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LEGAL AND ETHICAL DIMENSIONS OF REPRODUCTIVE HEALTHCARE IN PAKISTAN: ASSESSING THE REGULATION OF MATERNAL HEALTH SERVICES AND SAFE ABORTION PRACTICE

Umair Abass[*1], Dr. Tansif Ur Rehman[2], Dr. Aisha[3]

[*1]*Department of Law, Dadabhoy Institute of Higher Education, Pakistan*
[2]*Teaching Associate, Department of Sociology, University of Karachi, Pakistan; and Visiting Faculty, Department of Law, Dadabhoy Institute of Higher Education, Pakistan*
[3]*Women Medical Officer, Civil Hospital Naushahro Feroze*

[*1]ballbbatch11@gmail.com, [2]tansif@live.com, [3]aishasolangi786@gmail.com

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Corresponding Author: *
Umair Abass

Abstract

In Pakistan, reproductive healthcare has a complex cross-section between legal and ethical issues of culture, constitutional rights, and health-related issues. Despite the acknowledgment of the need of maternal health as a basic right, policy implementation gaps and the health care facilities remain a risk factor in the delivery of safe and equal services. The current abortion regulation in Pakistan, which allows abortion only to save the lives of a woman or to administer the necessary treatment, causes a lot of uncertainty and usually restricts access to safe abortion, leading to avoidable complications of motherhood. There are also ethical concerns related to the imbalanced availability of services, the lack of informed-consent practice, and the issue of stigma that affects both providers and patients. The legal framework to be addressed in the paper will be that of maternal health and abortion services, and the mismatch between the law and medical guidelines and the on-the-ground reality.

INTRODUCTION

The legal provisions available in Pakistan allow abortion on very limited grounds (mostly to save the life of the woman or treatment required during pregnancy in early stages of pregnancy) and leave the significant ones to interpretation (Ashraf et al., 2024). Such ambiguities and stigma, coupled with improper use of service standards, provider uncertainty, and unequal health-system capacity. There should be enforcement of the law, revision of clinical regulations and guidelines, and enhanced service preparedness and responsibility to minimize avoidable maternal morbidity and mortality (Khan et al., 2024).

The existing criminal laws against causing miscarriage in Pakistan are based on creating amendments to the Penal Code (Act XLV of 1860) it must be caused maliciously in attempts to save female life; it must be caused maliciously to allow necessary treatment during early pregnancy (Papracha et al., 2012). However, the legislation does not contain clear, practical definitions of what is necessary treatment or clear gestational boundaries (Azmat et al., 2024). It is a merciful language of law that can be conservatively interpreted by the courts and clinical professionals (Abdullah et al., 2024).

The reforms and national guidelines (e.g., an interpretation of the health ministry/clinical

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guidance allowing uterine evacuation in early pregnancy under specific conditions) have sought to clarify those exceptions (Abdullah & Shaikh, 2024). Pakistan has clinical guidance on emergency postpartum and newborn care, and emergency obstetric care and post-abortion care; however, the facilities are not necessarily prepared to fully service the case of an abortion (equipment, trained staff, referral pathways) (Owais et al., 2025). The analysis of the studies considering the WHO readiness tools reveals that the facility's capacities to provide safe uterine evacuation and post-abortion care have gaps (Ali et al., 2025).

Research Justification

The legal and ethical approach to reproductive healthcare in Pakistan is highly demanded by the current vagueness in the policy and practice, which is incompatible with the lives of women. Although there are formal resolutions to enhance maternal health, Pakistan remains one of the countries to record high levels of preventable maternal morbidity and mortality, most of which are caused by lack of access to quality services, lack of regulatory control, and prevalence of misinformation. Special studies are therefore needed to bring to fruition the role of legal vagueness, particularly that of abortion in breeding disproportional medical practices and an established practice of using unsafe and unregulated providers.

Moreover, there is insufficient discussion of ethical issues in scholarly literature regarding medical workers' activities. Medical practitioners are constantly faced with conflicting forces: personal values, professional values, interpretations of religion, and fear of possible legal repercussions. An investigation of such tensions involve not only existing obstacles to ethical and patient-centered care but also inform better training and policy interventions. The absence of context-specific research also points to the need for more research on the topic, as there is little legal and ethical research and empirical evidence on reproductive health in Pakistan.

Literature Review

The nature of reproductive healthcare in Pakistan is still defined by long-standing gaps in access, quality, and legal rights, despite policy commitments (Asif et al., 2024). The data provided by national surveys demonstrate minor gains in contraceptive and maternal health coverage and high provincial, urban-rural, and socioeconomic inequality that contribute to high unmet need of family planning and preventable maternal morbidity (Mondal et al., 2024). Some scholarly reviews highlight structural-level factors: inadequate health-system funding, the lack of female medical professionals in rural communities (Kirkwood et al., 2024).

A combination of these supply- and demand-side effects has the effect of reducing contemporary contraceptive prevalence and postponing care-seeking following complications of childbirth (Ashfaq et al., 2023). Unsafe abortion is a noteworthy but under investigated source of maternal mortality (Hossain & Mihrshahi, 2024). Recent studies show that the rates of unsafe abortion are on the rise and unsafe providers are used most commonly due to the legal restrictions, stigma and lack of access to safe services (Hanif et al., 2024).

The policy and programmatic actions include family planning campaigns, community midwifery, and NGO-specific interventions, which have resulted in localized improvements, yet the barriers to scale-up and sustainability are hindered by the influence of the political economy (poor transparency in governance, uneven financing, and other priorities) (Nadeem et al., 2024). Recent political-economy and landscape studies call for the adoption of comprehensive approaches that involve supply growth, social-behavior interventions, and responsibility measures to target marginalized women. New priorities in the literature are the need to expand adolescent-friendly services (such as vaccination against HPV and menstrual health (Alvi et al., 2024).

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Historical Context of Legal and Ethical Dimensions of Reproductive Healthcare in Pakistan

In Pakistan, the development of reproductive healthcare has been a complicated process of colonial inheritance, religious beliefs, and government policy. Healthcare systems were largely urban and curative during British rule, and little attention was given to the reproductive needs of women (Rizvi et al., 2024). Pakistan inherited a weak health infrastructure after gaining independence in 1947. Pakistan was one of the first South Asian countries to introduce population control programs (Ali, 2002). And early family planning programs started in the 1950s and 1960s. But these attempts were often met with opposition because of culture and religion, which were sensitive to contraceptives and the independence of women (Rehm et al., 2025).

During the 1980s, during the Islamization policies of General Zia-Ul-Haq, reproductive health discourse was made more conservative and did not allow open discussion of such topics as abortion and sexual health. In 1990, the abortion laws were slightly altered in accordance with Islamic law, allowing abortion to save the life of a woman or to administer treatment, which was necessary to preserve the life of a woman in early pregnancy (Zaidi, 2024), and this was open to interpretation. International commitments, including the 1994 (Rauf et al., 2024). International Conference on Population and Development, over time led Pakistan. The autonomy of women, religious values, and the role of the state are still subjects of ethical debate and have influenced the development of reproductive healthcare in Pakistan (Zhang et al., 2024).

Theoretical Context of Legal and Ethical Dimensions of Reproductive Healthcare in Pakistan

Regarding human rights, reproductive health is connected with health, rights to privacy and bodily integrity, which are determined by the international agreements. Applying such universal schemes to the case of Pakistan, though, one would need to take into account the cultural relativism where the practices that are considered acceptable are determined by the local religious/moral laws, most of which are founded on Islamic jurisprudence.

The interplay of bioethics, human rights frameworks, and Feminist theory informs the theoretical context of reproductive healthcare in Pakistan, and critiques converge to create this context.

The four principles of biomedical ethics, namely, autonomy, beneficence, non-maleficence, and justice, are key to this discussion and serve as the guidelines in the decision-making process in healthcare. In Pakistan, patriarchal social organization usually limits the principle of autonomy, with the family or community decision-making over that of the individual, especially in the case of women. This raises an ethical dilemma respecting or honoring cultural norms versus respecting or honoring the rights of individuals.

Reproductive healthcare is a human right related to the rights to health, privacy, and bodily integrity, as provided in international agreements. Universalization of these structures in Pakistan, however, raises an issue of cultural relativism because there are domestic religious/moral values, largely founded on Islamic jurisprudence, that dictate the acceptable practices.

Laws Regarding Legal and Ethical Dimensions of Reproductive Healthcare in Pakistan

In Pakistan, the legal framework for reproductive healthcare is informed by a mix of constitutional provisions, statutory laws, Islamic jurisprudence, and health-sector laws. Article 38(d) of the Constitution of Pakistan mandates the state to provide basic needs, such as health care, and has now become a basic requirement for providing health services to mothers. Besides this, the judiciary has interpreted Article 9, which safeguards the right to life, to mean that it not only covers the right to health but also the right to access basic health care facilities, which are fundamental survival and good health of women.

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The basis of the laws regarding abortion in Pakistan is primarily founded on the Pakistan Penal Code (PPC) 1860, which was revised in 1990 to suit the needs of Islamic law. As far as Section 338-338B is concerned, abortion is going to be categorized as either under *Isqat-e-Hamal* and *Isqat-e-Janin*. Abortion is allowed in cases of necessary treatment under which the fetus has not yet formed organs (which is usually considered as pre-120 days). Abortion can only be undertaken after organ formation has been made, where a case of saving the life of a woman comes in.

However, the term 'necessary treatment' is not legally clear, leading to inconsistent clinical interpretation and reluctance among health care providers. Material health services are also regulated by federal and provincial health authorities, following the 18th Amendment, as health had been devolved to the provinces. Health departments and professional councils regulate the midwifery, antenatal, and emergency obstetric services in the provinces. The Pakistan Medical and Dental Council and the Nursing and Midwifery Council establish professional standards with no gaps in enforcement. International law also influences laws concerning reproductive health in Pakistan. As a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR), Pakistan has to improve maternal health and eliminate discrimination in accessing health care.

Challenges for Legal and Ethical Dimensions of Reproductive Healthcare in Pakistan

Reproductive healthcare in Pakistan is a complex issue that is grounded on the issues of legal uncertainty, cultural beliefs, lack of resources and ethical concerns. The initial reason is that the abortion laws are not clearly defined particularly in defining necessary treatment according to the Pakistan Penal Code. Since there is no clear definition of the medical conditions, in which abortion is authorized by law, medical professionals tend to be more conservative or restrained in their actions in a fear of being sued. Such ambiguity adds to the general dependence on unskilled or informal providers, contributing to the occurrence of higher unsafe abortion rates and maternal morbidity. The other difficulty is that of poor regulation of the maternal health services.

Healthcare facility inequality and decentralization of facilities remain prominent despite the fact that the policy offers an equal opportunity in terms of equal facilities and regional coverage whereby, even amidst rural areas, there are still shortages of skilled birth attendants, emergency obstetric services and even reproductive health professionals. Lack of proper supervision of provincial health departments also exasperates the use of standards of care that results to poor service provision. There are socio-cultural, religious norms, which pose as well. The high stigma, which is attached to abortion, causes women to be reluctant to seek medical assistance when in time and practitioners

The influencing nature of the patriarchal formation restricts the autonomy of decision making by women where the husbands or seniors in families are consulted which deprives women of accessing urgent reproductive services or even postpones them. This is made further complicated by ethics. Health care professionals have to deal with a range of unique - if not dissimilar - visualizations of faith, ethics, social, and legal matters. This brings up ethical issues like patient autonomy, privacy, and consent.

Opportunities for Legal and Ethical Dimensions of Reproductive healthcare in Pakistan

While there have been many challenges in the field of reproductive health in Pakistan, there are several opportunities that can be leveraged to strengthen the laws, promote ethical values, and increase maternal health and safe abortion services. Legal reform and clarification are one of such opportunities. Policymakers can minimize the vagueness of laws by establishing definitions of necessary treatments that are quite specific in the Pakistan Penal Code, so healthcare

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professionals can act without uncertainty and in accordance with the law.

The second would be to reshape the laws to align them with the current requirements of medicine and human rights, and to make reproductive health safe and convenient for women. The devolved power to the provinces after the 18th Amendment is also a golden opportunity. Provinces can design policies that are context-specific, strengthen the regulatory framework, and tailor maternal health services to address provincial inequalities. The strengthening of provincial health departments and professional councils, and the district-level systems of monitoring, can make a significant contribution to service provision and compliance with clinical standards.

Concerning ethics, the bioethics and reproductive rights learning can be included in medical and nursing curricula. Surrogacy may be sensitized to autonomy and informed consent, respecting autonomy, confidentiality, and Islamic bioethical views, in a way that will make training providers more accountable to their clients in delicate clinical situations. The confidence between the provider and his patients can also be improved through ongoing professional development programs, such as workshops on reproductive law, the consequences of ethical decisions, wound care, and other issues. The new avenues can also be provided by social and technological advancements. Access to health services in rural underserved communities can be enhanced by greater access to reproductive counseling and the growth of telehealth and digital health services especially for the women.

Discussion

The healthcare situation of reproductive health in Pakistan is explored in order to prove that there is actually a gap that has persisted between what is provided by law, what is ethically right, and what is really going on the ground with respect to healthcare. As the constitutional and statutory provisions offer grounds to give women protection of their health, the grey spaces, especially in the abortion statutes, offer a lot of baffles to those who are involved in the provision of healthcare. This legal ambiguity not only restricts access to safe abortion services but also supports the use of fear-based clinical judgment by once again utilizing unsafe and unregulated abortion services. The ethical issues are also not easy, as medical workers need to balance the interests/needs of patients, their own values, and the legal risks they undertake.

All these are contributory factors that lead to avoidable mortality of the mothers. However, the study also presents positive aspects of reform. Increasing legal bind, training providers more on ethics and rehabilitative law, and having more jurisdictional regulatory capacity and measures that are culturally sensitized and focused on raising awareness can play major roles. An ethically informed rights-based approach- based on clear legal guidance- can potentially change the reproductive healthcare system in Pakistan.

Conclusion

Legal and ethical consequences of reproductive healthcare in Pakistan illustrate that there is an intricate trench of law, religion, culture, and medical practice. Although there is constitutional protection and laws that provide a roadmap on the circumstances of maternal health care and abortion, fundamental gaps in the laws, especially on the application of necessary treatment, have hampered the availability of viable access and are compelling more women to unsafe abortion practices.

Such challenges notwithstanding, there are big opportunities available to enhance the system. Clarity in the law and training of health professionals on bioethics and reproductive rights, coupled with culturally relevant education of the community about reproductive rights, can enhance access to safe, rights-based care. That must be harmonized by legal, ethical, and clinical strategies to enable the provision of equitable, compassionate, and effective reproductive health care to women in Pakistan that will, in turn, lead to better maternal health outcomes and the safeguarding of women's rights.

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Recommendations

There are no measures that need to be accepted to resolve the legal and ethical issues in reproductive health in Pakistan. First, law reform and clarification are required. The Pakistan Penal Code should define abortion and provide clarity to health professionals about when abortion could be carried out, and address the fear of legal prosecution. Other legislation should improve maternal health service delivery and make provincial and tribal governments accountable.

Second, training and capacity building are needed. Bioethics, reproductive rights, and Islamic ethical perspectives in medical and nursing programs need to be combined to facilitate medical staff to deal with sensitive issues without infringing on patients' autonomy. There may be a need for ongoing training in legal and professional ethics.

Third, awareness raising and community mobilization are needed. Religious and civil society, along with culturally-appropriate media campaigns, will help to de-stigmatize reproductive health and to enable women to make reproductive choices. Fourth, geographical gaps in maternal and abortion services can be overcome by increased access to technologies and infrastructure, such as telemedicine, mobile health trucks, and rural health facilities. Finally, policy changes that result in a complete shift towards reproductive healthcare that is legal, ethical, and universally accessible can be implemented with the help of international human rights principles, including CEDAW.

Research Limitations

The legal and ethical issues surrounding reproductive healthcare in Pakistan, discussed in this paper, are likely to be limited by a number of constraints. Firstly, the research is largely driven by secondary data, such as statutory texts, policy publications, and literature, which were available at the time and may not be in line with current practice, geographical variation, or unofficial restrictions on women in the rural environment.

Second, the socio-cultural factors such as stigma and family effect on reproductive decisions are complex and context-specific; quantitative measures of such events may not be adequate. Third, provincial variation in the implementation of health policies post-18th Amendment leads to inconsistencies that cannot be compared nationally. Finally, but not least, less controversial issues (like abortion) are more likely to be under-reported, confuse the statistical data, and prevent in-depth analysis of the gaps in the services.

Research Implications

The study also has practice, policy, and future research implications for Pakistan's reproductive health system. The legal ramifications of the results are that the issue of abortion needs to be clearly defined and directed to bring in legislative changes, and confuse medical practitioners. The ethical outcomes of the research are that practitioners should be prepared to deal with the growing clinical and ethical challenges, bioethics, and training in reproductive rights should be incorporated in the curricula of medical and nursing colleges.

The findings also suggest that there is a possibility of a public health intervention that can use culturally relevant education strategies to reduce stigma and increase female empowerment. Finally, the study provides a platform for future empirical studies to explore patient experiences, healthcare provider attitudes, and the impact of ethical and legal interventions to enhance reproductive healthcare in Pakistan.

Future Research Directions

Research on reproductive health in Pakistan needs to continue to align legal norms, ethical principles, and practical scenarios. Empirical studies of how women experience life might provide a more subtle interpretation of the barriers to maternal health and safe abortion services in the light of the lived realities of women, particularly in rural and marginalized areas.

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The cross-province comparative analysis would help to explain the impact of regional development and inform and direct the targeted changes. Moreover, comprehensive, evidence-based interventions can be developed within a multidisciplinary framework integrating law, ethics, public health, and sociocultural research. It would be easier to identify the most effective methods to enhance reproductive health care, given the success of awareness campaigns, telemedicine, and community participation initiatives. Lastly, the long-term outcomes of the laws on maternal morbidity/mortality and reproductive rights of women in Pakistan can be quantified through the assistance of longitudinal studies that will track the policy changes/clarifications.

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