Abortion in Today's World

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This paper raises some important points with regard to the vital issue of Abortion. The discussion should continue in future issues.

THE history of abortion is as old as human civilisation itself. All civilizations for which we have any records show that abortion was in practice even thousand years before. The Sumerian code of 2000 BC, the Assyrian code of 1500 BC, the Hummurabic code of 1300 BC, the Hindu code of about 1200 BC and Persian code of 600 BC, all dealt with the problem of induced abortion. Man through the ages from primitive to advanced society has been practising abortion but in recent decades it has taken coloration of technological society. In this paper an attempt is made to analyse the present situation and various aspects of induced abortion.

World Trends

Over the past two decades a number of countries have liberalized their abortion laws to various degrees. Among the countries of the World, the legal status of abortion ranges from complete prohibition to elective abortion at the request of the pregnant woman. In recent times the situation of legal status of abortion is as follows: 9 per cent population lived in countries where the abortion is prohibited without exception, 11 per cent permitted only to save the life of pregnant women, 14 per cent lived under status authorising abortion on broader medical grounds, that is to avert a threat to the woman's health some time on eugenic or foetal indication, 25 per cent of world population resides in countries where social factors such as inadequate income, sub-standard of housing, unmarried status, threat to women's health are taken into consideration, 39 per cent population of the world countries allow without specifying any reason. No information is available for two per cent of population.

Experts estimate that today about one in four pregnancies world-wide end into abortion. According to one estimate about 40 million abortions occurred annually. Over the last several years the highest abortion rate was found in Italy, Portugal and Uruguay which may have as many abortions as live births. In these three countries, most of the abortions were illegal. In Australia, Japan, Soviet Union where abortion is legal more than one in two pregnancies end in abortion. Japan and USSR share the highest historical reliance on abortion as a method of family planning due to lack of oral contraceptive. In the middle range are Argentina, Bulgaria, Cuba, Hungary, Israel, Romania and Yugoslavia with one abortion for every three pregnancies. Countries with lower rates where about one in four pregnancies ends in abortion include Czechoslovakia, Denmark, East Germany, Finland, India, Korea, Poland, Singapore, Sweden, US, Brazil, China and El Salvador.

The Indian Situation

In April 1971, the Government of India passed the Medical Termination of Pregnancy Act which came into force on April 1, 1972. According to this Act, abortion became permissible when performed by registered medical practitioner at approved places on the grounds of danger to the life or grave injury to the physical or mental health of pregnant women, pregnancy caused by rape, probability of risk that the child born would suffer from serious physical or mental abnormalities, contraception failure or risk of the health of pregnant mother by reason of her actual or reasonable foreseeable environment.

In our country where vital registration, i.e., birth, death and marriage is far from accurate, it is unreasonable to expect any reliable official figure on induced abortion. In India information has been collected from a variety of scattered sources such as maternity hospitals, records of family planning clinics and ad-hoc surveys.

Table

Abortion Performed under the National Family Planning Programme in India (1972-79)

Year	Total No. of Abortions	Abortion rate per 1000 of Total Population	Abortion rate per 1000 of Women 15-44 age group
1972-73	24,300	0.04	0.2
1973-74	44,800	0.08	0.4
1974-75	97,800	0.16	0.8
1975-76	2,14,200	0.35	1.7
1976-77	2,78,900	0.44	2.1
1977-78	2,47,000	0.39	1.8
1978-79	3,12,800	0.47	2.3

(**Source:** Induced Abortion IIIrd edition, 1979, Population Council, New York)

The actual incidence of induced abortion is much higher than the data given above because there are many illegal abortions which are not recorded. According to another estimate made by International Planned Parenthood Federation, there were 6.4 million illegal abortions in 1970, corresponding to an abortion ratio of about 270 per 1000 live births and an abortion rate in the

vicinity of 55 per 1000 women aged 15-44 (IPPF 1974). Implementation of the new abortion statutes, which became effective on April 1, 1972 has been slow and geographically incomplete, only 278000 pregnancies were terminated legally during the fiscal year ending March 31, 1977. The reported rate of legal abortion was about 2.2 per 1000 women aged 15-44 years, and the abortion ratio was about 12 per 1000 live births. According to marital status, legal abortions in 1972-75 were like this: 92.8 per cent currently married women, 1.3 per cent previously married and 5.9 per cent never married.

Aspects of Induced Abortion

Problem of abortion arises for a woman when she discovers that she is pregnant and decides or inclines to decide that she does not wish to have a child. The problem related to abortion is not single-dimensional, but it is at once moral, medical, legal, socio-psychological, economic, philosophical and demographic. The consequences of abortion become a topic of world-wide discussion and controversy. The debate ranges over a wide spectrum. In these paragraphs we shall discuss the various thoughts related to this problem.

Medical Aspects

Abortion is a medical problem because the doctor is the person who performs an abortion, both his conscience and his medical skills come into play. Besides this, abortion also affects the woman's health, again this is a part of a medical problem. The risk involved in induced abortion depends upon many factors, e.g., gestation period, place where abortion is performed, method of termination of pregnancy, person who performs the abortion, age and physical and mental condition of the woman. But the risk of complication is always greater than zero depending on circumstances under which abortion is performed. The WHO Reproductive Research Unit has reported in its multinational study that women with a history of repeated abortions are significantly more likely to give premature births in subsequent pregnancies than the women who have never had an abortion. A Soviet demographer E. A. Sadvoksova has stated that artificial termination of pregnancy even when carried out in proper medical condition is not without effect on women's health and may be followed by various immediate or later adverse effects including secondary sterility. While on the other hand, continuation of pregnancy sometime is more harmful than abortion depending on various other factors.

Demographic Aspects

Abortion is a demographic problem because it raises the question of whether abortion provides a useful, desirable and legitimate method of population control? Over the last many decades, abortion, whether legal or illegal, has been a major factor in the decline of fertility experienced by industrialized countries. Nevertheless, assuming a strong motivation for family limitation, abortion can play an important role in reducing birth rates (Japan). Countries like Soviet Union, Czechoslovakia, Poland, Rumania, and Hungary have experienced decline of fertility even though it was not intended. There is no doubt from state and society points of view that the problem of rapid population growth is very serious and urgent but abortion need not be considered as a most viable method of population control. As far as possible the need for abortion for population control should be minimized by providing easy contraceptive.

Sociological Aspects

Abortion is a sociological problem. As Edwin M. Schur has pointed out, it touches on women's role in our social system, family organisation, demographic policy and the role of formal and informal sanctions. The socio-cultural aspects of this problem are so varied and so intimately associated with historical, legal and religious pattern of individual country that it is difficult to analyse. Abortion at one time was thought to be a heinous crime. In large sections of society this outlook still prevails. We all know that our society is male-dominant, the male escapes from the burden of responsibilities. Woman herself is to be allowed to make the final decision regardless of whether others think it a good decision or not. Society should not interpose itself between a woman and the abortion.

Psychological Aspects

Abortion is also a psychological problem because in one way or the other, the attitude of human beings toward conception, pregnancy, birth and child rearing touches deep rooted drives, instincts, emotion and taboos. The emotional stress experienced by woman may be more closely associated with such factors as the circumstances under which the abortion was performed, the period of gestation, the type of operation and attitude of the family members and other persons involved in abortion. The WHO Scientific Group on Spontaneous and Induced Abortion concluded that, "There is no doubt that the termination of pregnancy may precipitate a serious psychoneurotic or even psychotic relation in a susceptible individual". (WHO, 1970, p. 41).

Moral and Ethical Aspects

The moral and ethical objection is based on the contention that human life begins with the union of the egg and sperm, so that destruction of fertilized egg or foetus is an act of homicide, even murder. Opponents of abortion hold that it opens door to the brutalization of society increasing 'mercy death'. Here it is relevant to quote

one instance as reported by many daily newspapers. An unmarried pregnant woman expelled a live foetus during an abortion at a Delhi hospital on April 2, 1980 at 8.45 a.m. The child cried and died on the table after living for few minutes. The feeble cry of the foetus before it died in front of doctors has raised an ethical question—could the doctors have saved it? Doctors, moreover, have their own ethics because their job is to save the life not to take the life.

Legal Aspects

Abortion is a legal problem because it raises the question to what extent society should concern itself with unborn life. The legislation of abortion would be helpful to control birth and death. It controls birth because there is a direct relationship between abortion and declined birth rates. It controls death because those who want abortion can take advantage of skilled professionals in hygienic conditions inspite of backstreet abortions which take place in unhygienic conditions and performed by unskilled persons. Law making bodies are convinced by the argument that cost and danger of illegal abortion are more than in legal abortion.

Religious Aspects

Abortion is a religious problem because it raises the question of nature and control of incipient life. Most of the great religions of the world have raised their voice against abortion. According to early Christianity anything that interrupted human life was considered as murder. Even today abortion is not permitted in Spain and Portugal. Roman Catholic Church holds that life begins since conception hence removal of a zygot, embryo or foetus is considered as murder. Protestant Church, unlike the Catholic Church has in response to man's changing needs and the threat of over population approved not only contraception but abortion as well. In Hinduism there is no single dogmatic, time bound belief. Manu (1200 BC) opposed the abortion. The main tenet of Budhism and Jainism is ahimsa (nonviolence) which does not permit killing at any stage in any form. At no point, the Holy **Koran** raises any objection to the family planning practice. However, the tenets of Islam hold that life is given by God and God alone has the power to take away life. Muslims generally believe that life begins in the foetus after 150 days of conception. Today, however, in nation as a whole religion is nowhere a decisive factor in practice of abortion (except few countries).

Points for Consideration

Abortion is permitted but it should not be promoted. As far as possible, try to avoid getting caught in a situation of abortion.

To minimise the abortion there is need for publicising the various methods of birth control.

Effective contraceptives should be made available and their use should be promoted.

Under certain circumstances birth would bring misery to mother and the child. It is better to avoid such birth for the sake of mother and child. To bring unwanted child into world is a sin against the child. Every child must be a wanted child.

There must be ample provisions made for the health and welfare of women who bear illegitimate children as well as creation of social atmosphere which will accept the unloved mother and her child.

There must be ample child care facilities making it possible for working women to have children.

Each abortion unit should have a person—this could be a doctor or nurse or social worker who could take the patient aside for a few minutes for psychological support. Such a measure would reduce the psychological ill effects of abortion.

To check the back street abortion there should be adequate facilities at clinics.

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NOTICE

I lost my original certificates of General Nursing awarded by the National Nurses and Midwives Council in a train journey about three years ago. If anybody finds them please send them to the following address:

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