

Abortion and Possible Solutions

By Anthony M. Wanjohi

1.0 Introduction

Abortion is the termination of a pregnancy by the removal or expulsion of a fetus or embryo from the uterus, resulting in or caused by its death. (Dutt and Mathews, 1998).

Worldwide 42 million abortions are estimated to take place annually with 22 million of these occurring safely and 20 million unsafely. While maternal mortality seldom results from safe abortions, unsafe abortions result in 70,000 deaths and 5 million disabilities per year (Potts *et al.* 2007).

According to Okwemba abortion is still a hush issue in Kenya. But despite those laws, which restrict the termination of pregnancy, illegal abortion continues in this East African nation unabated. Ignorance about contraceptive methods is one of the prevailing causes of high abortion rates in Kenya. Around 85% of girls' aged 15 to 19 and 72% of women aged 20 to 24 reportedly do not use contraceptives (Gathara, 2010). Due to the country's restrictive laws on abortion, women in Kenya are forced into backstreet abortion facilities. Approximately 35% of Kenya's maternal deaths are caused by unsafe abortions.

Abortion is prohibited in Kenya except where the life of the mother is at stake (Wako, 2005). In Kenya, about 300,000 abortions are performed each year, causing an estimated 20,000 women and girls to be hospitalized with related health complications. This translates into about 800 abortions a day and the death of 2,600 women every year. This is a worrying trend. This paper closely examines the concept of abortion. The paper is divided into the following sections:

2.0 Reasons for Seeking Abortion

Women have many reasons for not wanting to be pregnant, and thus to seek an abortion. In a study by Torres and Forrest (1998), the majority of abortion by women is due to personal issues. These issues are;

- Most of them feel that they do not have the financial resources to bring up a child.
- Others feel that they are not ready for the responsibility of raising a child.
- Where as one feels that her relationship with her partner is in difficulty.
- In addition others feel that they are too young, and not sufficiently mature to become a mother.

Some of these reasons may be influenced by:

- Pressure from her parents to have an abortion so as not to a shame the reputation of the family.
- The feeling that she lacks the emotional and physical strength to go through another pregnancy and raise the child.
- She believing that raising an additional child would short-change her existing children.
- The sense that she is a student and that raising a child would be too difficult and disruptive at her time in life.
- She not wanting other people to know that she became pregnant.
- A child would interfere with her career or education.
- She may fear physical abuse from a parent if they learn of her pregnancy.

In conclusion, the basic reason why women prefer abortion is due to the existing environment around her. That is, parental pressure, economic stability and long life challenges.

3.0 Types of abortion

In determining what type of abortion to choose, access to and availability of abortion services along with length of pregnancy play into the decision (Stacey, 2009). There are different types of abortion. These include:

3.1 Surgical

All surgical abortions are medical procedures that must be done in a health care provider's office or clinic. There are several different surgical abortion options. How along a woman is in her pregnancy often determines what method will be used (Lowen, 2009).

According to (Agarwal, 2008) surgical methods are the most commonly used abortion methods these days. The doctors may initiate one of the three surgical procedures to initiate abortion at an early term. Some of these procedures include;

- Aspiration is an abortion procedure that can be performed on a woman up to 16 weeks after her last period. Aspiration, also known as vacuum aspiration, suction aspiration or D&A (dilation and aspiration), involves the insertion of a tube through the dilated cervix into the uterus. Gentle suction removes fetal tissue and empties the uterus (Lowen, 2009).
- Controversial Intact Dilation and Extraction or IDX- IDX is also known as Partial Birth Abortion. In this method the cervix is dilated by use of forceps to grasp and turn fetus in breech position. Then the fetus is withdrawn and only head of the fetus is left inside cervix. Then the head is collapsed by suction of brain matter from the skull. This is done through the small incision which is made at the base of the skull. IDX or Partial Birth Abortion is a banned abortion method under Partial Birth Abortion Ban law. But this law does not provide any information in cases where abortion is necessary for woman's health (Agarwal, 2009).
- Chemical Methods- Combination of drugs can effectively terminate or end pregnancy. Drugs such as mifepristone or methotrexate are used for abortion which is followed by

prostaglandin. Prostaglandin comes in two types and its usage depends on the place where abortion is done. Gemeprost is used in Sweden, UK whereas in US misoprostol is used commonly for abortion (Agarwal, 2009).

3.2 Medical

Medical abortion is a term applied to an abortion brought about by medication taken to induce it. This can be accomplished with a variety of medications given either as a single pill or a series of pills. Medical abortion has a success rate that ranges from 75-95%, with about 2-4% of failed abortions requiring surgical abortion and about 5-10% of incomplete abortions, depending on the stage of gestation and the medical products used.

It can also provide some measure of safety in that they eliminate the risk of injury to a woman's cervix or uterus from surgical instruments. Some women require an emergency surgical abortion, and, for safety concerns, women undergoing medical abortions need access to providers willing to perform a surgical abortion should it be necessary.

The process of a medical abortion involves bleeding, often like a heavy menstrual period, which must be differentiated from hemorrhage (a serious problem). Regardless of the amount of tissue passed, the woman must see a doctor for evaluation to make sure the process is complete (and not an incomplete abortion).

4.0 Factors Influencing the Increase in Abortion Rate

Lack of financial support to single women may lead to an increase in the rate of abortion. In the past, welfare payments were increased with the birth of each baby. However, many countries now cap payments so that the family's standard of living decreases with each birth. Faced with the choice of a lower standard of living or an abortion, many women in this decade will chose abortion.

In this generation some of the women have decided to remain childless either for now, or for their entire life. If they inadvertently become pregnant, they are more likely to want to terminate the pregnancy.

When a couple realizes that they are genetically related, that is they may be cousins or relatives. They sometimes seek abortions because of concerns that their baby will be born with a genetic defect because of the similarities in the parents' DNA. According to a 2002 study, an unrelated couple has a three to four percent risk of having a baby with a birth defect, significant mental retardation or genetic disease. The study found that first cousins run an additional risk of 1.7 to 2.8%. Some couples would consider this increase an acceptable risk, if they knew its magnitude (Bennett.2006)

The strength of a person in religion really influences the rate of abortion. According to a study carried out by Modi (2002), he found out that the less religious a person is - the less she goes to church and the weaker she considers her religious affiliation to be, the more liberal her beliefs is within her own religion, and the fewer the number of times she prays - the more pro-choice her viewpoints are hypothesized to be.

Lack of quality sex education, a decrease in the use of contraceptives and high rates of sexual violence all influence women's abortion-related deaths or illnesses. Although some non-governmental organizations provide sex education for adolescent girls and boys, the quality and quantity of information provided to this growing sector of the population is poor (Kinoti, 2010)

5.0 Risks for Abortion

In each and every clinical procedure there is always a risk, but abortion poses few risks to a woman's physical health, particularly when carried out during the first 12 weeks of pregnancy.

During the abortion process, there are less risks to be incurred compared to those after abortion. The low risks associated with abortions are:

hemorrhage (excessive bleeding) – occurs in about 1 in every 1,000 abortions

Damage to the cervix – occurs in no more than 10 in every 1,000 abortions

Damage to the womb – occurs in up to 4 in every 1,000 abortions during surgical abortion, and less than 1 in 1,000 medical abortions carried out at 12-24 weeks.

After an abortion, the main risk is infection in the womb, usually caused by a failure to completely remove all the foetus and associated tissue. If you have an infection after an abortion, you may bleed heavily from your vagina and have some period-like pain (NHS, 2010).

The risk of breast cancer almost doubles after one abortion, and rises even further with two or more abortions (Howe *et al*, 1989).

Abortion is associated with cervical and uterine damage which may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns (Hogue, Cates and Tietze, 1983).

Abortion increases the risk of placenta prevail in later pregnancies (a life threatening condition for both the mother and her wanted pregnancy) by seven to fifteen fold. Abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor (Barrett, et al. 1981).

6.0 Solutions to Abortion

There are various solutions that if implemented may help a lot in reducing the problems related to abortion. These solutions include

6.1 Better birth control

According to (Green, 2000), with availability of sufficient birth control, there should almost never be any need for abortion hence reducing abortion rate.

Emergency contraceptive pills may contain higher doses of the same hormones (estrogens, progestin's, or both) found in regular combined oral contraceptive pills. Taken after unprotected sexual intercourse or contraceptive failure, such higher doses may prevent pregnancy from occurring (FDA, 1997).

According to Planned Parenthood, birth control is the silver bullet. If every child is provided with comprehensive sex education and offered easy access to birth control, especially condoms and the morning-after pill, the world will be a much better place.

6.2 Sex Education

The percentage of students in public schools who receive some form of sex-education has been increasing over the past few decades. Studies have shown that sex-education tends to defer sexual activity among students. This reduces the number of unwanted pregnancies and thus the need for abortions.

Comprehensive sex education may lead to less teenage pregnancy (Science Daily Mar. 20, 2008), with this reduction of teenage pregnancy, automatically, there will be a reduction in the abortion rate.

6.3 Cost of Abortion

This may discourage women from aborting since the cost of abortion will be much higher than of maintaining herself as she waits for her baby to arrive. The federal government and most states have severely restricted Medicaid funding for abortion. As a result, low-income women - who are disproportionately women of color - often, find it difficult or impossible to obtain safe, legal abortions.

6.4 Enforcing Child Support Laws

According to Ms. Pratt, aggressive enforcement of child support, can lead to a reduction in abortion. This statement is also supported by scientific evidence. That is, enforcement of child support may reduce the number of abortions, by giving women the resources they need to raise children, encouraging men to take an active role in parenting and in preventing unwanted pregnancies. Statistics from a number of sources have routinely shown that economics is the reason why many women choose abortion.

We can also hold fathers responsible for the children they produce by enforcing fornication and adultery statutes against men who abandon their children. Statistics show that at least eighty percent of aborted pregnancies are started by fornication or adultery, so such a strategy might have a significant effect on the abortion rate. Statistics also show that most women obtaining abortions report that the father failed to fully support them in their pregnancies.

7.0 Conclusion

Facts are that there are too many women dying each day due to 'unsafe' abortions and that women need to have a choice about their bodies and health. The Pro-lifers counter that since life begins at conception, there are two lives at stake here both of which need protection and that legalizing abortions will not necessarily make them 'safe' as it will neither increase the number of registered medical practitioners nor make the conditions any safer.

Another item is that, as depicted from the above discussion most cases of abortion results from lack of finance for supporting the child. The highest level of abortion cases is that of young women most probably teenage girls still in learning institutions.

Abortion should not be legal for all. One has to have a responsibility especially when a she chooses to have sex knowing that she is taking a chance. This, she does of her own free will, and she has control over what she is doing. If a person decides to have sex whether it is safe or not, what happens after that is her responsibility as well as his. And if you are going to chose to participate in this risky and unsafe practice then you must be ready to pay the consequences no matter the circumstances. (Lisa, 1996)

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