

Abortion: A Heartless Murder of a Method of Birth Control

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ABSTRACT

Approximately 1.6 million murders are committed legally each year. With the exception of laws in a few states, the mutilated bodies of victims lay waiting in the infested dumpsters to be hauled off to a landfill, the murders are in their offices waiting for their next patient, the accomplice to the murder. This is the murder of an innocent child by a procedure known as abortion. Abortion stops the beating of an innocent child's heart. People must no longer ignore the medical and emotional problems an abortion causes women. People must stop denying the facts about the procedure and start hearing the silent screams of the unborn children. The argument of the pro-abortion side is that the unborn child is not truly a child. Many people who are pro-abortion justify their beliefs through the concept that a fetus is only a blob of tissue until it is born, or the statement: Life begins at birth.

Abortion is not as simple as removing a "blob of tissue" (as the pro-abortion activists put it) from a women's body. Abortion is the destruction, dismembering, and killing of a human life. "But it is scientific and medical fact based on experimental evidence, that a fetus is a living, growing, thriving human being, directing his or her own development" (Fetal Development). A fetus is not just a blob of tissue, rather a fetus is Latin for "offspring or young one."

Human life begins at fertilization; therefore, it is wrong to murder the innocent child in the womb. At a US Senate Judiciary Subcommittee meeting, most scientists said that, "Life begins at conception or implantation of the embryo." No Scientist at the meeting claimed that life begins at birth .

INTRODUCTION

There are probably as many reasons for abortions as there are women who have them. Some pregnancies result from rape or incest, and women who are victims of these assaults often seek abortions. Most women, however, decide to have an abortion because the pregnancy represents a problem in their lives .

Some women feel emotionally unprepared to enter parenthood and raise a child; they are too young or do not have a reliable partner with whom to raise a child. Many young women in high school or college find themselves pregnant and must choose between continuing the education they need to survive economically and dropping out to have a baby. Young couples who are just starting their lives together and want children might prefer to become financially secure first to provide better care for their future children.

Sometimes people enter into a casual sexual relationship that leads to pregnancy with no prospect of marriage. Even if the sexual relationship is more than casual, abortion is may be sought because a woman decides that the social status of the male is inappropriate. Abortion is reported to be sought by some women because of popular beliefs that forms of modern contraceptives are more dangerous than abortion

REASONS

Some of the most difficult and painful choices are faced by women who are happily pregnant for the first time late in the reproductive years (thirty-five to forty-five) but discover in late pregnancy (twenty-six or more weeks) that the fetus is so defective it may not live or have a normal life. Even

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worse is a diagnosis of abnormalities that may or may not result in problems after birth. Some women and couples in this situation choose to have a late abortion .

In some cases, a woman must have an abortion to survive a pregnancy. An example is the diabetic woman who develops a condition in pregnancy called hyperemes is gravidarum (uncontrollable vomiting associated with pregnancy). She becomes malnourished and dehydrated in spite of intravenous therapy and other treatment, threatening heart failure, among other things. Only an abortion will cure this life-threatening condition.

In certain traditional or tribal societies, either the decision to end a pregnancy by abortion or the method of doing so is determined by the group. John Early and John Peters (1990) described a method used by the Yanomami of the Amazon of hitting or jumping on a pregnant woman's abdomen to cause an abortion. A similar method has been described in other tribal societies in Africa and South Asia. Among the Suraya of seventeenth-century Taiwan, a woman under the age of thirty was required to end all pregnancies by abortion by forceful uterine massage

Studies done in Chile in the 1960s showed that the majority of women who sought abortions at that time were likely to be married, to have the approval of the husband, and were having the abortion for economic reasons . This pattern has been observed in many other countries.

In certain Muslim societies, a young couple from feuding families must wait five years or more to have a child, with the result of numerous abortions in order to observe this family rule.

Population growth can be slowed, stopped and reversed, even though it has rocketed in this century and last. A sustainable reduction in global population could happen within decades, according to the United Nations' most optimistic scenario. Its main population prediction is in the middle of that range - 9.8bn in 2050 and 11.2bn in 2100. But if there were just half-a-child less, on average, per family in the future than assumed, there would be two billion fewer of us than expected by 2050 - and five billion fewer of us by the end of the century.

Countries have had dramatic success in reducing their birth rates. Thailand reduced its fertility rate by nearly 75% in just two generations with a creative and ethical family planning program. Fertility rates in Asia have dropped by nearly 10% in 10 years.

Over 200 million women who want to avoid pregnancy are not using modern contraception. Reasons for this include lack of access, concerns about side-effects and social pressure not to use it. Most of these women live in poor countries, where population is set to rise by 3 billion by 2100. Overseas aid support for family planning is essential - making sure supplies are adequate.

People choose not to use contraception because they are influenced by assumptions, practices and pressures within their nations or communities. In some places, very large family sizes are considered desirable; sometimes the use of contraception is discouraged or forbidden.

However programs that change attitudes towards contraception and family size have been very successful. Religious barriers may also be bypassed. In Iran the country's religious leader declared the use of contraception was consistent with Islamic belief and a very successful family planning campaign was initiated. Portugal and Italy have some of the lowest fertility rates in spite of the fact that they are predominantly Catholic.

Escaping poverty is a vital way to bring birth rates down. Decreasing child mortality, improving education and providing people with economic opportunities all help to reduce fertility. International aid, fair trade and global justice will help bring global population back to sustainable levels.

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Where women and girls have economic empowerment, education and freedom, they normally choose to have smaller families. Greater freedom usually leads to greater uptake of family planning and ending child marriage pushes back the age at which women have their first child, which often reduces family size.

African women with no education have, on average, 5.4 children; women who have completed secondary school have 2.7 and those who have a college education have 2.2. When family sizes are smaller, that also empowers women to gain education, take work and improve their economic opportunities.

In the developed world, most of us have the power to choose the size of our families. Induced abortion has long been the source of considerable debate. Ethical, moral, philosophical, biological, religious and legal issues surrounding abortion are related to value systems. Opinions of abortion may be about fetal rights, governmental authority, and women's rights.

In both public and private debate, arguments presented in favor of or against abortion access focus on either the moral permissibility of an induced abortion, or justification of laws permitting or restricting abortion. The World Medical Association Declaration on Therapeutic Abortion notes, "circumstances bringing the interests of a mother into conflict with the interests of her unborn child create a dilemma and raise the question as to whether or not the pregnancy should be deliberately terminated. "Abortion debates, especially pertaining to abortion laws, are often spearheaded by groups advocating one of these two positions. Anti-abortion groups who favor greater legal restrictions on abortion, including complete prohibition, most often describe themselves as "pro-life" while abortion rights groups who are against such legal restrictions describe themselves as "pro-choice". Generally, the former position argues that a human fetus is a human person with a right to live, making abortion morally the same as murder. The latter position argues that a woman has certain reproductive rights, especially the choice whether or not to carry a pregnancy to term.

Current laws pertaining to abortion are diverse. Religious, moral, and cultural sensibilities continue to influence abortion laws throughout the world. The right to life, the right to liberty, the right to security of person, and the right to reproductive health are major issues of human rights that are sometimes used as justification for the existence or absence of laws controlling abortion.

In jurisdictions where abortion is legal, certain requirements must often be met before a woman may obtain a safe, legal abortion (an abortion performed without the woman's consent is considered feticide). These requirements usually depend on the age of the fetus, often using a trimester-based system to regulate the window of legality, or as in the U.S., on a doctor's evaluation of the fetus' viability. Some jurisdictions require a waiting period before the procedure, prescribe the distribution of information on fetal development, or require that parents be contacted if their minor daughter requests an abortion. Other jurisdictions may require that a woman obtain the consent of the fetus' father before aborting the fetus, that abortion providers inform women of health risks of the procedure—sometimes including "risks" not supported by the medical literature—and that multiple medical authorities certify that the abortion is either medically or socially necessary. Many restrictions are waived in emergency situations. China, which has ended their one-child policy, and now has a two child policy. has at times incorporated mandatory abortions as part of their population control strategy.

Other jurisdictions ban abortion almost entirely. Many, but not all, of these allow legal abortions in a variety of circumstances. These circumstances vary based on jurisdiction, but may include whether the pregnancy is a result of rape or incest, the fetus' development is impaired, the woman's physical or mental well-being is endangered, or socioeconomic considerations make childbirth a hardship. In

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countries where abortion is banned entirely, such as Nicaragua, medical authorities have recorded rises in maternal death directly and indirectly due to pregnancy as well as deaths due to doctors' fears of prosecution if they treat other gynecological emergencies. Some countries, such as Bangladesh, that nominally ban abortion, may also support clinics that perform abortions under the guise of menstrual hygiene. This is also a terminology in traditional medicine. In places where abortion is illegal or carries heavy social stigma, pregnant women may engage in medical tourism and travel to countries where they can terminate their pregnancies. Women without the means to travel can resort to providers of illegal abortions or attempt to perform an abortion by themselves.

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