Abortion

The expulsion or removal of the foetus from the uterus before the foetus is viable, usually before the 24th week of pregnancy in humans.

Summary Article: Abortion
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Worldwide, some 46 million women have abortions every year. Of these abortions, only slightly more than half are legal, that is, take place under conditions that are medically safe and where neither the woman nor the provider is subject to criminal prosecution. According to the World Health Organization (WHO), about 13 percent of all pregnancy-related deaths, or 78,000, are linked to complications resulting from unsafe abortions.

In the United States, the legalization of abortion occurred in 1973 with the Supreme Court decision Roe v. Wade. After an initial sharp increase in the number of abortions, the abortion rate steadily declined to approximately 21 abortions per 1,000 women age 15 to 44, which amounts to about 1.3 million abortions annually. This rate falls within the norm of developed nations but is higher than in most of Western Europe, where the Netherlands occupies the low end with an abortion rate of about 8 per 1,000 women. Contrary to popular belief, high abortion rates generally do not correlate with low birth rates. On the contrary, both abortion rates and birth rates are high when the rate of pregnancy is high.

The incidence of abortion is not the same across all social groups, however. Currently in the United States, poor women, women of color, and young women are more likely to have an abortion than women who are in a better position to either prevent an unwanted pregnancy or care for an unplanned child. About 6 in 10 women who have abortions are already mothers. The overwhelming number of abortions (90 percent) takes place within the first 12 weeks of gestation, and all but a very small portion take place at clinics wholly or partially devoted to providing abortion services. Only about 13 percent of all counties in the United States currently have at least one abortion provider.

The legalization in 1973 brought abortion to the forefront of the political and legal agendas where it remains, with supporters and opponents embroiled in conflicts over what kind of problem it is and what can and should be done about it. As a result of these conflicts, the legal status of abortion is a constantly shifting patchwork of national and state law and various judicial injunctions. Currently, in 2006, according to state-level information collected by the Alan Guttmacher Institute, 32 states have a counseling requirement; 24 states impose a waiting period on abortion-seeking women; 34 states require notification of the parents of minors who seek abortion; 31 states ban the abortion procedure called “partial-birth” (the legal status of some of these laws is currently uncertain, especially those that make no exception for the woman’s health); 32 states allow for public funding of abortion only in cases of life endangerment, rape, or incest; 46 states give health care providers the right to refuse participation in abortion services; 13 states restrict insurance coverage of abortion; 13 states allow for the sale of “Choose Life” license plates; and finally, 16 states have laws against various activities directed at abortion providers, including property damage or threats, intimidations, and harassment.

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What Kind of Problem Is Abortion?

As a social problem, abortion in the United States, as elsewhere, is only marginally related to variations in the incidence of abortion. During the past century and a half, women’s reproductive practices, including abortion, have attracted the attention of a wide range of social actors, including medical professionals, politicians, religious groups, legal experts, scientists, women’s rights organizations, and various other groups and individuals taking an active interest in the issue. These various groups approach the issue of abortion from different vantage points, identify different aspects of abortion as problematic, pursue different understandings of the causes and consequences of abortion (for the women who have them as well as for society at large), and propose different kinds of solutions. As a result, abortion has long occupied a contentious position in the sociopolitical landscape, uneasily situated in the intersection of medicine, women’s rights, and morality.

Abortion as a Medical Problem

Before the 19th century, abortion as a sociolegal problem was bundled together with other practices aimed at escaping the moral stain associated with illicit sexuality, including the concealment of birth, the abandonment of infants, and infanticide. From a legal perspective, however, abortion was punishable only after quickening, that is, after women start feeling fetal movements. During the 19th century, a number of factors coalesced to turn abortion into a problem primarily pursued by the medical profession. The 19th-century campaign to professionalize medicine was, in large part, waged as a war against competing health practitioners, including not only midwives, who hitherto had provided reproductive care to women, but also the rapidly expanding ranks of commercial abortion providers. Claiming professional expertise that nonlicensed practitioners lacked, the medical profession effectively medicalized women’s reproductive lives, appropriated the service domain previously occupied by midwives, and removed the medically dubious quickening distinction that had enabled abortion providers to largely operate with legal impunity. The conclusion of this campaign was a drastically changed landscape in which all abortions became illegal except the ones performed by licensed physicians for the purpose of saving a woman’s life (the so-called therapeutic exemption), and women’s reproductive lives thus fell almost entirely under the purview of professional medicine. Accompanying this reorganization of the medical context surrounding abortion was a reinterpretation of abortion as a social problem. In short, the doctors argued that abortion was no longer a practice exclusive to the unmarried, no longer an act prompted by social desperation, and no longer a practice engaged in by those women who might be considered unsuitable as mothers. Instead, the doctors emphasized, abortion had turned into a fashionable practice among those upon whom the nation depended for its healthy reproduction, in both numerical and moral terms. In this sense, abortion became increasingly viewed as a moral gangrene of sorts, seducing (by its very availability) middle-class women into abandoning their higher purpose as mothers and moral guardians.

With this definition firmly in place, abortion fell out of the public spotlight and survived for the next several decades primarily as a clandestine and largely invisible practice that operated under the legal radar save for a few widely publicized scandals involving illegal abortion rings. When opposition against restrictive abortion regulations began to mount in the 1950s and 1960s, the impetus for reform was once again spearheaded by doctors and other professionals. Formulated as a set of reforms aimed at bringing the abortion law into greater conformity with modern medical and psychiatric standards, this pressure led to relatively uncontroversial legal reform in at least a dozen states years before Roe v.
These laws expanded the grounds for legal abortion somewhat (rape, incest, mental and physical health), but the authority to make abortion decisions remained with the medical profession. This authority effectively ended when the Supreme Court ruled in *Roe v. Wade* that the abortion decision rested with the woman, not her doctor. Since then, the position of organized medicine toward abortion has been ambivalent, even as some of its members have long occupied vulnerable frontline positions in the abortion conflict as service providers.

**Abortion as a Problem of Women’s Rights**

Abortion as a problem of women’s rights also has deep historical roots, even if abortion itself was a latecomer to the bundle of issues that women’s rights activists long pursued under the rubric of gender equality. The women’s rights pioneers of the 19th century, without directly confronting pregnancy and birth, pushed for an expansion of women’s social and political roles beyond the confines of the home, thus challenging the widespread assumption that motherhood was destiny and, therefore, that womanhood was incompatible with the rights, responsibilities, and opportunities associated with manhood and full citizenship. The call for “voluntary motherhood” during this time did not encompass a call for reproductive freedom in the modern sense. Instead, it was a response to the proliferation of illicit sexuality among men (expressed in prostitution and the spread of venereal diseases), which was perceived as a threat to the integrity of the family and women’s place therein. In the early 20th century, the birth control movement more directly confronted women’s efforts at controlling their own reproductive lives but did so without including abortion among the birth control practices they sought to make available to women. Nonetheless, the emphasis on planned parenthood placed reproductive control at the center of women’s liberation as well as the well-being of the nation more generally. What the abortion rights movement added to these earlier movements was a reformulation of the foundation upon which women’s reproductive agency rested: Whereas motherhood had been a powerful platform of earlier activists and a justification for expanded social and political influence, the abortion rights movement, precisely because it emphasized that motherhood was a choice rather than an inevitable conclusion of womanhood, helped sever the link between women’s rights and women’s roles as mothers.

When the movement gained political momentum during the 1960s, there was growing recognition that the prohibition against abortion not only was ineffective but also placed women at a distinct health disadvantage precisely because abortion was illegal and therefore often medically unsafe. While the medical solution to the problem of illegal abortion was a modest expansion of the grounds for legal abortion, advocates of women’s rights offered a much more profound reinterpretation of abortion. Abortion, they argued, was not a medical problem to be solved by doctors once they were convinced that women really “needed” them, but instead a collective problem impacting all women. Abortion, in short, was part of a much larger problem of women’s rights and, therefore, political at its very core. Hence, according to this movement, only if the abortion decision was placed in the hands of women could the problem ever be solved; that is, women needed full authority over the abortion decision irrespective of their reasons.

The tension around abortion as an unconstrained choice captures the fundamental disagreements over motherhood—and, by extension, gender roles—that have permeated the abortion conflict since the early 19th century. These disagreements, then as now, focus less on the extent to which women in fact have abortions than on the extent to which women’s reasons for having abortions are justifiable or not.
Abortion as a Moral Problem

Abortion as a moral problem has roots in a traditional religious-based morality that, before the contemporary abortion conflict, constituted a blend of concerns for sexual morality and the sanctity of motherhood. Although the moral force of these concerns eroded somewhat as women's social status underwent an irrevocable transformation, traces still remain of these concerns in the tensions around the meanings of motherhood that permeate much of the abortion conflict. Thus the opposition to abortion, although currently mobilized most overtly around fetal life, captures an amalgam of larger social concerns that broaden the social base of the opposition movement from religious leaders who derive their position from a theological perspective to grassroots activists, many of whom are women, who find justification for their opposition in the circumstances of their own personal and political lives.

The contemporary movement against abortion emerged out of Catholic opposition to the reform movement of the late 1960s and early 1970s but has since expanded to include a range of religious congregations and groups with more or less strong ties to organized religion. Initially mobilized under the rubric of Right to Life, this opposition formulated its objection to abortion around the loss of human life and, once Roe v. Wade became the law of the land, mounted a vigorous campaign with a multi-institutional focus aimed at (a) undermining public support for women's right to choose, (b) making it increasingly difficult for women to obtain abortion, and (c) once again outlawing abortion. The emphasis on fetal life, in conjunction with a vision of the abortion-seeking woman as freely choosing abortion, has contributed to the “clash of absolutes” that now defines much of the contemporary abortion conflict. In this view, which is quite specific to the U.S. case, abortion is wrong precisely because it involves the deliberate destruction of the most innocent of human lives by a woman who claims it is her right to do so. Thus, from the perspective of the pro-life movement, the relationship between the fetus and the woman sustaining it is potentially adversarial, and, accordingly, the ultimate solution to the problem lies not in efforts to reduce women's abortion needs but instead in prohibition and moral instruction.

Although Roe v. Wade still stands, its foundation has eroded, through the courts of law as well as the court of public opinion, by the many challenges launched by this opposition, even if the extreme end of the pro-life position—that abortion is tantamount to murder and hence always wrong—has attracted relatively few adherents among the public at large. Nevertheless, given the emphasis on fetal life, even the expansion of a right to abortion in cases of pregnancy that result from rape or incest is met with tension and ambivalence in some pro-life circles, where sympathy for a woman's suffering is outweighed by concerns for the fetus. When carrying a pregnancy to term would threaten a woman's life or health, the life of the fetus is pitted against the life and well-being of the mother. A similar tension, albeit with very different ingredients, accompanies violent protest tactics, especially the murder of abortion providers in the name of the pro-life cause. While most mainstream pro-life groups distance themselves from such extreme tactics, the moral dilemma they reveal—whose life is more important and why—is central to the definition of abortion as a social problem.

See also
Contraception; Eugenics; Neo-Malthusians; Religion and Politics; Sex Education; Social Movements; Teenage Pregnancy and Parenting; Women's Rights Movement

Further Readings

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