TASK

Define abortion.

What is the law regarding abortions?

What are your personal thoughts on abortions?

DEFINITION OF ABORTION

Abortion is a complex and multifaceted topic that encompasses medical, ethical, legal, social and personal dimension. There is a startling variety of definitions that are used in the legal system of many countries as well as in medical practice that as mentioned below;

Abortion according to contemporary consensus in the medical community is the process of delivering a concept us prior to the fetus’s viability, which is defined as 20 weeks of pregnancy or a fetus weighing 500 grams or more. In several states, the weight requirement for viability has recently been reduced to 300 grams.

The general population typically refers to an abortion as a miscarriage when they mean an abortion that occurred naturally, but the term abortion refers to an abortion that was induced, regardless of whether or not it was legal .A pregnancy that ends before 20 weeks of gestation period is defined as an abortion .This twenty weeks marker is considered to be the point of viability when fetus may survive in an extra uterine environment. A fetal weigh less than 500g (Cunningham et al. 1997)

 Abortion was also defined as the termination of a pregnancy before viability in the 1982 edition of the Encyclopedia Britannica. Viability was defined as a fetus weighing at least 1000 grams or having been pregnant for more than 20 weeks.

Abortion can also be defined as the purposeful interruption of a pregnancy before 20 weeks gestation. Also if the abortion is performed at the woman’s request, the term electric abortion is used. If performed for reasons of maternal or health or disease, the term therapeutic abortion applies.

Apart from that other varieties of definitions used in the legal systems of many countries, as well as in medical practice include:

 Expulsion of the concepts prior to the 28th week of pregnancy in what Sir Stanley Clayton and John Newton designate as “abortion” in their pamphlet titled “A Pocket Obstetrics,” which was published in 1972. This viewpoint is still upheld by British legal precedent.

Abortion is defined by Ralph Benson in the “Handbook of Obstetrics and Gynecology” as “the termination of pregnancy before the fetus is viable.” When the fetus weighs slightly more than 600 grams, technically speaking, viability is achieved between the ages of 23 and 24 weeks. In the United States, the laws differ from state to state, but in general, an abortion can be performed on the patient at any time during the first trimester of pregnancy. During the second trimester, however, there are more limits placed on specific medically justified circumstances.

**THE LAWS REGARDING ABORTION**

International law has always viewed abortion rights within a medico-legal paradigm, the notion that legal and medical control guarantee safe abortion. Self-managed abortion (SMA), supported by feminist action, and challenges this paradigm. SMA action has revealed that more than medical service delivery matters for safe abortion and questioned legal abortion control beyond criminal restrictions. This study discusses how abortion rights have begun to depart from the medico-legal paradigm and support SMA action in a field shift. SMA activism reimagines abortion rights in human rights objectives relating to structural violence and injustice, collective organizing and international solidarity, and political engagement.

International law has always described abortion rights as ‘safe and legal abortion.’ The end of abortion decriminalization is legalization or a regulatory structure for legal abortion. Legalization refers to legal laws governing who, where, and how an abortion can be provided and accessed. A regulated system is believed to ensure safe abortions. Abortion rights have focused on legal abortion grounds and access to services under these grounds. Human rights require states to include safe, legal abortion into health care (Assis and Erdman, 2021). The medico-legal paradigm represents a global public health and human rights truth that unlawful abortions are hazardous. In 1990, the WHO defined “unsafe abortion” as being performed by “individuals lacking the essential expertise or in an environment that does not adhere to minimal medical standards, or both” (World Health Organization, 1993). Illegal abortion didn’t meet these standards. This scheme succeeded for decades since abortions outside these conditions were invasive and risky. WHO has revised its safe and unsafe abortion scheme to incorporate a risk gradient? While preserving the safe/unsafe binary, it acknowledged that informal use of abortion medicines (mifepristone and/or misoprostol) has made illegal abortion safer.

Decriminalization and legalization are coterminous within the medico-legal paradigm. In this perspective, human rights standards argue for decriminalizing and legalizing abortion. These standards are supported and rationalized by a focus on maternal mortality and morbidity, health-related harms of criminalization, which designate medical systems as the remedial state institution for violations.

In a classic formulation of the paradigm, the Special Rapporteur on the Right to Health warned that “safe abortion will not immediately be available upon decriminalization unless States create conditions under which they may be provided,” namely establishing clinics, training physicians and health-care workers, enacting licensing requirements, and ensuring the availability of medicines and equipment.

According to Hyde amendment a legislative provision that bans federal funding from being used to cover the cost of abortion except in cases of apes , incest or when the life of the mother is at risk .It primarily affects Medicaid ,the government health insurance program for low income earners. Over the years, there has been an ongoing debate for and against amendment. Those in support argue that it prevents tax payer money from being used for a procedure that some individuals morally oppose. They cite concern about government involvement in abortion and the ethical considerations surrounding the use of public funds while as opponents argue that it disproportionately affects the low income women who rely on Medicaid for their health needs. They believe that access to abortion should not be restricted based on someone’s income level and that the amendment creates an inequality in access to reproductive health care services.

Abortion in other countries such as Kenya it is regulated by article (IV) of chapter six of the Kenyan constitution that states that “abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, if permitted by any other written law.” Constitution of Kenya 2010.

The US Supreme Court set previous anti-abortion laws in January 1973, holding that first trimester abortion is permissible in as much as the mortality rate form interruption of early gestation is less than the mortality rate after normal term delivery; 90% of abortion are performed at this point in pregnancy (Wallach& Zacur, 1995)

**PERSONAL THOUGHTS ON ABORTION**

Abortion is a complex and highly debated topic that evokes strong emotions and varied perspectives. Here are some of my different viewpoints on abortion under different paradigms:

Pro-choice stance: I believe that a woman should have the right to choose whether to terminate a pregnancy. I argue for bodily autonomy, citing situations where abortion might be necessary due to health risks, cases of rape or incest, or when the pregnancy endangers the woman's life.

Pro-life stance:  As supporters of the pro-life perspective believe that life begins at conception, and therefore, abortion is equivalent to taking a human life. I often advocate for the protection of the unborn child's rights and see abortion as morally wrong in most circumstances.

Religious perspectives: Various religious beliefs play a significant role in shaping opinions on abortion. Some religious groups oppose abortion based on the sanctity of life, while others may allow for certain exceptions based on individual circumstances. In terms of religion I may stand on the opposition group.

Medical considerations: Medical professionals may have differing opinions on abortion based on their ethical beliefs, personal experiences, or understanding of when life begins and the potential health risks associated with abortion. I agree to the medical considerations.

Legal and political views: Abortion laws and policies vary widely across different countries and regions. Some governments have restrictive laws, while others permit abortion under certain conditions. Political ideologies often influence laws and regulations regarding abortion. As a Kenyan, I stand with the Kenyan legal law concerning abortion as illegal.

Ethical and philosophical considerations: Philosophers and ethicists debate the moral implications of abortion, considering factors such as the rights of the woman, the status of the fetus, and the ethical responsibilities involved, and I think this is what everybody should be doing because denying life is so evil and inhuman.

Personal experiences: Individuals' personal experiences, including their own pregnancies, experiences with abortion, or knowing someone who has gone through it, can significantly shape their opinions on the matter. Therefore, I can never judge a person going for abortion because she may be undergoing something serious which she only understands.

It's important to acknowledge that people's views on abortion are deeply personal and often shaped by a combination of moral, ethical, religious, and experiential factors. Debates around this issue are multifaceted and often lack clear-cut solutions that satisfy everyone involved.

Abortion is a complex and deeply personal topic that evokes a wide range of opinions and emotions. It involves ethical, moral, legal, and medical considerations that can vary greatly based on individual beliefs, cultural backgrounds, and personal circumstances.

From a human rights perspective, the discussion often revolves around a woman's right to autonomy over her body and the freedom to make choices about her reproductive health. At the same time, there are ethical debates surrounding the rights of the developing fetus.

I believe it's crucial to approach the topic with empathy and understanding for the complexity of situations individuals facing unplanned pregnancies may encounter. Factors such as health risks, financial instability, personal beliefs, and social circumstances can greatly influence someone's decision.

Ideally, comprehensive sexual education, access to contraceptives, and support systems for individuals facing unplanned pregnancies could potentially reduce the frequency of abortion by providing preventive measures and support. However, it's also important to ensure safe and legal access to abortion services for those who require it, as restricting access may lead to unsafe practices and endanger the lives and health of women.

Ultimately, the conversation about abortion requires careful consideration of diverse perspectives and a compassionate approach that prioritizes the well-being and autonomy of individuals involved.

Whether one likes it or not, abortion is rampant in many countries due to unplanned pregnancies. Since it is criminalized, many women resort to unsafe abortions which lead to complications and many disadvantaged women are dying because of these complications. Therefore, it is high time Malawi reviewed chapter 15, sections 149 to 151 and 243 of the penal code which criminalize abortion. The legislation was imposed on us by the colonial masters in the 1930's and it has never revisited up to this day. Hypocritically, the colonial masters have actually legalized abortion in their own country. Taking into the current account issues of reproductive health rights which empower women to make decisions about their reproduction, there is a great need and urgency to review this archaic legislation. Legalizing abortion will afford women safe abortion services and ensure that there are no complications associated with unsafe abortions which are killing many women, accounting for 30% of maternal deaths in the country. We would have saved our dear sisters and mothers by legalizing abortion in this country as many other countries have done it.

I would also argue on the laws on abortion. Firstly I think if the laws give an opportunity for abortion to a woman in order to save a life then I see no point of changing them because this could result in just aborting carelessly which is also a health hazard more especially to women and I truly think that any unborn child has a right to life.

Whether we abide to laws of whichever country or what, we are all held accountable to the law of God which condemns abortion as murder, biologically life begins in the womb that’s God's creation no one has the right to pronounce the beginning of life saying like the fetus is something not a life, that’s not right. Abortion is a sin against God.

Terminating dangerous pregnancies can be condoned but just terminating for the sake of running away from responsibility is cruelty and inhuman. So I think that the laws should still be there to deny people who would want to take away innocent lives of unborn children just to satisfy themselves because I think any unborn child has rights just like any other individual.

No amount of justification will ever take away the fact that abortion destroys a life and the question remains who has given you the right to take away life? Abortion is evil whichever way you look at it and it’s even worse when you think of killing a defenseless soul which God has entrusted in your custody.

**CONCLUSION**

Abortion is an old topic that is continuously discussed from various perspectives including medicine, laws, and society. Abortion is an illegal in general terms, but it can be carried out under certain medical conditions for the interest of pregnant woman, if the pregnancy is threatening her life. From religious points of view, abortion implies ending the life of the fetus. The right of life is to be kept. The international laws do not permit abortion and criminalize the parties involved in its existence unless it is recognized it is crucial to save the life of pregnant woman.

**REFERENCES**

American College of Obstetricians and Gynecologists. (1998c). *premature rupture of membranes* (ACOG Practice Bulletin No. 1) Washington, DC: Author.

American College of Obstetricians and Gynecologists. (1999 a). *Domestic Violence* (ACOG *Educational Bulletin* No. 8) Washington, DC: Author