Barriers to legal abortion: perspectives of German women and health experts on cross-border abortion travel.

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1. introduction

"We are committed to protecting and promoting sexual and reproductive health and rights," is one of the slogans used by German politicians abroad to promote their newly introduced feminist foreign policy (Auswärtiges Amt, 2023, p. 40).[1] Meanwhile, German women[2] have been traveling abroad for decades to receive basic sexual and reproductive health services denied to them at home.[3] In the early 1980s, about 50% of abortions in the Netherlands were performed on German women (Lorenz, 2013). Although the numbers have declined in recent decades, 1,125 German women still traveled to the Netherlands for abortions in 2020, representing the largest group of non-Dutch women who had abortions performed in that country (Dutch Ministry of Health, Welfare and Sport, 2022).

In Germany, abortion under Penal Code (StGB) § 218 continues to be punishable by up to 3 years in prison or a fine for all parties involved. Under certain conditions, the abortion is not illegal, e.g. if there is a medical indication (serious consequences for the mental and physical health of the woman), if there is a criminal indication (pregnancy as a result of rape) or even if the abortion is performed within 12 weeks after mandatory counseling at a state-recognized "pregnancy conflict counseling center". However, the counseling serves to "protect unborn life" (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2022) and not to provide information about the abortion. Until 2022, Section 219a of the Penal Code prohibited "advertising of abortion" and prevented physicians from openly presenting their services. After a consultation and a mandatory waiting period of three days, a woman can have an abortion at her own expense[4] if she finds a doctor and the 12 weeks p.c. have not yet passed. Women whose pregnancies have exceeded 12 weeks (14 weeks since the last menstrual period) are forced to continue or seek alternatives. The latter includes travel to countries where abortions are available after the first trimester, such as Spain, the United Kingdom, or the Netherlands (De Zordo et al., 2020; Garnsey et al., 2021).

[1] In 2023, the German Foreign Office announced a feminist foreign policy that includes addressing "legal gaps related to sexual and reproductive health and rights" (Auswärtiges Amt, 2023, p. 16).
[2] For women, we take an inclusive approach to women and pregnant people.
[3] In 1975, German activistsprotested against Paragraph 218 of the German Penal Code by organizing bus convoys and "abortion drives to Holland." A 1978 pro familia brochure entitled "We don't want to go to Holland anymore" also drew attention to cross-border abortion journeys and the burdens they entailed (pro familia 1978).
[4] Women must bear the costs of abortion themselves, unless they can prove their "social indigence" (monthly income below 1258 euros). The costs are only covered if the woman applies for reimbursement before the treatment.

In the Netherlands, as in Germany, abortions are enshrined in the Penal Code (Erasmus University Rotterdam, 2022). However, in contrast to Germany, abortion is permitted until the fetus is viable, preabortion counseling is not mandatory, and the period for abortion is significantly longer at 24 weeks (Ziegler, 2023). Thus, German women can have an abortion in the Netherlands beyond the 12 weeks allowed in Germany, or can seek treatment in England up to 24 weeks' gestation (De Zordo et al. 2020).

Abortion is a controversial right that sparks ongoing debates in Germany and Europe (Busch & Hahn, 2015; Krolzik-Matthei, 2019). Even in European countries with relatively liberal abortion laws, there are numerous legal, procedural, and social barriers that encourage women to seek services outside their country of residence (De Zordo et al., 2020, 2023). Barriers such as mandatory waiting periods, mandatory counseling, conscientious objection, underserved regions, stigma of abortion, and lack of medical training have been documented in the German scientific literature (Böhm et al., 2022; Tennhardt & Kothé, 2017; Torenz, 2022; Widera et al., 2022). However, little is known about the reasons why German women cross borders to seek abortion.

This paper refers to the first mixed-methods survey research documenting the experiences and motivations of women living in Germany who seek abortion abroad. The study examines the main barriers to legal abortion that lead women to travel abroad for treatment. The data show that the main reason for such travel is the time limit on abortion. In addition, patients face significant travel-related financial costs and burdens that further delay access to treatment. In light of the current political debate on abortion law reform in Germany and the recent abolition of the ban on abortion advertising (§ 219a), we provide evidence-based recommendations to improve access to faster and safer abortion care in Germany.

2. the methodological approach of the study

The data presented in this paper were collected as part of a six-year research project on barriers to legal abortion and abortion travel in Western Europe (BAR2LEGAB, 680004 - https://europeabortionaccessproject.org/) funded by the European Research Council (ERC).[5] Quantitative data were collected between 2017-2019, descriptively analyzed using STATA, and derived from 115 surveys with individuals living in Germany who sought abortion care in the Netherlands and England.[6] Participants aged 18 years and older were recruited at clinics while awaiting their medical consultation after providing written and verbal informed consent. In addition to sociodemographic data, information was collected on participants' reproductive history, their search for and performance of abortion, associated costs, delays, and reasons, stigma associated with abortion, self-performed abortions, and opinions on abortion rights. To complement the quantitative data, eleven expert interviews were conducted in Germany and the Netherlands between 2018 and 2021 on barriers to legal abortion and cross-border abortion travel. Physicians, representatives of Profamilia and

[5] This work was supported by the European Research Council (ERC) [BAR2LEGAB, grant number 680004] and the Spanish Ministerio de Economía, Industria y Competitividad [grant number RYC-2015-19206]. The funders had no influence on the design or conduct of the study; the collection, management, analysis, or interpretation of the data; the preparation, review, or approval of the manuscript; or the decision to submit the manuscript for publication.
[6] With 113 out of 115 surveys, the majority of the data was collected in the Netherlands. Therefore, the article focuses abortion travel in the Netherlands.

Doctors for Choice, and academics conducting research on abortion were interviewed. Experts were selected based on their professional expertise and previous experience with cross-border abortion travel. We focused not only on health professionals in the target country, but also on experts in underserved regions where women face greater barriers to accessing abortion care. Careful attention was paid to the collection, management, storage, and dissemination of data to ensure that participants' rights to privacy and confidentiality were protected in accordance with EU and national legislation. The study received ethical approval from the ERC and participating universities.
This article provides an overview of the predominant themes that emerged from the data collected on barriers to legal abortion.[7]

3. backgrounds of cross-border abortion trips

3.1 Quantitative results

We first present the results of the quantitative survey, including participants' sociodemographic characteristics, reproductive history, reasons for travel and associated costs and delays, and existing support structures for women who travel.

3.1.1 Sociodemographic characteristics, reproductive history, and decision making.

Table 1 shows the sociodemographic profile of the participants. All respondents were resident in Germany. The majority were born in Germany. Respondents born outside Germany (10%) were from the European Union, Latin America, Asia, the Middle East, and Africa. The average age of the respondents was 25. Half had a university degree. One in four respondents had completed secondary school. The majority were employed in some form (full-time, part-time or self-employed). One-third reported being unemployed. Half of the respondents were married or living in a partnership, and over one-third reported being single, separated or divorced (see Table 1).

Table 1: Sociodemographic characteristics of respondents

Sociodemographic characteristics of respondents, N=115	
Age	
Mean value [IQR*]	**25** [21-28]
Age groups	
18-24	57 (49.6%)
25-34	45 (39.1%)
>35	13 (11.3%)
Country of birth	
Germany	99 (86.1%)

[7] A more detailed description of the mixed methods research methodology can be found elsewhere (De Zordo et al., 2020).
We thank the participants and the organizations and clinics that collaborated in this study. We thank the European Research Council and the University of Barcelona for their support. We would like to acknowledge the contributions of Caitlin Gerdts in co-designing the research project, Ann-Kathrin Ziegler for primary data collection, and Derek Clougher and David Palma for statistical data analysis.

Other country	12 (10.4%)
I prefer no answer	4 (3.5%)
Training	
University and Postgraduate	58 (50.4%)
Secondary	31 (27%)
I prefer no answer	26 (22.6%)
Employment status	
Full time or part time	65 (56.5%)
Unemployed	37 (32.2%)
I prefer no answer	13 (11.3%)
Marital status	
Married / in a relationship	53 (46.1%)
Single or divorced	41 (35.7%)
Other	3 (2.6%)
I prefer no answer	18 15.6%)

* IQR stands for interquartile range.

Two-thirds of respondents said they had sufficient resources to meet their basic needs always or most of the time, while 17% had difficulty meeting their basic needs. In terms of religious background, a quarter of respondents each reported being Catholic, Protestant, and agnostic, with 68% of respondents stating that they never or rarely attended religious services (data not included in table).

Table 2 provides information on the reproductive history and decision making of the survey participants. Most respondents had not yet had children (67%) and had not yet had an abortion (77%). Nearly half of the participants reported that the decision to have an abortion had been easy or very easy for them. For one in three, the decision had been difficult. Every second respondent discovered her pregnancy only after the 14th week of pregnancy[8] and had thus already exceeded the legal regulations and deadlines for abortion in Germany (see Table 2).

Table 2: Reproductive medical history and decision making.

Reproductive health history and decision making, N=115.	
Previous children	
0	77 (67%)
1	20 (17.4%)
≥ 2	16 (13.9)
I prefer no answer	2 (1.7%)

[8] 14 weeks after the start of the last period (respondents' self-assessment) corresponds to the legally defined period of 12 weeks (14th week of pregnancy p.m. corresponds to 12th week of pregnancy p.c.).

Previous abortions (before index **abortion**).	
0	89 (77.3%)
1	20 (17.4%)
≥ 2	6 (5.2%)
How hard is the decision to make?	
Quite or very light	52 (45.2%)
Neither easy nor difficult	19 (16.5%)
Somewhat or very difficult	41 (35.7%)
I prefer no answer	3 (2.6%)
Gestational age at detection of pregnancy, in weeks	
≤ 6 week	22 (19.1%)
7-14 week	33 (28.7%)
15-20 week	48 (41.7%)
≥ 21	7 (6.1%)
Don't know/I prefer no answer	5 (4.4%)

Three-quarters of the respondents had attempted to have an abortion in Germany before their trip. Of these, half were already beyond the 14th week of pregnancy when they sought medical assistance. However, 47% were still within the legal time limit (10% were ≤ 6 weeks; 5% between 7 and 10 weeks; 32% between 11 and 14 weeks) and would have been eligible for services in Germany. Nevertheless, they decided to travel abroad. Six of 115 respondents attempted to self-induce abortion before travel by blows to the abdomen or self-medication (data not included in table).

3.1.2 Reasons for travel, information search, and support

Table 3 provides information on the main reasons for the trip. The vast majority stated that they could not have an abortion at their place of residence because they had already exceeded the legal abortion period in Germany. Similarly, one-third of respondents stated that abortion was not legal at their place of residence in their situation. Other reasons included, in descending order of importance: difficulty finding health care providers, privacy concerns, rejection or judgment by medical professionals, and lack of abortion services or preferred methods nearby (see Table 3).

Table 3: Reasons for travel

Motivation to travel abroad for abortion, N=115*.	
Beyond the legal gestational age	97 (84.4%)
Abortion not legal in the country concerned	38 (33%)
Difficult to find a doctor who performs abortion	12 (10.4%)
Fear that someone will find out about it	11 (9.6%)
Fear of rejection/judgment by a doctor	11 (9.6%)

Surgical abortion not possible	4 (3.5%)
There are no abortion services nearby	3 (2.6%)
No abortion possible due to fetal malformation	2 (1.7%)
Concern about the safety of the abortion	2 (1.7%)
Other motivations	2 (1.7%)

* Multiple answers possible. May exceed 100%.

Table 4 shows the sources from which respondents obtained information about abortion and who supported their travel plans. The majority of respondents consulted websites of private providers followed by their personal networks. Only 16% reported receiving information from their doctors and counseling centers. Few respondents received information from religious organizations and government websites (less than 3%) (see also Kubitza et al. in this volume). The main reasons for choosing the Netherlands were that it was geographically closest to the country offering the service (69%), easy access (32%), and low cost (15%). 10% said that the clinic offering surgical abortion encouraged them in their decision, and only 7% had a recommendation from a health care provider to travel to the Netherlands for an abortion. Half of the respondents felt supported by their closest friends, family, and partner (see Table 4).

Table 4: Information search and support

Information search and support, N=115*	
How do you find out about abortion in the Netherlands?	
General websites	69 (60%)
Friends, family or partner	39 (33.9%)
Doctors, health nurses	18 (15.7%)
Religious persons or organizations	3 (2.6%)
Government websites	3 (2.6%)
School	2 (1.7%)
Social media	1 (0.9%)
Other	3 (2.6%)
Why did you choose the Netherlands?	
The nearest country that offers it	79 (68.7%)
Easiest to reach	37 (32.2%)
Cheapest country for treatment	17 (14.8%)
Clinic offers surgical intervention	12 (10.4%)
Health care provider recommended it to me	9 (7%)
A friend recommended it to me	7 (5.2%)
I know someone in the Netherlands	3 (2.6%)
Someone else recommended it to me	3 (2.6%)
Other	2 (1.7%)
Who supported your decision?	
Partner	55 (47.8%)
Family	52 (45.2%)
Friends	48 (41.7%)

Clinical staff	12 (10.4%)
Healthcare Provider	8 (7%)
Online support group	2 (1.7%)
Own decision	1 (0.9%)
I prefer no answer	1 (0.9%)

* Multiple answers possible. May exceed 100%.

3.1.3 Delays, travel experiences and travel costs

At the time of the survey, only 10% of participants were under 14 weeks pregnant. The majority were between 15 and 20 weeks gestation, and 12% beyond 20 weeks gestation. Almost all respondents indicated that they would have preferred an earlier abortion. Only 5% did not express this preference. When asked why they did not have an abortion earlier, over half of the women indicated that they did not know they were pregnant. Other reasons included problems obtaining money, scheduling, decision making, lack of abortion services nearby, and travel arrangements. Seven percent of respondents said that the legally mandated waiting period prevented them from having an abortion sooner (see Table 5).

Table 5: Reasons for delays

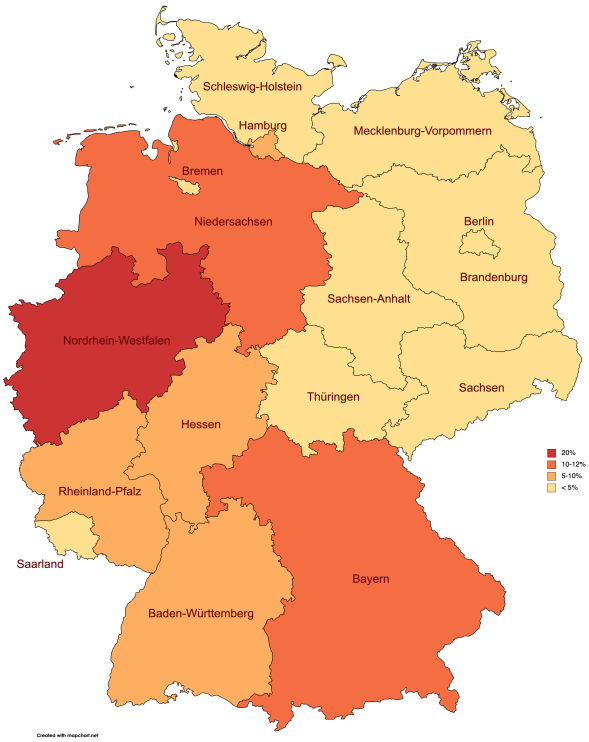
Reasons against earlier termination, N=115*.	
I did not know that I was pregnant	64 (55.7%)
Problems in obtaining money (travel/treatment).	15 (13%)
Problems with scheduling	14 (12.2%)
It was a difficult decision	13 (11.30%)
No abortion services near me	11 (9.6%)
Problems with travel planning	10 (8.7%)
Something has changed in my relationship	10 (8.7%)
Statutory waiting period	8 (7%)
I needed time to talk with my partner	7 (6.1%)
I have changed my mind	7 (6.1%)
Difficulties with appointments	6 (5.2%)
Religious or moral concerns	5 (4.4%)
A fetal malformation was detected	4 (3.5%)
Financial situation has changed	3 (2.6%)
I did not know where to get an abortion	2 (1.7%)
Other reason	6 (5.2%)

* Multiple answers possible. May exceed 100%.

This section provides insight into travel experiences and costs for cross-national abortion travel to the Netherlands. The map shows the regional distribution of German respondents, covering all 16 German states. 20% of respondents were from North Rhine-Westphalia (dark red), which borders the Netherlands. More than 10% came from Bavaria and Lower Saxony

(dark orange). Between 5% and 10% came from Hesse, Hamburg, Baden-Württemberg and Rhineland-Palatinate (orange), and less than 5% from the northern and eastern states (yellow). Overall, a higher proportion of respondents were recruited from the west and south (see Figure 1).

Fig. 1: Regional distribution of female survey participants by state, in percent (N=115)



Source: Created by the authors.

Women spent an average of 1100 EUR on their cross-border abortion, which consisted of the cost of the procedure, travel expenses, and accommodation. At EUR 875, the largest expense was the procedure itself. More than half of the respondents had difficulty covering these costs. The vast majority stated that the costs would not be covered by their insurance. The second largest expense was related to travel. Most traveled by car (69%), followed by buses (8%) and airplanes (6%). The average transportation cost was EUR 120 and varied by travel distance, place of residence, and state, respectively (see also Figure 1). The third largest expense was for accommodation, with an average of EUR 100. One in three respondents reported staying in a hotel or hostel. Given the significant costs associated with cross-border abortion travel, women took time to raise the necessary funds. Overall, 44% of respondents took up to a week to raise the funds. One in five respondents took up to 4 weeks, and 3% took more than 4 weeks. Thus, obtaining the money for abortion further delayed access to care (see Table 6).

Table 6: Time to raise money

Time to raise money for abortion, N=115

1-7 days	50 (43.5%)
1-4 weeks	23 (20%)
4+ weeks	3 (2.6%)
I did not have to raise money	21 (18.3%)
I prefer no answer	18 (15.7%)

3.2 Qualitative results

The most important themes that emerged from the expert interviews, in order of importance, were access to abortion, abortion rights, barriers, seeking information, and travel. The most important overlap of themes in terms of content was between abortion access and barriers. The following intertwined barriers to abortion access in Germany were mentioned by the experts:

1. legal and informational obstacles
2. period regulation, obligatory consultation and delays.
3. cost absorption
4. lack of medical training
5. conscientious objection, stigmatization, and underserved regions.
6. low economic profitability for the medical profession

We address each barrier individually, but emphasize common interdependencies and linkages.

3.2.1 Legal and informational barriers

All 11 experts referred to the legal and informational barriers associated with Sections 218 and 219a of the German Penal Code, which prevent women from accessing reliable and high-quality information about abortion procedures. We interviewed a member of the board of Pro Familia Bundesverband who is responsible for policy work and lobbying to bring Germany in line with international human rights standards. The expert explained:

> "The first barrier is the information barrier. Basically it's finding someone nearby who offers abortion, what method, up to what week, does this doctor only take his own patients or can she go there.... The institutional element is criminalizing the provision of this information by the doctors themselves, which means women have to scour the Internet and potentially make numerous phone calls." ExpDE1_20112020_LR

As the expert pointed out, "criminalizing the provision of information" makes it more difficult for women to access reliable information, referring to Section 219a of the Criminal Code. Another expert, who performs abortions in Hesse and specializes in those after the eleventh week, explicitly mentions the same paragraph.

> "219a leads to the fact that women are at the mercy, that they are exposed to arbitrariness, where they get information, to which addresses and how they get the

> addresses. Many counseling centers do not give addresses, many doctors do not give addresses, many addresses that women get are outdated or wrong or impossible. All this giving of addresses is a disaster for many, and women lose an insane amount of time." NLCC_de_ExpGER3_AZ_041018

Another doctor, who is also a trained psychotherapist and abortion counselor, is even more outspoken in her criticism of Paragraph 219a:

> "We see this stupid paragraph [Section 219a] banning advertising. This is not advertising, this is information, to which every woman actually has a right.... I hope that something will change and that this advertising ban will be off the table. The woman has the right to inform herself ... As comprehensively and as neutrally as possible." NLCC_de_ExpGER6_AZ_29.10.2018

Interviews were conducted in 2018. Our study published elsewhere (Zanini et al. 2021), based on data collected between 2017 and 2018 and focusing on abortion information, found that German women received insufficient, unclear, or missing information. In qualitative interviews, women from Germany who wanted to have an abortion in the Netherlands emphasized that they were not allowed to mention abortion services abroad and felt uncomfortable documenting their intention to have an abortion. In 2022, when the new German government of Social Democrats, Free Democrats and Greens came to power, Section 219a was actually abolished.

Yet despite the decriminalization of abortion information, the poor information landscape and general criminalization persists. Experts do concede that legal regulation is needed, but outside of criminal law. "I think that without a set of rules it probably won't work" says a social worker and family therapist from Pro Familia in Lower Bavaria in this regard. He further emphasizes, "abortion cannot be in the criminal code because that is an obstacle in so many places" (ExpDE6 2.2.2021). The experts were unanimous in their support for the deletion of Section 218 and for simplified access to neutral, comprehensive information.

3.2.2 Deadline regulation, obligatory consultation and delays

The interviewed experts point out that the time limit regulation for abortion is the important obstacle that causes women to perform abortions abroad. This is what a gynecologist in Berlin reports:

> "The main reason why women travel far away from their home for an abortion is that they have passed the deadline, that they are simply too far [in their pregnancy] to have an abortion under the regulation in Germany." NLCC_de_ExpGER4_AZ_18.10.2018

The same doctor clarifies that the women are in a gray area: they have exceeded the 12-week period, but they are also not entitled to an abortion for medical reasons, which would allow them to have an abortion without penalty even after the twelfth week. The gynecologist explains:

> "It is a situation where there is simply no medical indication or ... Is issued, or they can't find a clinic where they can get an abortion."
> NLCC_de_ExpGER4_AZ_18.10.2018

The expert underlines the difficulties of finding a clinic for abortion. Before this can happen, women must obtain a consultation certificate, which is an additional hurdle. The board member of Pro Familia Bundesverband quoted at the beginning explains:

> "Finding a counseling center is not that difficult. But it can happen that you end up at a counseling center that is not at all willing to issue the certificate you need in order to use its services. Some counseling centers advertise that they are pregnancy conflict counseling centers, but they don't have the permission to issue these certificates, and women may not know that before they go there. They may go for counseling only to find out that they can't get the certificate, and then they have to go to another counseling center to get the certificate. So there is a delay."
> ExpDE1_20112020_LR

As these quotes show, women face numerous obstacles in getting the services they need. The delays are related to mandatory counseling, abortion opponents posing as counselors at pregnancy counseling centers, and the fact that women are close to or beyond the deadline that allows them to be eligible for abortion services in Germany. In order to circumvent such hurdles, the experts argued for an extension of the time limit or the abolition of the time limit regulation.

3.2.3 Cost absorption

Another obstacle, according to the experts interviewed, is the assumption of costs. According to a board member of Doctors for Choice Germany, "abortion is part of basic reproductive health care, but as long as it is under criminal law, it is not covered" (ExpDE5 4/27/2021). Women who can prove their need for assistance are entitled to coverage for abortion, but these women must overcome additional hurdles, as the board member of Pro Familia Bundesverband explains:

> "A major obstacle is coverage for women with insufficient financial resources.... Some women have had a huge delay in trying to get the coverage that you have to have before you can get an appointment with a doctor for the actual abortion."
> ExpDE1_20112020_LR

Women lose valuable time applying for reimbursement before the procedure, which causes additional stress, in an already stressful situation.
Women who travel abroad - regardless of their income - have to bear their own costs, which, according to experts, represents a considerable financial burden. One interviewee says in this regard,

> "The women have to have the financial means.... In Holland they have to pay all the costs regardless of their income and they have to be able to pay the travel costs and the accommodation costs, that's already around 1000 euros, a lot of women just

don't have that available, it's not possible for them."
NLCC_de_ExpGER4_AZ_18.10.2018

These findings confirm that the cost of abortion is a key barrier for women. It is important to note that in our study we did not recruit women who were unable to travel due to financial difficulties, only those who had the financial means to travel. However, even for them, obtaining money for abortion abroad delayed access to quality treatment (see Table 6).

3.2.4 Lack of medical training

The next barrier highlighted by the experts relates to the lack of medical training with regard to abortion in Germany. The board member of Doctors for Choice Germany clarifies,

> "For general practitioners, it's not really part of the training. It's very different from the Netherlands, for example, where many general practitioners do abortions and it's more common. But in Germany, it's not very common. It's not so easy to find a hospital that does abortions. In Berlin it would be possible, but in other regions, for example in Bavaria or also Baden-Württemberg, where I come from. There, many hospitals don't perform abortions, so it would really be a problem there to find someone to teach you." ExpDE5 4/27/2021

The expert notes that the situation is probably better in the German capital. We interviewed other physicians from Berlin who noted similar challenges:

> "There are few who are even willing to perform abortions, in training, in continuing medical education, the subject does not come up at all."
> NLCC_de_ExpGER6_AZ_29.10.2018

The lack of medical training is directly related to underserved regions, stigma, and conscientious objection.

3.2.5 Denial, stigmatization and underserved regions

According to the experts interviewed, conscientious objection is a persistent obstacle to legal abortion in Germany. We interviewed a representative of Pro Familia in Baden-Württemberg, where access to abortion is difficult. The interviewee explained:

> "Conscientious objection is a big issue, so each medical professional can decide for himself or herself whether he or she wants to offer this service or not, and I think that's a problem.... In 2020, the Secretary of State of the Ministry of Social Affairs here, that's the ministry in charge, announced in an interview that she was planning to talk to university hospitals about offering abortion services. And then there was a shitstorm in Germany about conscientious objection, and many of the health professional organizations went public and said, 'Nobody can force us to do abortions.' They want to force us to do abortions.' All she [the secretary of state] said was that she wanted to talk to the university hospitals, that they can find or look for someone who will do it, even if they don't do abortions ... It's not too much to ask, especially of university hospitals, because they have a very special role when it comes

> to education and professional development. But this underscores the big issue of conscientious objection and how much it's defended." ExpDE4 1/18/2021_LR

The quote illustrates how conscientious objection is related to the deficiencies in medical education, training, and continuing education mentioned above. Even in university clinics, the interviewee said, there is resistance to performing or teaching abortions. Related to conscientious objection is the stigmatization of abortion, which is associated with fear and social pressure, as reported by a social worker in Lower Bavaria, another underserved region,

> "A lot of doctors don't perform abortions because they fear the stigma of the doctor.... So patients say, 'I won't go to this doctor because he's a murderer.' The doctors fear that their own family will be stigmatized because they perform abortions. So they say, 'No, I won't do that.' Especially in all of Lower Bavaria, in the region around Regensburg, there is no hospital that offers abortion after counseling." ExpDE6 2.2.2021

The quote highlights the interconnectedness of stigma, conscientious objection, and access in underserved regions.

3.2.6 Low economic profitability for the medical profession

Physicians are not only under social pressure, but increasingly also under financial pressure. The low economic profitability for physicians is another obstacle to the performance of abortions in Germany. Thus, a psychotherapist for abortions emphasized,

> "It will not be feasible for many doctors to perform abortion. There are many reasons for that, so first of all, the procedure is not attractive. Since the law was introduced, there has always been the same remuneration, so it's not something very lucrative." NLCC_de_ExpGER6_AZ_29.10.2018

Another expert confirms,

> "There's no economic advantage at all to doing abortion, and that also makes it difficult for some physicians who have this political commitment to provide this service and maybe want to do more to take over from the other physicians in the area who don't want to do it.... They find it difficult because if the only thing you do, or the thing you do primarily, is provide abortion services, then it's not economically feasible."
> ExpDE1_20112020_LR

These interrelated barriers, consisting of (a) legal and information barriers, (b) period regulation and mandatory counseling, (c) cost coverage, (d) inadequate medical training, (e) underserved regions, conscientious objection, stigmatization, and (f) the low economic return, create a toxic environment that negatively impacts women's sexual and reproductive health and rights (SRHR). The provision of legal abortions in Germany is limited and women, especially in advanced weeks of pregnancy, are often left with no alternative but to seek services abroad.

4. conclusion, discussion and policy recommendations

For many women in Germany who have exceeded the legal limit for abortions or do not have access to timely, high-quality services in their area, abortion travel abroad is a reality. Women face numerous barriers to accessing care that further delay access to care. Strikingly, our findings show that women largely rely on themselves and their private networks to obtain information about where to seek care (see also Zanini et al. 2021; the same is true for general abortion information, see Kubitza et al. in this volume). Only 15.7% of traveling women received information from medical professionals about abortion abroad, and less than 3% received information through government websites. These findings are particularly interesting because recent studies suggest that abortion seekers in Germany rely heavily on information from medical professionals, whereas personal contacts appear to play only a minor role in obtaining information (Bomert, 2022). The recent repeal of Section 219a of the Penal Code is a first step toward more comprehensive information, to which women have a right. The lack of reliable information, especially about second-trimester abortion options, leaves women exposed to misinformation.[9] While the Netherlands appears to be the closest and easiest country to reach for abortion services, the cost of travel and treatment is a significant burden that causes further delays. Having to raise more than EUR 1000 is particularly difficult for low-income women. The findings of this article are part of a larger phenomenon of abortion and abortion travel in Europe (De Zordo et al., 2017; Gissler et al., 2012), where numerous barriers to legal abortion persist (De Zordo et al., 2023). The European Parliament recently declared access to abortion a fundamental right of women in Europe and "called on Member States to decriminalize abortion and to remove and address barriers to safe and legal abortion and access to SRHR services" (European Parliament, 2022, p. 1). In light of this European stance, the findings have important policy implications, which are organized into four policy recommendations for Germany:

1. **Decriminalization of** abortion by deleting Section 218 from the Criminal Code.
2. **Extend** gestational age limits to 24 weeks or abolish term limits altogether.
3. **Ensure** coverage for abortion care and simplified access to reliable information.
4. **Eliminate** mandatory preabortion counseling and **expand** medical teaching and services, especially in underserved regions.

These recommendations are similar to the demands of the German Women Lawyers Association (Deutscher Juristinnenbund e.V.), which advocates, among other things, an extended regulation of the period outside of criminal law and a right to counseling instead of mandatory counseling (djb 2022).

To reduce travel-related costs and burdens, it is advisable to expand or eliminate the time limit provision so that women can access quality services free of charge and without further delay at their place of residence. In addition, there is an urgent need for the government to increase its efforts to provide reliable, transparent, and non-stigmatizing information in order to truly "advocate for the protection and promotion of sexual and reproductive health and rights," as stated by German foreign policy, not only abroad but also at home.

[9] For example, websites of organizations such as Profemina misinform women about the illegality of abortions in the Netherlands. See https://www.profemina.org/de-de/abtreibung/abtreibung-im-ausland

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