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Historical overview of abortion legislation in Honduras and some contextual factors

Reseña histórica de la legislación sobre el aborto en Honduras y algunos factores contextuales

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INTRODUCTION

There is a growing recognition of the need to prioritize sexual health and well-being within the broader framework of sexual and reproductive health and rights (SRHR) to promote more inclusive and equitable health systems for all.[1] These rights affirm individuals' autonomy to make informed decisions about their sexual and reproductive health, including those related to services such as comprehensive abortion care. A person's environment plays a key role in shaping their access to care and influencing their health outcomes. The cornerstone of high-quality, all-encompassing care, including abortion care, is an enabling environment. Respect for human rights, including a framework of laws and policies that support it, the availability and accessibility of information, and a supportive, widely available, reasonably priced, and efficiently operating health system are the three pillars of an environment that is conducive to quality abortion care.[2] Prioritizing and strengthening efforts around SRHR contributes to comprehensive care and may contribute to promote collaboration among stakeholders to address issues such as restrictive policies and social stigmatization, especially in relation to abortion.[1,2]

At the global level, there is a need to facilitate understanding of the legality of abortion, as well as the types of abortion permitted or approved by policies, laws, and guidelines, because it is generally considered an essential component of the environment that promotes quality abortion care.[2] Tools such as the World Health Organization's Global Abortion Policy Database (GAPD) have been developed to enhance transparency and accountability in how states protect the health and human rights of women and girls.[3] In Latin America and the Caribbean (LAC), abortion laws vary widely. While some countries permit abortion without restriction during the first trimester, many others allow it only under specific circumstances, such as in cases of rape, severe fetal impairment, or threats to the woman's life or health. A few countries, including Honduras, maintain the most restrictive abortion laws in the region.[3]

To explore how such diverse legal frameworks translate into practice, a research protocol was developed to examine the implementation of comprehensive abortion policies across several LAC countries, including Honduras.[4] This protocol focused on the regulatory environment, service provision, and health system indicators to better understand the factors influencing

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access to care. Building on the foundational insights and objectives of that protocol, this article offers a historical overview of abortion legislation in Honduras, highlighting key contextual and legal developments with the purpose to inform future research on the implementation of abortion policies and the provision of comprehensive abortion care, including postabortion care, in the country. A Spanish version of this article is provided as a **Supplementary File**.

ABORTION LEGISLATION IN HONDURAS AND SOME CONTEXTUAL FACTORS

General context

According to the World Bank, Honduras is one of the countries with high levels of income inequality and some of the lowest human development in the LAC region (https://www.worldbank.org/en/country/honduras/overview). The country also faces challenges such as the need to strengthen its response to the ecological impacts of climate change, as well as to enhance governance and improve the performance of public institutions.

The Honduras national health model is based on primary health care and a network of integrated health services, including the first and second levels of care. The health system, including the public and the private sub-systems, is segmented and fragmented, facing many challenges.[5] The country has 20 health regions: 18 departmental regions (one for each of the 18 departments) and two metropolitan regions (the Metropolitan Region of the Central District, where Tegucigalpa, the capital, is located, and the Metropolitan Region of San Pedro Sula, on the north coast). Public funding for health is less than 6% of gross domestic product (GDP). In 2021, public spending on health accounted for 3.4% of GDP and 12.1% of total public spending, while out-of-pocket spending on health accounted for 51.7% of total health spending.[6]

Honduras has very restrictive abortion laws, which affect access to sexual and reproductive health services.[3] Various testimonies from media reports and studies illustrate the severe challenges faced by girls and women in abortion-related situations. These accounts describe experiences of desperation, coercion, and trauma, ranging from the use of unsafe methods due to lack of access to care, to seeking clandestine services under fear of legal repercussions, often in the context of poverty, abuse, and social marginalization.[7] In the Honduran health system, emergency abortion cases are managed by applying the Secretary of Health's protocol for the management of obstetric complications.[8] While this protocol is not a legal standard, its use can be supported by the legal principle of "state of necessity." Together, they provide a framework for addressing serious health risks arising from abortion-related emergencies. However, health professionals face significant constraints in how they can intervene, as legal prohibitions on abortion limit their ability to act even in emergency situations.

In the absence of comprehensive national reports, scientific research on the status of SRHR, including the situation of abortion, would provide valuable evidence and deepen understanding of the local context. However, in Honduras such studies remain limited. Existing research on SRHR in Honduras has explored a wide range of issues, from clinical analyses of abortion cases and hospital discharge data to sociodemographic and clinical profiles of patients.[9] The papers have also focused on promoting awareness of sexual and reproductive rights among health professionals, assessing the broader health and social context for women, and examining the use of long-acting reversible contraception among adolescents experiencing abortion.[10,11]

Despite the limited scope of existing studies, the country does monitor maternal health outcomes, including through a national maternal mortality indicator, reported in Health in the Americas country profile,[6] with the maternal mortality ratio in 2020 estimated at 71.8 per 100,000 live births. This represented a reduction of 12.3% compared to the value estimated for the year 2000. In addition, fertility estimates from 2024 demonstrate that women had an average of 2.5 children throughout their reproductive life. In the specific case of adolescent fertility, a reduction of 36.5% was observed if we compare the rate of 128.0 live births per 1,000 women aged 15 to 19 years in 2000 with the figure of 81.3 in 2024. Fifty-two percent of births were attended by skilled personnel in 2021.[6]

In this general context, Honduras also stands out as one of the countries in LAC where abortion is prohibited in all circumstances, including in cases of rape, severe fetal impairment, or when the life or health of the woman is at risk; women, adolescents, or girls, health professionals, and those who care for them are also penalized.[3] This situation did not change even in the context of the Zika epidemic in the Americas, unlike to what was reported for other countries in the region, for instance Colombia.[12]

Characteristics of postabortion care in Honduras: sanitary context

Until recently, postabortion care in the Honduran public system was only available at the hospital level, with patients at other levels of care referred to the hospital level. However, in the Metropolitan Region of the Central District, with a population of approximately 1.5 million inhabitants (2021) and an area of 1,515 km^2, there has been only one hospital, the Hospital Escuela, offering immediate postabortion care. The Hospital Escuela is the most important public hospital in the country.

During the COVID-19 pandemic in 2020, the maternal mortality was increasing. This was because an important proportion of patients treated for an obstetric event in hospitals became infected with the SARS-CoV-2 virus, developing complications and subsequent death. For this reason, in 2020, the Secretary of Health, together with the Society of Gynecology and Obstetrics of Honduras, updated the protocol for care of obstetric complications in postabortion care and implemented outpatient management using misoprostol.[8] The nationwide dissemination of this updated maternal health protocol, started in 2025, is contributing to the implementation of safe postabortion care in the country. Despite these efforts, abortion remains among the leading causes of maternal death in Honduras. These findings

highlight the importance of developing strategies to continue improving quality and the availability of safe postabortion care within the health system.

Chronology of the criminalization and legislation of abortion in Honduras: legal and regulatory context

In Honduras, abortion is completely prohibited by the current Penal Code (Decree 130-2017), with no exceptions. This absolute criminalization stands in contrast to the World Health Organization's recommendation for decriminalization as part of an enabling environment for abortion care.[2] To understand how this legal framework came to be, and its implications for access to care, it is necessary to examine the historical and regulatory evolution of abortion legislation in Honduras. **Table 1** presents information on the types of criminal offenses and the range of penalties contained in the abortion criminal regulations that have been applied in Honduras from 1526 to the present, revealing a persistent and increasingly punitive typology. Over time, these laws have expanded to include more actors, such as health professionals, and have increased in severity.

Table 1. Definitions of abortion and the range of penalties contained in the criminal laws that have been applied in Honduras during the period from 1526 to 2025, Honduras.

DEFINITIONS / COMMENTS	Minimum to maximum penalty graduations				
	HONDURAN PENAL CODES				
Colonial antecedent. Law of Seven Partidas, 1526-1880[1] (in force until the Penal Code of 1880 was approved): Homicide (abortion), Partida 7ª, Title VIII, "De los homeciellos", Law VIII: Death penalty to her, him or those who caused the abortion. If she or they survived, they would be exiled to an island for five years. Title XII. Punishments: public whipping; in a sack locked up with four animals, thrown into the sea or a river.	**1880**[2]	**1898**[3]	**1906**[4]	**1983**[5-7]	**2017**[8]
Whoever purposely causes an abortion (Arts. By year: 1880, 344p1*; 1898, 401p1; 1906, 409; 2017, 196p1): In the 2017 Penal Code, it has the following wording: "Abortion is the death of a human being at any time during pregnancy." Reform Decree 191 96,[7] adds to Art. 26p1 of Decree 144-83 "...or during childbirth. Whoever intentionally..."	From the first code of 1880 to the code of 2017, in the articles where this variant of crime is established, there is no minimum or maximum penalty and it is ordered to refer to another article or paragraph, to specify it. It appears disaggregated according to the circumstances in 1, 2 and 3, as they appear in the articles in each developed regulation and the penalties below complete the criminal typology.				
1. Exercising violence against the pregnant woman. In the Penal Code of 1983 Art. 126p3, reformed by Decree 191-96,[7] and in the Penal Code of 2017 Art. 196.3, it is added if intimidation or deception is used.	3 years, 1 day to 5 years	6 years, 1 day to 9 years	*Ídem* to 1898	(5 a 8 years)** 8 to 10 years	*Ídem* to the 1996 reform
2. Without violence against the woman and without her consent. In the Penal Code of 1983, Art. 126.2, it is added without using intimidation. *Reformed by Decree 191-96.*[7]	2 years, 1 day to 3 years	3 years, 1 day to 6 years	*Ídem* to 1898	(3 to 5 years) 6 to 8 years	Merged into a single article
3. Consented to by the woman. In the 1983 Penal Code, Art. 126p1. *Reformed by Decree 191-96.*[7]	1 year, 1 day to 2 years	2 years, 1 day to 3 years	61 days to 1 year	(2 to 3 years) 3 to 6 years	Merged into a single article
Preterintentional abortion.[9] Abortion exercising violence and without the purpose of causing it (Art. by year: 1880 [two graduations of penalties according to gravity and circumstances], 345; 1898, 402; 1906, 410; 1983, *reformed by Decree 191-96*,[7] 132; 2017, 196p3). In the 2017 Penal Code, it determines that the penalty for the latter is independent of the crime of injury.	61 days to 1 year 1 year, 1 day to 2 years	1 year, 1 day to 2 years	*Ídem* to 1898	(1 to 2 years) 4 to 6 years	8 to 10 years
Self-induced abortion.[9] Woman who causes herself an abortion or consents to another causing it (Art. by year: 1880, 346p1; 1898, 403p1; 1906, 411p1; 1983, 128; 2017, 196.1).	2 years, 1 day to 3 año	1 year, 1 day to 2 years	2 years, 1 day to 3 years	(2 to 3 years) 3 to 6 years	*Ídem* to the 1996 reform
Abortion Honoris Causa.[9] Woman who causes herself an abortion to conceal her dishonor. (Art. by year: 1880, 346p2; 1898, 403p2; 1906, 411p2; 1983, 129), repealed by Decree 191-96.7 The 2017 code no longer includes this variant of the crime of abortion.	1 year, 1 day to 2 years	*Ídem* to 1880	*Ídem* to 1880	(6 months to 1 year)	Its inclusion was not considered.
Professional abortion.[9] Practitioner who abuses his art and causes an abortion or cooperates in its occurrence (Art. by year: 1880, 347p1; 1898, 404p1 (penalties of Art. 401 apply increased by one degree); 1906, 412p1; 1983, 127p1; 2017). In the 1983 Penal Code indicates professions of: physician, paramedics and apprentices. It adds a fine of 1000 to 3000 lempiras*** for each subtype. In the 1983 Penal Code it involves "professionals" and establishes a fine of 500 to 1000 days (this is how it appears written. The judge applies a formula to determine the value of the fine/day). The fine was increased by reform of Decree 191-96,7 from 15,000 to 30,000 lempiras.	From the first code of 1880 to the code of 2017, in the articles where this variant of crime is established, there is no minimum or maximum penalty and it is ordered to refer to another article or paragraph, to specify it. It appears disaggregated according to the circumstances in 1, 2 and 3, as they appear in the articles in each developed regulation and the penalties below complete the criminal typology.				

1.	Exercising violence against the pregnant woman. In the 1983 and 2017 penal codes it is identified as Arts. 127.3 and 196p2.3, both adding the terms intimidation or deception.	4 years, 4 months, 1 day to 6 years, 4 months	9 years, 1 day to 12 years	*Ídem* to 1898	5 to 8 years	*Ídem* to 1983
2.	Without violence against the woman and without her consent. In the Penal Codes of 1983 and 2017 it is identified in Arts. 127.2 and 196p2, adding the term intimidation.	3 years, 4 months, 1 day to 4 years, 4 months	9 years, 1 day to 12 years	*Ídem* to 1898	3 to 5 years	*Ídem* to 1983
3.	Consented to by the woman. In the 1983 and 2017 penal codes it is identified in Arts. 127.1; and 196p2.1.	2 years, 4 months, 1 day to 3 years, 4 months	2 years, 1 day to 3 years	*Ídem* to 1898	2 to 3 years	*Ídem* to 1983
	Chemically or pharmacologically induced abortion.[9] Issuance of abortifacient by a pharmacist, without proper prescription (fine 50 to 250 pesos****) (Art. per year: 1880 [three penalties according to gravity and circumstances]), 347p2; 1898, 404p2; 1906, 412p2).	61 days to 1 year 1 year, 1 day to 2 years 2 years, 1 day to 3 years	31 days to 1 year	61 days to 1 year	Not considered for inclusion	Not considered for inclusion
	Ethical abortion.[9] Eliminate the product of gestation resulting from rape; only sanctioned if the woman did not consent (1983, Art. 130p1). *Repealed by decrees 13-856 and 191-96.*[7]	Included since 1983	*Ídem*	*Ídem*	1 to 6 years	Not considered for inclusion
	Therapeutic abortion.[9] When the pregnant woman suffers from a mental illness or incomplete psychic development (1983, Art. 130p1). *Repealed by Decrees 13-85[6] and 191-96,[7] for violating constitutional guarantees contained in Articles 65, 67 and 68 of the Constitution.*[10]	Included since 1983	*Ídem*	*Ídem*	Exempt (did not enter into force)	Not considered for inclusion
	Practiced by a physician, with the consent of the woman and the persons mentioned in the previous article, to save her life or for the benefit of her health seriously disturbed or threatened by the process of gestation (therapeutic abortion[9]), or when performed to prevent the birth of a potentially defective being (eugenic abortion[9]) (1983, Art. 131p2). *Repealed by Decrees 13-85[6] and 191-96,[7] for violating constitutional guarantees contained in Articles 65, 67 and 68 of the Constitution.*[10]	Included since 1983	*Ídem*	*Ídem*	Exempt (did not enter into force)	Not considered for inclusion
	Secretaría de Salud de Honduras. National Norms for Maternal-Neonatal Care, Secretary of Health of Honduras, Tegucigalpa, Honduras, 2010.[11]	Not apply				
	Secretaría de Salud de Honduras. Protocols for Preconception, Pregnancy, Delivery, Puerperium and Neonatal Care. Volume 3: Management of obstetric complications. Secretary of Health of Honduras, Tegucigalpa, Honduras, PT06: 2016, Rev. 01-2020, 2020.[12]	Not apply				
	Secretaría de Salud de Honduras. Protocol for Comprehensive Maternal Health Care. Preconception, prenatal care, delivery, puerperium and obstetric complications. PT07: 2016, REV. 02-2024. December 2024.[13]	Not apply				
	Constitutional Reform, Decree No. 192-2020. Amendment of the year 2021, via addition, which modified Article 67 of the Constitution of the Republic, which included the specific prohibition of abortion, and established in its second paragraph that: "It is considered prohibited and illegal the practice of any form of interruption of life by the mother or a third party to the unborn child, whose life must be respected from conception".[14]	Not apply				

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Note: The minimum, average or maximum values to apply the penalties is a criterion that corresponds to the judge to determine the concrete penalty, after a sentence. For this, the judge analyzes the mitigating factors, which help in the reduction of the penalty and the aggravating factors involved in the commission of the crime of abortion; these are criteria that are set in the current criminal law and that the judge's criterion is always subjective, since the decision to impose penalties is left to the discretion of the judge.

*pN: paragraph number of an article; **(...): In parenthesis, values of initially approved penalties, which later received reforms or were repealed; ***The Honduran currency is called Lempira whose symbol is "L". The exchange rate for August 10, 2025, is L26.1305 per US$ 1.00, according to the Central Bank of Honduras (https://www.bch.hn/); ****Peso: This is the name of the Honduran currency before 1931.

The origins of abortion legislation in Honduras trace back to the *Law of the Seven Partidas,* which remained in force until the first Penal Code was enacted in 1880. It was repealed in 1898 with the approval of a new code. This was repealed by the 1906 code, which remained in effect for a long period of legal continuity until the approval of the Penal Code in 1983. After the return to constitutional order in 1982, the 1906 code was repealed, although inconsistencies remained—most notably, the continued use of the outdated common procedure Code (which dealt with civil and criminal matters) until its replacement in 1999.[13] The current Penal Code, approved in 2018, published in 2019, in force since 2020, defines abortion in Article 196 as "the death of a human being at any time during pregnancy or childbirth", a definition that diverges significantly from medical and public health standards, including those used by the Honduran Secretary of Health, for instance in the Protocol for Comprehensive Maternal Health Care, which contains the protocol for care of obstetric complications.[8] In this protocol, abortion is defined as "expulsion of an embryo or fetus weighing less than 500 g (weight reached at approximately 22 completed weeks of pregnancy), or of another product of gestation of any weight or gestational age but which is absolutely non-viable". Earlier health regulations, such as the Norms for Maternal and Neonatal Care (**Table 1**), included a definition of therapeutic abortion, recognizing circumstances such as risk to the woman's life or health, rape, and severe fetal anomalies. However, this definition has since been removed from official protocols.[8]

In 2021, a constitutional amendment to Article 67 further entrenched the prohibition of abortion by declaring: "Any form of interruption of life by the mother or a third party to the unborn child is considered prohibited and illegal; the life of the unborn must be respected from conception."[14] Modifying this clause now requires a three-fourths majority in Congress, making Honduras the only country in the LAC region with a constitutional ban on all forms of abortion. The approval of this legal framework occurred in a context marked by political instability that followed the 2009 coup d'état and the contested elections in 2017. This prompted a response from civil society, which noted that the Penal Code published in 2018 differed from the version that had been shared publicly between 2015 and 2016. Additionally, they pointed out that the draft reviewed by the Supreme Court of Justice was not the same as the one ultimately enacted.[13] Moreover, civil society groups, citing international human rights treaties ratified by Honduras, advocated for decriminalization in three specific

cases (rape, severe fetal impairment, or when the life or health of the woman is at risk), but these proposals were excluded from legislative debate. Despite the restrictive legal environment, there have been notable advancements in sexual and reproductive health services, including for example, the reversal of the 2009 ban on emergency contraception in 2023 under the administration of the country's first female president.[15] Despite this progress, any reform to abortion regulations remains contingent on legislative action.

CONCLUSION

Understanding the legal and institutional barriers to abortion care requires situating them within Honduras's broader socioeconomic and health system challenges. The restrictive abortion laws in Honduras are embedded in a broader context of poverty and inequality, with some of the lowest human development indices in the LAC region. Moreover, the country's fragmented health system faces persistent challenges in coordination and service delivery. This historical overview is intended to inform and inspire further research that explores the implementation of abortion policies and access to safe abortion care in Honduras.

Such research should recognize that access to safe abortion care is not only a public health issue but is grounded in the fundamental human right to health, reproductive autonomy, bodily integrity, and freedom from discrimination. This includes the right to make decisions about one's reproductive life, to exercise control over one's body and to receive care without bias based on gender, race, or other factors. By examining issues at the individual, community, and institutional levels, future studies can deepen understanding of the broader context, key actors, and processes that shape reproductive health outcomes in the country.

CONTRIBUTIONS

DM, EC, MC, JGA, EM, AO, ARM, CG, JA, and AL participated in the conception of the article. DM, EC, EM, JA, and AL led the development of the manuscript. All authors reviewed and contributed to the editorial recommendations. All authors approved the final version of the manuscript.

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