

## RESEARCH ARTICLE

# 45 Years of Law 194 in Italy

How Does Regional Politics Impact on the Right to Access Abortion?

*Alessia Ottavia COZZI*

*University of Udine*

*Elisabetta DE GIORGI*

*University of Trieste*

*Gaia Matilde RIPAMONTI*

*University of Trieste*

### Abstract

Law 194 introduced the right to abortion in Italy in 1978. Since then, the literature reports a persistent ineffectiveness of the right to abortion throughout the country. This research addresses the relevance that regional political actors attach to this issue and the position they take, investigating a sample of eight Italian regions over 10 years, from 2013 to 2023. The analysis is based on an original data collection, including legislative and oversight activities on the issue of abortion in the selected regions. The results show that the issue is of little relevance to Italian parties, although there are some exceptions, and that, in terms of orientation, the center-left and the Five Star Movement generally adopt a pro-abortion stance, while the center-right parties tend to support anti-abortion positions. Analyzing the narrative behind these positions, the results also highlight the variety of arguments used by anti-abortionists to support their position.

**Keywords:** Abortion; Reproductive rights; Law 194; Women; Meloni.

### Introduction

The annual reports of the Ministry of Health and the literature (among others, D'Amico et al., 2022; Fanlo Cortés, 2017; Grandi, 2015; Brunelli, 2009) have long highlighted a general ineffectiveness of the right to abortion in Italy and a significant variation among regions in terms of efficacy of the services provided with regards to abortion.

The abortion rate – defined as the number of abortions per 1,000 women, aged 15–49 years, residing in the country and considered the most accurate indicator for a proper assessment of abortions – has exhibited a consistent decline in Italy for decades, reaching a value of 5.6 per 1,000 in 2022: one of the lowest figures observed internationally (Ministry of Health, 2024). However, obstacles to the implementation of the right to abortion have remained consistent throughout the years: the defunding of public health centers (*consultori*); the dimension of conscientious objection (Gannon & Pullan, 2025), which is defined as “cyclopean” (Brunelli, 2009) and described as a “cankerworm which erodes the law from within” (Pezzini, 2022); the difficulties in accessing pharmacological abortion; the attempts to make the preliminary interview “dissuasive”, complicating administrative formalities and

**CONTACT** Elisabetta De Giorgi, [edegiorgi@units.it](mailto:edegiorgi@units.it), at the Department of Political and Social Sciences, University of Trieste

53

Work licensed under a Creative Commons Attribution Non-commercial-Share alike 3.0 Italian License.  
Copyright of the authors.

favoring the participation of anti-abortion associations<sup>1</sup> (Ministry of Health, 2008; Chamber of Deputies, 2006). The most recent data further confirm this trend. The waiting times between the certification of pregnancy and the medical treatment remain high, despite some recent improvements (Ministry of Health, 2024; *id.*, 2023). Furthermore, it has been shown that waiting times tend to be longer in regions with a higher percentage of objectors and that the regions with the highest outflows are those where conscientious objection presents the highest values (Autorino et al., 2018).

Law 194 introduced the right to abortion in Italy in 1978 and assigned many competencies to the regions in terms of the provision of medical services for abortion. Italian regions vary widely in terms of the effectiveness of the services provided because of different regional interpretations and implementations of Law 194 (Gannon & Pullan, 2025). This exploratory work purpose aims at investigating the attention that regional political actors pay to the abortion issue and the position they have on it. The research is based on a comparison of a sample of ordinary-statute regions over a 10-year period, spanning from 2013 to 2023. The regions were selected according to three criteria: the political affiliation of the government in office, the possible alternation in office during the period of analysis, the geographical location (north, center, south and the islands). As a result, eight regions were selected: two regions with stable center-left governments, Emilia-Romagna and Apulia; two regions with stable center-right governments, Lombardy and Veneto; and four regions with alternating governments, Piedmont, Umbria, Lazio and Basilicata. The analysis is based on the data of the annual reports of the Ministry of Health and on an original collection of data, which includes both legislative and oversight activities on abortion. These data have been classified according to their content, with a distinction between those adopting a “pro-abortion” position and those adopting an “anti-abortion” position.

### Positions on abortion over the years

Although a significant percentage of the Italian population – 75% according to a SWG poll administered in 2024<sup>2</sup> – is in favor of abortion legislation, with rates higher than the world average and among the highest in Europe, the issue has been the subject of ongoing debate in the country for almost as long as anyone can remember. Recently, despite Prime Minister Giorgia Meloni’s reassurances that her right-wing government has no intention of changing the national legislation on abortion, statements by the Minister for the Family, Childbirth and Equal Opportunities Eugenia Maria Roccella – including “Is abortion a women’s right? Unfortunately, yes”<sup>3</sup> (La Stampa, 2023) – have further stimulated the debate on the issue. The purpose of this article is to analyze the relevance that political actors attribute to the abortion issue in the Italian regions and the position they take regarding the pro/anti-abortion dichotomy. With the term “pro-abortion” we will refer to discourses, actions or measures that are in some way aimed at the removal of legal and material obstacles to the

---

<sup>1</sup> See art. 44 of the conversion law of decree-law no. 19/2024.

<sup>2</sup> [https://www.agi.it/cronaca/news/2024-05-22/aborto-associazione-coscioni-sondaggio-swg-italiani-favorevoli-](https://www.agi.it/cronaca/news/2024-05-22/aborto-associazione-coscioni-sondaggio-swg-italiani-favorevoli-26477684/#:~:text=AGI%20%2D%20Il%2075%25%20degli%20italiani,in%20vigore%20sia%20da%20migliorare.)

[26477684/#:~:text=AGI%20%2D%20Il%2075%25%20degli%20italiani,in%20vigore%20sia%20da%20migliorare.](https://www.agi.it/cronaca/news/2024-05-22/aborto-associazione-coscioni-sondaggio-swg-italiani-favorevoli-26477684/#:~:text=AGI%20%2D%20Il%2075%25%20degli%20italiani,in%20vigore%20sia%20da%20migliorare.)

<sup>3</sup> The statement was made during a television program on the national television network RAI in January 2023, commenting on a bill presented by a Brothers of Italy MP, which provided for the “amendment of Article 1 of the Civil Code on the recognition of legal capacity to every human being”. It is also noteworthy that a *Forza Italia* MP of presented a bill that provided for the recognition of the legal capacity of the conceived in October 2022; additionally, the same MP proposed to establish the “Day of Unborn Life”. A bill presented by a *Lega* MP in October 2022 proposed that the fetus should be “recognized as a member of the family nucleus for all purposes” (see La Stampa 2023 and [www.senato.it](http://www.senato.it)).

full implementation of the Law 194 in Italy, while with the term “anti-abortion” we will refer to discourses, actions or measures aimed at the reinforcement or creation of new obstacles.

A review of the debate on abortion over time has identified recurring topics that recall one position or the other, as well as interpretations, especially concerning women and motherhood, which have been traced in the arguments of both sides. According to Sheldon (1997), for example, there are three main visions of motherhood that can be found among opponents and supporters of the 1967 Abortion Act in the United Kingdom. First, one of the most frequently used arguments by those opposed to abortion is that of the “minor” (as in inferior) woman, who is perceived to be immature and selfish. This argument implies that these women should be empowered and consequently enabled to carry out their own (unwanted) pregnancies. Second, the woman as “victim” is one further image that emerges, mainly among the supporters of the right to abortion. The “victim” concept is used to describe women who are perceived as being unable to fulfil the role of “good mothers” and, for this reason, should be allowed the right to abortion, otherwise they would resort to illegal practices risking their lives (Sheldon, 1997; Hindell & Simms, 1971). Finally, the woman as the “natural mother” (Lowe & Page, 2019a) is one further vision shared by both those opposing and supporting the right to abortion (Sheldon, 1997): on the one side, abortion is seen as an “unnatural” action – since women are seen as mothers by nature –, while on the other side, it is viewed as a necessary decision for women who cannot be “good mothers” because of their behavioral or personal circumstances. In general, the idea of women’s role as procreators rather than as individuals with the right to make decisions about their own bodies has been shared by legislators for decades (Budde & Heichel, 2017).

The three visions of women, shared by those who oppose and support abortion rights, are also evident in much more recent campaigns. The 2018 “Yes” campaign in Ireland, for instance, where a referendum was held to repeal the constitutional ban on abortion, focused on an almost exclusively negative view of abortion, which built its “moral permissibility” along predominantly conservative lines, without trying to destigmatize it (O’Shaughnessy, 2022). The campaign has contributed to the idea of what Lowe (2016) calls “good abortion” – which is based on a “good reason”, that cannot simply be the case of an unwanted pregnancy – as opposed to what is a “bad abortion” – which is based on “bad reasons” such as a contraceptive not working or not being used (Lowe, 2016). The idea that every woman should be able to choose what she thinks is right for herself and her body – in other words, that she has the right to self-determination – is still lacking.

On the other side, among the anti-abortion movements, the arguments have shifted from the traditional religious sphere – which focused on the sanctity of life and equated abortion with murder – to a more secular and falsely feminist rhetoric. In many countries, these movements have reframed their narrative as “pro-women”, portraying women as victims of an oppressive, pro-abortion society (Koralewska & Zielińska, 2021) and heavily relying on the argument that “abortion harms women” (Saurette & Gordon, 2013).

Another argument used by both sides is that of abortion rights as human rights. Traditionally, feminist discourses developed the idea of reproductive rights as human rights, emphasizing the right of women to decide over their own bodies, hence, the right to self-determination. But anti-abortion actors have reformulated human rights to include the rights of the “unborn child” within the category, together with the right of women (once again seen as victims) to be protected. In doing so, they reconfigured the recipients of human rights, arguing not only that fetuses should be granted human rights, but also that providing abortion services to women violates human rights (Lowe & Page, 2019b).

In general, what is certainly noteworthy is that abortion has continued to be a topic of controversy for years in so many countries (Ferree et al., 2001), beyond the legislation that regulates it and, as Gal (1994) states, the nature of abortion discourses tells us a great deal,

not only about reproductive rights and the view of women and their role in a given society, but also about the nature and concerns of democracy as a whole.

Similar discourses and dynamics to those mentioned above can be observed in the Italian debate, where the argument of the “minor” woman and the “victim” woman has always been present (Brunelli, 2009; Veronesi, 2007; Niccolai, 2006; Ronchetti, 2006) as well as the rhetorical discourse on the protection of “all lives”, including that of the unborn – with the anti-abortion movements using precisely the argument of the protection of life “from conception to natural death”.<sup>4</sup>

The issue of the so-called “full implementation” of Law 194 is also common to both supporters and opponents of abortion rights in Italy, clearly with very different intentions. “Pro-abortion” supporters understand the full implementation as the removal of all the legislative and administrative obstacles that make the right to abortion *de facto* ineffective. On the anti-abortion side, instead, the full implementation of Law 194 is instrumental in supporting natality (which the law also encourages) – as opposed rather than complementary to abortion<sup>5</sup> – and rejecting innovations in medical treatments, such as pharmacological abortion (Brunelli, 2009; Niccolai, 2006).

In light of these dynamics, the aim of this work is to analyze the impact of pro- and anti-abortion orientations on the decisions taken or initiatives presented by the institutions – in our case, the Italian regions – to make abortion services more or less accessible. Before presenting our empirical work, some legal considerations should be made to understand the constitutional basis of abortion in Italy and the scope and role of the regions in guaranteeing the right to abortion in the country.

### The right to abortion in Italy and the regional powers

The Italian Constitution does not mention abortion. Legal abortion was allowed for the first time by a judgment of the Italian Constitutional Court (ItCC), no. 27/75. Under the Italian Criminal Code abortion was a crime. The ItCC declared it unconstitutional in the case of medically ascertained damage or serious danger to the mother’s physical and psychic health. Since that ruling, abortion has found a basis in the right to health, under Art. 32 of the Italian Constitution (It. Const.). The 1975 judgment affirmed a principle that has remained famous: “there is no equivalence between the right to life and also to health of one who is already a person, such as the mother, and the protection of the embryo that has yet to become a person”. The 1975 judgment outlined a constitutional balance which was later taken up by the legislator in Law no. 194/1978. As a result of a compromise between Catholics, Communists and other forces in parliament at the time, the law aimed at preventing clandestine abortions and allowing interventions under safe and healthy conditions for mother and child. Abortion was so regulated as a medical procedure, in which the women’s will passed through the national health service. Hence, unlike other legal systems the constitutional basis for abortion in Italy was not the woman’s self-determination, but the protection of health. Over the years, the link between Law 194 and the Constitution has been strengthened. Checking the admissibility of abrogative referendums to repeal it, either entirely or partially, the ItCC ruled that certain provisions of Law 194 have “constitutionally mandatory content”, because the latter directly reflects constitutional principles (right to life, right to health), and their elimination would leave

---

<sup>4</sup> See for instance the *Pro Vita & Famiglia* association webpage: [https://www.provitaefamiglia.it/chisiamo?\\_gl=1\\*1rrx2gp\\*\\_up\\*MQ..\\*\\_ga\\*MTY3MTcwODEyLjE3MjgyOTM4NjE.\\*\\_g\\_a\\_86V8KY1CJ5\\*MTcyODI5Mzg2 MS4xLjEuMTcyODI5NDM0Ny4wLjAuMA](https://www.provitaefamiglia.it/chisiamo?_gl=1*1rrx2gp*_up*MQ..*_ga*MTY3MTcwODEyLjE3MjgyOTM4NjE.*_g_a_86V8KY1CJ5*MTcyODI5Mzg2 MS4xLjEuMTcyODI5NDM0Ny4wLjAuMA).

<sup>5</sup> For instance, the “Conclusions” of the Ministry of Health’s 2024 report compare the number of health care facilities performing abortions with the number of birth points, a correlation that has long been argued to be scientifically unfounded (Brunelli, 2009).

both the mother and the child without protection. To date, therefore, the legislature cannot eliminate the regulation of abortion or even radically change its content. A fortiori, Law No. 194/1978 is mandatory for regional legislators. The constitutional basis remains, for the time being, the right to health, although legal doctrine has long observed that it would be possible to link abortion to a woman's self-determination (D'Amico et al. 2022; Niccolai, 2006; Ronchetti, 2006). Since 2008 the ItCC has recognized the existence of a constitutional right to self-determination, based on Artt. 13 and 32 of the Italian Constitution, from which the regulation of informed consent in health treatments derives. However, the Court has never expressly ruled on self-determination in matters of abortion.

For the present research, it is now important to define the scope of intervention of the Italian regions. As we mentioned, abortion in Italy is essentially a medical treatment. Law no. 194/1978 was passed under the original text of the Italian Constitution, Art. 117, concerning the division of legislative powers between the state and the regions. At that time, the regions could only intervene in certain enumerated matters, including health care. Within the general framework provided by the state legislation, the regions develop their own health care organization, following different models. Law 194, in fact, assigned many powers to the regions for the organization of abortion medical services establishing that abortion surgery and hospitalization were hospital services transferred to the regions.

In addition, the regions had to promote and strengthen social and health services related to abortion (Art. 1, Art. 2.1, a) Law no. 194/1978); authorize health facilities to perform abortions (Art. 8.3); ensure, concerning conscientious objection, that there was a sufficient number of doctors and auxiliary personnel, even through staff mobility (Art. 9.4); ensure, with the universities, that health personnel are kept up-to-date on conscious and responsible procreation, on contraceptive methods, and on the use of the techniques that are "more modern, more respectful of a woman's physical and psychic integrity, and less dangerous for the termination of pregnancy" (Art. 15). The issue of the "best techniques" has emerged recently due to the slowness with which many regions have allowed pharmacological abortion.

In 2001, the constitutional framework changed, but the impact on regional powers on abortion remained virtually unchanged. In general, the regions have more legislative powers, but in matters of health protection it is still up to the state to establish the fundamental principles. The regions, on the other hand, are responsible for all legislative and administrative aspects connected with health and social-health organization, as also required by the law that established the National Health System in the same year of Law 194 (Giorgi, 2024). The organizational powers of the regions are essential to make health care services effective (Luciani, 2002; on the "organizational dutifulness of the healthcare administration" for the protection of the person in the care pathway, see Pioggia, 2016; *id.*, 2014). This is even more evident in the field of abortion (Grandi, 2021; Brunelli, 2009; Catalano, 2008). Like legislation in many other countries, Law 194 contains a "time regulation scheme" of procedures with increasing limits (Busatta et al., 2023; Brunelli, 2009). Procedures and their timeliness are the core of the law. Delaying or complicating these procedures means rendering the related rights ineffective. The regions are, therefore, responsible for the engine that makes Law no. 194 work. If that engine has no petrol, the law and therefore the abortion services do not work.

In the period preceding the ten years considered in this research, some regions have added requirements for access to abortion, with both pro- and anti-abortion purposes. In 2008, for instance, administrative guidelines were adopted in Lombardy introducing a maximum time limit for therapeutic abortion, which was not provided for by Law 194. Moreover, they extended the members of the medical team and required the signature of two gynecologists, instead of one, and of the health director. These guidelines were annulled by the

administrative judge precisely because it was impossible for the regional legislature and, a fortiori, for the regional administration to introduce additional requirements (Catalano, 2008). On the “pro-abortion” side, guidelines on family counselling centers, specifying that their doctors could not object, were adopted in Lazio in 2014. These guidelines were also challenged in court, although the principle they reiterated was already acquired in the literature and the case-law, namely that the objection provided for by Law 194 is reserved only for doctors who immediately and directly perform the abortion procedure (Pioggia 2016; *id.*, 2015; Paris, 2011a; *id.*, 2011b; *id.*, 2008; Pugiotto, 1995).

In short, the regions are responsible for organization but cannot set requirements for access to abortion services that are additional to those provided for by Law 194, neither by law nor by administrative act. In practice, however, the boundary between legislative and administrative acts is not always clear. The regions, depending on their respective health organization laws, sometimes adopt legislative acts, some others administrative measures to implement them. Moreover, among the administrative measures, the line between acts of political-administrative guidance and acts of administrative management is not clear. For example, in 2020 the national guidelines on pharmacological abortion were adopted at state level. Some regions transposed them with administrative acts of a managerial nature, while others with acts of political-administrative direction (deliberations of regional executives, see Grandi, 2021). The type of act has repercussions on accountability and will be mentioned in the conclusions.

### The (in)effectiveness of the right to abortion in Italy: some indicators

The distribution of facilities throughout the territory is a pivotal factor in evaluating the accessibility of the abortion services. While the annual reports of the Ministry of Health do not provide this information, an estimation of the accessibility of these services can be derived by examining the proportion of facilities equipped with a gynecology department which perform abortions out of the total. At the national level, more than a half of the facilities offer abortion services (61.1%), but the situation varies significantly among regions, even within the same area. Among the northern regions, for instance, some show rates that exceed the national average, such as Piedmont (86.7%) and Veneto (82.9%), while others are below the national average, such as Emilia-Romagna (54.2%) and Lombardy (61.9%).<sup>6</sup> A similar scenario is observed in the central area, where Umbria stands out with its 83.3% of facilities performing abortions, while Lazio is below the national average at 53.8%. In the south, apart from Basilicata (83.3%), all regions show a facilities rate that is below the national average, as Apulia (56.7%), with some as Campania and Molise presenting particularly challenging scenarios. As stated in the introduction, the length of waiting times and the extent of health care mobility are among the most significant indicators of the ineffectiveness of the right to abortion in Italy. The performance of these indicators largely depends on the choices made in the organization of health care services at regional level. Regarding the waiting period considered appropriate (within 14 days between certificate and medical treatment), as evidenced in Table 1, several regions in northern Italy are below the national average (77.7%), although with different percentages. This is particularly true in Lombardy and Veneto in the north, with 67.2% and 54.9% respectively. Moreover, in 2022, Lombardy and Veneto were also among the regions with the highest rates of waiting times exceeding three weeks – 12.5% and 23.4% respectively.<sup>7</sup> A correlation between the average

---

<sup>6</sup> The rate of facilities performing abortions in Lombardy is above the national average in 2022 (70.7%), but it was 61.9% in 2021 (Ministry of Health, 2023).

<sup>7</sup> The rate of women waiting for more than three weeks to have an abortion was 17.6% in Lombardy and 20.3% in Veneto in 2021, and 13.4% and 27.2% in 2020 (Ministry of Health, 2023; *id.*, 2022).

waiting time between the certification and the medical treatment, on the one hand, and the percentage of objectors among doctors and non-medical staff, on the other hand, was identified in both ministerial reports and literature (Autorino et al., 2018). In the 2022 report, the Ministry of Health called for a regional action in view of the considerable number of conscientious objectors, as set out in Article 9 of Law 194, “to guarantee the free exercise of women’s sexual and reproductive rights and access to abortion services and to minimize the impact of conscientious objection in the exercise of this right” (Ministry of Health 2022, p. 10). In the conclusions of the 2024 annual report, the workload for each non-objecting gynecologist is not considered to be problematic for the provision of such services.<sup>8</sup> Issues concerning abortion services are rather more likely to be attributed to the way they are organized (Ministry of Health, 2023, pp. 13-14). However, in Annex B of the same report, the workload of non-objecting gynecologists by facility per region shows great variation within the same regional borders, which is particularly evident in Lombardy, Veneto, Marche, Lazio and almost all the southern regions (Ministry of Health, 2024, pp. 79-82). The percentage of objecting gynecologists in 2022 exceeds half of the total number of gynecologists in almost all Italian regions, with a national average rate of 60.7%. In this context too, a different pattern emerges among the regions. For instance, the northern regions generally report a percentage of objecting doctors that is lower than the national average, with two exceptions, among which Veneto (65%). Among the central regions, Lazio has a percentage of 72% objecting doctors. The situation is even more concerning when we examine the southern regions, where the proportion of objecting gynecologists is significantly higher than the national average. For instance, in Apulia, the rate is 77.9%, and in Basilicata, it is 79.2%. An additional indicator of effectiveness concerns the health care mobility (between regions) of women who are having an abortion. This indicator is calculated as the percentage difference between abortions of resident women and those that are performed in the region. The regions with positive values, i.e. those from which women moved to have an abortion, are almost all located in the south. In this context, it is of particular concern the situation of Molise (21.7) and Basilicata (12).<sup>9</sup>

---

<sup>8</sup> The same conclusion was reached in the 2023 report, which included data almost unchanged in comparison to the 2022 report; however, the new center-right Minister surprisingly deprioritized the role of objectors in abortion services (Ministry of Health, 2023, pp. 13-14).

<sup>9</sup> The figure for Calabria (-27.1) is particularly surprising: this is not solely attributable to a potential inflow of women from neighboring Basilicata but may be rather due to incomplete data (Ministry of Health, 2024).

**Table 1. Data on the implementation of Law 194 in 2022.**

	Health care facilities <sup>a</sup> performing abortions (%)	Abortions within 14 days (%)	Objectors among doctors – gynecologists (%)	Abortion ratio by region of medical treatment and region of residence (%) <sup>b</sup>
North	70.9	75.4	51.7	-5.2
Piedmont	86.7	87.2	52.9	-3.7
Aosta Valley	100	83.5	25.0	-10.1
Lombardy	70.7	67.2	53.9	-5.7
Bolzano	28.6	76.6	70.3	-5.0
Trento	80	75.3	31.8	-6.8
Veneto	82.9	54.9	65.0	+0.1
Friuli-Venezia Giulia	75	80.2	46.6	-8.6
Liguria	78.6	76.2	42.9	-1.4
Emilia-Romagna	54.2	93.4	40.9	-9.9
Centre	69.6	83.3	61.5	-5.4
Tuscany	73	82.2	48.8	-11.0
Umbria	83.3	76.5	62.5	-4.9
Marche	92.9	72.7	67.4	+4.8
Lazio	53.8	86.8	72.0	-3.9
South	43.3	79.9	75.8	-1.3
Abruzzo	46.7	73.1	70.8	+0.9
Molise	33.3	80.9	90.9	+21.7
Campania	28.8	75.7	77.3	+3.5
Apulia	56.7	85.7	77.9	-1.7
Basilicata	83.3	86.1	79.2	+12.0
Calabria	64.3	80.2	57.0	-27.1
Islands	51.9	71.5	74.7	+1.5
Sicily	47.3	68.1	81.5	+3.1
Sardinia	63.6	82.5	61.5	-3.8
Italy	61.1	77.7	60.7	NA

<sup>a</sup> Authorized hospitals and private care facilities with obstetrics and/or gynecology departments (Ministry of Health, 2024, p. 62).

<sup>b</sup> The percentage is derived from the discrepancy between the number of abortions performed on resident women and the number of abortions performed in the region. A positive value indicates that a proportion of abortions of resident women have been performed in other regions.

Source: Ministry of Health (2024).

Despite the shortcomings in the Ministry’s reports (Pullan & Gannon, 2024), they nonetheless allow to highlight that regional differences are influenced by a variety of factors, including conscientious objection, the number and distribution of hospitals and other health care facilities, the funding of public health centers, the access to pharmacological abortion, and the resources allocated to anti-abortion associations. For instance, Piedmont recently established the “*Vita nascente*” fund (Ricci 2025), which allocated 400,000 euros to anti-abortion associations, which had been authorized to access public health centers and health care facilities in the region since 2021.



## Data and Methods

This work analyses the impact of regional politics in the access to the right to abortion. The analysis covers a 10-year period from early 2013 to June 2023, that allows analysis of more than one regional legislature and ensures homogeneity with regard to the party actors active in the Italian political system. First, in this way it was possible to examine at least two legislatures for each region. Secondly, 2013 marked the debut of two of the most prominent political actors in recent Italian politics: the Five Star Movement (*Movimento 5 Stelle* – M5S) and Brothers of Italy (*Fratelli d'Italia* – FdI). The period 2013-2023 presents a homogeneous party system, comprising the five main Italian parties that have continued to exist to the present day and are represented at both national and regional levels, despite significant shifts in electoral support over time: the party leading the center-left coalition, the Democratic Party (*Partito Democratico* – PD); the M5S; the three parties composing the center-right coalition, *Forza Italia* (FI), FdI and *Lega*.

Italy is composed by 20 regions, five with special statute and 15 ordinary statute regions. Dealing with the selection of regional cases, we excluded special statute regions due to their broader legislative autonomy and larger funds for health care services, although in the field of health care their legislative powers and the indicators of services are comparable to those in the ordinary regions. The second factor that influenced the selection of cases was the availability of data. Italian regions are autonomous in the management of their institutional websites; consequently, the availability of data may significantly vary. In light of these considerations, regions were selected based on three factors. First, the selection was made based on the geographical position, given that there are substantial differences between northern, central, and southern regions in terms of the efficacy and efficiency of the health care services.<sup>10</sup> The other factors are of a political-institutional nature, to consider the alternation in power and the political affiliations of the regional majorities (Table 2). The selected cases include four regions with alternating majorities: one in the north, two in the center and one in the south, namely Piedmont, Umbria, Lazio and Basilicata. In addition, four regions with stable majorities were selected: Emilia-Romagna and Apulia, long ruled by a center-left majority, and Lombardy and Veneto, long ruled by a center-right majority.

---

<sup>10</sup> Ministry of Health (2023), *Monitoraggio dei LEA attraverso il Nuovo Sistema di Garanzia - Metodologia e risultati dell'anno 2021*, available at: <https://www.salute.gov.it/portale/lea/dettaglioPubblicazioniLea.jsp?lingua=italiano&id=3329>.

**Table 2. Political-institutional characteristics of the regional case-studies.**

Region	Majorities' characteristic	Political affiliation	Majority composition
Emilia-Romagna	Stability	Center-left	PD and allies (2013-2015) PD and allies (2015-2020) PD and allies (2020-2023)
Apulia	Stability	Center-left	PD and allies (2013-2015) PD and allies (2015-2020) PD and allies (2020-2023)
Lombardy	Stability	Center-right	<i>Lega</i> , FI, FdI and allies (2013-2018) <i>Lega</i> , FI, FdI and allies (2018-2023) <i>Lega</i> , FI (2013-2015)
Veneto	Stability	Center-right	<i>Lega</i> , FI, FdI and allies (2015-2020) <i>Lega</i> , FI, FdI and allies (2020-2023)
Piedmont	Alternation	Center-right Center-left Center-right	FI, <i>Lega</i> and allies (2013) PD and allies (2014-2019) FI, <i>Lega</i> , FdI (2019-2023)
Umbria	Alternation	Center-left Center-right Center-left	PD and allies (2013-2015) PD and allies (2015-2019) <i>Lega</i> , FI, FdI and allies (2019-2023)
Lazio	Alternation	Center-left Center-right	PD and allies (2013-2018) PD and allies (2018-2023) FdI, <i>Lega</i> , FI and allies (2023)
Basilicata	Alternation	Center-left Center-right	PD and allies (2013-2019) FI, <i>Lega</i> , FdI and allies (2019-2023)

Data were sourced from the database of each regional council and government of the selected regions via a keyword search.<sup>11</sup> Our final database consists of 170 entries, including regional laws, resolutions, regional council and executive deliberations, motions, questions and interpellations.<sup>12</sup> The data were subsequently classified into three categories: legislative activities, initiatives and oversight activities. The legislative activities include adopted regional laws, resolutions, regional council or regional executive deliberations, and motions. The initiatives include those same acts yet to be or not adopted, i.e. transmitted, rejected, lapsed, or withdrawn. Finally, the oversight activities' category includes questions and interpellations. Subsequently, another reclassification categorized the data according to their content, that is, pro-abortion, anti-abortion or neutral.<sup>13</sup>

The analysis is divided into two parts. The first part aims at assessing the relevance of the topic in the various regions, measured in relation to all legislative activities, initiatives and oversight activities during the period of analysis. The second part examines the position of political parties on abortion by analyzing the content of the data collected, which were classified as pro-abortion or anti-abortion and analyzed separately according to the type of activity, given that legislative activities and initiatives and oversight activities might respond

<sup>11</sup> Keywords: *gravidanza*, IVG, 194, 194/1978, 194/78, *abort\**, *pillola*, RU486, *obiettor\**, *obiezione di coscienza*, *maternità*, *nascit\**, *famigl\**, *donn\**, *vita*, life, fertility-day, *consultor\**. In Italian, voluntary abortion is also called voluntary termination of pregnancy (*interruzione volontaria di gravidanza* – IVG).

<sup>12</sup> See Table A and B in the Annex. It is worth clarifying that the data collected do not include the acts of administrative management. The acts of the regional health directorates, in fact, are difficult to find in regional search engines, if one does not already know the number and year by which they are classified. We consequently only consider the acts issued by the political bodies, regional councils and regional executives.

<sup>13</sup> Data on abortion that lacked any subjectivity were classified as "neutral".

to different motivations. The first ones are more constrained by institutional rules and require much more time and effort to be made; while the second ones are timelier and more dynamic, but also more exposed to the shift in attention caused by the rise of trend topics and the opening of new public debates (De Giorgi et al., 2023).

### The right to abortion (and to exercise it) and the role of regional politics The relevance of the topic in eight Italian regions

The relevance of the topic is measured as the percentage of legislative activities, initiatives, and oversight activities proposed by each party group in the eight regions out of the total of these activities in all policy areas. Regarding legislative activities,<sup>14</sup> the abortion issue shows limited relevance for all political groups. The percentage of legislative activity on abortion by political party rarely exceeds 1% during each legislature. Emilia-Romagna represents an exception to this trend, with the issue being particularly relevant (5.9%) for the center-left majority coalition composed of the PD and its allies, during the 2014–2019 legislature. In Apulia, which was also always governed by a center-left majority during the period analyzed, the issue seems to have had much less relevance: here only one council resolution was adopted for the introduction of guidelines on pharmacological abortion during the entire period of analysis.

In Lombardy,<sup>15</sup> which has historically been governed by the center-right, the issue is of relatively low relevance as well, as only one legislative activity per legislature has been approved by the majority coalition. Among the four regions where there has been alternation in power, a total of six legislative activities were adopted in Piedmont, both by the center-right majority coalition in the 2010–2014 and the 2019–in-progress legislatures, and the center-left coalition in the 2014–2019 period. In Umbria, a total of seven legislative activities were approved between 2013 and 2023. Here, the center-left coalition led by the PD adopted two regional laws and one Council deliberation during the first two legislatures. Since 2019, the new center-right majority, led by the *Lega*, has adopted four legislative activities on abortion (0.3%). In Lazio, the center-left majority which led the region during the first two legislatures, adopted two legislative activities (one per legislature) by its own initiative and a third one proposed by the majority allies (2.3%). It is difficult to evaluate the activities of the new majority in Lazio given that the period of analysis ended on 30 June 2023 and the newly elected regional government assumed power in January 2023. Finally, three regional laws were adopted in Basilicata by the center-left majority between 2013 and 2019.

Regarding political party initiatives on abortion,<sup>16</sup> our data show a remarkable lack of activity on the part of the PD. In Lombardy, where the PD has historically been in opposition, the party presented only one initiative (a motion, which was subsequently rejected) during the 2013–2018 legislature – this represents just the 0.9% of the initiatives. Despite the shift from government to opposition in Piedmont in 2019, no initiative was proposed. In Lazio, there are two PD initiatives for the periods when it was in government. In Umbria, the party presented one motion during the 2015–2019 legislative term, when it was in government, and two motions during the following legislative term, when in opposition. However, when the total number of initiatives presented by the party is considered, the topic of abortion is

<sup>14</sup> Table C in the Annex.

<sup>15</sup> The data collected from the Veneto Regional Council for the IX and X legislatures did not allow to differentiate between legislative activities and initiatives.

<sup>16</sup> Table D in the Annex.

not particularly relevant to PD councilors (0.8%) in Umbria, despite the events involving the center-right regional government.<sup>17</sup>

The issue is found to be relevant to the minor left-wing parties (SEL-LEU-Sinistra Verdi) in two regions. In Emilia-Romagna, the group proposed one initiative during the 2010–2014 legislature when it was part of the regional majority together with the PD. This was one of a total of ten initiatives proposed by this group that sought to limit the presence of anti-abortion associations in health care facilities where abortions are performed. In Lombardy, the minor left-wing parties in opposition proposed a motion (which was subsequently rejected) to enhance the effectiveness of Law 194. This single proposal represented 9.1% of the group's initiatives during the 2013–2018 legislative term.

The analysis shows that the issue is of greater relevance to the center-right parties – FdI, FI and *Lega* – when they are in opposition. As of 30 June 2023, the only two initiatives that had been collected during their term in government were still under discussion: one was a bill presented by FdI in Piedmont; the other was a bill proposed by the *Lega* in Umbria. The issue of abortion is particularly important to FdI in Piedmont, whether the party is in opposition (7.4%) or in government (9.1%).

Finally, all M5S's initiatives on abortion concern motions or resolutions presented between 2014 and 2018. However, in each region, they had only a minimal incidence on the Movement's total of initiatives.

In terms of oversight activities,<sup>18</sup> there is no correlation between the relevance of the issue and the political and institutional characteristics of the regions analyzed. The three regions with the greatest number of oversight activities during the entire period of analysis are in both the north and the center of the country. These are Emilia-Romagna (34), stable center-left region, and Piedmont (17) and Umbria (17), regions characterized by alternation in power. Nevertheless, while in Piedmont most oversight activities have been transmitted following the return of the center-right in government in the current legislature, in Umbria their distribution over time is more evenly balanced. It is worth noting that in the southern regions, the topic is not relevant in the context of oversight activities.

It is typical for the PD regional councilors to submit questions to the regional government regarding the provision of abortion services. This occurs regardless of whether the party is part of the government majority or in opposition. Nevertheless, in all eight regions and legislatures, oversight activities on abortion are not many: indeed, the percentage of questions on this issue, in comparison to their total number, never reaches one percentage point. The exception to this pattern is represented by the current legislative assembly in Umbria, where PD councilors, in opposition to the center-right government, have submitted nine questions about abortion – 2.1% of their total oversight activities. The topic does not receive substantial attention in terms of oversight activities by the left parties SEL-LEU-Sinistra Verdi either. For instance, although the latter have submitted seven questions to the center-right government in Piedmont, these represent only 0.5% of their total oversight activities. In Piedmont, the topic became increasingly relevant to the M5S after the center-right coalition won the regional elections in 2019. However, the five questions about abortion submitted by this group represented 1.6% of their total scrutiny activities. A similar pattern emerges when examining the oversight activities of center-right that rarely exceed one percentage point for FdI, FI as well as *Lega*. Finally, it is evident that there are some differences between the two political factions regarding the use of oversight activities. As

---

<sup>17</sup> For instance, the Tesei regional government contravened the guidelines set forth by the scientific community and issued by the Ministry of Health through the reinstatement of the three-day hospitalization requirement for pharmacological abortions (Resolution No. 467 on 10 June 2020)..

<sup>18</sup> Table E in the Annex.

previously indicated, the center-left employs the questions to address abortion, irrespective of whether they are in government or in opposition. This suggests a nonpartisan interest in the issue, irrespective of the specific roles of the parties within the regional government. On the contrary, the center-right engages in oversight activities primarily when it is in opposition.

In general, the issue is more relevant in four of the regions analyzed: Emilia-Romagna, Lazio, Piedmont, and Umbria, all of which are in the central and northern part of Italy. However, there are regional variations regarding legislative activities, initiatives and oversight activities in relation to abortion. A greater number of legislative activities has been approved in Emilia-Romagna (11), Piedmont (6) and Umbria (7) than in the other regions. A total of ten initiatives has been transmitted in two territories: Emilia-Romagna and Lazio. Finally, the number of oversight activities is greater again in Emilia-Romagna (34), Piedmont (17) and Umbria (17). The shift in the regional government composition in Umbria, from a historical center-left majority to a center-right one in 2019, has led to a significant increase in the introduction of oversight activities related to abortion.

### *The position of political parties on abortion in the selected regions*

The second part of the analysis aims to understand the position of political parties on abortion distinguishing between initiatives, legislative activities and oversight activities.

Drafting legislative proposals of any kind requires considerable investment in terms of time, resources, “know-how” and expertise, also due to the fixed and rigid criteria that must be adhered to. Following transmission, the subsequent process of approval, or even merely the examination and rejection of the texts, is time-consuming and involves several actors within the regional council or the executive. This is also true in the case of opposition initiatives, even if they are typically unlikely to be approved by the majority.

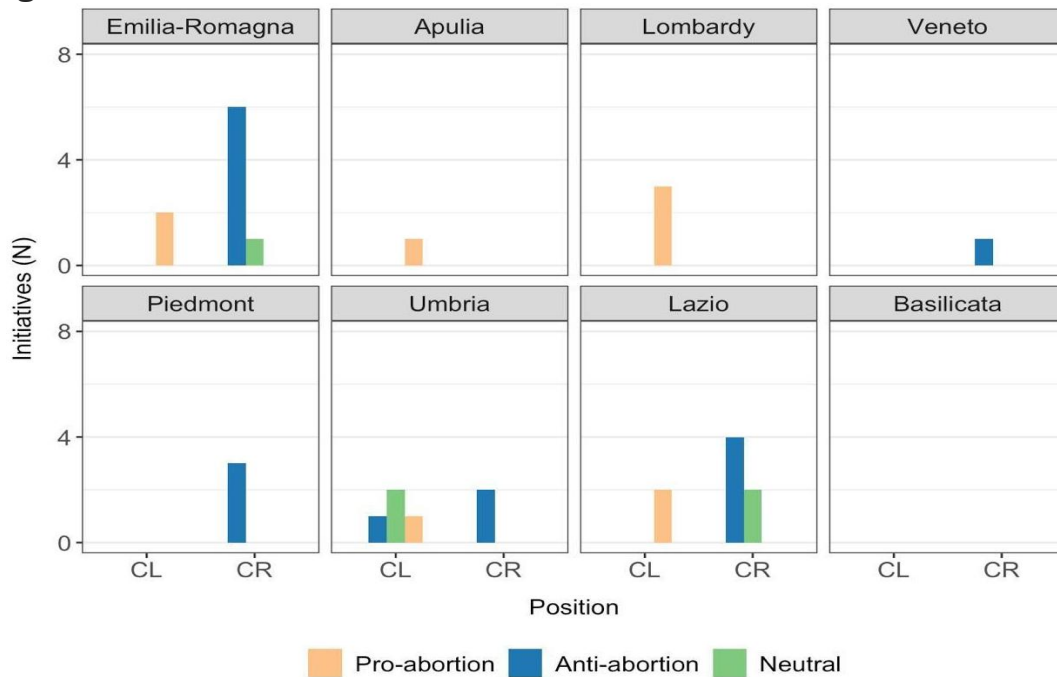
The 39 initiatives were first classified according to the position (pro/anti-abortion) and the political affiliation of the proponent (center-right/center-left/M5S) (Figure 1).<sup>19</sup> The regions with the fewest initiatives were Veneto (1), Apulia (3) and Basilicata (2), while Emilia-Romagna (10) and Lazio (10) were the most active. Of the 39 initiatives, 15 were pro-abortion, 19 anti-abortion, and 5 were neutral. Most initiatives were presented by regional party groups or individual councilors belonging to the center-left or center-right. The M5S presented only five initiatives, all classified as pro-abortion, in Emilia Romagna (1), Lazio (2) and Apulia (2) during the entire period of analysis.

When we take all eight regions into account, the analysis shows that the center-left tends to adopt a pro-abortion position (9) and the center-right an anti-abortion one (16). In Emilia-Romagna, Apulia, Lombardy, Umbria and Lazio, the center-left presented at least one pro-abortion initiative. On the other hand, it failed to come up with any initiatives in Piedmont, Basilicata and in Veneto, that has historically been under the control of the center-right. The center-right presented at least one initiative in all the regions except for Apulia and Lombardy, where it is possible that the initiatives, approved by the same center-right majority, fall under the category of legislative activities.

---

<sup>19</sup> The M5S' initiatives, legislative activities and oversight activities are not shown in Figure 1-3-4 due to their relatively minor contribution to the overall database.

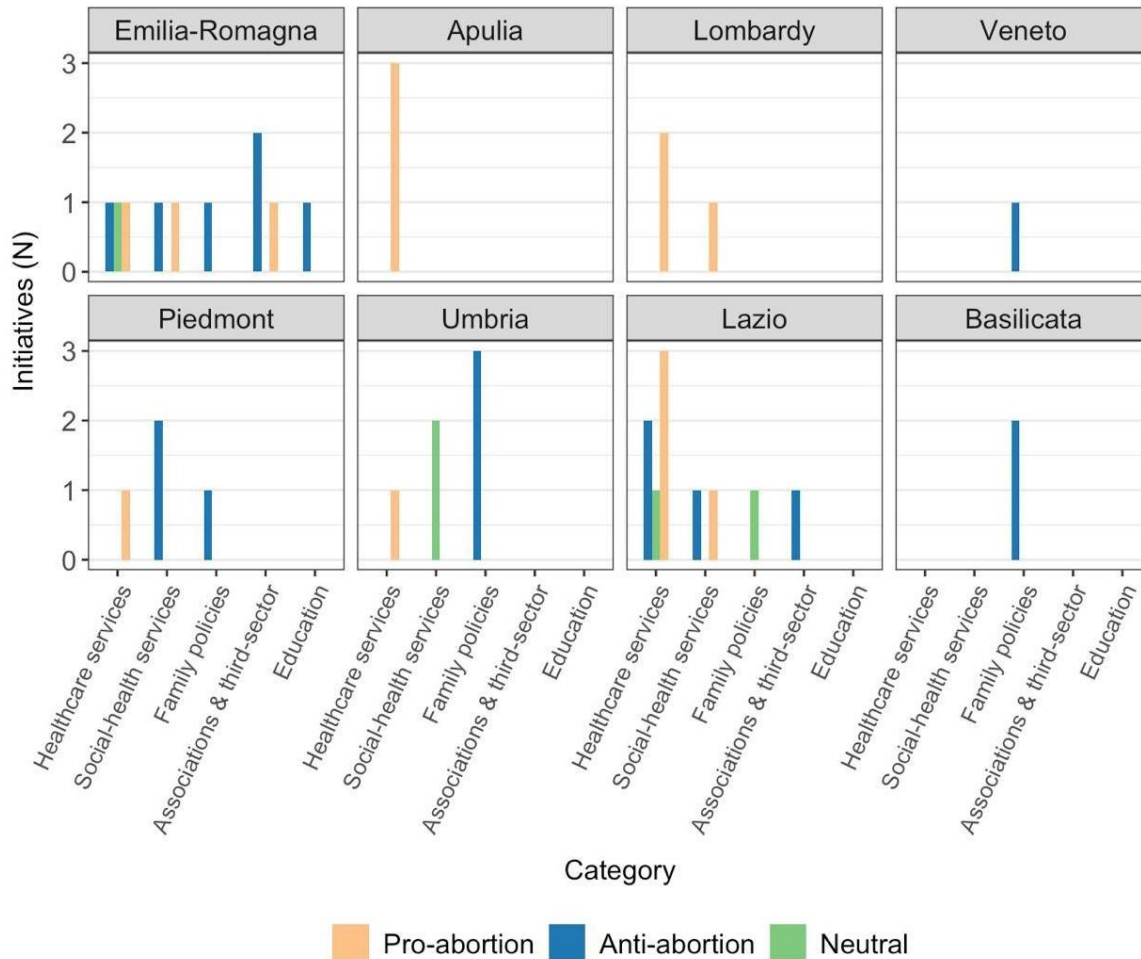
**Figure 1. Center-left (CL) and center-right (CR) positioning on abortion in initiatives by region.**



Source: own elaboration from the initiatives collected in the regional databases.

Since not all abortion-related policies are the same and give rise to the same actions and reactions (Rolfes-Haaase & Swers, 2022), initiatives were also classified according to their specific content (Figure 2), distinguishing between those related to the organization of health care services, the organization of social-health services, family policies, associations and third-sector organizations, and education. The primary objective of pro-abortion initiatives is to enhance health care services and social-health services (11 and 3 respectively). Similarly, the neutral initiatives are mainly concerned with these two categories of services and family policies. On the other hand, anti-abortion initiatives cover a wide range of areas, including health care services (3) and social-health services (4), as well as family policies (8), (anti-abortion) associations and third-sector organizations (3), and, to a lesser extent, education (1).

**Figure 2. Positioning on abortion in initiatives by region and category.**



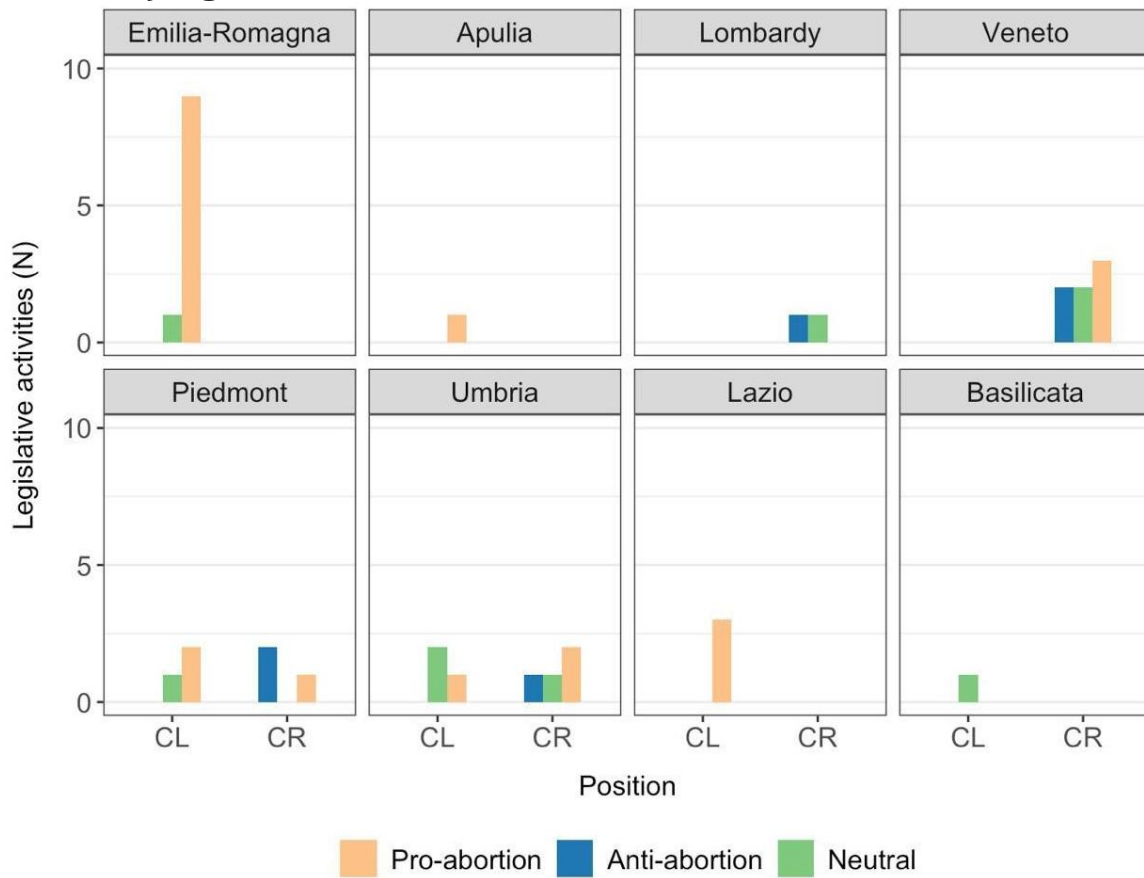
Source: own elaboration from the initiatives collected in the regional databases.

With regards to legislative activities, Apulia and Basilicata are once again the regions where issues related to Law 194 seem to be less relevant. During the period of analysis, Basilicata adopted only one regional law and two Council deliberations, while Apulia adopted only one Council deliberation, the latter being the only region among those examined not to have enacted any regional law on abortion during the entire period of analysis. Conversely, Emilia-Romagna is the most active region in terms of legislative activities (11), that here include regional laws, resolutions, and motions.

The 40 legislative activities were also classified according to the position and the political affiliation of the proponent (Figure 3).<sup>20</sup> While both center-left and center-right majorities adopted pro-abortion legislative activities (23), anti-abortion ones (6) were only approved by the center-right. This result is consistent with the findings of the previous section, which showed that anti-abortion initiatives are never associated with center-left groups. The regions in which all legislative activities are pro-abortion are those that belong to the center-left cluster of stability, namely Emilia-Romagna and Apulia. The center-right enacted both pro-abortion (5) and anti-abortion (6) legislative activities, particularly in the two stable center-right regions, Lombardy and Veneto, and in the recent legislature in Piedmont and Umbria. Furthermore, in all regions except Veneto and Basilicata, neutral legislative activities were enacted by center-left (4) or center-right (5) majorities. These activities mostly focused on the organization of health care services or social-health services.

<sup>20</sup> The contents of some Basilicata’s legislative activities were not available for classification.

**Figure 3. Center-left (CL) and center-right (CR) positioning on abortion in legislative activities by region.**



Source: own elaboration from the legislative activities collected in the regional databases.

Regarding the content of the legislative activities, the distribution in the categories is broadly in line with the findings related to the initiatives. Most pro- and anti-abortion legislative activities fall within the categories of the organization of health care services (11) and social-health services (6), with a small proportion of both pro- and anti-abortion activities in the remaining categories.

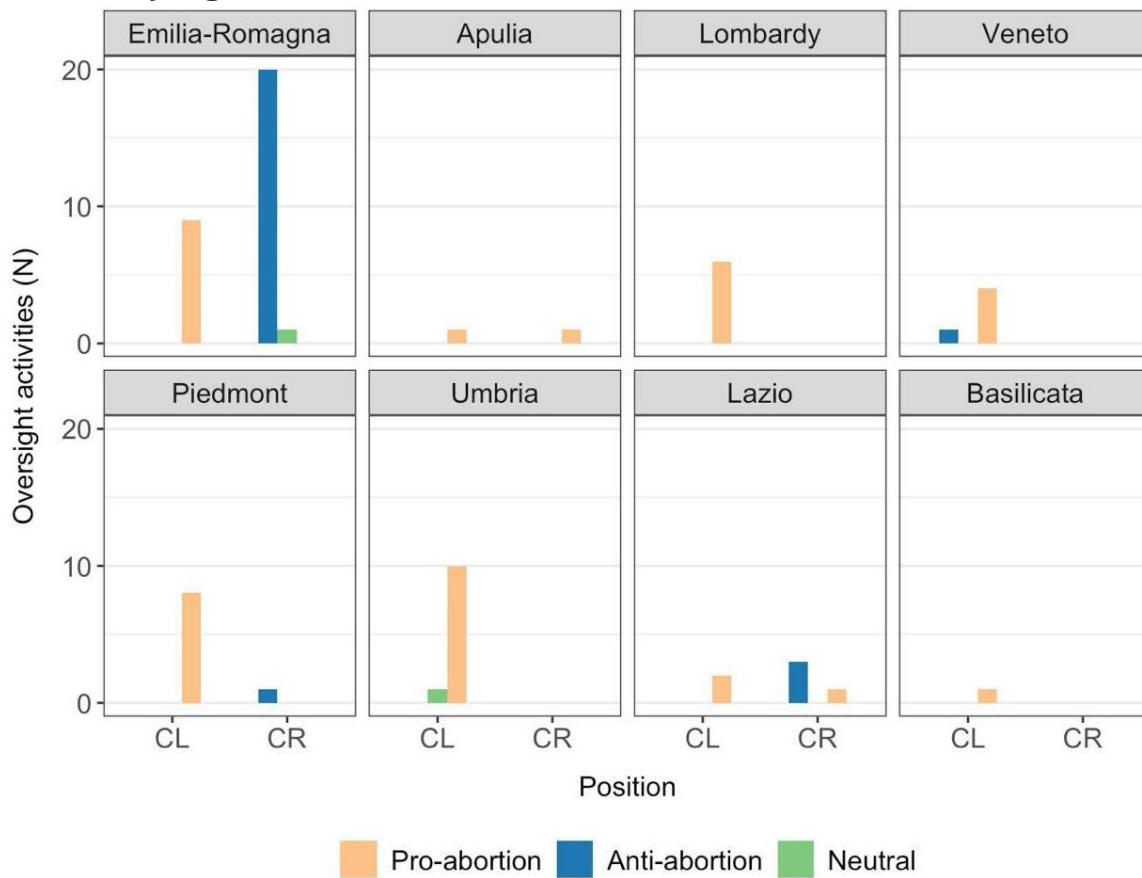
Oversight activities require little time for their formulation and submission to the regional executive. Consequently, they are often used to address current events and to push the regional executive to take a position on an issue. Formulated with flexibility, oversight activities enable the proponents to express themselves with varying degrees of freedom on a topic. For this reason, these activities can be understood as a means of communicating one's own and/or one group's views on abortion, as they have no direct impact on regional institutions. This makes them an effective tool for understanding the position of political parties from a rhetorical perspective.

A total of 91 oversight activities have been collected from the eight selected regions for the 2013–2023 period. Of these, 13 were submitted by councilors belonging to the ruling regional majority, while 78 were submitted by councilors belonging to the opposition. The political groups have been classified according to their position on the issue based on an analysis of the content of the data (Figure 4). The oversight activities of the center-left overwhelmingly exhibit a pro-abortion position. Of the total number of activities in question, only two have been classified as neutral and one as anti-abortion. In contrast, the center-right tends to submit questions and interpellations with anti-abortion stances. Of



the 30 oversight activities of the center-right, only two can be classified as pro-abortion (both by FI) and three as neutral.

**Figure 4. Center-left (CL) and center-right (CR) positioning on abortion in oversight activities by region.**



Source: own elaboration from the oversight activities collected in the regional databases.

By limiting the analysis to the oversight activities submitted by the opposition groups (78), it is possible to control for the role of the parties and to strictly focus on their orientation. Regarding the content of these oversight activities, abortion is generally the primary focus of the questions and interpellations (64); only in a small number of cases (14), the topic is mentioned without being the primary focus of discussion. Therefore, the oversight activities have been classified according to the argument used by their proponents to support them, even when they focus on highly specific instances, such as the closure of a particular public health center or the award of the regional patronage to a certain event (which is often an “anti-abortion” one). The way in which abortion is framed by political actors can have a significant impact on its guarantee and even its development (Atay & Levrier, 2025). There are several issues, not always exclusively linked to pro- or anti-abortion positions, that were used by party groups to strengthen and legitimize their position on abortion. As shown in Table 3, the center-left and the M5S, which predominantly have a pro-abortion position, mainly address issues related to the ineffectiveness of services and the women’s right to self-determination. Nevertheless, these two arguments are also occasionally raised by the center-right and the mixed group as a justification for anti-abortion positions. The center-right employs a variety of arguments in defense of anti-abortion associations and conscientious objectors, mainly focusing on the protection of individuals (women, children

or “unborn children”) and the freedom of expression – a finding confirmed by the literature mentioned above.

**Table 3. Oversight activities by argument and proposing opposition group.**

	PD	Other CL	Fdi	Lega	FI	Other CR	M5S	Mixed Group	Total
Abortion as main object	15	10	6	4	7	5	12	5	64
Ineffectiveness of services	12	7	0	0	0	2	5	3	29
Protection of women	1	1	6	2	0	3	0	1	14
Protection of human life	0	0	0	0	4	0	0	0	4
Protection of minors	0	0	1	1	2	0	0	0	4
Freedom of expression	0	0	1	1	1	0	0	0	3
Dignity of the unborn (burial)	0	0	1	0	1	0	0	0	2
Scientific research and statistical analysis	0	0	0	1	0	0	0	0	1
<b>Total</b>	<b>20</b>	<b>11</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>13</b>	<b>5</b>	<b>78</b>

Source: own elaboration from the oversight activities collected in regional databases.

As said before, the pro-abortion position of the center-left and the M5S is connected to women’s right to self-determination, which is often directly mentioned in the oversight activities as a principle guaranteed by Law 194. In their view, the guarantee of the right to self-determination is thus threatened by those regional governments which do not provide effective services or hinder the access to abortion, also by supporting anti-abortion associations.

The introduction of this procedure (*i.e.*, pharmacological abortion), which is currently in use in most European countries, would serve to reinforce the principle of women’s self-determination and would also lead to significant savings for health care services. (*Liberi Uguali Verdi*, Piedmont, legislature XI, Question for immediate Answer No. 1034)

Hospitals must guarantee women’s freedom of choice and self-determination and not interfere with ideological projects. (PD, Umbria, Legislature XI, Written Question No. 1213 on the suspension of abortion services at the Terni hospital)

The content of many oversight activities by PD and M5S can be traced back to the will of guaranteeing the right to self-determination even if it is not explicitly mentioned in the text. This is evident when they question the regional executive about the difficulties of accessing abortion services, the problems connected to the public health centers and the presence of objectors in the regional health care system.

Public health centers are responsible for the care of women who decide to have an abortion. In order to guarantee women’s right to health and their self-

determination, adequate health care facilities and services should be provided. However, the 2022–2024 financial forecast does not appear to provide for any additional funding for counselling activities. (M5S, Piedmont, Legislature XI, Question for an Immediate Response No. 1063)

In contrast, the center-right uses a range of arguments to express their anti-abortion position in their oversight activities. Specifically, some cases address the sponsorship or support to events organized by anti-abortion associations, which according to the center-right should be promoted by regional institutions to guarantee the freedom of expression.

(..) such initiative (*i.e.*, a protest against the prayer group in defense of life organized by the Giovanni XXIII Community near a hospital maternity ward in Bologna) should be considered as anti-democratic, as it aims to deny others the possibility of freely expressing their thoughts and living their religious beliefs, rights which are universally recognized. (*Lega*, Emilia-Romagna, legislature IX, Written Question No. 5659)

In other cases, the topic of abortion is included in the oversight activities even if it appears to be unrelated to the primary topic. For instance, abortion is often mentioned in those questions and interpellations whose main objective is youth education; in such cases, abortion is included in a list of “teachings” considered inappropriate to be taught in school, as part of a discourse on the so-called “gender ideology” (Prearo, 2020; Garbagnoli & Prearo, 2018). Finally, most anti-abortion oversight activities presented by the center-right employs the protection of human life and, above all, the health of the women/mothers as a justification for potential limitations to the law’s implementation, particularly about pharmacological abortion through the pill RU486.

Introducing young students to the issues of contraception, abortion and homosexuality without providing them with the necessary cultural, ethical and moral support, without encouraging their personal growth and making them responsible for fundamental life choices, is essentially a form of functional indoctrination aimed at imposing gender theory and promoting sexual practices, abortion, etc. on teenagers, trivializing in their imagination the concepts of family, life, love, responsibility and growth. (*Lega*, Emilia-Romagna, legislature X, Written Question No. 1330)

It is essential to provide advice and counselling to families and pregnant mothers to protect the life of the unborn and to prevent abortion (...) in addition, the primacy of life must be recognized in such cases. (FI, Emilia-Romagna, legislature X, Written Question No. 3006)

## Conclusions

The aim of this work was to explore the extent to which the issue of the effectiveness of Law 194 in Italy is relevant for the regional political actors and what is their position on the matter. Our findings show that regional center-left majorities, led by the PD, are more inclined to deal with the issues related to abortion. This result is supported by the higher number of legislative activities approved by Emilia-Romagna, a stable center-left region, and by regions that alternate between center-left and center-right governance, when the PD and its allies are in office. In contrast, center-right regional governments seem to deal with the issue only to a very limited extent, or not at all, when they are in power. However,

if we focus on the actual salience of the issue, abortion is relatively marginal in all the regions analyzed, both in terms of actions taken and debate. Despite this, the center-right and center-left parties differ in the importance they attach to the issue and, more significantly, in the orientation and reasons they give to support their position.

There are four regions where the issue appears to be more relevant: Emilia-Romagna, Lazio, Piedmont and Umbria. However, there is a significant difference between these regions: while some are more action-oriented, others tend to be more debate-oriented. Emilia-Romagna stands out as a region with a relatively high level of (pro-abortion) legislative activities. At the same time, with 93.3% of abortions carried out within 14 days, it is one of the regions with the best indicators of effectiveness. As far as the debate is concerned, the number of oversight activities is higher in Emilia-Romagna, Piedmont and Umbria. In Umbria, this is mainly the result of the new center-right majority and the (often controversial) decisions made by the regional government led by *Legambiente*. Finally, according to our data, the party that attaches the greatest importance to abortion is the Democratic Party, followed by other minor center-left parties and the Five Star Movement. Another important difference between the center-left and center-right parties concerns the oversight activities and the circumstances in which they are carried out. As illustrated above, the center-left questions the regional government on abortion regardless of its position in government or opposition, demonstrating a consistent interest in the issue. In contrast, the center-right only engages in oversight activities on the topic when in opposition.

A further distinction between the political groups becomes evident when examining their respective position on abortion. In all the regions analyzed, the center-left and the M5S have consistently adopted a pro-abortion position, while the center-right has consistently adopted an anti-abortion one. It is worth noting, however, that center-right majorities have also enacted legislation with a neutral or pro-abortion content. The only regions in which all legislative activities are pro-abortion, though, are those belonging to the center-left cluster of stability, i.e., Emilia-Romagna and Apulia. In the rest of the analyzed regions, center-right majorities were sometimes successful in approving anti-abortion legislation.

Lastly, the article examines the way the two positions have been supported by the political factions. The right to self-determination – i.e., guaranteeing and respecting the right of women to decide over their own body – is often invoked by the center-left and the M5S. This is a crucial aspect, given that in Italy Law 194 defined abortion as part of the right to health, thus establishing it as a medical procedure, subject to prior consultation with medical staff and excluding any link to the woman's self-determination. Therefore, the right to self-determination, which has emerged over time in the literature and, indirectly, in the Constitutional Court case law, appears to be present in the dimension of political debate.

Conversely, the center-right parties employ a variety of arguments to justify the legitimacy of their anti-abortion position, while refraining from direct advocacy. These results are in line with the finding of the literature on the debate and positions on abortion in other countries (Koralewska & Zielińska, 2021; Lowe & Page, 2019; Saurette & Gordon, 2013). The center-right, in fact, bases its rhetoric on aspects which are not directly connected to abortion such as the protection of women's health or the right to freedom of expression. The analysis of the anti-abortion positions, especially in the oversight activities, shows that Italian parties justify their claims using arguments that relate to a falsely feminist rhetoric, as the protection of women's health or the guarantee of women's right to motherhood. Furthermore, the narrative used by some anti-abortion positioned "stretch" the concept of human rights to include the rights of the victims to be protected, be they women, unborn children or the conceived. Nevertheless, when these arguments are applied in the context of abortion, they become instruments to preclude access to the services in question.

Although the analysis focuses only on the Italian case, we believe that this work can contribute to a broader understanding of the role of regional politics in the effectiveness of the right to abortion. Further research is undoubtedly required to confirm the results obtained so far. A further step in the research could be to investigate the role of social movements in giving voice to the abortion issue in the regional context. The low salience of the issue for all parties (with both pro- and anti-abortion positions) found in the analysis, might suggest that the party does not effectively represent abortion-related needs; rather, it could be the transfeminist movements to do so in the various territories through different activities, such as practices of social action and knowledge production (Barone et al. 2025).

To conclude, it is worth considering the wider implications of political accountability. The data suggest that the issue of abortion is considered relatively unimportant in all regions and by all political forces, although its relevance varies. In recent years, we have observed that some regional measures, such as the introduction of pharmacological abortion, have not come from political institutions but from health administrative authorities, whose activities have not been analyzed in this work. However, administrative decisions, such as those concerning the organization of staff and departments within the healthcare facilities or deciding whether to accept the national Ministry of Health's recommendations, affect abortion care (Gannon & Pullan, 2025). Access to these documents would make it possible in the future to distinguish between cases where regional decisions have been translated into laws reflecting the political will of the majority and those where administrative decisions have been implemented, for which it is difficult to attribute responsibility.

### ORCID

**Alessia Ottavia Cozzi** 0000-0002-7390-8285

**Elisabetta De Giorgi** 0000-0002-6553-341X

**Gaia Matilde Ripamonti** 0009-0003-4609-7653

### Funding

This work was supported by the Region Friuli-Venezia Giulia, within the framework of the project "L'effettività della legge 194/1978 nelle regioni italiane: un focus sul Friuli-Venezia Giulia" based on L.R. 34/2015 art. 5, commi 29-33 - Anno 2023 - CUP J97G23000040002.

### Transparency on the use of generative Artificial Intelligence

No AI tools have been used.

### Acknowledgements

The authors would like to thank all those who have given helpful advice over time on how to improve this work, in particular, the participants in the panels of the conferences at which previous versions of this paper were presented, including the ECPR 2024 General Conference in Dublin.

### REFERENCES

- Atay, H. & Levrier, G. (2025) Constitutionalizing abortion in France. A "civilizational imperative" to safeguard access and counter international backlash?. *Interdisciplinary Political Studies* 11(1), 31-51.
- Barone, A., Bonu Rosenkranz, G., Markelj, L., & Smrdelj, R. (2025) Feminist Responses to Anti-Abortion Attacks in Italy and Slovenia. Building Democratic Innovations in Contexts of De-Democratization. *Interdisciplinary Political Studies* 11(1), 129-147.

- Brunelli, G. (2009). L'interruzione volontaria della gravidanza: come si ostacola l'applicazione di una legge (a contenuto costituzionalmente vincolato). In G. Brunelli, A. Pugiotto and P. Veronesi (Eds.), *Il diritto costituzionale come regola e limite al potere (Scritti in onore di Lorenza Carlassare)* (pp. 815-873). Jovene.
- Budde, E., & Heichel, S. (2017). Women Matter: The Impact of Gender Empowerment on Abortion Regulation in 16 European Countries between 1960 and 2010. *Politics & Gender*, 13(3), 432-457. Doi: 10.1017/S1743923X16000556.
- Busatta, L., Iadicicco, M.P., Liberali, B., Penasa, S., Tomasi, M. (2023). Gli Abortion Rights e il costituzionalismo contemporaneo. *BioLaw*, (1S):1-4. Available at: <https://teseo.unitn.it/biolaw/article/view/2591>.
- Camera dei deputati (2006). *Indagine conoscitiva sull'applicazione della legge n. 194 del 1978*, annexed to the minutes of the session of 31 January 2006.
- Catalano, S. (2008). Note a margine del decreto della Regione Lombardia di "attuazione" della legge 22 maggio 1978, n. 194. *Federalismi.it*, 2, 1-6.
- D'Aleo, G. (2024). "Noi donne lasciate sole", centinaia di consultori cancellati in tutta Italia per i tagli al welfare. *La Repubblica*, January 8, last accessed: 25 November 2024. [https://www.repubblica.it/cronaca/2024/01/08/news/consultori\\_chiusura\\_donne\\_giovani-421824751/](https://www.repubblica.it/cronaca/2024/01/08/news/consultori_chiusura_donne_giovani-421824751/).
- D'Amico, M., Angelini, F., Liberali, B., Lorenzetti, A., Olivito, E., Pezzini, B., Ronchetti, L., Schillaci A., & Veronesi, P. (2022). La legge 194 non si tocca?. *Gruppo di Pisa*, 3, 157-202.
- De Giorgi, E., Cavalieri, A., & Feo, F. (2023). From Opposition Leader to Prime Minister: Giorgia Meloni and Women's Issues in the Italian Radical Right. *Politics and Governance*, 11/1, 108-118. Doi: <https://doi.org/10.17645/pag.v11i1.6042>.
- Fanlo Cortés, I. (2017). A quarant'anni dalla legge sull'aborto in Italia. Breve storia di un dibattito. *Politica del diritto*, 4, 643-660.
- Ferree, M.M., Gamson, W.A., Gerhards J. & Rucht, D. (2001). *Shaping Abortion Discourse: Democracy and the Public Sphere in Germany and the United States*, Cambridge University Press.
- Gal, S. (1994). Gender in the Post-socialist Transition: The Abortion Debate in Hungary. *East European Politics and Societies*, 8(2), 256-286. Doi: <https://doi.org/10.1177/0888325494008002003>.
- Gannon, P., & Pullan, D. (2025). "In Italy, we have a saying: make the law and you will find a way to cheat it". The Regionalized Implementation of Italian Abortion Policies. *Interdisciplinary Political Studies* 11(1), 83-106.
- Garbagnoli, S., & Prearo, M. (2018). *La crociata "anti-gender". Dal Vaticano alle manif pour tous*. Kaplan.
- Giorgi, C. (2024). *Salute per tutti. Storia della sanità in Italia dal dopoguerra a oggi*, Laterza.
- Giuffrida, A. (2022). Abortion rights at risk in region led by party of Italy's possible next PM. *The Guardian*, August 22, last accessed: 25 November 2024. <https://www.theguardian.com/world/2022/aug/22/abortion-rights-at-risk-in-region-led-by-party-of-italys-possible-next-pm>.
- Grandi, F. (2021). Le nuove linee guida ministeriali sull'aborto farmacologico nella Regione Lazio: un breve confronto tra esperienze regionali. *Le Regioni*, 5, 1291-1306.
- Koralewska, I., & Zielińska, K. (2021). "Defending the Unborn", "Protecting Women" and "Preserving Culture and Nation": Anti-Abortion Discourse in the Polish Right-Wing Press. *Culture, Health & Sexuality*, 24 (5), 673-687. Doi: 10.1080/13691058.2021.1878559.
- Lowe, P. (2016). *Reproductive Health and Maternal Sacrifice: Women, Choice and Responsibility*. Palgrave.

- Lowe, P. & Page, S. (2019a). "On the wet side of the womb": The construction of Mothers in anti-abortion activism in England and Wales. *European Journal of Women's Studies*, 26(2), 165-180. Doi: 10.1177/1350506818785191
- Lowe, P. & Page, S. (2019b). Rights-based Claims Made by UK Anti-abortion Activists. *Health and Human Rights*, 21(2), 133-44.
- Luciani, M. (2002). I diritti costituzionali tra Stato e Regioni (a proposito dell'art. 117, comma 2, lett. m) della Cost.). *Politica del diritto*, 3, 345-360.
- Ministero della Salute. (2024). *Relazione del Ministro della Salute sulla attuazione della legge 194/78 tutela sociale della maternità e per l'interruzione volontaria di gravidanza - dati 2022*. Ministero della Salute.
- Ministero della Salute. (2023). *Relazione del Ministro della Salute sulla attuazione della legge 194/78 tutela sociale della maternità e per l'interruzione volontaria di gravidanza - dati 2021*. Ministero della Salute.
- Ministero della Salute. (2022). *Relazione del Ministro della Salute sulla attuazione della legge 194/78 tutela sociale della maternità e per l'interruzione volontaria di gravidanza - dati 2020*. Ministero della Salute.
- Niccolai, S. (2006). Una sfera pubblica piccola piccola. La sentenza 27/1975 in materia di aborto. In R. Bin, G. Brunelli, A. Pugiotto & P. Veronesi (Eds.), «Effettività» e «seguito» delle tecniche decisorie della Corte costituzionale (pp. 563-579). ESI.
- O'Shaughnessy, A. (2022). Triumph and concession? The moral and emotional construction of Ireland's campaign for abortion rights. *European Journal of Women's Studies*, 29(2), 233-249. Doi: 10.1177/13505068211040999.
- Paris, D. (2008). Riflessioni di diritto costituzionale sull'obiezione di coscienza all'interruzione volontaria della gravidanza a 30 anni dalla legge n. 194 del 1978. *Quaderni regionali*, 3, 1079-1102.
- Paris, D. (2011°). Medici obiettori e consultori pubblici. Nota a T.A.R. Puglia (Bari), sez. II, 14 settembre 2010, n. 3477. *Stato, Chiese e pluralismo confessionale*, 1-14. Doi 10.13130/1971-8543/1137.
- Paris, D. (2011b). *L'obiezione di coscienza. Studio sull'ammissibilità di un'eccezione dal servizio militare alla bioetica*. Passigli.
- Pioggia, A. (2014). *Diritto sanitario e dei servizi sociali*. Giappichelli.
- Pioggia, A. (2015). L'obiezione di coscienza nei consultori pubblici. *Istituzioni del federalismo*, 1, 121-139.
- Pioggia, A. (2016). Diritto all'aborto e organizzazione sanitaria, ovvero del diavolo nei dettagli. *Medicina nei secoli arte e scienza*, 1, 149-172.
- Prearo, M. (2020). *L'ipotesi neocattolica. Politologia dei movimenti anti-gender*. Nimesis.
- Pugiotto, A. (1995). Obiezione di coscienza nel diritto costituzionale. *Digesto delle discipline pubblicistiche*, X, 240-252.
- Pullan, D., & Gannon, P. (2024). Data discrepancies: Italian ministry reports on abortion, contextualised. *Medical humanities*, 50(3), 539-544. Doi: <https://doi.org/10.1136/medhum-2023-012852>
- Ricci, G. (2025). "I soldi ai pro vita sono manchette date in modo arbitrario": le opposizioni in Regione criticano l'assessore Marrone, La Stampa, 9 gennaio: [https://www.lastampa.it/torino/2025/01/09/news/vita\\_nascente\\_fondi\\_pro\\_vita\\_pi\\_emonte-14928151/](https://www.lastampa.it/torino/2025/01/09/news/vita_nascente_fondi_pro_vita_pi_emonte-14928151/)
- Rolfes-Haase, Kelly, and Michele L., Swers. (2022). Understanding the Gender and Partisan Dynamics of Abortion Voting in the House of Representatives. *Politics & Gender*, 18(2), 448-482. Doi: 10.1017/S1743923X20000719.
- Ronchetti, L. 2006. Donne e corpi tra sessualità e riproduzione. *Costituzionalismo.it*, 2, 1-15.

- Saurette, P., & Gordon, K. (2013). Arguing Abortion: The New Anti-Abortion Discourse in Canada. *Canadian Journal of Political Science*, 46(1), 157-185. Doi: 10.1017/S0008423913000176.
- Veronesi, P. (2007). *Il corpo e la Costituzione. Concretezza dei "casi" e astrattezza della norma*. Giuffrè.





ANNEX

**Table A. Data collected by region and data type (2013–2023).**

	<b>Legislative activities and initiatives</b>	<b>Oversight activities</b>	<b>Total</b>
<b>Stability – Center-left</b>			
Emilia-Romagna	21	34	55
Apulia	4	2	6
<b>Stability – Center-right</b>			
Lombardy	5	8	13
Veneto	8	5	13
<b>Alternation in power</b>			
Piedmont	10	17	27
Umbria	13	17	30
Lazio	13	7	20
Basilicata	5	1	6
<b>Total</b>	<b>79</b>	<b>91</b>	<b>170</b>

*Source: own elaboration from the regional databases.*

**Table B. Data collected by region and data type (2013-2023).**

	Legislative activities / Initiatives										Oversight activities		Total
	Regional laws		Resolutions		Regional executive deliberations		Council deliberations		Motions		Questions	Interpellations	
	Adopted	Not / Yet to be adopted	Adopted	Not / Yet to be adopted	Adopted	Not / Yet to be adopted	Adopted	Not / Yet to be adopted	Adopted	Not / Yet to be adopted			
<i>Stability – Center-left</i>													
Emilia-Romagna	1	2	5	8	5	0	0	0	0	0	31	3	55
Apulia	0	1	0	0	1	0	0	0	0	2	2	0	6
<i>Stability – Center-right</i>													
Lombardy	1	1	0	0	1	0	0	0	0	2	7	1	13
Veneto	2	0	0	0	2	0	1	0	2	1	5	0	13
<i>Alternation in power</i>													
Piedmont	1	3	0	0	2	0	2	0	1	1	17	0	27
Umbria	2	1	0	0	5	0	0	0	0	5	17	0	30
Lazio	1	3	0	0	1	0	0	0	1	7	7	0	20
Basilicata	1	2	0	0	2	0	0	0	0	0	1	0	6
<b>Total</b>	<b>9</b>	<b>13</b>	<b>5</b>	<b>8</b>	<b>19</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>18</b>	<b>87</b>	<b>4</b>	<b>170</b>

Source: own elaboration from the regional databases.

**Table C. Relevance of abortion in legislative activities by region and council group.**

		Total	On abortion	Majority coalition <sup>a</sup>	PD	SEL-LEU-S.E.	Center-left others	FdI	FI	Lega	Center-right others	M5S	Mixed group	Others
Emilia-Romagna	2010–2014	233	2 (0.9%)	1 (0.9%)	1 (1.3%)	0	0	0	0	0	0	0	0	0
	2014–2020	742	8 (5.9%)	5 (1.9%)	2 (0.7%)	1 (3.4%)	0	0	0	0	0	0	0	0
	2020–	446	1 (0.2%)	0	0	-	0	0	0	0	0	1 (0.2%)	0	0
Apulia	2010–2015	41	0	0	0	0	0	0	0	0	0	-	0	0
	2015–2020	259	1 (0.4%)	1 (0.4%)	0	0	0	0	0	0	0	0	0	0
Lombardy	2020–	447	0	0	0	-	0	0	0	0	0	0	0	0
	2013–2018	5040	1 (0.01%)	1 (0.02%)	0	0	0	0	0	0	0	0	0	0
Piedmont	2018–2023	6493	1 (0.01%)	1 (0.02%)	0	-	0	0	0	0	0	0	0	0
	2010–2014	2526	1 (0.04%)	1 (0.04%)	0	0	0	0	0	0	0	0	0	0
	2014–2019	9791	3 (0.03%)	2 (0.02%)	1 (1.7%)	0	0	0	0	0	0	0	0	0
Umbria	2019–	7390	2 (0.02%)	2 (0.03%)	0	0	0	0	0	0	0	0	0	0
	2010–2015	1096	1 (0.09%)	1 (0.01%)	0	-	0	0	0	0	0	-	0	0
	2015–2019	1695	2 (0.1%)	2 (0.1%)	0	-	0	0	0	0	0	0	0	0
Lazio	2019–	1584	4 (0.3%)	4 (0.3%)	0	-	0	0	0	0	0	0	0	0
	2013–2018	4087	1 (0.02%)	1 (0.02%)	0	0	0	0	0	0	0	0	0	0
	2018–2023	5424	2 (0.04%)	1 (0.02%)	0	0	1 (2.3%)	0	0	0	0	0	0	0
Basilicata	2023–	280	0	0	0	0	0	0	0	0	0	0	0	0
	2013–2019	2099	3 (0.1%)	3 (0.2%)	0	0	0	0	0	0	0	0	0	0
	2019–	1215	0	0	0	-	0	0	0	0	0	0	0	0

Notes: the color grey is used to indicate the political groups that form the majority. Data collected from 2013 onwards. The percentages refer to the calculated relevance based on the total number of legislative activities per council group within the legislative period.

The relevance of legislative activities in Veneto could not be calculated due to the lack of data for the 2010–2015 and 2015–2020 legislatures.

<sup>a</sup> The majority coalition includes all legislative activities for which the proposing group could not be identified.

Source: own elaboration from the regional databases.

**Table D. Relevance of abortion in initiatives by region and council group.**

		Total	On abortion	PD	SEL-LEU-S.E.	Center-left others	Fdl	FI	Lega	Center-right others	M5S	Mixed group	Others
Emilia-Romagna	2010–2014	202	2 (1%)	0	1 (10%)	1 (4.8%)	0	0	0	0	0	0	0
	2014–2020	935	5 (0.5%)	0	0	0	1 (1.3%)	2 (1.4%)	1 (0.5%)	0	1 (0.3%)	0	0
	2020–	534	3 (0.6%)	0	-	0	1 (0.5%)	0	2 (1.5%)	0	0	0	0
Apulia	2010–2015	56	0	0	0	0	0	0	0	0	-	0	0
	2015–2020	484	3 (0.6%)	0	1 (0.2%)	0	0	0	0	0	2 (1.4%)	0	0
Lombardy	2020–	329	0	0	-	0	0	0	0	0	0	0	0
	2013–2018	584	2 (0.3%)	1 (0.9%)	1 (9.1%)	0	0	0	0	0	0	0	0
	2018–2023	632	0	0	-	0	0	0	0	0	0	0	0
Piedmont	2010–2014	79	0	0	0	0	0	0	0	0	0	0	0
	2014–2019	454	3 (0.7%)	0	0	0	2 (7.4%)	0	0	0	0	1 (0.2%)	0
	2019–	170	1 (0.6%)	0	0	0	1 (9.1%)	0	0	0	0	0	0
Umbria	2010–2015	56	1 (1.8%)	0	-	0	1 (1.8%)	0	0	0	-	0	0
	2015–2019	475	1 (0.2%)	1 (2.1%)	-	0	0	0	0	0	0	0	0
	2019–	439	4 (0.9%)	2 (0.8%)	-	1 (5.9%)	0	0	1 (0.8%)	0	0	0	0
Lazio	2013–2018	764	2 (0.2%)	1 (0.4%)	0	0	0	0	0	0	1 (0.4%)	0	0
	2018–2023	676	6 (0.9%)	1 (0.7%)	0	0	1 (1.2%)	0	3 (2.5%)	0	1 (0.4%)	0	0
	2023–	58	0	0	0	0	0	0	0	0	0	0	0
Basilicata	2013–2019	277	0	0	0	0	0	0	0	1 (3.2%)	0	1 (4.2%)	0
	2019–	312	0	0	-	0	0	0	0	0	0	0	0

Note: the color grey is used to indicate the political groups that form the majority. Data collected from 2013 onwards. The percentages refer to the calculated relevance based on the total number of initiatives per council group within the legislative period.

The relevance of initiatives in Veneto could not be calculated due to the lack of data for the 2010–2015 and 2015–2020 legislatures.

The percentages of initiatives by SEL-LEU-S.E. in Apulia's 2015–2020 legislative period, by Fdl in Umbria's 2010–2015 legislative period, by Mixed group in Piedmont's 2014–2019 legislative period are calculated on the total number of initiatives submitted by all groups in the region due to the lack of data.

Source: own elaboration from the regional databases.



**Table E. Relevance of abortion in oversight activities by region and council group.**

		Total	On abortion	PD	SEL-LEU-S.E.	Center-left others	Fdl	FI	Lega	Center-right others	M5S	Mixed group	Others
Emilia-Romagna	2010–2014	1850	6 (0.3%)	1 (0.7%)	0	2 (1%)	0	2 (0.4%)	0	0	1 (1%)	0	0
	2014–2020	7155	10 (0.1%)	1 (0.2%)	0	0	2 (0.2%)	3 (0.2%)	1 (0.04%)	0	3 (0.2%)	0	0
	2020–	5253	16 (0.3%)	3 (0.8%)	-	2 (0.5%)	6 (0.3%)	1 (0.3%)	4 (0.3%)	0	0	0	0
Apulia	2010–2015	538	0	0	0	0	0	0	0	0	-	0	0
	2015–2020	1747	1 (0.6%)	0	1 (25%)	0	0	0	0	0	0	0	0
	2020–	514	1 (0.2%)	0	-	0	0	1 (1.4%)	0	0	0	0	0
Lombardy	2013–2018	2144	4 (0.2%)	3 (0.7%)	0	0	0	0	0	0	1 (0.1%)	0	0
	2018–2023	2262	4 (0.2%)	3 (0.5%)	-	0	0	0	0	0	0	1 (0.01%)	0
Veneto	2010–2015	706	2 (0.3%)	1 (0.4%)	0	1 (0.5%)	0	0	0	0	0	0	0
	2015–2020	2076	3 (0.1%)	3 (0.4%)	0	0	0	0	0	0	0	0	0
	2020–	840	0	0	0	0	0	0	0	0	0	0	0
Piedmont	2010–2014	519	1 (0.2%)	0	0	0	1 (9.1%)	0	0	0	0	0	0
	2014–2019	2629	1 (0.03%)	0	0	0	0	0	0	0	1 (0.1%)	0	0
	2019–	1391	15 (1.1%)	1 (0.2%)	7 (0.5%)	0	0	0	0	0	5 (1.6%)	1 (0.04%)	1 (0.1%)
Umbria	2010–2015	374	3 (0.8%)	0	-	0	0	0	0	0	-	0	3 (7.1%)
	2015–2019	1058	5 (0.5%)	2 (0.8%)	-	0	0	0	0	0	1 (0.3%)	2 (0.2%)	0
	2019–	920	9 (1%)	9 (2.1%)	-	0	0	0	0	0	0	0	0
Lazio	2013–2018	2504	5 (0.2%)	0	0	2 (2.5%)	0	0	0	2 (0.3%)	1 (0.1%)	0	0
	2018–2023	1283	2 (0.1%)	0	0	0	1 (0.4%)	1 (0.8%)	0	0	0	0	0
	2023–	26	0	0	0	0	0	0	0	0	0	0	0
Basilicata	2013–2019	877	1 (0.1%)	0	0	0	0	0	0	0	0	1 (0.4%)	0
	2019–	624	0	0	-	0	0	0	0	0	0	0	0

Notes: the color grey is used to indicate the political groups that form the majority. Data collected from 2013 onwards. The percentages refer to the calculated relevance based on the total number of oversight activities per council group within the legislative period.

The percentages of oversight activities by SEL-LEU-S.E. and Others in Piedmont's 2019-in progress legislative period, by Mixed group in Lombardy's 2018–2023 and Umbria's 2015–2019 legislative periods are calculated on the total number of insight activities submitted by all groups in the region.

Source: own elaboration from the regional databases.