

Attitudes Toward and Perspectives on Abortion in Uganda: A Conceptual Framework.

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Abstract

Abortion has hitherto been surrounded by several views which have shaped how people react toward it. For a while, research has presented these views through a binary lens of positive (pro-choice) and negative (pro-life) attitudes toward abortion. However, there has been a growing concern that there is more beyond the dichotomy of pro-choice and pro-life attitudes toward abortion. This concern has been followed with recommendations for future research to consolidate the nuances and complex variations around abortion and develop a solution that could help in understanding attitudes toward abortion beyond the dichotomy. This study seeks to close this gap in the literature, first by reinforcing the existing nuances and complexities in abortion attitudes and second by providing a comprehensive, structured framework that reveals how far abortion attitudes are spread beyond the dichotomy. This framework advances the study of attitudes toward abortion and contributes to the design of abortion laws and policies.

1.0. Introduction

Abortion remains a controversial health, political, and religious phenomenon around the world. Various beliefs and views surround it. The state, cultural, religious, medical, and civil rights institutions have all been at the forefront of interpreting the abortion phenomenon and using their meanings to gatekeep any acts surrounding it. Today, these meanings have created a series of attitudes toward and perspectives on abortion. The purpose of this paper is two-fold. First, it is to understand individual attitudes toward and perspectives on abortion. Second, develop a framework to help us position and understand individuals' attitudes and perspectives around abortion.

Views on abortion have shaped both positive and negative attitudes toward abortion. These attitudes may enable or act as barriers toward abortion (Adamczyk et al., 2020). The effect of these attitudes on abortion reveals the need and significance of understanding them. However, efforts to understand attitudes toward abortion have faced challenges to the extent that even the meaning of abortion is nuanced (Simmons-Duffin, 2023).

Research shows that views worldwide have been split into a binary (Brysk & Yang, 2023; Cook et al., 1992). The binary has emerged to represent pro-life and pro-choice interests (Strickler & Danigelis, 2002). It has been presented that positive views (pro-choice) enable abortion, and those that are negative (pro-life) act as barriers toward abortion (Cresswell et al., 2016). Similarly, there has been a tendency for countries to be popularly split into those where abortion is illegal (pro-life) and legal (pro-choice). However, this dichotomy causes a misrepresentation of views around abortion. It has been affirmed that there is much more beyond the binary positioning (Rye & Underhill, 2020).

A few studies that could close this literature gap have only explored this variation in views and attitudes, but no systematic approach has been revealed to deal with this complexity. For example, in its recent research on abortion policies, the Guttmacher Institute, (2023) presents states in the United States in seven categories: most restrictive, very restrictive, restrictive, some restrictions/protective, protective, very protective, and most protective. This categorization is fluid and changes with changing policies. And such representation is not different from people's attitudes toward abortion. People's attitudes toward abortion are complex, nuanced, and shaped by several contexts and circumstances (Altshuler et al., 2015; Hans & Kimberly, 2014; Merz et al., 2022).

When Jozkowski and colleagues, (2018) recognized this problem, they explored the extent to which attitudes toward abortion access are spread and offered a thematic representation of this complexity. However, this was only a partial solution for the continued nuances in attitudes that the scholarship has continued to reveal, Jozkowski and colleagues, (2018) acknowledge. Rye & Underhill, (2020) used a model that positions individuals but not their attitudes or views across a spectrum of “attitudes toward abortion” and “attitudes toward choice.” They acknowledge that abortion is beyond the pro-life and pro-choice dichotomy, but their model was limited by an emerging uniformity across the categories that are beyond the dichotomy and called for future inquiries to resolve this nuance.

To close these gaps, I propose an abortion positionality framework that is aimed at providing a structure of contextualizing and understanding attitudes toward and perspectives on abortion. This framework takes into consideration the complexity and nuances of the attitudes toward abortion, becoming a powerful tool for understanding the mechanisms around abortion access, policies, advocacy, and health implications.

To establish this framework, I investigated the attitudes toward and perspectives on abortion in Kampala, Uganda. Uganda is an interesting case study given its abortion atmosphere despite being termed restrictive. Until today, the legal framework around abortion in Uganda remains ambiguous. Amidst the penal code act allowing for abortion only when it threatens a mother’s life and the constitution directly prohibiting abortion, the country’s sexual reproductive health standards and guidelines expanded on who can get an abortion to include a mother with HIV, a mother with a pregnancy from rape, defilement, or incest, and a mother with cervical cancer or one carrying a pregnancy with fetal abnormalities (MOH, 2006; Uganda Government, 1950, 1995).

These myriad contexts have left the population in a dilemma of what can be done and what cannot be done at the nexus of cultural and religious semantics against abortion. The complex pathways make Uganda a suitable context to study what people's attitudes toward and perspectives on abortion look like. To do this, I rely on semi-structured, in-depth interviews to curate data from 51 men (27) and women (24) and reveal their attitudes toward and perspectives on abortion. Individuals' attitudes and perspectives are shaped by four positions arising from two fundamental standpoints: apology and support.

These include, first, the apologetically supportive attitudes and perspectives that arise from the contextual benefits of abortion to the woman. Second, the unapologetically supportive, which stems from the view that women have the right to choose what happens to their bodies, and their choices ought to be protected. Third, apologetically unsupportive attitudes and perspectives arise from the idea that abortion comes with health risks and complications that may cause severe damage or even death to a woman. Fourth, the unapologetically unsupportive tendencies are primarily built on pillars of religion and cultural values and norms in which abortion is considered unacceptable in society. The four fluid positions form the positionality framework based on the apology and support axes (see Figure 1), making it ideal for building positionality based on space, time, context, and events. This fluidity accounts for the complex and nuanced nature of attitudes toward and views around abortion.

After reviewing a series of empirical research on attitudes toward abortion in the United States, Jelen & Wilcox, (2003) suggested that there was a need for scholarship on abortion to shift toward a methodological contribution while accounting for variation. The framework I develop in this paper first contributes to this research gap by reinforcing the variation and complexity of attitudes toward and perspectives on abortion. Second, by suggesting a foundation

and structure that resolves this complexity. This framework is comprehensive enough to provide a more accurate representation of attitudes toward and perspectives on abortion.

Next, in the paper, I present the abortion landscape in Uganda before I discuss my methods, and later, I present the framework and walk through its development. I then discuss my findings around the attitudes toward and perspectives on abortion and finally conclude with the contribution of the framework to the scholarship and methodological conceptualization of attitudes toward and perspectives around abortion and pathways for future research.

2.0. Context

Uganda is among 43 of the 48 sub-Saharan African countries that largely restrict abortion despite the alarming consequences of this restriction (Bankole et al., 2020). The restriction started under the colonial government after establishing the 1950 Penal Code Act. In the act, one commits a felony and could be imprisoned for fourteen years¹ if they caused a woman to abort¹, a woman who intentionally aborts commits a felony and could be detained for up to 7 years², and one who tries to supply drugs or any abortion-causing agents commits a felony and could be imprisoned for 3 years³ (Uganda Government, 1950). The penal code act allows abortion only if

¹ Any person who, with intent to procure the miscarriage of a woman whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means, commits a felony and is liable to imprisonment for fourteen years.

² Any woman who, being with child, with intent to procure her own miscarriage, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means, or permits any such things or means to be administered to or used on her, commits a felony and is liable to imprisonment for seven years.

³ Any person who unlawfully supplies to or procures for any person anything, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, commits a felony and is liable to imprisonment for three years.

it is pursued to save a woman's life⁴ (Uganda Government, 1950). The country's 1995 constitution outrightly states under article 22.2 that "No person has the right to terminate the life of an unborn child except as may be authorized by law" (Uganda Government, 1995).

In 1999, the country's Ministry of Health adopted a Sexual and Reproductive Health Package from the 1994 International Conference on Population and Development that included post-abortion care services aimed at safe motherhood but nothing about abortion (MOH, 2001, 2006). More than a decade later, the constitution was not clear about which law they referred to in Article 22.2 to authorize abortion. It was in 2006 that the Ministry of Health, under the National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, stipulated that the country's comprehensive abortion care service would include a woman or couple that seek pregnancy termination if severe maternal illness is threatening the life of a pregnant woman, severe fetal abnormalities, cervical cancer, a mother is HIV positive and requests termination, or the pregnancy is an outcome of rape, defilement, or incest (MOH, 2006).

The guidelines added that for a woman who has had an abortion of any cause, post-abortion care, including the emergency management of abortion complications, post-abortion counseling, linkage to other available reproductive health services, and/or referral where necessary, and should be provided. In 2012, the ministry, under its Adolescent Health Guidelines and Service Standards, highlighted post-abortion care and management among the adolescent-friendly services obtainable at health facilities but not abortion (MOH, 2012).

⁴ A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his or her benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all the circumstances of the case.

In 2001, the country's higher institutions of learning curriculum of health workers were strengthened to include post-abortion care complications, post-abortion family planning, relying on misoprostol to complete spontaneous or already induced abortions under post-abortion care, and the integration of post-abortion care with other sexual reproductive health services. Over the years, the Ministry of Health has worked with various collaborators, including Marie Stopes Uganda, Ipas, and Reproductive Health Uganda, to aid in training midwives and medical and clinical officers to administer and manage post-abortion care. In recent years, Ipas has continued with training health workers to provide post-abortion care and installed special units and ward rooms at public health facilities to support post-abortion care and management.

3.0. Methods

3.1. Study setting

This study was conducted in Kampala, Uganda's capital, and included fresh university graduates from two public and two private universities as respondents. The chosen universities were identified, given their broad representation of the Ugandan population. These included students across different socioeconomic statuses, religious backgrounds, social behaviors, academic life, and university status. Even though these universities are all in Kampala, study participants hailed from different regions.

3.2. Sample Selection and Data Collection

This paper draws on semi-structured, in-depth interview data collected from 24 women and 27 men between May and August 2021. The sample selection undertook a two-stage purposive sampling procedure. In the first stage, the researcher visited four universities in Kampala to assess their numerical size and track their behavioral and sociocultural contexts. At this stage, the researcher worked with student leaders from different schools and colleges within the four universities who assisted in the identification of 135 prospective study participants.

In the second stage, a baseline survey to gauge participants' interest in engaging in the study was administered to all 135 prospective participants. The majority, 121, accepted to participate, while 14 deferred the study. By accounting for socioeconomic status, university population, program diversity, gender, and thematic saturation, 60 of the 121 participants were finally selected to participate in the study. Makerere University and Kyambogo University being the largest and most diversified, 20 participants were solicited from each, and Ndejje University plus Bugema University contributed 10 participants each.

Finally, I administered 51 semi-structured in-depth interviews from May through August 2021. 8 of the 60 respondents were not interviewed because of contact loss (n=6) and participant disinterest (n=2). Most (n=33) were held in person, while 18 interviews were conducted via phone. 17 of the 33 in-person interviews were performed at the research center office, while the 16 were conducted in participant-chosen venues like office spaces and recreational spaces. Question clarity was obtained after piloting the interview guide among the then (2021) Makerere University prospective graduates. Interviews lasted an average of 69 minutes, with a minimum of 42 minutes and a maximum of 110 minutes.

All interviews were administered in English, the country's official language. After obtaining written consent at the onset of each interview, interview conversations were recorded using audio recorders. On average, all the respondents were compensated \$10 for their travel to and from the research center or place of interview. The study was approved by the University of Michigan Institutional Review Board (HUM00194668), the Makerere University School of Social Sciences Institutional Review Board (MUSS-2021-39), and the Uganda National Council of Science and Technology Institutional Review Board (SS997ES).

3.3. Data management and analysis

All interviews were transcribed verbatim, read and re-read before coding, and analyzed in an iterative process. Detailed memos for each of the transcripts were written to capture critical summary responses in the transcripts. I organized all respondents in rows using Microsoft Excel spreadsheet software by assigning an identifier code and a corresponding pseudonym to each respondent in the analytical sample. Corresponding respondent characteristics like age, sex, marital status, sexual activity, and employment status were also captured and analyzed in Microsoft Excel Spreadsheet software (see Table 1).

Table 1. Sample Characteristics

Characteristic	Women	Men
Age		
23-27	24	25
28-32	0	2
Marital Status		
Single	8	5
In relationship	13	16
Cohabiting	3	3
Married	0	3
Sexual Activity		
Active	19	24
Not active	5	3
Currently, Have children?		
Yes	2	4
No	22	23
Employment Status		
Graduate Student	2	1
Unemployed	0	2
Employed	19	19
Self-employed	3	5

3.3.1 Grounded Theory

Grounded theory, a systematic research methodology widely used in qualitative social science research to develop hypotheses and theories, was first introduced by Glaser & Strauss, (1965) when they constructed the awareness theory. In this paper, I adopted the generalization approach of grounded theory to analyze the data and develop the abortion positionality framework (see Figure 1). To reveal the attitudes toward and perspectives on abortion, I reviewed the transcripts several times as I developed the memos that captured the main views of

the respondents. During the process, I identified outstanding views that formed codes that later developed into coherent categories, a method accustomed to grounded theory (Glaser, 1998; Glaser & Strauss, 1967; Strauss & Corbin, 1990).

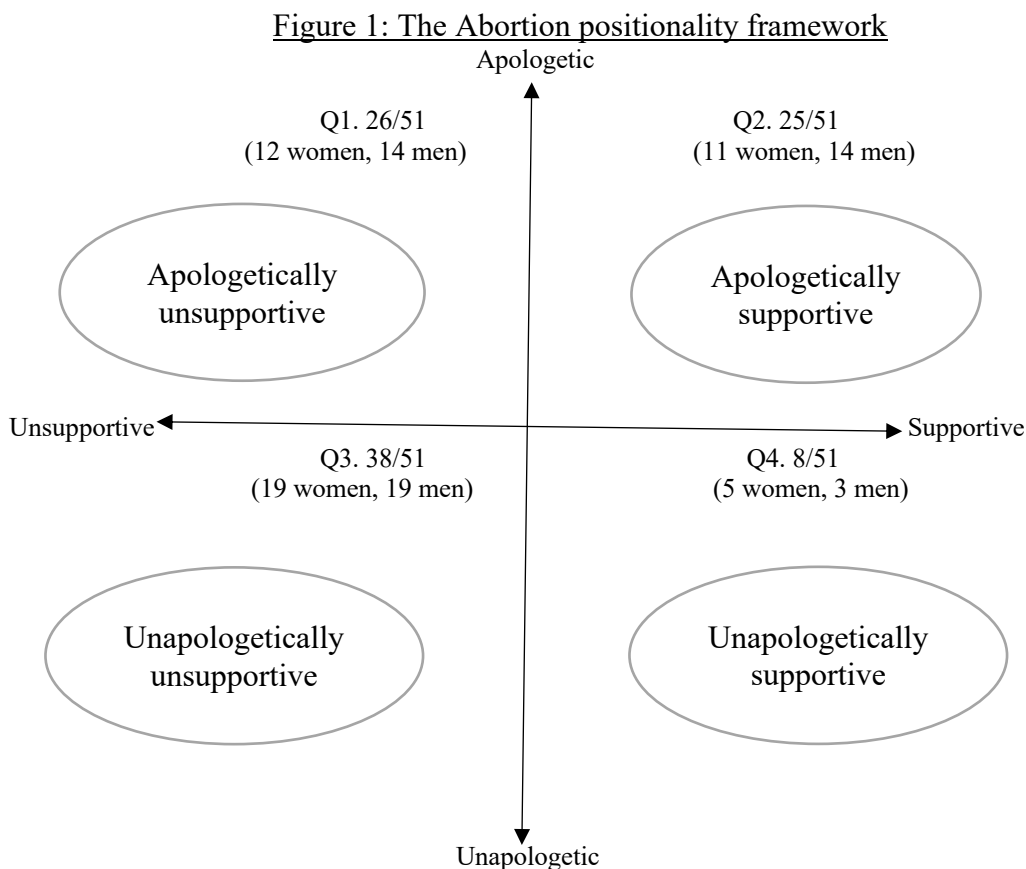
These codes and respective categories were strengthened during the iterative process of reading over the memos alongside corresponding transcripts. I moved transcripts into Dedoose qualitative analysis software and coded for attitudes toward and perspectives on abortion based on the generated codes and categories. The coding process revealed the accomplished distribution of respondents' views across all the categories, forming the four attitudinal positions that comprise the abortion positionality framework, as represented in Figure 1. Excerpts from the coding process were representations of individuals' views about abortion, and they shaped the empirical construction of the four positions, as revealed in the results.

4.0. Findings:

This paper relies on 51 semi-structured, in-depth interviews collected between May and August 2021 to develop an abortion positionality framework of people's attitudes toward and perspectives on abortion. It is through this framework that I position and explore individuals' attitudes toward and perspectives on abortion. Individuals' views are positioned depending on how apologetic or unapologetic they are and how supportive or unsupportive they are toward abortion. By being apologetic, one is perceived to be considerate regarding whether they support or do not support abortion. Individuals' views are positioned as unapologetic when their attitudes toward and perspectives on abortion are non-remorseful, regardless of whether they support or do not support abortion.

From this background, I develop the four positions of the framework. The apologetically unsupportive position reveals individuals' expressions against abortion that are inclined to the

health risks or complications that are associated with abortion. The unapologetically unsupportive describes perspectives that are against abortion through religious and cultural lenses. Unapologetically unsupportive perspectives are incredibly anti-abortion, and they do not envisage abortion as an acceptable act in society. The third position is the apologetically supportive, which usually stems from what is socially and legally acceptable. Here, views that support abortion are focused on the benefits of abortion to the woman as socially and legally constructed. Finally, the unapologetically supportive perspectives that arise from individuals' beliefs that abortion is a woman's right and a woman should have autonomy over their bodies. Views here are in total support of abortion and women's choices.



A) Apologetically unsupportive

Overall, individuals' attitudes and perspectives in this quadrant were influenced by the fear of what may arise after abortion. I describe apologetically unsupportive attitudes and

perspectives as those that are against abortion because of the complications that may arise from the pregnancy termination process. Such fear is generated from past experiences where individuals have witnessed others go through severe pain, bleeding, sepsis, loss of the uterus, temporary or permanent infertility, or death post-abortion. These and other health consequences that may happen during or post-abortion are core to how some individuals think that abortion would be an ideal choice, but the complications that may come with it shape how they go against it, hence, being apologetically unsupportive, as Asa describes below.

“I don’t support abortion. I’m against it. When I was at university, I had a friend who got pregnant, and they were considering an abortion, but I advised against it because there are many dangers. One is that [there is] a high chance that in the process of performing that abortion, you may also lose your life or lose your uterus, or you find out later that you can’t have children. So, all these cases have been there, and I advise against going for abortion.

The main reason I describe the attitudes and perspectives of individuals who take this position as apologetic is that their views against abortion are fluid and vary with the circumstances that may arise from an abortion. Attitudes in this position are conditional to what may come up with the occurrence of the abortion. The views here can change to fully support abortion if the context is medically safe and guarantees against significant health complications. For example, some suggest that it would be less risky to abort in the early months of the pregnancy than later. Such views are not in support of abortion because aborting in the later months of the pregnancy contributes to a higher risk of complications, including death.

“I don’t feel good about abortion, especially for people who wait for months to abort. It’s wrong, it’s bad. I don’t support it, but I think it’s much better if someone aborted in about the first two or three weeks than the one who delayed because the more you delay, the higher the chances of losing your life. I know someone who has died in the process of abortion, so I think it’s a big risk.” – Marcus, 26-year-old Businessman

Such attitudes are unsupportive of abortion but only in an apologetic way that is conditional to the complications that may arise. Because the attitudes and perspectives revealed

here are fluid and primarily informed by the complications that come during or post-abortion, individuals who hold such views can be receptive to an abortion, especially if it's safe and in the early stages of the pregnancy. However, they are scared off by what would come with the process.

“Abortion is not something that I would support, but it’s something that I would understand [if someone did it. Abortion is careless living. You must live life in a careful way. [BUT] mistakes are okay, and that’s why I [would understand it]. But you can’t find someone aborting like 10 times; it shows some bit of carelessness.” – Trevor, 25-year-old male Engineer.

Views related to those of Marcus and Trevor above reveal how the absence of safe abortion care strengthens respondents’ apologetic expressions against abortion. The lack of such care heightens the occurrence of complications among those who try to terminate a pregnancy, and this is a common experience in Uganda.

“It’s very hard to advise someone to have an abortion in Uganda because most of the clinics that carry it out are not safe clinics. Encouraging someone to have an abortion right now is like sending them to death or getting complications when they are doing the entire process, but if we can find a safe clinic and we know it’s safe and it is legal, then I would [advise someone to abort] – Matilda 25-year-old Businesswoman.

However, regardless of how safe abortion can be done, it is hard for some people to take in, and they continue to believe that safe abortion does not exist. It is the risk involved in abortion and the negative experiences witnessed in communities with no safe abortion care that shape such perspectives. Rampant or intense negative experiences shape human thought to imagine positivity impossibly.

“I don’t think abortion is good [because] I don’t think it’s safe, even if it’s in any other country. I don’t think abortion is safe.” – Simeon, 27-year-old Gas station operator.

The complicated abortion experiences that inform these apologetic views against abortion range from severe and prolonged bleeding, loss of the uterus, failure of future conception, and depression to death. Some of these complications, like bleeding, are known and expected when

one terminates a pregnancy; however, they should not be severe or prolonged. Severe and prolonged bleeding is a feature of a clandestine abortion. Abortion in the absence of professional health care providers may result in critical bleeding, leading to anemic challenges and sometimes death if not managed in time.

“I would not opt for an abortion if I made someone pregnant because I fear the risk attached to it. [What if] someone over bleeds? Because I’m not sure if there is anything called safe abortion. What if someone over bleeds and dies [and] I become an enemy [to their family]?” – Henry, a 27-year-old Quality controller.

While bleeding occurs whether the abortion is safe or unsafe, albeit at low levels for safe abortion, the other complications and consequences are mostly common among unsafe abortions and almost negligible among safe abortions. For example, losing a uterus during or post-abortion is familiar with carrying out abortions in hiding, without medical attention, using non-prescribed drugs, chemicals, or fluids, and failing to seek post-abortion care. Respondents report views that are reservedly against abortion because of the consequences of such actions.

“Abortion is bad. I was in senior three, and our class leader got pregnant. She tried to abort [using] local herbs, the fetus went out, but she [lost] the uterus. It was removed at an early age that she was about to die” – Tyler, 27-year-old Information Technologist.

Losing a uterus post-abortion not only prolongs healing but also has future consequences for getting pregnant. A uterus aids the growth and development of the embryo into a fetus and, later, a baby. Losing it makes conception impossible. Respondents have reported experiences where they witnessed abortion victims lose their potential to conceive again after losing their uterus post-abortion, and that scares them to abort or even support anyone’s decision to abort.

“Abortion should not be accepted because women get complications like their uteruses rupturing or you find that the lady reaches the extent of their uterus being removed, or their oviducts getting blocked [and] that person is unable to conceive in the next period.” – Terry 27-year-old Businessman.

Like Terry, Mario, a 26-year-old Administrator, believes that it is suitable for abortion to be banned. Mario thinks that by aborting, in the absence of an expert to support the process, they may quickly die or go with a damaged uterus that may hinder future conception. Reports of not being able to conceive again are not only limited to the removal of the uterus post-abortion. Aborting is also seen as a way of hindering one's only chances of having a child. It is thought that one may abort their only lifetime child. So, perspectives from some individuals reveal how inappropriate abortion is, mainly because one will still desire a child in the future.

"I cannot abort because first, [getting pregnant] is what I want as time goes by because [what] if I abort [and] end up not getting pregnant again." – Femi, 25-year-old Banker.

Post-abortion, some women regret the conditions that led them to abort and the act itself. Such women, at times, look at the event as something that would have been prevented, but because of the unavoidable circumstances, including not being able to manage a pregnancy nor take care of the baby, having to accomplish some lifetime goals before giving birth, not knowing the man with whom they got pregnant, among others; they are forced to choose an abortion. Such tough decisions haunt individuals. Regrets may result in depression and later lead to critical mental health challenges. And for those who may fail to get pregnant again, that takes a toll on their mental health.

"Abortion haunts someone the rest of their lives. The thoughts [of you aborting] never fed away. I think it would be just so many thoughts [about how] you killed the child, so I think in the future [it would] haunt you, and you [ask yourself] what if I did not kill them? What would have happened." – Appiah, 25-year-old female Engineer.

In the end, the unfortunate consequence of abortion would be death. Death is a crucial consequence of unsafe abortions. Since some clandestine abortions have continued to happen in abortion-restrictive environments, those who have heard about or witnessed death express how abortion is not ideal and a critical life-threatening condition. Death after an abortion may result

from direct causes like using unsolicited drugs, fluids, and herbs or self-management and relying on unprofessional people to support your abortion process. And from indirect causes like severe bleeding, failed surgeries, internal damages, and refusal to adhere to post-abortion care medicines and guidelines as guided by health professionals. Witnessing death during or after an abortion is a nightmare. It becomes hard for one to perceive the possibility of an abortion after such an incident. And this is where apologetically unsupportive tendencies come from.

“I feel [abortion is] not good because some people end up dying. We got some lady at our place who died while aborting at the clinic.” – Femi, 25-year-old Banker.

Individuals who claimed abortion was a wrong act because it would lead to death were mainly informed by events in their lives. For example, when Lora, a 25-year-old, was growing up, her cousin-sister died after aborting. She reports that they did not know her cause of death until the post-mortem report revealed that her cousin had succumbed to post-abortion complications. Lora believes that while one seeks abortion thinking they are only killing the baby, they may as well be killing themselves. From such experiences, individuals tend to believe that an abortion ban should be maintained since removing restrictions may lead more people into the practice, thus increasing the number of people succumbing to abortion or related complications. The perspective that abortion-related deaths would increase if restrictions were lifted is subjected to the fact that the removal of the ban on abortion does not guarantee zero tolerance for unsafe abortions.

“I think restricting abortion is the right thing. It shouldn’t be accepted. If legalized, I think people would take it for granted, and may end up dying.” – Zawi, 25-year-old Businesswoman.

From the experiences revealed above, individuals hold attitudes and perspectives that I consider apologetically unsupportive. Their views against abortion are entirely subjected to the complications that come with terminating a pregnancy, especially those witnessed in their

communities and from the people around them or what they have heard from other people. Such experiences that arise with the complications during or post-abortion cause fear in the population, making them develop negative attitudes toward abortion. It is those risks that make these individuals believe that it is not worth bearing the cost of aborting.

B) Unapologetically unsupportive

Views that are unapologetically unsupportive of abortion reveal a complete unwillingness to tolerate those who seek and/or practice abortion. These attitudes represent a belief that abortion is an inhuman act that deprives one of their gift from God (the child), which makes it a sin and a vice that should be disapproved in society. Such perspectives are derived from the belief that by engaging in abortion, you are taking away the life of another human being, thus labeling them as killers and murderers of innocent souls. Unapologetically unsupportive attitudes toward and perspectives on abortion are driven by the strong religious and cultural values and norms that once one deviates from them, they are seen as perverts, ill-mannered, and stigmatized as sinners. Perspectives here describe a position of being in total disapproval of abortion as an unholy, filthy act and are in absolute defense of strong anti-abortion policies and laws.

Religion and culture are at the center of shaping unapologetically unsupportive tendencies against abortion. Religion qualifies abortion to be a sin. A sin that stems from one killing someone. Respondents believe that by aborting, one is killing a human life, something that religion forbids. Religion is a decisive factor in shaping negative attitudes toward abortion. Religious teachings have spread anti-abortion beliefs among societies, considering abortion to be a sin, a circumstance of killing someone (the unborn), causing individuals to believe that abortion is immoral.

“My religion, my faith, out rightly says no to abortion. My religion influences my decision [against abortion]. Because [the pregnancy] has been instilled in me by my faith, it is wrong [to

abort it]. [If you want to abort], I will tell you that child deserves a second chance; that child deserves life.” – Dinah, 26-year-old female Mechanical Engineer.

Respondents holding unapologetically unsupportive views advocate against abortion because they do not want to kill.

“The fact that [a pregnancy] has been formed and your pregnancy test has tested positive means that you are carrying a person. If you abort, you are killing someone; it is murder and a sin. I’m against [those] who abort totally and absolutely. I know people who have aborted, and I’m still unhappy about their decision. I mean, it’s their body, their decision, their life, but I don’t think it is the solution.” – Amlin, 26-year-old female Engineer.

Anti-abortion attitudes and perspectives revealed here suggest that abortion is killing because a fetus has a life. Larry, a 26-year-old male Banker who does not like people who practice abortion, says abortion is unholy, claiming that abortion is murder first class because you are killing somebody. Such perspectives label abortion seekers and providers as killers and murderers. Because religion teaches against killing someone, those who present that by aborting, one is killing another person also believe that if you abort, you are sinning.

“I don’t think of a circumstance [where] I can advise someone to do an abortion because, from the biblical perspective, we would be sinners, murderers, or killers. The Bible says all children come from God.” – Henry, 27-year-old male Quality Controller.

Erica, a 25-year-old male, adds that even Catholic nuns who get pregnant are suspended from the covenant, but they can never be forced to abort because it is a sin. It is reinforced that abortion is not good, presenting that by one conceiving, God has granted their womb to be fertile. It is justified through views against abortion that a pregnancy is a blessing from God, and if one aborts, they are disapproving of God’s blessings.

“[Abortion is] not legal [in Uganda], and it’s a good thing. Uganda is a God-fearing country. A kid is a blessing from God, and at the time you are pregnant, that’s the time God has permitted your womb to be fertile. – Merisa, 26-year-old female Accountant.

In addition to religion, perspectives that are radically against abortion are also inclined to the illegality of abortion in society and the moral values in society. Cultural values have challenged women to preserve their respect and dignity in society by getting married and having

children. In this case, abortion would be unexpected and forbidden. A person who aborts would be stigmatized and negated.

“I am African, Ugandan, and a Christian. I would not say abortion is okay. My understanding is that it’s filthy. You are taking away a life, and I look at myself, and I think, what if I was [aborted]? Where would I be? [Abortion] is condemned by the nature of our setting as an African and Ugandan and by the laws that govern our land” – Aluda, 32-year-old male Productions manager.

On some occasions, women have aborted because they do not have enough financial support to get them through the pregnancy and raising a child. However, views in favor of anti-abortion argue that each child comes with a blessing that would see them through adulthood. Such perspectives ensure prospective mothers have a positive attitude toward carrying their pregnancies to term despite their living conditions and well-being.

“I don’t support abortion. For instance, why would you abort? Life has never been the same; today, you might be poor, thinking you will not take care of the child, but in the short while, things turn the other way around; you get the money, or today, you may be having the money, and the money disappears. So, you must stay strong and look after your child; you don’t need to abort.” Carlos is a 26-year-old male Networking engineer.

Individuals with unapologetically unsupportive attitudes and perspectives gatekeep abortion to ensure that people around them do not abort despite them presenting challenges that would immerse their lives if they carried the pregnancy to term.

“I wouldn’t advise anyone to abort. I remember [while] at [university], my best friend got pregnant, and she wanted to abort because the boyfriend advised her to abort, and they even got everything it takes [to abort], but I advised her not to. [Even though] I knew whatever was happening in their family and for them, the best thing was to abort in order not to bring or cause more problems, I advised her not to, and I made sure she didn’t until she gave birth.” – Lora 25-year-old female Banker.

C) Apologetically supportive

Apologetically supporting abortion involves attitudes and perspectives that are inclined toward a conditional benefit of the mother, especially their health but not their personal choice. Here, there is a positive attitude towards abortion; however, limited to if a girl or woman was

raped, defiled, abnormal growth of a fetus, if the pregnancy may cause health challenges for the woman, or if it is a result of incest. This perspective is not so different from the abortion restrictive policy of Uganda, where abortion is only allowed in the context of rape, defilement, fetal abnormality, incest, when the pregnancy may result in a mother's death or if a mother is HIV positive and may not have the capacity to carry the pregnancy to term. I refer to such attitudes and perspectives as being apologetically supportive because a positive attitude towards abortion, in this case, is especially limited to the health benefit of the woman carrying the pregnancy.

Apologetic support is reproduced from attitudes and perspectives where one would not want themselves or another person to have an abortion, but the condition at hand does not favor them to keep the pregnancy to term. This is mainly for health and moral justifications. Societies have created situations where keeping a pregnancy to term would be considered taboo or abnormal. These include rape, defilement, incest, fetal abnormalities, or injuries. Together with health benefits envisaged for a woman, states have created abortion policies that are limited to those selected justifications. Because of the limitation of the justifications to carry out an abortion, I describe such a position as being apologetically supportive. The pro-abortion views here do not consider the free choice of a woman to terminate a pregnancy at any time desired, nor do they consider a woman's autonomy to make an ungazetted decision over their body. Hence, the term apologetically supportive. Here, attitudes and perspectives around abortion are guided by two principles. The health of the mother and gazette moral values. From a moral point of view, these attitudes and perspectives justify aborting pregnancies that are a result of rape, defilement, and incest. On the other hand, the health of the mother is viewed to be necessary, and abortion can be allowed when there is a fetal anomaly or injury, if the pregnancy may result in a

mother's death, and if a mother is HIV positive and may not have the capacity to carry the pregnancy to term.

In several societies, incest is considered taboo, and sex with relatives is seen by society to be derogatory. Because of the norms and beliefs held around sex with relatives, pregnancies from such sexual intercourse are described to be against the values of society and thus unlikeable. It is, therefore, typical for many societies to find a justification for terminating such a pregnancy.

“It may be okay for someone to abort if they got pregnant from sex with relatives. If such a person makes you pregnant, you don't want your family to know. I would say you go for an abortion.” – Israel, 26-year-old Male Digital Marketeer.

Like incest, a pregnancy that comes with one being raped is complicated to accommodate. Pregnancies from forced sex come with difficulty to maintain. With rape in the context, the pregnancy comes with trauma and depression. A severe mental health consequence. It is to the mother's health benefit that such a pregnancy is terminated.

“My cousin-sister was raped, and she went back to school only to realize that she was pregnant. On inquiry about the pregnancy, only for her to tell us that she had been raped. If you were the one, what would you do? We sat down as sisters [and] had to get rid of the [pregnancy]. We were trying to find a good future for [our] sister,” said Loraine, a 26-year-old female finance and accountant.

Around the world, rape is a serious crime, and it would not be justifiable to entertain its outcomes. Women who undergo such trauma need to be protected from unjustified responsibilities. It is, therefore, important that women are protected from the outcomes of such crimes.

“If [someone has] been raped, that definitely [calls for an abortion] because having that child will always remind you of this bad ordeal that you went through. In cases of rape, I think a person [should] have a right to have that child aborted.” – Asa 27-year-old male Auditor.

Beyond incest and rape, respondents reported abortion to be justified in instances of health complications. For example, Marylin, a 25-year-old female, stressed that unless there were

complications whose only solution was abortion, she would not opt for an abortion. These complications would place a mother's life at risk of death if one chose to carry a pregnancy to term. To save such lives, abortion is ideal. Like Adrian a 31-year-old male Gas station supervisor, suggests, that an abortion should be something you do to save yourself or the child.

“[I do not support abortion], but when there are medical issues, I would [abort]. And If the doctors have recommended [to someone that if the] pregnancy goes on, [there will be] loss of life, I would advise her to abort, but apart from that one, I wouldn't.”

As a man who cannot get pregnant, Nadil, 27, says he would consider an abortion if the pregnancy was life-threatening to his partner. However, he adds that it would be a painful decision. These life-threatening conditions are not only attributable to pregnant mothers. In some instances, a fetus may develop an illness or injury that would not enable the child to develop normally once birthed. Therefore, it may not be worth carrying such a pregnancy to term. Sherry, a 26-year-old female graduate student, emphasizes that abortion would be okay if you learned that your partner has a chronic illness that would eventually affect the child when born. Sherry presents that there is no justification to entertain stress and costs associated with such an outcome, yet one can eliminate it. On several occasions, women have also developed ectopic pregnancies. Such pregnancies, if left to grow, death of the mother becomes inevitable. Dinah, a 26-year-old Mechanical engineer, suggests that if someone had an ectopic pregnancy, she would advise them to abort because such a pregnancy would be complicated to carry to term.

D) Unapologetically supportive

Unapologetically supporting abortion calls for non-remorseful attitudes and perspectives. It is usually depicted among views that justify abortion beyond health and moral justifications to bodily autonomy, women's reproductive and health rights, thoughts of inability to take care of the baby, and prioritizing other life goals over carrying the pregnancy to term. Such attitudes and

perspectives front rights and choices of individuals over their bodies plus free will other than the state, religious, and cultural control of personal reproductive actions. Views that are unapologetically in support of abortion arise from individuals who do not believe that abortion is a sin, murder, or killing someone because they think that the pregnancy has not yet developed into a human being.

“People say that when you abort, you are killing, but I don’t think you are killing anyone. Someone who doesn’t even have a name?” – Israel, a 26-year-old digital marketer.

Respondents’ attitudes and perspectives reported here reveal how access to safe abortion practices is a human right, and people who choose such a pathway during pregnancy ought to be supported. It is essential to understand that despite restrictions against abortion, it happens in very life-threatening ways. Policies and laws should thus take priority on saving lives by supporting those who choose to abort rather than curtail them as a way of preserving cultural and religious values.

“Abortion happens a lot, especially for [unmarried] people. I think it’s something that should be legalized such that it is safely and carefully done because people get pregnant in different circumstances. Sometimes [one is] not ready for it, and that pregnancy could ruin many opportunities. I think abortion is not that much of a bad thing. You must choose whether you want to bring a life. A lot of people enjoy sex, but not everyone is thinking about being a parent. So, people should be given the [freedom] to choose whether they should have the kid, and if someone chooses not to have the kid, then they should support them.” – Anna, 26-year-old Female Communications specialist.

Anna adds that they lost a student in high school because of using local herbs to terminate a pregnancy. She argues that many girls and women are losing their lives because they engage in unsafe abortions by using herbs and unsolicited chemicals and relying on ill advice from ignorant health workers and non-medical personnel about abortion. Anna suggests that abortion should be legalized such that girls and women have designated health centers where they can safely seek support. Dinah, a 26-year-old Mechanical engineer, agrees that making abortion legal allows

people to make their own decisions about the act. She claims that restricting it gets the situation worse and leads to death in some of the crudest ways. Respondents with attitudes and perspectives associated with this position underscore that one should do anything they feel like doing about their pregnancy, and they support any decisional outcome that comes with the emergence of a pregnancy. Ariella, a 27-year-old businesswoman, suggests that the act of aborting should entirely be an individual's decision. She recalls a time when a friend approached her seeking advice on whether she should abort. Ariella remembers only to ask her if she was ready to have the baby, and she responded by saying that apart from not being ready to become a mother, she did not love the would-be father of the baby. She had a lot of pending life goals to pursue. Ariella assured her of all the support in whatever decision she was about to make about the pregnancy, and she aborted. Such pro-abortion intentions and support are held by individuals who believe that even though abortion may be considered a sin by religions, there are circumstances where the act is inevitable, and this influences their position to support abortion unreservedly.

“I used to believe [that] you are not supposed to sin [but] sometimes sin is inevitable. Certain things are so inevitable if you are not killing someone. Abortion in Christianity is a sin, but what are you going to do if you can't take care of this child and maybe the father of the child is not ready to take up the responsibility.” Matilda, 25-year-old Businesswoman.

Crystal, a 26-year-old male, emphasizes that women who cannot take care of themselves and their pregnancies, especially in the absence of a man, are worthy of being advised to opt for an abortion. This position sets cultural and religious morals and beliefs aside and invests attention into the well-being of the pregnant mother and the prospective baby. In circumstances where women feel unready to carry the pregnancy to term, perspectives here present that an abortion becomes the best option.

5.0 Discussion

In this paper, I sought to understand the attitudes toward and perspectives on abortion in Uganda and develop an abortion positionality framework. I found that attitudes toward and perspectives on abortion are very varied, nuanced, and complex. They spread across two dynamic axes of apology and support. Relying on the variations in attitudes toward and perspectives on abortion across the dynamic axes of apology and support, I developed an abortion positionality framework that revealed four fluid positions that account for the nuances and complexities in the attitudes and perspectives around abortion.

First is the apologetically unsupportive position, which reflects attitudes and perspectives that are against abortion, given the complications that may arise from the termination of the pregnancy. The fear associated with apologetically unsupportive attitudes and perspectives arises from case scenarios observed around individuals who have ended up with complications during or post-abortion. Past experiences observed in the community play a significant role in shaping these attitudes and perspectives. Witnessing someone going through post-abortion complications creates a scenario that abortion is wrong and harmful to women (Roberti, 2021). These complications include but are not limited to ruptured uteruses, which, if removed, could prevent future conception, severe pain, hemorrhage, sepsis, and sometimes death, as was found by (Moore et al., 2011). Complications like these are common in abortion-restrictive environments (Kalilani-Phiri et al., 2015; Melese et al., 2017), a situation not different from Uganda. Apologetically unsupportive views stipulate that it may be less risky to abort in the early months of the pregnancy than later, suggesting that allowing abortion through the gestation period would dramatically increase the risk of complications for women. By being unsupportive on the

grounds of health complications that may arise from abortion, one would argue that they would turn pro-choice conditional that the abortion is medically safe and sound.

Second is the unapologetically unsupportive position that is in total favor of anti-abortion laws and policies. Attitudes and perspectives here arise from highly conservative views on abortion that are shaped by the pro-life dogma. Perspectives in this position term abortion to be immoral (Hendricks, 2019). As found in the United States, religion and cultural values are central to these attitudes and perspectives (Frohworth et al., 2018; Watson, 2019). Religion has hitherto remained a critical factor in shaping negative attitudes toward abortion (Adamczyk & Valdimarsdóttir, 2018). However, Williams, (2016) argues that the pro-life dogma has now evolved to become a human rights debate that pushes for the right to life of the fetus. The attitudes here define abortion as a sin that could torment individuals for the rest of their lives. Similar views were found among abortion-seeking women in the United States (Foster et al., 2012). This sin has been argued to be stemming from killing a person, that is, the fetus (Szelewa, 2016), yet it could be an important person in society (Moore et al., 2011). Unapologetically unsupportive attitudes are very anti-abortion, and they present those who support or engage in abortion to be perverts. Individuals with such attitudes are in total disapproval of abortion, considering it a filthy act (Norris et al., 2011).

Third is the apologetically supportive position, which involves attitudes and perspectives that aim at the health benefits of the woman and the societal moral advantage. The health benefits that motivate these attitudes and perspectives were found to include a woman who is pregnant with a damaged fetus and a woman who is at risk of the pregnancy causing health complications. Being in support of abortion on grounds of a woman's health has been a vital basis of abortion policies in several countries, including the United States, Uganda, Kenya,

Zambia, and Tanzania, among others (Geary et al., 2012; MOH, 2006; Mutua et al., 2018; Solheim et al., 2020; Steupert, 2023). Arguing for abortion to be ideal where a mother's life is at risk was also revealed in Malawi (Kavinya, 2011). On the other hand, this position is also influenced by moralist tendencies in which individuals believe that women who have been defiled, raped, or have had a pregnancy from incest should abort to avoid giving birth to bastard children. The above attitudinal stands are established to be apologetically supportive because their support toward abortion is limited and does not include support for a woman who would wish to abort for reasons out of the health and moral conundrum. Attitudes here are ideally in support of abortion only when the woman cannot keep the pregnancy because of health problems or on moral grounds. It can be argued that these attitudes arise from views that women can abort, but abortion is a bad act (Pollitt, 2014).

Fourth is the unapologetically supportive position that holds views that openly and unreservedly support abortion. Attitudes and perspectives here are what research on abortion attitudes has termed pro-choice (Armiwulan, 2022; Rye & Underhill, 2020). These attitudes are accustomed to bodily autonomy and women's reproductive and health rights. Such views front rights and choices of individuals over their bodies other than the state control of personal reproductive actions. Beyond the desire to pursue any path with the pregnancy, unapologetically supportive tendencies also indicated that in a situation where a woman's judgment assumes she does not have adequate support to take care of the baby, abortion becomes ideal. The action taken by a woman to terminate a pregnancy should be looked at beyond the individual right and considered to be a "fulfillment of human needs (Jaggar, 1994). As argued by Pollitt, (2014), unapologetically supportive attitudes and perspectives represent the dogma that abortion ought to be accepted by society as something that is a part of a woman's reproductive health, morally

right, and practiced for the benefits that extend beyond women to their families and societies. Unapologetically supportive attitudes and perspectives hold that restricting abortion increases unsafe abortion practices, and individuals with such views argue that if abortion were made available to women, then women would be protected from possible injuries and death during unsafe abortions (Clarke & Mühlrad, 2021; Latt et al., 2019). However, research in Zambia, a country with reasonably progressive pro-choice abortion laws, revealed that not restricting abortion may not single-handedly deter women from conducting unsafe abortions (Geary et al., 2012). Because negative attitudes toward abortion lead to increased unsafe abortions (Sundaram et al., 2013), the knowledge of the law and pro-life attitudes need to improve for pro-choice abortion laws to make an impact (Cresswell et al., 2016).

5.0 Conclusion

Attitudes toward and perspectives on abortion are robust influencers and factors when it comes to abortion policies, laws, resource allocations, and care access. First, this paper contributes to the literature on abortion attitudes by exploring an abortion-restricted context, revealing the attitudes toward and perspectives on abortion. Second, the study contributes to abortion scholarship by developing and presenting an abortion positionality framework. A well-structured framework that goes beyond the binary distinction of pro-choice and pro-life to understand the nuances and complexities around attitudes toward abortion. This development offers a new understanding of the attitudes around abortion by revealing the fluidity in views around abortion. It accounts for the situational effects of time, space, and events. The strength of this work relies on its variation in the attitudes toward and perspectives on abortion coming from both men and women. Additionally, even though most respondents resided in the Kampala metropolitan area of Uganda at the time of the interview, they were born and formerly lived in

various parts of the country, qualifying the possibility of a nationwide generalization. However, the study's limitation arises from all the respondents being only highly educated. Future research should expand to include a more representative sample across educational levels to reveal any existing variations.

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