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## **Reproductive health policy Saga: Restrictive abortion laws in low- and middle-income countries (LMICs), unnecessary cause of maternal mortality**

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## Reproductive health policy Saga: Restrictive abortion laws in low- and middle-income countries (LMICs), unnecessary cause of maternal mortality

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### ABSTRACT

Abortion is a common but controversial phenomenon globally. The discourse on the legality of abortion remains intricate, leaving a substantial number of women restricted from accessing safe abortion. There are evidence of an association between restrictive abortion laws, unsafe abortions, and maternal mortality in low-and middle-income countries (LMICs). We explore how restrictive abortion laws violate women's right to health and bodily integrity. We used Carol Bacchi's policy framework to analyze how restrictive abortion laws have been discursively framed (problematization); the assumptions that underpinned the representation; the consequences of the representation; what was left unproblematic; how the representation could be questioned, disrupted and replaced. We found that most of these laws are based on morality and the limited number of women in politics has made them objects rather than subjects in decision-making process. Therefore, we recommend a holistic approach to abortion laws with women leading the process to achieve reproductive justice.

### ARTICLE HISTORY

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Abortion is an intractable ancient practice that has existed for centuries and remain a controversial debate topic globally. Different countries have made laws that regulate and limit where, when, and under what conditions a woman may terminate a pregnancy. Abortion laws in some countries are liberal, and women are granted abortion on request; meanwhile, in some other countries and states, it is illegal (Guillaume et al., 2018). Generally, most restrictive abortion laws are in low- and- middle-income countries (Singh et al., 2018). The argument between pro-life and

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pro-choice advocates on the legality of abortion appears to be clouded by a complex interplay between religion, culture, society, politics, and ethics while neglecting the public health consequences and the universal right of women to health care and bodily integrity. It is a truism that the primary method of controlling unwanted pregnancies and reducing the need for abortion is using modern contraceptives (Sedgh et al., 2016). However, several of these harmless contraceptive methods and reproductive health information remain unmet needs of women in LMICS (Sedgh et al., 2016). Therefore, secondary prevention through safe abortion cannot be swept under the carpet.

As of 2017, about 42% of women within the reproductive age bracket lived in countries with highly restrictive abortion laws and 93% in LMICs (Guillaume et al., 2018). The lack of safe and legal abortion affects over 700 million women within the reproductive age (Centre for Reproductive Rights (CRR), 2020). About 26 countries go as far as putting a complete ban on abortion with no consideration whatsoever, including Nicaragua, Mauritania, Angola, Madagascar, Iraq, Congo Brazzaville, Philippines, Egypt, Laos People Republic, Dominican Republic, Sierra Leon, Senegal, Jamaica, Haiti, Etc (Centre for Reproductive Right (CCR), 2020). This implies a woman living in these countries cannot legally terminate a pregnancy regardless of whether it resulted from rape or incest. In Latin America and the Caribbean, for instance, more than 97% of women within the reproductive age bracket live in countries with restrictive abortion laws; likewise, in Asia, only 17 out of 50 countries/territories permit abortion without restriction (Schwartz, 2017; Singh et al., 2018). Denying women access to safe abortion does not mean they will stop needing one. Attempts to ban or restrict abortions have relatively done nothing to reduce the incidence of abortions globally; instead, it only forces women, especially those in LMICs, to seek unsafe abortions (Amnesty International (AI), 2018).

This article looked at how restrictive abortion laws violate women's right to health and bodily integrity. Besides, we explored how abortion and abortion policies in LMICs have been discursively framed. To achieve the objectives of this article, we used Carol Bacchi's conceptual framework of policy analysis to divide the overarching aim into a set of smaller subheadings: Women right to reproductive health; what abortion is represented to be; the presuppositions or assumptions that underlie the representation of abortion; the representation of abortion nowadays; what is left unproblematic in this problem representation and where the silences are; effects that are produced by restrictive abortion laws; how the presentation of the problem can be disrupted and replace.

## Background

Access to safe abortion significantly improves maternal morbidity and mortality (World Health Organization (WHO), 2012). However, the attitude of different countries and civil societies toward abortion vary globally. The debates on the legal and ethical aspects of abortion are embedded in every country's socioeconomic and political context. Current literature points to religiosity, gender differences, ideological position, socioeconomic and political factors to correlate with abortion laws (Hyne, 2015). The WHO defined unsafe abortion as the termination of pregnancy either by individuals who lack the necessary skills or in an environment that does not conform to minimum medical standards, or both (Yokoe et al., 2019). Obtaining accurate data for abortions is challenging as much of it goes undocumented, especially in cases of illegal abortion. This is because they are often done clandestinely by untrained individuals or by the pregnant women themselves. Out of the over 56 million abortions that occur each year, about 50% were unsafe, mostly in developing countries, making abortion one of the common causes of maternal mortality (Say et al., 2014).

According to the Guttmacher Institute (2018), between 2010 and 2014, there were about 36 abortions per 1000 women ages 15–44 years in developing regions compared to 27 per 1000 women in developed countries. It was also found that these abortions are more frequent in states or countries with restrictive abortion laws (Latt et al., 2019; Singh et al., 2018). The chances of maternal complications and death from unsafe abortion has an inverse relation to the skills of the abortion provider, the conditions under which the procedure is performed, and the availability of appropriate equipment. Implying maternal complications from abortion remains very low when the procedure is performed by a skilled individual, using proper instruments and environment. Unsafe abortion is an undisputable public health problem in LMICs and remains a substantial and preventable cause of maternal mortality among women of reproductive age (Guillaume et al., 2018).

Maternal mortality refers to the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy and from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (Khan et al., 2006). About 8% of maternal deaths worldwide are abortion-related (hemorrhage, infection, injury to the genital tract and other internal organs), and 99.5% of these deaths are occurring in LMICs (Jewkes et al., 2005; Latt et al., 2019). Numerous evidence establishes the relation between restrictive abortion laws, unsafe abortion, and maternal mortality (Clarke & Mühlrad, 2018; Guillaume et al., 2018; Singh et al., 2018). For example, studies in South Africa, Romania and Bangladesh

showed a significant decline in the incidence of unsafe abortion and maternal mortality following the liberalization of abortion laws (Benson et al., 2011; Henderson et al., 2013).

Abortion restriction has placed those in need of abortion in a desperate position, pushing them to revert to unsafe practices. Some of the dangerous methods of performing clandestine abortions include drinking toxic concoctions such as highly concentrated alcohol and bleach. Other women consume substances with abortifacient propensity, including herbal preparations, or they insert solid objects into their vagina, cervix, or rectum (Grimes et al., 2006). In some situations, dilation and curettage is done using inappropriate instruments in a septic environment, leading to uterine perforations and sepsis. They are several reasons why a pregnant woman may opt to terminate a pregnancy. First, it could be based on socio-economic challenges. Secondly, the pregnancy may be disrupting their education or work. Thirdly, abortion could be used as a family planning method. Fourthly, the pregnancy could be a threat to the woman's life. Lastly, the pregnancy might have resulted from rape, incest, or it could be due to a lack of access to contraceptives and contraceptive failure (Bankole et al., 1998).

The arguments regarding abortion are sometimes based on when life begins and when the doctor should perform the procedure (Wood, 2018). The deep-rooted moral belief of pro-life policymakers is that having an abortion is wrong based on upbringing, ethics, religious backgrounds, and political alignments (Centre for Reproductive Right (CCR), 2020). The right and decisions of women to safe abortion often rest on the continued tenure of politicians, judicial officers, religious leaders, and clinicians. This makes women's reproductive life a subject to the whims of society at large. This has enabled pro-life advocates to shift the general discourse, whereby 'a fetus' is replaced with 'a conceived child' or 'an unborn child' in popular conversation. They paint abortion as an act that is equivalent to the immoral killing of the unborn child. Their framing of abortion as 'killing an unborn child' is supported by different feminist movements and religious organizations that oppose women's right to abortion, such as the Catholic Church (Szelewa, 2016).

Nowadays, with the global movement for gender equality and equity, women are just beginning to cripple into politics and positions of authority in most LMICs. As of February 2019, only about 24.3% of all national parliamentarians were women globally, a slow increase from 11.3% in 1995. Also, only 11 women were serving as Head of State and 12 as Head of Government as of June 2019 (United Nations Women, 2019). The many years of male dominance and the lack of women in political discourse left them as objects and not subjects in decision-making regarding

pregnancies and the consequences that an unwanted pregnancy can have on them.

In their compendium, ‘The Argumentative Turn in Policy Analysis and Planning’, Frank Fischer and John Forester suggested that social scientists must acknowledge that policy processes are inherently communicative and indeed also argumentative, implying that policy processes are sights of struggle over meaning (Durnova et al., 2016; Lykke, 2017). Discourse is hegemonic and is an argued dialogue within a culture and society whereby our knowledge, what we can say, and do is formulated. In his work, Foucault believes that the power to enact policies is diffuse rather than concentrated, embodied and adopted rather than possessed, discursive rather than purely coercive, and constitutes agents rather than being deployed (Foucault, 1998; Gaventa, 2003). Therefore, power is a social phenomenon for critical analysis and strategic action that challenges and shape discourse. Policies are a product of human communication and are neither any underlying meaning or truth within things nor any transcendental meaning or truth to be imposed upon things. This is to say that things that are regarded as truth are things of this world that are produced by multiple forms of constraint. To know is not to discover the truth, but to make the truth—and in every society and period, there are different ‘regimes of truth’, mechanisms, and instances producing truth (Dudová, 2010).

This article will look at the framing of restrictive abortion laws and how it infringes on women’s reproductive health and the principles of bodily integrity. We will use the lenses of WPR policy analysis to understand the discourse and the assumptions that underpin the representation. In this analysis, the choice of the WPR is in respect to the fact that policy processes are argumentative practices that do not solve social problems only by rational application of evidence. Political issues are social constructs—implying that policy processes are ‘problematizing activities’ (Lykke, 2017).

### **Research question**

We aimed to problematize restrictive abortion laws as being practiced across many LMICs and the effects on women. We looked at how restrictive abortion laws violate women’s right to health and bodily integrity. Besides, we explored how abortion and abortion policies in LMICs have been discursively framed. In order to achieve the objectives of this article, we used Carol Bacchi’s conceptual framework of policy analysis to divide the overarching aim into a set of smaller subheadings: Women right to reproductive health; what abortion is represented to be; the presuppositions or assumptions that underlie the representation of abortion; the



representation of abortion nowadays; what is left unproblematic in this problem representation and where the silences are; effects that are produced by restrictive abortion laws; how the presentation of the problem can be disrupted and replace.

## **Theoretical framework**

Carol Bacchi, an Emeritus Professor in Politics, denied the idolization of governments as the society's problem solvers. She went further to develop an extensive framework (theory and methodology) on how policy processes can be analyzed, known as what's the problem represented to be (WPR) (Bacchi & Eveline, 2010; Rose & Miller, 2010). Nowadays, the WPR is one of the most innovative, remarkable, and analytical frameworks for investigating varieties of social issues (Beasley & Bletsas, 2012). It is based on how societal problems are represented in discourse. The pre-position is that a specific policy or policy proposal contains within it an implicit representation of the problem. What we propose to do about something indicates what we think needs to change, and hence what we believe is problematic. Her critical methodological framework uses six questions to analyze how social problems, such as abortion, can be investigated and questioned. The construction of the policy will be made visible by taking a departure point from the six questions, which are as follows.

### ***Question 1: What is the 'problem' represented to be?***

This first question in the WPR policy approach is a direct clarification question whose aim is to identify how the problem is represented in society. It is a rational proposition that what we propose to do about something indicates what we think needs to change, and thus what we believe is problematic. The advocated change is then traced back to know what the underlying representations of the problem might be (Bacchi & Eveline, 2010).

### ***Question 2: What presuppositions or assumptions underlie this representation of the 'problem'?***

This question aims to interrogate the underlying presuppositions, assumptions, or conceptual logics that shape the problem representation. It helps to identify the epistemological and ontological assumptions needed for a specific problem representation. To answer this question, Bacchi suggests an archaeological approach focusing on binary concepts and categories (Bacchi & Eveline, 2010) such as illegal or legal and moral or immoral.

***Question 3: How has this representation of the 'problem' come about?***

This is to look at the genealogical account with emphasis on power dynamics in the historical development of the problem (abortion). That is, when examining a problem, it is essential to investigate how the description came to thrive.

***Question 4: What is left unproblematic in this problem representation? Where are the silences?***

This question looks at things that are excluded within a problem representation. According to Bacchi, when the areas within which the policy is silent are identified, we can gain a more in-depth insight into the limitations of the problem that excluded other constructs (Bacchi & Eveline, 2010, p. 13).

***Question 5: What effects are produced by this representation of the 'problem'?***

This raises questions regarding the implications that follow from a problem representation. It differentiates discursive effect, subjectification, and lived effects as empirical instruments to interrogates how distinct representations shape political subjects and their lives. Discursive effects are the effects of a particular problem representation taking precedence and making it very difficult for one to think outside the box (Bacchi & Eveline, 2010, p. 16). Subjectification effects come from the fact that discourses create subjects of people, affecting how we feel about ourselves and others. Meanwhile, lived effects refer to the material impact of problem representation and how it directly affects people's lives (Bacchi & Eveline, 2010, p. 17).

***Question 6: How and where is this representation of the 'problem' produced, disseminated, and defended? How could it be questioned, disrupted, and replaced?***

This final question considers the genealogy of the problem representation and how it can change while paying attention to the practices and the sites involved in the enactment and spread of particular problem representation. With basic knowledge about how the problem representation came about, one can be able to think about how the representation can be challenged or replaced.

In summary, these six questions in the WPR approach can be systematically followed with specific questions applied where the analysis

occasions their use. However, the concept of self-problematization or reflexivity shows that researchers are immersed in particular ways of seeing the world. Many people read abortion and restrictive abortion papers with an already made mind due to the sensitivity of the subject. Some read in search of new ammunition that they will use to confront the opposition or seek more information to persuade uncommitted members. Restrictive abortion laws will be our focus in this research. We take the view that every human being has the right to bodily integrity and autonomy and abortion on request is an essential component of human existence that ensures gender equality

## Method

Articles for this traditional review article were extensively searched on PubMed, Google Scholar, and the University of Gothenburg E-library. Regular and MeSH keywords were used, including restrictive, illegal, abortion, laws, unsafe, septic, maternal mortality, health policy, reproductive rights, human rights, developing countries, LMICs, Carol Bacchi, and WPR. These words were then combined using 'OR' and 'AND' to search for studies that are related to the topic. The reference lists of relevant articles were further exploited to extract more information. The scale for the assessment of narrative review articles (SANRA) (Baethge et al., 2019) was used to guide our selection of quality articles for this review. We also followed the SANRA guidelines in writing this article, focusing on the research questions.

## Discussion

### ***Restriction of abortion: A violation of women's right to health and the principle of bodily integrity***

Universal access to health is a fundamental human right. According to the WHO (WHO), the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being (Mayers, 2007). These include the rights to universal access to sexual and reproductive health that guarantee women their rights to choose, their rights to decide freely and responsibly on birth spacing and the number of children they wish to have, including their right to bodily autonomy and integrity (Hyne, 2015; Smyth, 2002). Women's rights to reproductive health are in line with the WHO definition of health as a state of complete physical, mental and social wellbeing and not merely the absence of infirmity in all matters relating to the reproductive system and its functions and processes (Mayers, 2007; Ngwena, 2004). WHO further emphasizes

that Sexual and reproductive health rights include all the efforts to eliminate preventable maternal and neonatal mortality and morbidity, including quality sexual and reproductive health such as contraceptives and safe abortion.

The principle of bodily integrity is that which safeguards people's physical liberty, body, and mind, from governmental violation directly or indirectly, and it is the cornerstone of democracy (Neff, 1990). Unfortunately, this fortification has not been extended fully to pregnant women in most developing countries. According to Rebecca Cook, neglecting women's reproductive health using restrictive policies and laws to a large extent, is tantamount to systematic discrimination against women (Cook, 1993). These laws, in most cases, heighten gender inequality with women at a disadvantage end. In addition, when policymakers enact laws that impede on physicians-patient relationships, they indirectly deprive the clinician's fundamental obligation to render the best form of care to their clients.

Pro-life advocates maintain that the products of conception (fetus) have the right to live, but opponents (pro-choice) think that women are protected by human rights and the principle of bodily integrity and should decide what they want to do with their body (womb). The latter group uses slogans and jingles such as 'my body is my choice', 'my body is mine', 'a child when I want', and 'allow her to decide'. This implies that child-bearing should be individually desired. The agitation for women's rights has made South Korea's Constitutional Court ruled against a 66-year-old abortion law that made abortion a crime with a punishment of up to two years in prison in South Korea, calling for an amendment to the bill. In its ruling, the court called the anti-abortion law 'an unconstitutional restriction that violates a pregnant woman's right to choose' (Choe, 2019).

### ***What abortion is represented to be?***

Policymakers significantly contribute to constructing and shaping societal problems such as abortion. The way they perceive abortion will affect what they believe should be the solution. According to Bacchi, the ideologies of WPR policy analysis are based on the principles that policies and policy proposals usually contain implicit or explicit representations of the problem (problem representations) (Bacchi, 2012). The focus on problem representation means a focus on discourse, a language concept used to frame the issue (Foucault, 1991). Abortion in many societies and countries such as Cameroon is an act that can truncate the future of children and a country's reproductive capacity, which invariably can lead to ethnic cleansing/minority and a reduction in the country's population (Schuster, 2005). Also cited is the Romania leader, Nicolae Ceausescu, who placed

a ban on abortion and contraception to boost the country's population in 1966 (Hord et al., 1991).

Most popular religious and feminist movements and their followers in developing countries such as the orthodox Jews, evangelical protestants, faithful Catholics, and the conservative Christians frequently take an absolute moral position against abortion by trying to defend the sanctity of human life and the traditional conception of marriage (George, 2014; Smith, 1984). They regard the act of abortion as a public-funded physician-assisted murder.

### ***The presuppositions or assumptions that underlie the representation of abortion***

Historical reasons ascribed to why abortion was restricted and remain restricted in some countries today include (Berer, 2017),

1. That abortion was dangerous, and abortionists were killing a lot of women.
2. That abortion was a sin or a form of transgression of morality.
3. That fetuses are humans that have equal rights to live.
4. That abortion will affect the population of an ethnic group or country, undermining the advantages of numerical supremacy.

Before the advancement in health care delivery, abortion was dangerous, and abortionists were killing many women during the premodern era. Historically, methods used included strenuous physical activities such as climbing, weightlifting, diving, irritant leaves, fasting, pouring hot water on the abdomen, and lying on a heated coconut shell (Devereux, 1954). In the 1800s, all surgical procedures, including abortion, were hazardous, hospitals were not common and conventional, antiseptics were unknown, and even the most respected doctors had only primitive medical educations (National Abortion Federation (NAF), 2020). Thus, performing an abortion was dangerous, which triggered the enactment of restrictive abortion laws to protect women who sought after abortions and risked their lives in doing so. Induce abortion was also seen as an obstacle to fertility, and believe it could prevent a woman from being a mother in the future. In addition, abortion could invariably affect a country's population growth rate.

Nowadays, methods of conducting abortion have evolved, ranging from noninvasive medical procedures using mifepristone combined with misoprostol which has an overall effectiveness rate of 96.7% for pregnancies up to 63 days (9 weeks) to aspiration abortion (99.8% effective for pregnancies up to 9 weeks gestation), dilatation and evacuation, and induction abortion (National Academies of Sciences et al., 2018). Thus, the question

of abortionists killing women is no longer an issue when performed legally and safe (Berer, 2000).

In countries like Ethiopia, health care providers' reasons for not providing abortions were personal (mainly due to religious, cultural, and personal reasons) or lack of permission from an employer (Berer, 2017). Today, issues surrounding abortion are shaped by a bipolar narrative of right and wrong, of good and evil (Furedi, 2016). Morality from the perspective of anti-abortionists is based on their assumption that life is present from conception and that fetuses look like babies and possess enough genetic codes to be human. They use these broader views to akin the act of performing an abortion to murder. Marquis (1989) believes the issue with this more general view is that it embraces just everything, which makes it convincing to the naked eyes. One will also believe here that killing cancer cells is immoral since cancer cells are also living human cells. The views of anti-abortionists are also strongly linked to religious beliefs. Most religious organizations, including Buddhism, Christianity, and Islam, believe that life begins at conception, and abortion is the deliberate destruction of life (Luker, 1984; Perrett, 2000).

### ***The representation of abortion nowadays***

Abortion is projected to be a sin and an immoral act in dominant representations nowadays (Lykke, 2017). This can be evident in a recent article published in *The New Yorker*, where a faith-based organization (Faith2Action) is believed to have influenced a bill in Alabama, the United States of America, that bans abortion after six weeks of conception (Jia, 2019). Common law is built on earlier understandings from ecclesiastical courts constructed around religious beliefs centered on ensoulment. Ensoulment was believed to be when a fetus acquires a soul, such as quickening (a moment where the fetus is felt moving). Performing an abortion before quickening (during the first semester) was not usually deemed problematic, while doing so after this point was (Lowe & Page, 2019).

Pro-life advocates believe that women are not the creator of life and thus should not take away one. They think that fetuses are humans and deserve the right to life like any other human being. These anti-abortion groups maintain that a fetus is a rights-bearing person whose right to life carries a heavier moral weight than the mother's rights for choice, health, or autonomy (Smyth, 2002). Another factor that leads to the enactment of restrictive laws is that when abortion is restricted, young girls will stop pre-marital sex, and married women will also stop extra-marital sexual escapades. Therefore, the presupposition here is that restrictive abortion law is an excellent instrument to control promiscuity because it serves as

a punishment for women to carry unwanted pregnancies to term. Another fear is that decriminalizing abortion may cause more women to commit abortion (Benson et al., 2011; Henderson et al., 2013).

### ***What is left unproblematic in this problem representation and where the silences are***

Putting more emphasis on abortion is like placing the cats before the horses. Many background factors predispose women to have unwanted pregnancies. Firstly, predisposing factors such as rape, poor reproductive health education, limited contraceptives, and poverty push some women into prostitution. Secondly, abortion laws are silent over the fact that women do not impregnate themselves by themselves. They need a male counterpart, who, in most cases, does not suffer the physical, psychological, and emotional trauma of abortion. Thirdly, restrictive abortion laws are gender discriminatory. Fourthly, most lawmakers, including politicians of all cadres in LMICs, are men and may not enact laws in women's interest. As of February 2019, only 24.3% of all national parliamentarians were women, a slow increase from 11.3% in 1995 (Inter-Parliamentary Union (IPU), 2019).

Little is considered about the psychological and social impact of unwanted pregnancies on the wellbeing of the woman and a child who was never wished to be carried to term. A study conducted in Prague revealed a negative psychological consequence of unwanted pregnancy for the wellbeing of children born out of these pregnancies. It was argued that it would be better for unwanted children not to be born, and abortion was in their best interest (Dudová, 2010).

### ***Effects that are produced by restrictive abortion laws***

With the WPR approach to policy analysis, some problem representations create more difficulties for members of some social groups than others (Bacchi, 2009). Firstly, restrictive abortion laws disfavor women, which makes them especially those who have developed a negative attitude toward abortion, to experience psychological health problems after terminating a pregnancy, probably due to the stigma from the criminalization of abortion. Secondly, the impact of clandestine abortion (which is often unsafe) on maternal morbidity and sometimes mortality is instead a bigger problem caused by this problem presentation and taken for granted. One out of every four pregnancies ends in abortion, and this could be more in LMICs, placing more than 700 million women of reproductive age at risk of septic abortion (Centre for Reproductive Right (CCR), 2020)

Additionally, restrictive abortion policies have severe social and economic effects on women, children, and the broader communities. As of 2007, about 67 countries were reported to have enacted legislation explicitly permitting legal termination of pregnancy on the grounds of economic or social hardship, in recognition of the impact of unwanted pregnancy and unsafe abortion on women's socioeconomic outcomes (Hodgson, 2009). Furthermore, studies have suggested that unwanted babies substantially experience low socioeconomic adversity such as lower rates of education, weak labor market outcomes, higher incidence of mental health problems, and higher dependence on social welfare (Benson et al., 2011).

It is very problematic to assume that a mother will fulfill her role if she is forced to carry a pregnancy to term against her wish. In a study conducted by Fukalová (1979), it was revealed that maternal love does not always come naturally as soon as the child is born because not all women are happy to become mothers, and not all unwanted children are loved as in the cases of incest and rape.

***How and where is this representation of the 'problem' produced, disseminated, and defended? How could it be questioned, disrupted, and replaced?***

In this question, we attempt to look at how abortion and restrictive abortion laws have been made to reach a wider audience and seem to be achieving legitimacy through dissemination and repetition. Restrictive abortion policies have been produced by health care professionals, politicians, feminist movements, and religious organizations.

Religious organizations such as the widely distributed catholic church (Szelewa, 2016) and many others have contributed immensely to influence existing anti-abortion laws today. Muslim-dominated countries, including those from the former Soviet Union, former Yugoslavia, and communist Islamic countries such as Azerbaijan, Bosnia-Herzegovina, Kazakhstan etc., have a varying degree of restrictions (Hyne, 2015). Religious beliefs have shaped people's attitudes toward abortion, making many believe that abortion is an act that goes against God's rules. They think all life is worth preserving, and nature should be allowed to follow God's rules and should remain undisturbed because life is sacred (Hess & Rueb, 2005).

Anti-abortion movements also originated among physicians due to advances in medical discoveries. Fetal quickening, which was previously thought to be the point at which the soul entered the fetus, was later discovered to be relatively unimportant during the process of fetal development as embryogenesis was discovered to be a continuum (Mohr, 1979). Also, the ideological consideration of the Hippocratic Oath that puts value on human life and stresses on 'patient first' and 'do no harm' played a



significant role in molding opinions about abortion (Ghaly & Knezevic, 2018). These made many health care professionals to reconsider their positions on performing abortions.

In relation to politics, according to Kato (2009), politicians have contributed to opposing the right of women to abortion based on nationalistic factors and the nostalgia for tribal, community, constituency, or country numeric population power. They believe that legalizing abortion will decrease population size and a low workforce, which could probably invite invasion by other villages, communities, or countries (Kato, 2009). Culture, customs, and traditions in many societies have placed women as subordinates to men. This has made politicians who are embedded in cultural norms to resist every rhetoric of 'women's rights' movement as a manipulation by the global north to instill democracy over decision-making in marriage. They treat women as minors or baby-making factories. Some men think that women are incompetent to make decisions on their own.

Also supporting the anti-abortion movement are several feminist groups in the 19th century that regarded abortion as an unnecessary evil that men forced on women. Most Women's Liberation Movement began in the late 1960s and then increased following the ruling of Roe Wade landmark legal decision in 1973 that legalized abortion across the USA (Regan, 1979).

Anti-abortionists often use faith-based organizations, different public and media platforms to disseminate and propagate their ideologies. They have supported and sponsored bills to restrict women's access to safe abortion, including shutting down clinics where abortion is conducted and dictate when the procedure should be done. However, It is important to argue that early pregnancy is made up of living cells like just any other living cell in the human body, including cancerous cells. Besides, termination of pregnancy is a medical procedure and, as such, is a private matter between the physician and patient.

Tackling abortion laws requires women empowerment, female education, vigorous media publicity, lobbying of policymakers, and advocacy to support the pro-choice movement globally. It is also essential to empower more women into mainstream politics and positions of authority. Furthermore, there is a need to make contraceptives and family planning methods accessible and affordable to reduce the number of unwanted pregnancies.

## Conclusion

Abortion remains one of the most preventable causes of maternal mortality globally. However, it has often been put between the forces of 'faith' (pro-life or anti-abortion movement) and the forces of 'reason' (pro-choice). When the reproductive right of a woman to safe abortion is endangered, the fundamental equality of women is threatened. In this article, we have

attempted to explore abortion and restrictive abortion policies as framed and practiced in many of the countries where restrictive laws exist and how these laws impede global effort to reduce maternal mortality. There are many shreds of evidence of the benefits of safe abortion services, as witnessed by the low incidences of unsafe abortion and maternal mortality in most countries where abortion is liberal.

Most developed countries that introduced religion through early missionaries in developing nations have since abandoned restrictive abortion laws and granted women the opportunity to decide what happens to their bodies. Recent reports of low abortion-related mortality in Romania, South Africa, and Bangladesh following the legalization of abortion provide more evidence to show that restrictive abortion laws are an unnecessary cause of maternal death (Benson et al., 2011).

By following the six questions designed by Bacchi, we have used discourse contextually to explore how abortion laws have been represented. We have traced backward to understand the presupposition underpinning the enactment of restrictive abortion laws in many developing countries. We found that most restrictive abortion laws nowadays are anchored on morality.

Therefore, abortion-related maternal mortality remains a significant problem because of the way abortion is represented in discourse. Many predisposing factors that expose women to unwanted pregnancies were identified as some of the silences in this problem representation. Efforts to tackle these risk factors will result in fewer unintended pregnancies and a low incidence of abortion. Women should be empowered into political positions to make decisions for themselves. Tackling restrictive abortion laws requires a holistic approach involving media publicity, lobbying, and advocacy to support the pro-choice movement globally.

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