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The Political Power of Religious Elites in Shaping Restrictive Reproductive Policies: A Comparative Analysis of Poland and Indonesia

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ABSTRACT

THE POLITICAL POWER OF RELIGIOUS ELITES IN SHAPING RESTRICTIVE REPRODUCTIVE POLICIES: A COMPARATIVE ANALYSIS OF POLAND AND INDONESIA

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Why do some religiously conservative countries advance in reproductive rights while others do not? Previous research emphasizes that religiosity, political institutionalism, and social movement strategies influence political actors, including members of the legislature, to shape preferred abortion policy outcomes. This thesis seeks to contribute to the literature by arguing that the political power of religious elites explains restrictive reproductive policy outcomes. In this thesis, I investigate the case of Poland and Indonesia. Despite differences in colonial history, religion, culture, and region, both countries share similar outcomes of restrictive reproductive policies and powerful religious elites, which makes for a unique and valuable comparative study.

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THE POLITICAL POWER OF RELIGIOUS ELITES IN SHAPING RESTRICTIVE
REPRODUCTIVE POLICIES: A COMPARATIVE ANALYSIS OF
POLAND AND INDONESIA

BY

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CHAPTER I

INTRODUCTION

Without access to safe, legal abortion procedures, women face a high risk of health complications and increased mortality rates, which concerns the broad issue of women's rights and gender equality. Recent events indicate that traditionally religiously conservative countries, such as Mexico, have taken steps to decriminalize abortions, despite a long history challenging the liberalization of abortions. In comparison, other religiously conservative countries, including Poland, Indonesia, Honduras, and Venezuela, have continued to implement restrictive abortion laws. The question that inspires the scope of my research arises from implementation of restrictive abortion policies, particularly in Poland and Indonesia. What explains the variation of abortion laws in religiously conservative countries?

There are three types of scholarly contributions which seek to explain the variation in abortion policies. The first set of literature considers religious variables, including identity, morality, and culture. The second body of scholarship explores the role of political institutions. Lastly, the third set of literature pertains to social movement strategies. I find that previous research in the field of political science is inadequate to explain abortion policies of countries. Despite shared similar characteristics such as religion, culture, and region, religiously conservative countries have adopted different abortion policies (Grzymala-Busse, 2015; Htun, 2003; Kulczynski, 1999). My research intends to contribute to the literature by presenting a comparative analysis of two countries that implement restrictive abortion policies but are

different in terms of colonial history, religion, culture, and region. Poland and Indonesia share a similar history in terms of implementing restrictive abortion laws. Given that Poland and Indonesia are different in almost every way, it is puzzling why they share similar outcomes in reproductive policies. I argue that the political powers of religious elites are the key in accounting for the variation in restrictive reproductive policies.

One of the most significant changes of abortion policies in Poland was in the early 1900's, when the communist regime collapsed. New governments were willing to continue institutional access to the church, which prompted the Polish government to continue passing restrictive abortion policies to reflect the Church's religious values. Specifically, religious elites pressured political actors to implement restrictive abortion policies to maintain positive relations with the Catholic church. In 1997, the Constitutional Tribunal declared that abortions were unconstitutional and identified the fetus as nothing less than an unborn citizen (Holc, 2004). In 2020, the Constitutional Tribunal Court banned abortions, which reflects the 1997 Tribunal decision (Bucholc, 2022).

In comparison, Indonesia has a majority Sunni population, who adhere to teachings of elected Islamic leaders, which are divided into three components: (1) religious leaders, otherwise known as ulama, who work for governmental departments, (2) independent religious leaders and scholars who have individual followers, and (3) major Islamic organizations. The Indonesian Ulama Council (MUI), a non-state religious organization, has been particularly influential in shaping reproductive health policies, including amendments of the Health Bill (Halimatusa'diyah, 2013; Menchik, 2014). Lastly, despite legal grounds for abortions in Poland

and Indonesia, women have faced challenges when seeking access to safe abortion procedures following traumatic experiences, including rape and incest.

By comparing these two secular states, it is evident that religiosity has manifested in governmental affairs, which has allowed religious organizations and leaders to influence policymaking. Thus, the interplay between women's rights, religiosity, and politics may shed light on why abortion policies are restrictive in some religiously conservative countries and not in others.

The remainder of this thesis will present the following: First, I present relevant literature pertaining to the explanations related to reproductive health policies. Second, I present a conceptualization of legal restrictions of abortion policies along with my argument and hypotheses that will be examined in my case studies. Then, I present the case studies of Poland and Indonesia. The final section of this thesis provides a summary of my findings as well as some policy implications for abortion law debates.

CHAPTER II

DEBATES

There are three types of scholarly contributions that attempt to explain the cross-national variation of abortion law outcomes. The first body of literature considers religious variables such as identity, morality, values, and culture, in shaping popular attitudes toward abortion. The second set of literature explores the role of political institutions and church-state relations in uncovering how and when policy changes occur. The third set of literature pertains to social movement strategies used to influence policymakers to implement preferred abortion laws.

Religious Variables

Scholars have indicated that religious belief is one of the most important predictors of attitudes towards abortion in the United States (Jelen & Wilcox, 2003). Monotheistic religions including Judaism, Christianity, and Islam tend to support traditional family structures and gender roles through the nature of doctrine. Consequently, religious people tend to regard abortion as morally and ethically problematic. This correlation can be found across a broad spectrum of countries and religions (Emerson, 1996; Stephens et al, 2010).

In addition, scholars have asserted that religious involvement is an important factor of preference in moral and ethical issues, including abortion rights (Legge Jr., 1983). Religious involvement has been commonly measured by the frequency of church attendance. Specifically, scholars have found that frequent church attendance leads to the opposition of liberal abortion

laws (Alston & McIntosh, 1979; Peterson and Moss, 1976; Halman & Van Ingen, 2010; Raymond & Norrander, 1990).

Previous research concerning religious variables is inadequate to explain why two different religions, such as Islam and Catholicism, share similar outcomes of restrictive abortion laws. Given the variation in religious practices including prayers, worship services, religious symbols, forms of religious expression, and more, it remains unclear why the cases chosen for this research have adopted similar abortion laws.

Institutional Context

While religious variables are important to consider when addressing the issue of abortion, other scholars have adopted an institutionalist perspective. Thomson contends that political institutions have the position to change a legal situation. Thus, researchers in the field should pay more attention to political institutions, especially the make-up of institutions, to understand how gender issues are addressed (Thomson 2019, p. 5). Similarly, Htun writes, “The configuration of democratic institutions -- ‘authoritarian enclaves’, coalition dynamics, political party systems, executive legislative relations, and electoral systems -- shape patterns of policy on gender issues” (Htun, 2003, p. 174). Furthermore, the make-up of institutions indicates misogynistic positions, which have granted men the power in determining gender roles and reproduction by enacting strict abortion policies (Chesney-Lind, 2019; Thomson, 2019).

In this line of inquiry, Anna Grzymala-Busse contends that church officials gain moral authority and covert institutional access to influence state policies, including abortion. Powerful church officials shape policies in secret meetings instead of through open democratic channels

such as political parties or the ballot box. In other words, church officials retain their moral authority and reputation as defenders of the national interest and common good (Grzymala-Busse, 2015). Church officials are granted the power to shape policies pertaining to ethical and moral issues, including reproductive policies. Similarly, research has shown that Shi'ite scholars in Muslim societies have shaped reproductive policies by promoting doctrinal prohibitions of abortions, when, abortions are not banned in the Islamic doctrine. (Halimatusa'diyah, 2013; Shapiro, 2014; Hedayat, et al., 2006).

While an institutionalist perspective provides excellent insight into abortion policymaking, most scholars in the field of political science have compared countries that share similar characteristics, including region and religion, but have adopted different abortion policies. However, in the cases I investigate in this thesis, both countries have implemented restrictive abortion policies, despite differences in terms of colonial history, religion, culture, and region.

Social Movement Strategies

Scholars in the field of political science have demonstrated social movement strategies used to influence policymaking to promote their preferred policy outcomes, particularly regarding abortion rights. For instance, the leader of a campaign for liberal abortion rights in Columbia fought for abortions in accordance with international law, claiming that Columbia was in violation of the international law. This social movement's strategy is otherwise known as "framing" in the social movement/contentious politics literature; consequently, the Catholic Church launched an opposing campaign, which included pressuring the government not to pass the bill and filing a lawsuit against the Constitutional Court (Htun, 2003; Kane, 2008). Similarly,

scholars have emphasized how ideologically opposed social movement organizations obtain condemning media coverage during peak moments of political debates. Literature on social movement theory highlights that actors strategically construct “frames” in response to opposition (Rohlinger, 2002; McCarthy and Wolfson, 1996; McCaffrey, et al, 2008). Therefore, organizational structure and organizational identity are crucial in shaping policymaking.

Literature in the field of social movement/contentious politics has also emphasized the success of non-violent protests throughout political history (Chenoweth & Stephan, 2011; Lehoucq, 2022; Zunes, 2000). Pro-life activists have participated in non-violent campaigns outside of women’s clinics, hospitals, and government buildings to show anti-abortion sentiments and promote their preference of restrictive abortion policies (Lowe & Hayes, 2019).

Although previous studies emphasize the effectiveness of social movement strategies, it remains unclear why countries with different histories, regions, religions, and cultures share similar outcomes of restrictive abortion policies. My research intends to fill this gap and contribute to literature by comparing two secular states and identifying an explanation of powerful religious elites, particularly in Poland and Indonesia.

CHAPTER III

ARGUMENT AND HYPOTHESES

Since 2000, thirty-eight countries have changed their abortion policies, and all but one – Nicaragua -- have expanded legal grounds on which women can access abortions services (Council on Foreign Relations, 2022). Nonetheless, access to abortion services has remained far from the reality for women in religiously conservative countries such as Poland, Indonesia, Zambia, Honduras, and Bangladesh. What we are unsure about is how religious conservatism leads to restrictive abortion laws. In order to evaluate the effect of restrictive abortion laws, I have adopted the following research strategies.

First, I draw data from the Center for Reproductive Rights (2022) to conceptualize legal restrictions of abortions and categorize sixty countries into five categories to provide a macro-perspective of political and legal affairs regarding abortion policies. The Center for Reproductive Rights (2022) specifies that abortion laws are categorized by national statutes, legal regulations, and court decisions. In addition, I provide brief empirical evidence from each category to illustrate what these policies look like in practice and to highlight variation in abortion policies in religiously conservative countries.

By looking at **Category I**, the laws of the countries listed do not permit abortion under any circumstances. In 2016, Honduras added to a series of religiously conservative and sexist policies by rewriting its penal code to criminalize all abortions (Ramirez & Morgan 2017, p. 429). The laws of the countries in **Category II** do not permit abortions when the woman's life is at risk. Although Mexico is considered "restrictive" in terms of legal restrictions of abortions, the

country began to move in the direction of liberalizing abortion laws through decriminalization of abortions in 2021 (Mahase, 2021, p. 1). The laws of the countries in **Category III** permit abortions on the basis of health or therapeutic grounds. Malaysia has an abortion law which permits termination of pregnancy to save a woman's life and to preserve her physical and mental health under Penal Code Section 312, amended in 1989. A development of the 2012 Guidelines on Termination of Pregnancy and Guidelines for Management of Sexual and Reproductive Health among Adolescents in Health Clinics by the Ministry of Health, has indicated a step forward toward increasing women's access to safe abortion services (Low et al., 2015, p. 33).

Laws in Categories IV and V are considered "liberal." The laws in **Category IV** are generally interpreted to permit abortion under a broad range of circumstances. Although Zambia has one of the most liberal abortion laws in sub-Saharan Africa, rates on unsafe abortion remain high, with negative health consequences (Leone et al., 2016, p. 825). Lastly, all countries in **Category V** have gestational limits of 12 weeks unless otherwise indicated. One of the world's most liberal abortion laws took effect in 1978, in Italy, the home of the Roman Catholic Church. The law requires the state to provide first trimester abortion services free of charge, to any girl over the age of 18, that does not wish to carry her pregnancy to term, given a wide range of reasons (Guttmacher Institute 1978, p. 87).

Table 1 illustrates variation in government decisions regarding abortion rights, especially in religiously conservative countries. In Poland, abortions are allowed to preserve health, whereas in Indonesia, abortions are allowed to save a woman's life. We can see that other religiously conservative countries, including Italy and Malaysia, have implemented more liberal

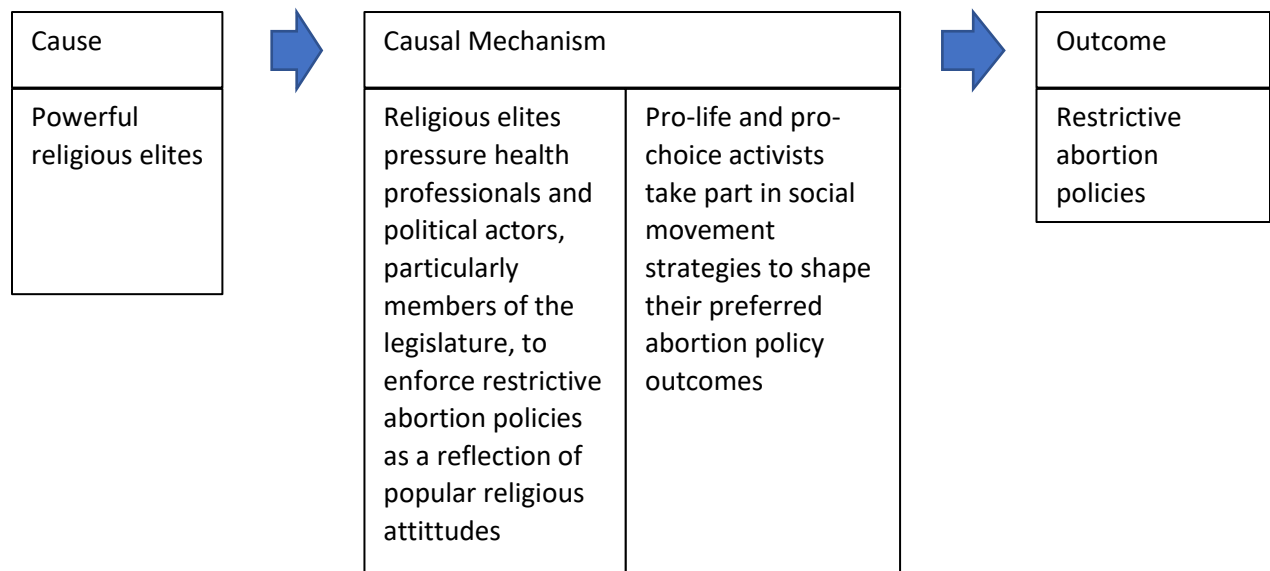
restrictions of abortions, compared to Poland and Indonesia. This conceptualization is a basic operationalization of the concepts introduced in Chapter 2.

Table 1: Legal Restrictions of Abortions in Different Countries. Adapted from the Center for Reproductive Rights, “The World’s Abortion Laws Map” (2022).

Category I: Prohibited altogether (Do not permit abortion under any circumstances, including when the woman’s life or health is at risk)	Egypt, Madagascar, Iraq, Dominican Republic, El Salvador, Honduras, Philippines
Category II: To save a woman’s life (Permit abortions when the woman’s life is at risk)	Mexico, Brazil, Venezuela, Chile, Nigeria, Libya, Sudan, Mali, Somalia, Yemen, Tanzania, Bangladesh, Myanmar, Indonesia
Category III: To preserve health (Permit abortion on the basis of health or therapeutic grounds)	Poland, Costa Rica, Columbia, Peru, Bolivia, Ecuador, Algeria, Chad, Niger, Democratic Republic of The Congo, Liberia, Zimbabwe, Saudi Arabia, Pakistan, Malaysia
Category IV: Broad social or economic grounds (These laws are interpreted liberally to permit abortion under a broad range of circumstances. These countries often consider a woman’s actual or foreseeable environment and her social or economic conditions in considering the potential impact of pregnancy and childbearing.)	Great Britain, Finland, Ethiopia, India, Japan, Zambia
Category V: On Request (The most common gestational limit in this category is 12 weeks; may vary.)	United States, Canada, Greenland, Argentina, France, Sweden, Spain, Germany, Italy, Russia, Ukraine, Turkey, Mozambique, China, Vietnam, Thailand, Australia

My argument is: Political powers of religious elites are the key in accounting for the variation in restrictive reproductive policies, which represent a causal relationship between powerful religious elites (independent variable) and restrictive abortion policy outcomes (dependent variable). This study defines religious elites as religious leaders that can engage in agenda setting, encourage the faithful to apply their religious values to political engagement, and create opportunities to learn civic skills (Oldmixon, 2019).

Following the logic of debates illustrated in Chapter 2 as well as my conceptualization, my hypothesis is as follows:



CHAPTER IV

METHOD AND CASE SELECTION

To evaluate the explanatory power of these competing explanations, I adopt a comparative case studies method. I leverage a most-different case design, which means that the cases selected vary in background factors regarded as potential causes while sharing a common outcome (Gerring & Cojocaru 2016, p. 399-400). I selected two cases that have implemented restrictive abortion policies: Poland and Indonesia (Table 2). Despite differences in colonial history, religion, region, and culture, both countries share similar outcomes of restrictive abortion policies (dependent variable).

Table 2. Comparative Overview of Selected Cases

	Colonial History	Region	Religious Dominant Affiliation of the Population	Legal Restrictions of Abortions
Poland	No formal colonial history	Central Europe	Catholic	To preserve health
Indonesia	Dutch-colonial history	Southeast Asia	Islam	To save a woman's life

Besides having similar levels of restrictive reproductive health policies/apparatus, both countries have comparable political systems. Both countries are secular, meaning that religion or the Church is formally separated from the state (Casanova, 2009; O'Brien, 2016). Given that both countries have large, religiously dominant populations, religious institutions in both

countries exert strong influence over legal and political affairs, which can uncover casual mechanisms in understanding abortion policymaking from a broad perspective.

Within-case process tracing is employed for this comparative study to identify what conditions present in a case activate the causal mechanism (George & Bennet 2005, p. 21). Qualitative, empirical evidence of the two case studies will be presented separately before they are analyzed in the final section of this thesis. Specifically, the case studies begin with a background characterizing the political influence of religious dynamics. Then I present contentious episodes highlighting when political debates and battles took place on abortions.

The material used for this research relied on primary and secondary sources such as journal articles from the digital library JSTOR as well as newspaper articles from BBCnews.com and TheGuardian.com. In addition, I analyze legal texts pertaining to the concepts of abortion policies in Poland and Indonesia.

CHAPTER V

THE CASE OF POLAND

Background

The Catholic Church always played a prominent role in the history of Poland. Poles have used religion to define their national identity and have considered the Catholic Church an important factor of the Polish nation (Porter, 2001, p. 289; Topidi, 2019). In prewar days, the Catholic Church enjoyed constitutional guarantees, a privileged position, and managed a well-knit ecclesiastical organization (Valkenier, 1956, p. 305). Under the Communist regime, the Catholic Church contributed to the public's widespread disapproval of Soviet rule and the regime-sanctioned political institutions. During the final years of the Communist regime, the Church helped unify Polish society, and claimed a share of credit in ending the Communist regime in 1989. Overall, the Catholic Church represented what the Communist Party rejected (Hruby, 1982). Therefore, siding with the Catholic Church was desired by Polish society because it was a sign of defiance toward Communism.

Catholic priests played a prominent role in the Solidarity Movement, which was an influential grassroots movement of workers against the regime/Soviet rule, who were motivated by unfair wages and starvation (Kubow, 2013, p. 3). In 1989, the Solidarity Movement reached its peak when it received representation in the lower house of the Polish Parliament, the Sejm, which marked the collapse of the Communism and the beginning of the Polish Third Republic (Halas, 2005). Following the collapse of Communism, Poland established a parliamentary democracy and passed a democratic constitution.

The Catholic Church continued to play a prominent role in Polish society and politics, especially concerning the issue of reproductive health. The issue of abortion and its relations to human rights was a central concern during the papacy of John Paul II. In March 1995, Pope John II asserted this association when he issued the *Evangelium Vitae*, which claims that abortion and euthanasia are condemned in the strongest terms of manifestations as “culture death” (“Pope John Paul II on Abortion”, 1995).

Episode One: The 1993 Family Planning Act

During the Communist regime, women were granted the right to receive an abortion on demand. In 1956, abortion was available upon request up to 12 weeks from the presumed date of conception, including socio-economic reasons such as harsh living conditions (Kulczynski, 1993). Following the collapse of Communism, the Catholic Church began to intercede in political debates, including gender issues and reproductive rights. In March 1993, the Sejm (lower house of parliament) passed the Family Planning Protection of Human Embryo and Conditions of Termination of Pregnancy Act, which entailed a quasi-ban on abortion.

David and Titkow discovered that most Poles when interviewed expressed strong opposition toward the new law. The new law created anxiety and devastation among Polish women; however, it was not strictly enforced or monitored, suggesting that as long as the law was public policy and implemented in public hospitals, religious authorities were satisfied. In other words, to avoid political conflict and reduce tensions with the Catholic Church, policymakers chose to remain passive in debates concerning abortion (David & Titkow, 1994, pp. 239-240). The feelings of anxiety and devastation among Poles, when interviewed, is a

strong indication of how religious elites pressure health professionals and policymakers to shape restrictive reproductive policy outcomes in Poland.

Episode Two: The 1997 Constitutional Court Ruling

In 1993, a Left-leaning government was elected. Over the subsequent years, socio-economic reasons were again highlighted by members of the Parliament as a legal basis for abortion. The re-enactment of a liberal law created tensions, and those who opposed reproductive rights led campaigns to enforce a restrictive change (Hussein et al., 2018, p. 12). Consequently, in 1997, the Constitutional Court decided that abortion was unconstitutional, resulting, again, in removal of socio-economic grounds for abortion. More specifically, the law declared that abortions were unconstitutional and identified the fetus as nothing less than an unborn citizen (Holc, 2004). The current abortion ruling by the Constitutional Court, the 2020 near-total ban of abortion, reflects the 1997 Court ruling (Bucholc, 2022).

Episode Three: The 2020 Constitutional Court Ruling

On October 22, 2020, the Constitutional Tribunal of Poland ruled that an abortion due to fetal impairment is unconstitutional. This ruling sparked non-violent mass protests in large cities throughout Poland, including Warsaw. Key political actors, including Krzysztof Sobolewski, a senior official from the ruling PiS party, a Right-wing and national conservative political party in Poland, claimed that these protests were illegal due to COVID-19 restrictions (BBC News, 2021). Despite mass opposition to restrictive abortion laws, a key political actor of the national conservative political party has attempted to avoid creating tensions with the Catholic Church and the religious population by highlighting COVID-19 restrictions.

Episode Four: Abortion in the Case of Rape

Despite legal grounds for abortions, health professionals have refused to provide abortion services as a reflection of their own religious beliefs. An example of this is when a 14-year-old girl became pregnant in the case of rape and sought to obtain abortion services. Pro-life organizations and religious leaders, including Polish bishops, swiftly reacted to media reports of such incident and harassed the teenage girl throughout clinics in Poland by attempting to convince her to have the child. Several hospitals and clinics throughout Poland denied her abortion service, and the teenage girl was forced to obtain an abortion in private. Afterwards, the European Court of Human Rights found the government of Poland to have violated its positive duty to safeguard respect for the girls' life. In the ruling, the Court found that there had been numerous breaches of the girl's rights (BBC News, 2012). Despite the European Court of Human Right's ruling, there have been no steps taken to liberalize abortion policies in Poland.

CHAPTER VI

THE CASE OF INDONESIA

Background

Indonesia is the world's largest Muslim-majority democracy, with a majority Sunni population. Islamic leadership in Indonesia is divided into three groups: (1) religious leaders, ulama, who work for governmental departments; (2) independent religious leaders and scholars with their own individual followers; and (3) major Islamic organizations. The following organizations have a significant role in shaping policy and legislation: the Indonesian Ulama Council (Majelis Ulama Indonesia (MUI), the Nahdlatul Ulama (NU), and the Muhammadiyah. These religious organizations, particularly the MUI, has influenced legal and moral affairs regarding women's rights issues, including abortion since Sukarno's presidency (Halimatusa'diyah, 2013). Specifically, the MUI is known to issue *fatwas* opposing liberal interpretation of the Islamic doctrine, which is an Islamic legal opinion given by an ulama (Sirry, 2013).

It is essential to understand the unique legal system of Indonesia, which consists of three historical, normative traditions: Adat law, Islamic law, and Dutch civil law. The Islamic and Dutch civil law originated during Dutch colonial rule. Despite efforts by Islamic groups and elites to make Indonesia an official Islamic state since independence, the state structure has remained the same. The Indonesian Constitution refers to the Pancasila, (Hosen, 2005), which requires citizens to believe in 'one Almighty God.' Despite being secular in theory and in

practice, Indonesia's constitution assures citizens to worship according to his or her own religion. However, only six religions are officially recognized (Islam, Christianity, Catholicism, Buddhism, Hinduism, and Confucianism) in the Indonesian Constitution. Furthermore, all Indonesian citizens must choose one recognized religion and declare it, which appears on a required national ID card that all citizens carry around (Kanas & Martinovic, 2017; Formichi, 2021; Muhtadi, 2022). This structure indicates that religion has been a significant factor of society and politics in Indonesia, indicating that religious elites play an influential role in shaping restrictive abortion policies.

Episode One: The Penal Code

Maternal mortality rates are unacceptably high in Indonesia. The latest government estimate indicates a ratio of 305 per 100,000 live births in 2015 (Aryanti et al., 2021). This indicates that strict laws concerning abortions lead to higher death rates and unsafe abortion procedures. The existing law pertinent to abortions can be found in the Penal Code of Indonesia, which was modeled on the Dutch colonial legal system. It criminalizes abortion for the sole purpose of terminating a pregnancy. Specifically, the Penal Code states, "Anyone who advertises, encourages, performs, or has an abortion is liable to persecution. Any physician, midwife, or pharmacist convicted of being an abortionist would have his/her license revoked" (Djohan et al., 1993, p. 33). In some instances, health professionals may provide abortions in the case of contraceptive failure because it is then deemed to be a health service failure and not the fault of the woman who has taken steps to prevent unwanted pregnancy (Hull et al., 1993; Deuraseh, 2003). Health professionals may require women to bring their husbands and prove they are married, illustrating the relevance of the Marriage Act of 1974 (Cammack & Feener,

2012). The Marriage Act of 1974 places restrictions on divorce, polygamy, and child marriage, indicating the significance of family structures and gender roles in Indonesia.

Episode Two: The Health Bill of 1992

In 1964, the Indonesian Medical Association and the Indonesian Association of Obstetrics & Gynecology held a symposium on abortion to discuss formulating laws to allow abortions for therapeutic reasons. Several years later, an “understanding” was reached among medical professionals that abortions should be performed to preserve a woman’s life or health. Following years of discussion and debate, this agreement became legislated as the Health Bill of 1992. Article 15(1) of this law states that “in the case of emergency and with the purpose of saving the life of a pregnant woman or her fetus it is permissible to carry out certain medical procedures.” This bill caused ambiguity among health professionals and women, given that it was contradictory to the Indonesian Penal Code (Surdjaja, 2008, p. 63). Abortions remain criminalized, whereas the new Health Bill allows them under certain circumstances. Many women and health professionals avoided undertaking abortion procedures to avoid criminalization, leading to an increase in unsafe abortion procedures and health risks for young women. The restrictive legal situation has remained more or less the same even after the regime transition, and the influence of religious elites has grown more conspicuous.

Episode Two: The Amendment of the 1992 Health Law

In 2001, President Megawati attempted to amend the 1992 Health Law. During President Megawati’s term, there were high hopes among women activists that President Megawati would pay more attention to gender issues, including tabling the first bill to amend the 1992 Health Law

(Surdjaja & Mayhew, 2011, p. 376). A final draft of the bill was presented by the Health Commission to members of the Parliament, who proposed the bill to the government to secure a presidential decree to pass it into law. Although President Megawati's political party had the majority seats in Parliament, it was not enough to provide support to pass the Health Bill into law. President Megawati's term came to an end in 2004 before the Health Bill gained its presidential decree (Surdjaja & Mayhew, 2011, pp. 376-377).

After years of debate among NGOs, religious and professional organizations, as well as governmental institutions, the amended 1992 Health Bill was approved by the legislature and passed into law in 2009. The 2009 amended Health law continues to provide that abortion is a crime and is only allowed to protect the life of the mother and the infant if the fetus has a dangerous genetic sickness or if the pregnancy was the result of rape (Surdjaja & Mayhew, 2011), indicating that there have been no efforts to liberalize abortion policies.

The growing influence of religious elites was essential for growing conservatism and its effect on the public debates and policymaking on abortions. Support from the MUI provided the initiative to turn popular public opinion in favor of the Health Bill, leading to its enactment in 2009. The MUI is a board of ulama, whose main priorities are to advise the government on Muslim affairs and maintain solid relationships between the State and Muslim populations. Initially, the MUI was intended to serve as an institution to manage and discipline challenges by grassroots Islamic organizations. However, the MUI has issued more conservative *fatwas* after the fall of the New Order in 1989. Its *fatwas* have been deemed to be contributing to violence towards minorities (Saat, 2016).

It is essential to note that the MUI has a strong influence in legal reasoning and ethical values of Islam, as it represents and reflects voices of members of the legislative body. Although the MUI is not a state body/apparatus, its ties to the religious bureaucracy give them clout in religious matters. As emphasized previously, it was the support from the MUI that turned popular public opinion in favor of the new Health Bill in 2009, demonstrating the power of religious elites in the legislature.

Episode Three: Abortion in the Case of Rape and Incest

Women in Indonesia have faced extreme challenges when seeking safe abortion procedures in cases of rape/incest. This was evident when a 15-year-old girl was sentenced to jail in 2018 for having an abortion after being repeatedly raped by her brother. According to Lamb (2018), “An alliance of women’s rights and child protection services met with members of the Indonesian Judicial Commission in Jakarta to urge them to investigate, saying the decision to imprison the girl was unfair.” Women’s activists quickly discovered that the reactions to this case have revealed a lack of awareness regarding rape victims and abortions. Specifically, Mirna Amir, a women’s activist and lawyer in Jambi, stated that a local judge voiced in a private conversation that, the 15-year-old girl should have said something if she did not enjoy the sexual intercourse (Lamb, 2018). Despite efforts from women’s activists for the government to reconsider their decision, the Judicial Commission claimed to be limited in scope and authority, as the commission only permits to investigate ethical violations, showing the ineffective influence of civil society and political power of elites in shaping abortion policies.

CHAPTER VII

CONCLUSION

My thesis intended to offer an explanation for the variation in abortion laws in religiously conservative countries. Literature in the field has overlooked comparing countries with fundamental differences but similar outcomes in order to understand a broader perspective of the variation in abortion laws. I argue that political powers of religious elites are the key in accounting for the variation in restrictive reproductive policies.

Despite differences in colonial history, religion, culture, and region, Poland and Indonesia are both cases of restrictive abortion policy outcomes. In this thesis, I presented the role of powerful religious elites in political institutions and law/policymaking, as well as how members of the legislature are pressured by religious elites to enact restrictive abortion policies. Given that religious elites continue to play a prominent role in political and legal affairs, Poland and Indonesia are far from adopting liberal abortion policies, which has been the harsh reality for women in other countries including Honduras, Bangladesh, and Nicaragua.

Overall, the conclusions of this thesis could benefit from further testing in other countries and religious settings. A comparative analysis involving more countries with different religions (for example, Buddhism, Judaism, Hinduism) would be ideal to achieve external validity of my theoretical argument and gain a better understanding of the influence of religious authority/elites on abortion policies in religiously conservative countries.

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