to take proactive measures to address negative attitudes among providers, citing that the department "cannot force doctors to provide abortion against their personal beliefs."

Refusal of related services including ultrasound and post-abortion care. Some facilities refuse to provide NHSO-covered ultrasound services, essential for pregnancies beyond 12 weeks and for telemedicine, or condition the ultrasound on registration for antenatal care. In 2026, one year after the SSO recognised abortion and post-abortion care as free services, Tamtang continues to document refusals to treat post-abortion complications, with patients reporting that they "felt neglected in receiving care and were harshly condemned, being told that abortion is equivalent to killing."



REALITIES ON THE GROUND

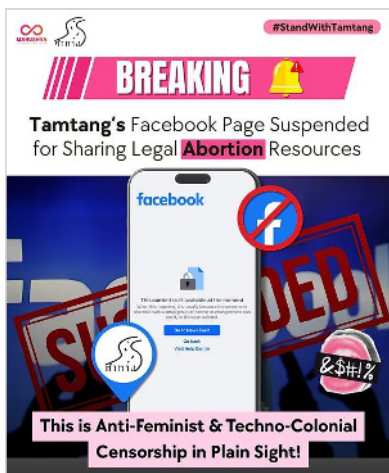
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Case, Facts, and Comments



Challenge 4: State and Digital-Platform Censorship of Safe Abortion Information

Access to accurate information is a precondition for informed consent and safe access. Thailand fails on both fronts: the State does not publish accessible, multilingual information on where to obtain safe abortion, and continues to circulate misinformation through official channels; and digital platforms have repeatedly suspended the accounts of the very civil society organisations attempting to fill the information gap. For details on the broader pattern of platform regulation and SRHR censorship, see the companion Joint UPR Submission on Digital Rights in Thailand.



Tamtang's Facebook page suspended over legal abortion resources.

After Tamtang's page was suspended on 12 May 2025 for sharing government-approved abortion information, Manushya Foundation supported its appeal and directly contacted Meta. The page was later reinstated.

No public information in languages other than Thai; no publicly accessible provider database

Six years after legalisation, no public information communicating abortion rights is available in languages other than Thai. The RSA database of authorised providers is confidential and access is restricted to a few authorised member organisations. The Department of Health has declined to publish the names of public hospital abortion providers, citing provider privacy and stigma concerns.

Official misinformation about later-term abortion safety persists

The Ministry of Public Health and the Thai Health Promotion Foundation (ThaiHealth) continue to publish and circulate materials suggesting that abortions performed after 20 weeks of gestation pose life-threatening risks. This contradicts WHO and peer-reviewed evidence that abortion provided by trained medical personnel is safer than childbirth at any gestational age.

Misdirected public campaigns focus on youth as primary target

Ministry of Public Health and ThaiHealth campaigns on unintended pregnancy focus on youth as the primary target group, contradicting Tamtang hotline data from 2024 showing that 74 percent of persons who terminated their pregnancies were aged 20 and above, only 25.9 percent were aged 15 to 19, and only 0.1 percent were under 15.

Meta, TikTok and Google Maps have suspended SRHR advocacy organisations' accounts

Between 2024 and 2026, Meta suspended the Facebook pages of Women Help Women, RSA Thai, Tamtang's "Conversation with Women Who Had Abortion" and Sri-Daan Namdaeng Clinic; TikTok and Google Maps permanently suspended the activist-owned Tarntawan Medical Clinic's presence. Platforms cited "prescription medication" community-standards breaches, despite abortion pills being legal in Thailand. The Thai government has adopted no measures to engage platforms on the systematic suppression of legal SRHR content.



Challenge 5: Retained Criminalisation under Section 301 of the Criminal Code and Failure to Act on the 2025 CEDAW and Special Rapporteur Recommendations

The 2021 amendment reduced but did not remove criminal liability for abortion. Section 301 of the Criminal Code continues to criminalise abortion outside the legal framework with imprisonment of up to six months, a fine of up to 10,000 baht, or both. Section 305 sets out permissible conditions after 12 weeks (mandatory counselling between 12 and 20 weeks; risk to physical or mental health; severe fetal anomalies; pregnancy from sexual offences) but retains a criminal-law framework. In 2025, both the CEDAW Committee and the UN Special Rapporteur on the right to health urged Thailand to decriminalise abortion. Thailand has taken no action in the more than one year since.

Section 301 remains in force; the 2020-2021 reform rejected civil society calls for full decriminalisation

During the 2020 to 2021 amendment process, civil society organisations called for the repeal of Section 301. The government rejected the proposal, arguing that maintaining criminalisation would "encourage people to access legal abortion." Section 301 in practice punishes those denied access to legal services because of the very implementation failures documented in Challenges 1 to 4.

Constitutional Court Decision No. 4/2563 (2020) and the origin of the reform

The 2021 legal reform did not stem from State recognition of abortion as a human right, but from Constitutional Court Decision No. 4/2563 (February 2020), which followed the 2018 arrest of a physician who had performed a lawful abortion under the



REALITIES ON THE GROUND

Challenges

Case, Facts, and Comments



Advocates rally outside Parliament as Thailand's legislature approves initial readings of landmark abortion decriminalization bills. SOURCE: Prachatai (23 December 2020)

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then-existing provisions. The reform was reactive, not rights-based, and the Constitutional Court's reasoning acknowledged the "right of the fetus," retaining a pro-life framing.

The 2025 CEDAW Concluding Observations to Thailand explicitly recommended decriminalisation

The 2025 CEDAW Concluding Observations on Thailand's 8th periodic report (CEDAW/C/THA/CO/8, adopted 10 July 2025) explicitly recommended that the Thai government decriminalise abortion and abolish unnecessary and obstructive requirements, including mandatory counselling beyond 12 weeks and forced sterilisation. It also called for measures to address conscientious objection and stigma against women seeking abortion.

The 2025 UN Special Rapporteur on the right to health urged accelerated decriminalisation

In her preliminary observations following her country visit to Bangkok, released on 28 February 2025, Ms. Tlaleng Mofokeng, UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, expressed concern about gaps in access to safe abortion and urged accelerated decriminalisation. As of the September 2026 drafting of this factsheet, more than 18 months have passed without concrete government action.



RECOMMENDATIONS



1. On Challenge 1: Scarcity and Geographic Inequality of Providers, and Unlawful Additional Service Conditions

1.1

Guarantee at least one healthcare facility providing abortion services for pregnancies up to 12 weeks in each of Thailand's 77 provinces, and at least one facility providing services beyond 12 weeks in each region, within two years, in line with CESC General Comment No. 22 on the right to sexual and reproductive health.

1.2

Enforce compliance of all authorised facilities with the Criminal Code and ministerial regulations governing abortion, in particular the right of adolescents aged 15 and above to give informed consent without parental or spousal consent, and prohibit facility-level policies that impose gestational-age limits below the statutory 12 weeks or condition access on acceptance of contraception, sterilisation or membership of a specific district or province.

1.3

Adopt clear ministerial guidelines and public regulations on telemedicine-based provision of medication abortion, and expand telemedicine to underserved provinces, in line with WHO Abortion Care Guidelines (2022).

1.4

Guarantee equal, non-discriminatory access for adolescents, LBTQI+ persons, persons living with HIV, people who use drugs, and other marginalised populations, and hold facilities and providers accountable for discriminatory denials.



RECOMMENDATIONS



2. On Challenge 2: Barriers to Free Services under NHSO and SSO Coverage, and Exclusion of Non-Insured Populations

2.1

Implement and publicise the April 2025 SSO abortion coverage in all languages used by insured migrant workers, train hospital staff and the SSO hotline on the entitlement, and prohibit denials of service based on alleged "language barriers", in line with the 3rd cycle recommendations by Uruguay (51.116), Malaysia (51.124) and Iceland (52.71).

2.2

Enforce NHSO reimbursement based on the actual number of pregnancies, prohibit fiscal-year caps that penalise repeat pregnancies, and prohibit the conditioning of NHSO-covered ultrasound on antenatal-care registration.

2.3

Extend free safe abortion coverage to non-insured populations, including stateless persons, undocumented migrants, refugees, and migrant workers outside the social security scheme, and adopt a clear referral protocol so that patients denied services at one facility are guaranteed a timely referral to a willing provider.



3. On Challenge 3: Structural Stigma, Unmonitored Conscientious Objection and Institutional Bias

3.1

Amend the Medical Council of Thailand's regulations on conscientious objection to include a mandatory, monitored and enforceable individual-provider referral obligation, with published statistics on refusals and referrals, and disciplinary consequences for failure to refer, in line with the 2025 CEDAW Concluding Observations to Thailand.

3.2

Impose an institutional-level duty on every hospital and clinic accredited to provide comprehensive obstetric and gynaecological services to ensure that at least one willing provider is on staff or on call, and prohibit institutional-level conscientious objection.

3.3

Publicly recognise and protect abortion providers within the Ministry of Public Health, the Medical Council of Thailand, and the Royal Thai College of Obstetricians and Gynaecologists, and address the workplace obstruction faced by providers through disciplinary rules on obstruction by colleagues.

3.4

Revise sexual education curricula by 2028 across the Ministry of Education, Ministry of Public Health, and Ministry of Social Development and Human Security to mandate the topic of access to safe abortion services as a compulsory subject, and remove stigma-laden framing of unintended pregnancy and abortion.



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RECOMMENDATIONS



4. On Challenge 4: State and Digital-Platform Censorship of Safe Abortion Information

4.1

Publish and maintain, through the Ministry of Public Health, NHSO, SSO and ThaiHealth, an annually updated, publicly accessible, multilingual database of authorised safe abortion providers, including public hospital providers who consent to public listing, and actively disseminate information on how and where to access free services.

4.2

Withdraw and correct all official Ministry of Public Health and ThaiHealth materials that misrepresent the safety of later-term abortion, and align all official information with WHO Abortion Care Guidelines (2022) and CESCR General Comment No. 22.

4.3

Redirect public information campaigns on unintended pregnancy to reflect the reality that 74 percent of persons obtaining abortion are aged 20 and above, and remove the exclusive youth framing.

4.4

Engage in sustained, public dialogue with Meta, TikTok, Google and other platform operators to end the systematic suppression of accurate, lawful SRHR information in Thailand, and adopt platform-accountability legislation as recommended in the companion Joint UPR Submission on Digital Rights.



5. On Challenge 5: Retained Criminalisation under Section 301

5.1

Repeal Section 301 of the Criminal Code and remove abortion from the Criminal Code entirely, recognising abortion as a healthcare service rather than a criminal offence, in line with the 2025 CEDAW Concluding Observations to Thailand and the 2025 preliminary observations of the UN Special Rapporteur on the right to health.

5.2

Abolish unnecessary and obstructive requirements under Section 305 of the Criminal Code, including mandatory options counselling between 12 and 20 weeks that in practice delays access, and any residual forced sterilisation or coerced contraception requirements, in line with the 2025 CEDAW Concluding Observations.

5.3

Enact a specific abortion law regulated under a Health Code rather than the Criminal Code, guaranteeing safe abortion up to 24 weeks of pregnancy on request, and after 24 weeks in defined medical circumstances, consistent with the ICCPR General Comment No. 36 on the right to life (2018) and CESCR General Comment No. 22 on the right to sexual and reproductive health.

5.4

Provide effective remedy to persons who were denied safe abortion services or subjected to denial of ultrasound, referral or post-abortion care as a result of provider stigma or unenforced conscientious objection, including through accessible complaints mechanisms at the Medical Council and the Office of the Ombudsman.

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