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A Comparative Study of Abortion Rights in Iranian and French Law

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Article Info	Abstract
Article Type: Research Article	The regulation of abortion represents a complex intersection of medical, legal, ethical, and social considerations. Across different legal systems, approaches to abortion reflect not only public health priorities but also the broader historical, cultural, and ideological foundations of each society. This article presents a comparative and historical examination of abortion laws in Iran and France, two jurisdictions with distinct legal traditions, political frameworks, and socio-cultural contexts. Through this comparison, the study aims to analyze how differing legal philosophies and policy objectives shape the scope, accessibility, and legal characterization of abortion within each system. The study employs a comparative and historical methodology, analyzing legislative evolution, public health initiatives, and socio-cultural dynamics in both countries. Primary sources include legal texts, policy documents, historical records, and scholarly literature on reproductive health, law, and ethics. By tracing the trajectory of abortion regulation over time, the research identifies the underlying drivers of legal reform, the role of public advocacy and institutional frameworks, and the interaction between legal norms and healthcare infrastructure. In France, the evolution of abortion legislation has followed a gradual trajectory from strict prohibition to a regulated framework emphasizing individual decision-making and public health protection. Contemporary discourse on reproductive rights in France emerged prominently during the 1970s, when widespread social debates and organized civic movements drew attention to women's health and reproductive issues. Legal reform was catalyzed by public advocacy and the broader women's rights movement, resulting in the enactment of the Loi Veil in 1975. This legislation authorized the voluntary termination of pregnancy within specific gestational limits and under regulated medical conditions. Subsequent reforms progressively extended the permissible period for termination, simplified procedural requirements, and incorporated financial coverage under the national health system. These legislative
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Article Info**Abstract**

developments reflected an evolving understanding of reproductive health as a component of social welfare and medical accessibility rather than a purely moral or criminal issue. In 2024, the French Constitution was amended to recognize voluntary termination of pregnancy as a guaranteed freedom, emphasizing the integration of reproductive health protection within the constitutional framework. The French legal experience thus demonstrates a gradual and systematic incorporation of abortion regulation into broader public health and human rights discourse.

By contrast, abortion law in Iran has developed within a legal and ethical framework strongly influenced by religious jurisprudence, demographic policy, and state priorities. Following the 1979 Islamic Revolution, population policy was closely aligned with ideological and social objectives. In the early years of the new regime, a pronatalist orientation encouraged population growth to support national reconstruction. However, in the 1990s, demographic and economic pressures prompted a shift toward family planning initiatives aimed at moderating population expansion. These programs, supported by public health campaigns and access to contraceptive services, were among the most comprehensive in the region. Although abortion remained legally restricted, reproductive health policies during this period emphasized preventive healthcare, education, and access to family planning services.

In the early 21st century, demographic concerns regarding declining birth rates and an aging population led to a renewed emphasis on pronatalist policies. The Family and Youth Support Law of 2021 represented a significant legislative development, introducing stricter limitations on abortion and regulating various reproductive health services more closely. Under the current framework, abortion in Iran is legally permitted only under exceptional circumstances, specifically when continuation of pregnancy poses a serious threat to the mother's life or when certain severe fetal abnormalities are diagnosed. Even in such cases, legal authorization requires approval from both medical specialists and judicial authorities. This regulatory structure emphasizes oversight and alignment with ethical and jurisprudential principles, with limited exceptions justified by medical necessity.

While the Iranian legal framework is primarily guided by population policy and religious jurisprudence, the French experience illustrates how gradual legislative reform, supported by public health perspectives and institutional consensus, can create a system that balances accessibility, healthcare integration, and individual rights. Comparative analysis suggests that Iran could consider adapting aspects of such an approach to develop policies that both support national demographic objectives and enhance reproductive health services for women. Such strategies could focus on preventive and supportive measures rather than solely on restrictive legal mechanisms.

For instance, Iran could implement policies aimed at providing

Article Info**Abstract**

comprehensive reproductive health services, including accessible family planning, prenatal care, and counseling. By increasing access to these services, the demand for abortion could be moderated, creating a health-centered approach that aligns with both demographic goals and the protection of reproductive health. In addition, educational programs targeting families and women regarding sexual and reproductive health could empower individuals to make informed decisions. These programs could include accurate information about reproductive physiology, contraception, family planning, and pregnancy options, enabling women to plan and manage their reproductive lives in a way that is safe, informed, and contextually appropriate.

The adoption of such intermediary strategies could offer a balanced framework where reproductive health services are integrated into the healthcare system, ethical and legal standards are respected, and public health outcomes are optimized. By combining preventive measures, educational initiatives, and comprehensive reproductive services, a middle-ground approach could address both demographic and reproductive health objectives without introducing contentious or politically sensitive discourse. This approach allows policymakers to focus on evidence-based interventions, health promotion, and informed choice, rather than solely on restrictive or punitive measures.

Furthermore, by examining France and Iran in parallel, the study underscores the broader insight that abortion regulation is shaped not only by legal rules but also by the surrounding institutional, cultural, and social context. Legal frameworks interact with healthcare infrastructure, educational initiatives, and public health priorities to produce outcomes that reflect the society's approach to balancing individual autonomy, medical necessity, and collective policy objectives. Comparative scholarship in this field can inform the design of policies that are both culturally sensitive and responsive to contemporary public health challenges.

In conclusion, the comparative analysis highlights that while France has integrated abortion into its healthcare and constitutional framework to ensure accessibility and protection of reproductive rights, Iran currently maintains a legally restrictive model with specific medical exceptions. Drawing on comparative experiences, however, Iran could explore intermediate policy options that achieve demographic objectives while enhancing women's reproductive health. Such measures could include comprehensive reproductive health services, preventive care, and educational programs that empower individuals to make informed reproductive choices. By focusing on these evidence-based and balanced interventions, it is possible to design policies that reconcile population management priorities with the promotion of public health and reproductive well-being.

Overall, this study contributes to the broader understanding of how national legal systems approach abortion regulation within diverse historical, cultural, and institutional frameworks. By

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	presenting a neutral, comparative perspective and highlighting the potential for contextually appropriate policy adaptations, the article encourages continued scholarly examination of how legal frameworks can evolve to support both demographic objectives and reproductive health outcomes.
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