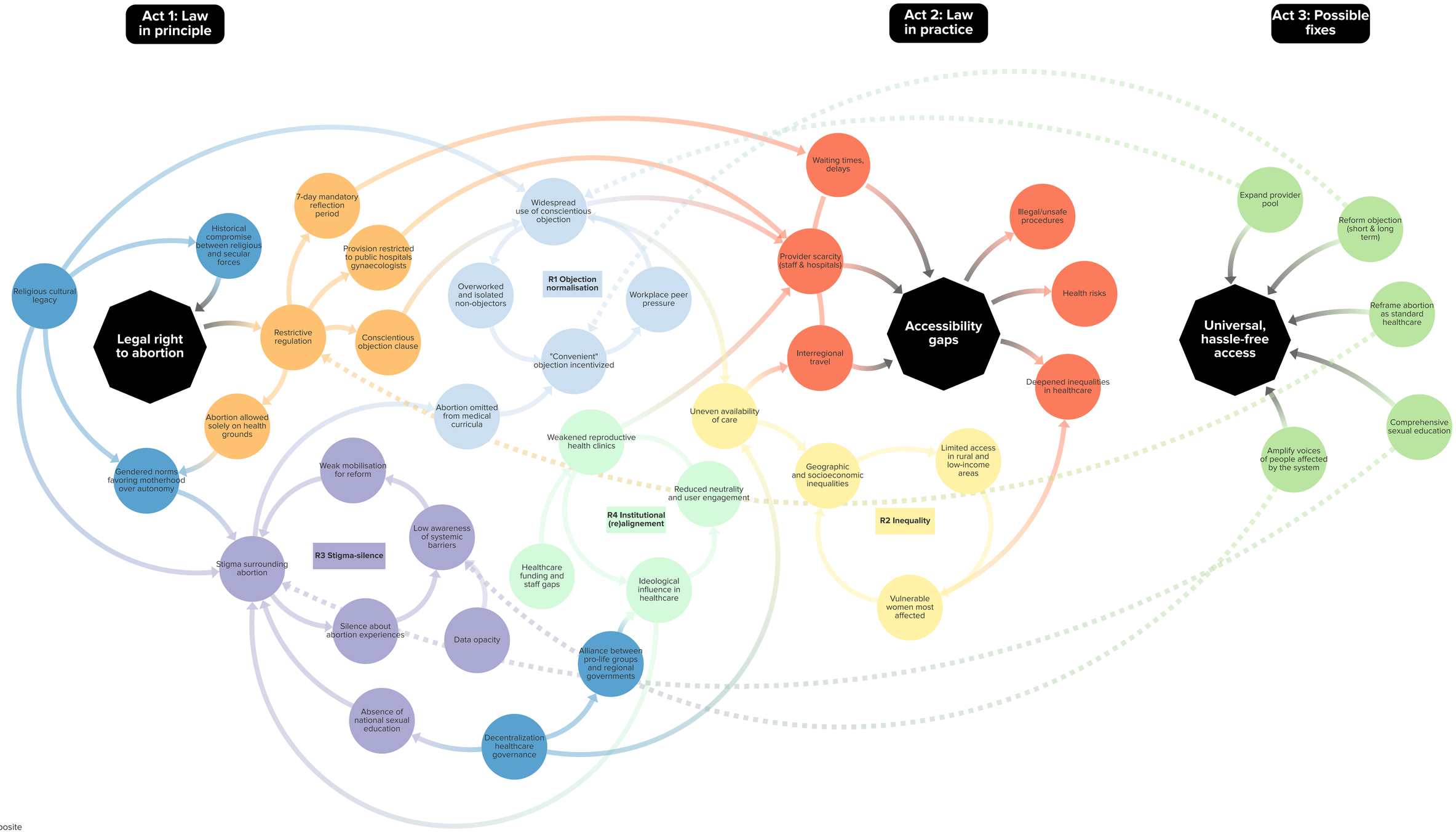
Act 1: Law in principle
Act 2: Law in practice
Act 3: Possible fixes
Religious cultural legacy
Historical compromise between religious and secular forces
Legal right to abortion
Restrictive regulation
7-day mandatory reflection period
Provision restricted to public hospitals gynaecologists
Conscientious objection clause
Abortion allowed solely on health grounds
Gendered norms favoring motherhood over autonomy
Widespread use of conscientious objection
R1 Objection normalisation
Overworked and isolated non-objectors
Workplace peer pressure
"Convenient" objection incentivized
Abortion omitted from medical curricula
Weak mobilisation for reform
Low awareness of systemic barriers
R3 Stigma-silence
Stigma surrounding abortion
Silence about abortion experiences
Data opacity
Absence of national sexual education
Decentralization healthcare governance
Alliance between pro-life groups and regional governments
Weakened reproductive health clinics
R4 Institutional (re)alignement
Healthcare funding and staff gaps
Ideological influence in healthcare
Reduced neutrality and user engagement
Waiting times, delays
Provider scarcity (staff & hospitals)
Interregional travel
Uneven availability of care
Accessibility gaps
Illegal/unsafe procedures
Health risks
Deepened inequalities in healthcare
Geographic and socioeconomic inequalities
Limited access in rural and low-income areas
R2 Inequality
Vulnerable women most affected
Expand provider pool
Reform objection (short & long term)
Reframe abortion as standard healthcare
Universal, hassle-free access
Comprehensive sexual education
Amplify voices of people affected by the system
Legend
---- Opposite