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A STATE OF THE ART REVIEW ON IMPACTS OF ABORTION

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ABSTRACT

Abortion has the most contentious implications and is stigmatized more than any other topic connected to reproductive health. Despite the fact that abortion is a global occurrence that is defined as and has occurred throughout recorded history, it remains a highly heated, contentious subject that elicits strong feelings among laypeople, politicians, religious leaders, and health and rights activists. Despite the fact that abortion services in India were liberalized more than three decades ago, the majority of women still have restricted access to safe abortion procedures. This article synthesizes current data on India's abortion situation and investigates the variables that lead to women seeking abortions. It identifies issues such as unmet contraceptive needs, a lack of understanding of the legality of abortion services, restricted access to safe services, and low service quality, all of which drive women to seek services from untrained practitioners. Thus, making abortion services widely legal, as well as gaining a better knowledge of the number, kind, and characteristics of women with unmet needs, may all assist to address this issue to some degree.

KEYWORDS: *Abortion, Contraception, Pregnancy, Post-abortion Care.*

1. INTRODUCTION

1.1.Abortion:

Abortion is the removal or expulsion of an embryo or foetus from the uterus, which results in or causes the death of the embryo or foetus. This can happen naturally as a miscarriage, or it can be purposefully produced through chemicals, surgery, or other methods. A miscarriage or induced termination before twenty weeks gestation, which is considered nonviable, is commonly referred to as an abortion; medically, it is defined as a miscarriage or induced termination before twenty weeks gestation, which is considered nonviable.

1.2.The Right to Abortion as a Human Right:

Individual rights, such as the right to life, liberty, and the pursuit of happiness, justify a woman's right to an abortion. The reproductive and sexual health of a woman influences her reproductive decisions. Reproductive rights are widely acknowledged as essential for improving women's human rights and development. Governments from all around the globe have recognized and committed to promote reproductive rights to unprecedented levels in recent years. Official laws

and regulations are important indications of the government's commitment to reproductive rights promotion. Bodily rights refer to a woman's full right to govern her body [1], [2].

1.3.Reproductive Rights In India:

The feminist critique of patriarchal control over reproduction by women's movements throughout the globe has fueled individual and communal efforts to combat it on all levels. Women's organizations in third-world countries, on the other hand, have argued that the discussion over women's reproductive rights must take into consideration the reality that reproduction is just one part of a woman's physiology and life, and that it cannot be regarded in isolation. They believe that patriarchy must be understood in a much broader context since we live in societies where political, economic, cultural, and social variables all interact to affect women's health and shape perceptions of fertility and infertility, sexuality, reproduction, and gender roles [3].

In addition, the Indian viewpoint on reproductive rights has had to account for a number of other social inequities and inconsistencies. On the one hand, medieval society tried to control every element of women's life. Women's fertility has been defined and controlled in part by religion, caste, and cultural norms. Sharp class divisions have not only generated, but also exacerbated disparities, which have a direct negative effect on women's health. On the other side, colonialism's past has exacerbated the problem by contributing to the systematic eradication of indigenous healing and health systems and the imposition of allopathy, or "modern western medicine," as the standard [4]. In the current age of economic liberalisation, this legacy has been given a new lease of life, resulting in international pharmaceutical corporations exploiting Indian markets and people. These variables, when combined, are driving rural-urban divisions to widen even further, resulting in ever-widening disparities in development and planning, as well as access to resources and opportunities. The first world's population control strategy, imposed by international financial institutions and executed via Indian population programs and policies, dominates this situation.

1.4.Right to Abortion:

Human rights are those rights that should be accessible to everyone without any form of discrimination. The basis of freedom is the recognition of all individuals of the human family's inherent dignity and equal and inalienable rights. The right to life is a human's most essential right. It is the most fundamental human right, from which no exceptions can be made. It is unassailable. The arbitrary deprivation of life is prohibited under Article 6(1) of the International Covenant on Civil and Political Rights. However, there are several contentious problems surrounding this ultimate privilege. The right to abortion is one of these issues. It is thought that, among other things, every woman has the right to abortion, which is a universal right. However, the rights of the mother must be weighed against those of the unborn child [1], [5]. Previously, the right to abortion was not allowed, and society was fiercely opposed to it. Terminating a pregnancy was referred to as "murdering the fetus." However, as time and technology have progressed, most countries now recognize this right, after the historic Roe vs Wade1 ruling by the US Supreme Court. However, there are still others who oppose it, and some think it should be made illegal[6].

1.5.Abortion Rates and Their Relationship with Morbidity and Mortality:

In most countries, including India, determining the prevalence of induced abortion is very difficult. When it comes to researching abortion, data quality is crucial. Abortion operations are significantly underreported, whether done legally by skilled professionals using contemporary technology or illegally using "conventional" techniques. Clinic or hospital records, or individual surveys of women, are the most common sources of abortion statistics. Where abortion is illegal, highly stigmatized, or difficult to get, clinic or hospital sources tend to be of low quality. There are no reliable statistics on the prevalence of abortion in India .Clinic data is presented as official statistics, although it only includes instances of medical termination of pregnancy (MTP) performed at government-approved clinics. Since the liberalization of abortions regulations in 1972 through the early 1980s, these abortion data indicate a rise in MTP . There has been a rise of MTP centers since 1982-83, but there has been no commensurate rise in the reported number of MTP done. Underreporting of MTP may be one explanation for this. It is believed that illegal and therefore unreported abortions outweigh legal abortions by a ratio of three to eight. Abortion data is collected via surveys such as the National Family Health Survey. These figures show an extremely low rate of abortion among Indian women and should be regarded as severe underestimations. Because current direct estimates of abortion rates from clinic and survey data are widely recognized to be underestimates, several indirect estimation methods to assess abortion incidence and relative rates have been employed.

Despite the prevalent attitudes that abortion enables women to pursue life's opportunities, only a couple of studies have investigated whether an abortion enables one to achieve specific milestones, and such studies usually focus on educational achievements. For example, a 2-year longitudinal U.S. study found that black teenagers from Baltimore who had an abortion were more likely to continue their education than those who carried to term or those who had never been pregnant. Similarly, a 25-year longitudinal study in New Zealand examined the extent to which abortion mitigated educational, economic, and social disadvantages associated with pregnancy among women less than age 21. The study found that compared to young women who had unintended pregnancies and carried to term and young women who did not have unintended pregnancies, young women who obtained abortions were more likely to achieve educational milestones. However, there were no differences found in achievement of economic or relationship milestones. The study also found that family, social, and educational characteristics were more likely to explain subsequent life outcomes than whether the woman had an abortion. Both of these studies had a narrow focus they looked at adolescent women and used predetermined goals such as high school graduation. They did not include women across the lifespan nor did they consider the woman's own stated life goals. The one U.S. study was done in a single city (Baltimore), and published over two decades ago when access to abortion services and economic conditions were different. Therefore, findings from that study may not be generalizable to the current U.S. context as a whole.

Probably the greatest weakness of these studies, is that they did not include appropriate comparison groups. Women choosing to have an abortion after an unintended pregnancy may be systematically different than those who never had an unintended pregnancy or those who chose to carry to term. Such unobserved factors may confound any effects found between choosing abortion and achieving life milestones. This study overcomes these methodological weaknesses by comparing two groups of women seeking abortion; women obtaining a wanted abortion compared to women denied a wanted abortion. Data from University of California, San

Francisco's Turn away Study were used to examine the impact of having an abortion on women's own reported one-year plans. Women who obtained a wanted abortion were compared to women who wanted an abortion but were turned away from getting the procedure because they presented for care after the provider's gestational limit. First, all one-year plans were categorized and it was determined whether each plan expressed a positive goal for the coming year (aspirational). It was assessed whether women who were able to have a wanted abortion were more likely to report an aspirational one-year plan than women denied an abortion. Second, it was assessed whether women who were able to have a wanted abortion were more likely to achieve these aspirational one-year plans one year later.

The Turnaway Study is a 5-year longitudinal study of women seeking abortion. The study was designed to assess a variety of outcomes of receiving an abortion compared with carrying an unwanted pregnancy to term. The study received approval from the University of California, San Francisco, Committee on Human Research. All participants provided informed consent. From 2008 to 2010, the Turnaway Study recruited women from 30 abortion facilities across the United States. Study sites were identified using the National Abortion Federation membership directory and by referral. Sites were selected based on their gestational age limits to perform an abortion procedure, where each facility had the latest gestational limit of any facility within 150 miles. Gestational age limits ranged from 10 weeks to the end of the second trimester. Facilities performed over 2,000 abortions a year on average. They were located in 21 states distributed relatively evenly across the country.

2. DISCUSSION

2.1.Abortion's Legal Status:

The Medical Termination of Pregnancy Act, approved in India in 1971 and enacted in 1972, permits abortion (or MTP) for a variety of social and medical reasons, including saving the woman's life, preserving physical and mental health, halting a pregnancy caused by rape or incest, and terminating a pregnancy caused by fetal impairment [7].

2.2.Abortion's Emotional Consequences:

Women may have discomfort and cramping after an abortion. This, as well as possible procedure-related bleeding, which is usually no worse than monthly bleeding, might linger for several weeks. Some women also have stomach distress, which might manifest as nausea or vomiting. These are common abortion side effects, however women should contact their doctor or the clinic where the operation was performed if they are worried. After an abortion, problems can occur, however the likelihood is low. In the first few weeks, women should be on the lookout for signs of very heavy bleeding, fever, severe pelvic discomfort, or severe stomach pain. These symptoms could indicate a serious infection or bleeding that necessitates quick medical attention. Death can happen during or after an abortion in exceedingly rare cases, but the risk is comparable to the risk of death during childbirth. There are also emotional consequences of abortion, which must be acknowledged and investigated. The most serious of these is the onset of postpartum depression. Postpartum depression can occur at any time after a pregnancy, at any stage, and in any way. As pregnancy hormones drop rapidly, the body might become extremely sad[8], [9].

2.3.Abortion's Physical Effects:

When a woman has an abortion, she is exposed to a slew of physical complications. Blood loss during the surgery causes blood flow to be diverted to various organs, which might lead to shock. The insides of the uterus, fallopian tubes, and abdominal cavity are all accessible to microorganisms when the cervical canal is dilated. Peritonitis and abscess development can result from an abdominal infection. Abortion is frequently followed by severe hemorrhage. Instruments can perforate the uterus, resulting in damage, infection, and internal organ hemorrhage. Abortion-related deaths are uncommon, however they usually result from excessive bleeding caused by anesthetic difficulties. According to a new study published in the Journal of the National Cancer Institute, women who have abortions have a fifty percent increased risk of breast cancer. Abortion of a first pregnancy disrupts the breast's natural growth process, putting millions of cells at danger. It has been discovered that only one previous abortion increases the risk of future pregnancy failure by 45%. Other issues include a higher chance of premature births, tubal pregnancy, infertility, and cervix injury. Women endure several bodily injuries as a result of abortion[10], [11].

2.4.Men's Reaction to Abortion:

A man may realize that his abortion experience affected him in a variety of ways. Although each man's experience is distinct, there appear to be some common threads. The significance is immediate and profound for men who oppose abortion. He may ruminate, ponder, or obsess over what occurred. He can't get the incident out of his mind. The male who appears to agree, is ambivalent, supports the abortion, or just abandons his girlfriend may not recognize the significance of the event until years later. The birth of another child, seeing an ultrasound during a pregnancy, or having a conversion experience of some kind could all be trigger events for these men. It might be something as simple as seeing an advertisement, reading an article, or being aware of the Roe vs. Wade anniversary and the marchers taking place across the country. It could be hearing about another person's abortion or becoming aware that the partner with whom they had the abortion is not doing well, if she is still alive. An astute counselor or pastor may inquire about previous pregnancies and abortions while seeking counseling for marriage problems, drug or alcohol abuse, or sexual addiction. Something has shifted the man's perspective, allowing him to examine the impact of his abortion experience on his life.

Many women reported multiple one-year plans. Each individual plan in a dataset that was blinded to study group was considered (although some women’s plans were suggestive of her study group). Each plan was categorized by topic: Education, Employment, Financial, Child-related, Emotional, Living Situation/Residence, Relationship Status, and Other. The Other category included vague plans, plans for personal growth, car ownership, health and other plans that did not fit into one of the other eight topics. Then, the outlook of the plan was determined—whether it was positive, negative or neutral. This determination was based on the tone of the statement and the qualifiers used. If determination was unclear, the plan was categorized as neutral. Two researchers reviewed each plan. Identification of a plan as positive or negative required both researchers agreeing. Positive plans are referred to as “aspirational.” Finally, survey items in the six-month and one-year interviews that would indicate achievement of the plan were identified. Some specific plans required all coauthors to discuss and agree upon the meaning of the plan and whether our interview items were sufficient to measure achievement. The exact timing for residential moves could not be determined so when a plan involved a

residential move, she was considered to have achieved the goal if there was evidence that she moved by the second year of the study.

During the baseline Turnaway Study interview, participants were asked about sociodemographic characteristics, their reproductive histories, and a final, open-ended question "How do you think your life will be different a year from now?" which was used to capture respondents' one-year plans. Respondents were permitted to provide as long a response as desired. The 6-month and one-year follow-up interviews included questions about whether they were going to school, whether they were working full or part time, what they did for work, their personal and household income, their household composition, their relationships, their children, their life satisfaction, and their emotions regarding the abortion. These items were used to assess whether women achieved their one-year plans.

3. CONCLUSION

Abortion, whether intentional or unintentional, is not the acceptable way of dealing with any pregnancy. In no country should this method be legal. Children should be allowed to live their life as they see fit. The procedure of partial birth abortion, in my opinion, should be prohibited. Pregnant women should be shown this type of pregnancy abortion before undergoing the process so that they are aware of what they are about to undertake. I believe that all woman considering abortion should see an abortion procedure and be aware of the harmful psychological and physical ramifications that can occur after the surgery. I believe that women should be counselled prior to the procedure and given at least three days to contemplate the facts about abortion, the health repercussions of abortion, and the process's ramifications.

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