



How Feminist Ideology Affects Abortion

Afsha Sayam

St. Joseph's University

ABSTRACT

Abortion addresses basic concerns regarding the nature of human being, such as when life begins and what distinguishes us as humans. It is a subject that arouses controversy and is placed at the heart of such contentious issues as the right of women to control their bodies. Another social issue that has divided theologians and philosophers for centuries is whether induced abortions should be permitted, encouraged, or strictly prohibited.

Throughout history, the societal acceptability of abortion or population control has shifted from time to time and place to place. Any discussion of abortion must include a discussion of how the pregnancy occurred and how the pregnancy may have been avoided by employing contraceptive measures. It includes an analysis of abortion law and policy along with an analysis of the information on the social and political settings of these developments, how these laws and procedures have been formulated, and how they have evolved.

To succeed, feminist movements must fight on many fronts. While some problems, like abortion, fluctuate in terms of political importance and prominence, they have been a nearly constant part of feminist activism in the twentieth and twenty-first centuries. The abortion debate in Britain has been referred to as becoming "Americanised" in the media, which alludes to both the fact that US anti-abortion groups are currently active in Britain and the notion that the subject is turning into a "political football."

Abortion is a long-standing feminist issue that usually unites feminists. Because it did not arise with this third wave of feminism, it offers a helpful means of thinking through the areas of similarity and difference between feminist campaigns in the US, Britain and India.

1. Introduction

Although abortion is commonly practised throughout the world and has been since long before the beginning of recorded history, Several techniques have been used to carry it out, including the use of sharp objects by force or other conventional medical procedures, as well as herbal medications that serve as abortifacients. Abortion stands for the expulsion of a foetus from the uterus before it can survive on its own or before it has reached the stage of viability.

First, a spontaneous miscarriage occurs for various reasons, including disease, trauma, genetic defect, and biochemical incompatibility of the mother and foetus. Second, from the Vedic era, induced abortion has a lengthy history that may be linked to civilisations like ancient China and ancient India. This method is brought on purposefully for many reasons, which fall under four general categories: First, to preserve the mother's life or physical or mental well-being. Second, to stop the continuation of rape or incest-related pregnancy. Thirdly, to prevent the birth of a child with a serious deformity like mental deficiency or genetic abnormality; and lastly, to prevent delivery for social or economic reasons, like strained resources of the family unit or extreme youth.

Numerous medical techniques exist to perform abortions, like endometrial aspiration, suction curettage, hysterectomy, intact dilation, and vacuum aspiration. Besides this, there is another non-surgical method where a drug named RU-486, consumed within a few weeks of conception, triggers a miscarriage. A number of human rights of women and girls, including the right to life, the right to a minimum standard of physical and mental health, the right to participate in and benefit from scientific advancement, the right to make an informed decision regarding the number, spacing, and timing of children, and the right to be free from torture and other cruel, inhumane, and degrading treatment or punishment, may be violated if quality abortion is not easily accessible.

Also, Women's physical and emotional health are in danger throughout their lives as a result of the stigma associated with abortion, the lack of access to safe, inexpensive, timely, and respectful abortion treatment, and other factors. Some of the physical health risks associated with unsafe abortion include:

1. Failure to remove or evacuate all pregnancy tissue from the uterus constitutes an incomplete abortion.
2. Haemorrhage stands for heavy bleeding.
3. Infection
4. Injecting potentially harmful things into the vagina results in uterine perforation, which is produced when the uterus is penetrated by a sharp object and damages the vaginal tract and internal organs.

2. History & Etymology

The term 'abortion' was derived from the Latin word *abortio*, which means "the expulsion of the foetus before it is viable." It also means procuring an untimely birth. It was originally coined in the 1540s. The Oxford Latin Dictionary states that the terms "abortion" a miscarriage, whether natural or artificial—and "abortifacient," an abortifacient substance that produces abortion date origins in around the seventh century AD. "It originates into English from Latin," Grant Barrett explained.

Abortion has a long history traced back to the civilisations of the Roman Empire in the time of Juvenal, Ancient Egypt with its Ebers Papyrus, Ancient China, and Ancient India. A sequence of friezes at Angkor Wat depict the abdominal abortion procedure, and one of the oldest known artistic depictions of abortion may be seen there. According to rumours, the Hippocratic Oath prevented physicians in Ancient Greece from conducting abortions. This idea was put out by several medical experts.

Aristotle forbade infanticide as a method of population control in his work *Politics*. He favoured abortion, but with the caveat that it "must be performed on it before it develops sensation and life; for the reason that having sensation and being considered alive will draw the line between legal and illegal abortion."

Several scholars also argued that, despite improved medical procedures, there was more enforcement of anti-abortion laws and increased control of abortion providers by organised crime from the 1930s to the 1970s. Many countries were among the first to legalise certain or all forms of abortion, like Soviet Russia in 1919, Iceland in 1935, and Sweden in 1938. Still, by the beginning of the second half of the 20th century, abortion was legalised in many countries.

3. Waves of Feminism

Feminism is one of the world's oldest movements. It mainly focuses on ending gender discrimination and bringing about gender equality. It can be divided into "waves."

- The First wave: The first wave took place in the late 19th century, it was not the first appearance

of feminist ideals; it was the first real political movement in the Western world. Mary Wollstonecraft published the revolutionary book titled 'Vindication of the Rights of Woman' in the year 1792. Similarly, in 1848, almost 200 women met in a church. They created 12 resolutions asking for specific rights, such as voting rights. After years of activism, in 1920, Congress passed the 19th amendment, which gave women the right to cast a vote. This was nearly 30 years after New Zealand became the first country where women could vote.

- The Second wave: The Second wave was based on first-wave feminism, which took place in the

1960s and 1970s. It challenged what women's role in society should be. The Civil Rights movement

and protests against the Vietnam War were deeply inspiring to the activists, which helped them focus on the institutions that held women back and take a closer look at why women were oppressed. Feminism is split into three main subgroups: mainstream/liberal, radical, and cultural. Mainstream feminism's principal aims were institutional improvements, such as reducing gender inequity and giving women access to areas historically held by men. Radical feminism argues that because society is intrinsically patriarchal, only a complete transformation can lead to liberty. It contested the notion that males and females are essentially the same.

- The Third wave: In the 1990s, women had more authority and rights due to second-wave feminism's institutional successes. Considering other facets of their identity allowed them to embrace independence and revolt. The Third Wave of Feminism strongly emphasised women's reproductive rights. According to feminists who fought for these rights, women's autonomy over their bodies and access to contraception and abortion were fundamental rights. There was a sizeable protest march in Washington, DC, called "March for Women's Lives" in Washington, DC, in 2004, when the Supreme Court sustained the Partial-Birth Abortion Ban Act and abortion restrictions. The march, which was attended by activists, both Second and Third Wave feminists, and celebrities, demonstrated how crucial reproductive rights were to the Third Wave. Parental or spousal consent was one technique limiting access to abortion that the Act did not remove. A woman should make her own life decisions. The term "Intersectionality"

was first used in 1989 by gender and critical-race researcher Kimberle Crenshaw. The term depicts how many types of oppression interact with one another, such as those based on race and gender. It gave more attention to racial inequities within gender, which were mainly disregarded or neglected by mainstream first and second waves.

-The Fourth wave: It is more about the movement's continuous expansion than it is about a transformation. Some people say we are still in the third wave of feminism. However, many believe we're amidst a new wave due to the MeToo movement and a revival of assaults on women's rights. The campaign has entered the digital era thanks to social media activism. It expands on the third wave's focus on inclusivity. It raises complex issues about what exactly empowerment, equality, and freedom imply. Feminists kept pushing for their rights when they emerged from the third wave. Their access to reproductive healthcare was a persistent issue across all waves. Many of the movement's female participants believed that women should have access to abortions and the opportunity to choose one if they so desired. However, they frequently could not achieve complete autonomy regarding their reproductive health because of several contentious laws. Many fourth wave feminists are fighting against this marginalisation. Like all the waves before it, the fourth wave is complex. Different movements are used, and they interact and enhance one another. It is impossible to escape this strain. Even if some feminism may be harmful, it is inclusive and more effective when a variety of viewpoints are represented.

Yet, it has been the source of considerable debate on ethics, morals, biological, religious, and legal issues surrounding abortion related to value systems. Opinions on abortion are about general rights, governmental authority, and women's rights. These debates, especially on abortion laws, are often spearheaded by groups advocating one of these two positions. First, the groups favour greater legal restrictions on abortion, including complete prohibition, and most often describe themselves as "pro-life". In contrast, the other groups against such legal rules describe themselves as "pro-choice."

Currently, anti-abortion violence is classified by both governmental and scholarly sources as terrorism. Sex-selective abortion is responsible for the noticeable disparities between the birth rates of male and female children in some countries. The preference for male children is reported in Asia. It limits female births in Taiwan, South Korea, India, and China. This deviation from the standard birth rates of males and females occurs although the country in question may have officially banned sex-selective abortion and sex screening.

4. My Body, My Choice

The traditional political rhetoric of "abortion rights" and "preserving life" will be used by the left and right in our media and legislators. The terms in which the abortion debate is typically framed, however, have become unworkable due to COVID biopolitics, as anyone who has paid attention over the past two years will have seen. Since the spring of 2020, we have seen the left abandon their commitment to bodily autonomy and the existence of a private realm in which individual medical and sexual decisions could be sheltered in obscurity. The left has for fifty years pushing the line "my body, my choice" whenever abortion rights were threatened. Progressives maintained that people could no longer be allowed to make their own health-related decisions in the wake of a new epidemic. Not without cause, either. Infectious diseases that spread among us without permission refute the fundamental notion that we have "our own" health and "our own" bodies.

Progressives maintained that people could no longer be allowed to make their own health-related decisions in the wake of a new epidemic. Not without cause, either. Infectious diseases that spread among us without permission refute the fundamental notion that we have "our own" health and "our own" bodies. "Bodies" are not isolated areas whose "autonomy" may be protected. They are teeming with other human and nonhuman lives that flow in and out of them in a swarm of foreign beings. Although comparing pregnancy to disease could ordinarily be offensive, they both serve as reminders of this essential aspect of human embodiment. The body we identify as ours is always the location of something or someone else.

South Africa's progressive Choice on Termination of Pregnancy Act (CTOPA), which was put into effect in 1997, permits TOP on request up to the 12th week and, under some circumstances, up to the 20th week. CTOPA's passage marked a significant improvement in women's health and recognised the right to an abortion.

Despite the existence of this law, many South African women still struggle to get access to safe TOP services. Significant stigma, healthcare providers' ethical objections, a lack of knowledge about the CTOPA, inadequate infrastructure, and a lack of TOP services are all barriers. The stigma associated with abortion prevents women and girls from speaking openly about the topic or gaining access to information. Because of this, many women and young girls are unaware of their legal protections. Because of this, many women and young girls are unaware of their legally protected rights, forcing them to use hazardous and illegal abortion services. As a result, the nation experiences high maternal death and morbidity rates.

Increasingly more partners are dedicated to enhancing women's access to safe abortion, and more women are prepared to share their experiences to engage partners to combat ingrained abortion stigma to: More women who seek abortions go to reputable, licensed clinics and are aware of their rights. More companies are prepared to supply women with the services they desire. Greater public demand encourages policy changes that prioritise women.

Abortion from a human rights perspective in India is discussed in the book *My body, my choice* of 2019. This book's central premise is that having access to abortion is a fundamental human right. Due to their personhood and human dignity, all pregnant people are entitled to certain rights. This book aims to look at how this has been and could be done. Access to abortion, when recognised as a right, sets particular obligations on states to respect, safeguard, and fulfil this right. When viewed as a human right, the right to obtain an abortion directly affects politicians' efforts to meet the commitments necessary to realise the right in terms of law, politics, and practice. Pregnant women worldwide led global human rights initiatives that gave rise to reproductive rights.

This solidarity among expectant women illustrates the need to include access to abortion in every state and the universality of that right. Two aspects of the right to an abortion complement one another. It involves both the right to health & the right to choice in reproductive behaviour. The rights to make autonomous reproductive decisions, based on civil and political rights to privacy, liberty, equality, autonomy, and dignity, have frequently been presented as negative rights. This book examines the MTP Act's writing and its effects on pregnant women, their families, doctors, and abortion service providers.

To identify the existing practical obstacles preventing the realisation of the right to abortion, a brief examination of the status of India's healthcare system and how pregnant people are treated will be made. Most of the book will be devoted to identifying patterns in how Indian courts interpreted the MTP Act's provisions. In addition to statutory interpretation, expert medical testimony, and other considerations, the right to life, guaranteed by Article 21 of the Indian Constitution, should be considered.

The third and last part of the Human Rights Commission's report on Abortion in India will look at the extent to which India is required by international law to allow access to abortion. The relationship between the right to abortion and other rights, rights to health, privacy, non-discrimination, and freedom from cruel treatment, is also discussed.

5. Different Perspectives on Abortion

Section 5.1: Pro-Choice

Pro-choice movements, which support the right to obtain induced abortion services, including elective abortion, are also known as pro-choice movements. They want to stand up for and assist pregnant women who wish to end their pregnancy without worrying about legal or societal repercussions. These movements are directly opposed to those that support abortion rights.

Arguments about whether to liberalise or restrict access to medically-prescribed abortions are persistent in public discourse on the contentious topic of induced abortion. Some proponents of abortion rights disagree on the kinds of abortion services that need to be offered in certain situations, such as late-term abortions, when access may or may not be restricted.

The US Supreme Court declared in *Roe v. Wade* (1973) that a woman's right to an abortion before the foetus is viable was protected. Abortion is still contentious, and numerous states have passed laws that contradict this judgement. A court draught opinion that revealed the conservative court majority's intention to reverse the decision was leaked in May 2022. Those who oppose abortion usually do so for moral or religious reasons, arguing that the operation equates to the death of what they view as human life.

Proponents view access to abortion is viewed as a human rights issue because women should be able to make medical decisions regarding their bodies and lives. People who favour access to safe, legal abortions commonly identify as pro-choice. In contrast, those who oppose abortion identify as pro-life. Within both movements, there are still disagreements. While some pro-life advocates would support abortions in circumstances of rape or incest, others maintain an unyielding position and think all abortions are murder.

Main Concepts:

- A pregnancy termination process is referred to as an abortion. The expression is usually used in conjunction with a planned medical or surgical procedure.
- Pro-choice individuals often identify as such, whereas pro-life individuals advocate bans and severe limits on abortion.
- First-trimester medical abortions are permitted throughout pregnancy. These procedures include the patient ingesting several medications to trigger an abortion.
- Contrary to medicinal abortions, surgical abortions are more frequent. The kind of surgery may depend on some variables, including regional legislation or the woman's health.
- The US Supreme Court declared in the 1973 decision of *Roe v. Wade* that state laws that prohibit abortion in the first three months of pregnancy are unconstitutional. Reproductive rights activists

have filed a lawsuit in federal court as a result of these restrictions on abortion.

- The Hyde Amendment, passed in 1976, restricts the use of government funding for abortions unless the woman is the victim of rape or incest or the continuation of the pregnancy would endanger her health.

- The US Supreme Court heard arguments in 2021 over lawsuits involving strict abortion laws

established in Texas and Mississippi that would reverse the important Roe v. Wade ruling upholding abortion rights.

The Indian Viewpoint:

If the pregnant woman's life is in danger or she would suffer serious physical or mental harm if the pregnancy went on, Indian law permits abortion. Many people practised abortion before. It was performed in secret since it was against the law. After the Act was passed, it became permissible to end a pregnancy medically as long as the mother's health was protected. Vedic, Upanishadic, Later puranic, and smriti literature strongly oppose abortion. Following Article 3 of the Medical Council of India's Code of Ethics, I shall treat all human life with the highest respect beginning at conception.

On August 10, 1971, both Houses of Parliament approved the Medical Termination of Pregnancy Bill and obtained the President of India's approval. It was referred to as the "MTP Act, 1971" in the Statute Book. This legislation ensures the right of Indian women to have an unplanned pregnancy terminated by a licensed medical professional in a hospital run or maintained by the government, as well as in any other location the government has designated for this Act. Not all pregnancies could be terminated.

According to Section 3 of the Act mentioned above, pregnancies may be ended for the following mentioned reasons:

- (1) For health reasons, such as when the woman's life is in danger or her physical or mental health is at risk;
- (2) For humanitarian reasons, such as when the pregnancy results from a sex crime, such as rape or sexual contact with a mentally ill person;
- (3) Eugenic grounds - where there is a significant chance that the child if born, would have illnesses and malformations.

The MTP Act also does not categorise the pregnant phase, which means that the woman's and the state's interests may be given precedence in one's realms. If a woman is of sound mind and of legal age, she may be permitted to make the decision to have an abortion on her own. Her freedom can only be restricted in situations when having an abortion could endanger her life. Any further restrictions on the right to an abortion should be avoided. The protection of the unborn child is solely a byproduct of the safety of the mother under the MTP Act. Is it preferable to compensate a woman for all the physical and emotional hardships and obligations that result from that situation? The state exists specifically to safeguard a live woman from risks that can arise during an abortion procedure. The unborn child is shielded by the mother's protection.

Section 5.2 - Pro Life

Pro-life or abolitionist movements that oppose abortion are involved in the abortion debate by speaking out against the procedure and its legality. Many anti-abortion movements started as oppositional movements to the acceptance of elective abortions. In response to state-level initiatives to liberalise abortion laws, the pro-life movement first emerged in the middle of the 1960s. What had been a decentralised and primarily Catholic movement was nationalised and diversified in 1973 when the Supreme Court's Roe v. Wade decision legalised abortion.

Early in the 1980s, a sizeable proportion of fundamentalists and evangelicals had joined its ranks. The pro-life movement initially attempted to achieve its goals through traditional political channels. Pro-life activists turned to grassroots direct action tactics, including picketing, demonstrations, and vigils, as conventional channels for change proved fruitless. Closed: 99 Ways to Stop abortion, written by activist Joseph Scheidler in 1985, highlighted the different direct action strategies that would later define the rescue movement.

Donald Trump, a contender for president in 2016, suggested in March 2016 that if abortion became illegal, women who had abortions should face punishment. Trump swiftly changed his position, but the formerly pro-choice candidate had unintentionally entered a discussion that pro-lifers had carefully avoided for the past forty years out of concern that they would be branded anti-woman. Social commentators pondered whether such utterances indicated a decline in the Republican party's commitment to social conservatism in general and pro-life politics in particular. Is the anti-abortion movement in the US no longer relevant? Those who would respond "yes" may have myopia. In truth, the anti-abortion movement has fundamentally altered American perceptions of women's bodies, reproduction, feminist politics, and of course, foetal life in its various manifestations.

The Supreme Court ruled that right to an abortion was protected in the United States in its Roe v. Wade judgement from 1973. The ruling gave the anti-abortion movement new life and strengthened it. Before Roe, anti-abortion activists were active at the state level. However, the Supreme Court's ruling elevated the conflict to a national level. Before the ruling, opposition to abortion was a pretty cross-party issue. In actuality, many

elected Democrats were likely to be against unrestricted access to abortion because many of them represented Catholics, who were mainly against abortion. But even then, the subject wasn't particularly political.

The Indian Viewpoint:

Pro-lifers oppose abortion and hold that since life begins at conception, removing a person's life through abortion is equivalent to murder. Abortion is a clear violation of the sanctity of human life and the rule that no member of civilised society may do injury to or take the life of another. Adoption, in their opinion, is the best solution for an unwanted child, especially in light of the millions of parents who choose not to have children. They feel that abortion punishes the unborn child, who did not commit a crime, in cases of rape, incest, etc.

Although abortion is legal in India, structural barriers like poverty, lack of education, and the lack of decision-making authority granted to women in families ensure that a woman's decision to end a pregnancy is not truly her own. Various variables affect the level of decision-making authority that women have in a family structure, and Indian women are by no means a homogeneous group. But perhaps there hasn't been a backlash against a woman's right to choose because, for many Indian women, ending a pregnancy is not a 'free' decision.

Sex-selective abortions are one area in Indian public discourse where a significant debate has elements of a pro-life/pro-choice duality. The open and active marketing of sex-determination technology that promotes sex-selective abortions started in the 1980s. Some have stated that Indian society's preference for sons helped allay religious objections to abortions. Given that India's population issue, liberal abortion laws, and policy initiatives to promote family planning predate sex-selective technology and that there was no organised religious opposition to abortions in the public discourse, even then, this opinion should be treated with a grain of salt. Yes, after the availability of sex determination technologies, son preference has resulted in many female foetuses being aborted.

Some activists prefer to use the phrase "female foeticide" to describe sex-selective abortions because they believe it is more powerful and makes getting people to care about the issue more straightforward. Campaigns like "Beti Bachao" (rescue the girl child) focused to put a human face on the subject. Women's organisations have expressed worry that this potent language could be used to advance a pro-life agenda and impose limitations on women's freedom to decide whether to bring a pregnancy to term. It is also true that individuals with an unalloyed pro-choice viewpoint would defend the right of a woman to have an abortion exclusively on the premise of the sex of the foetus.

6. Causes of Abortion

- Chromosome issues in the foetus are a common cause of miscarriages in the first trimester. Blocks of DNA make up chromosomes. They contain a comprehensive set of instructions that regulate numerous aspects, ranging from the colour of a baby's eyes to how the body's cells develop. Sometimes something can go wrong during conception, resulting in the embryo receiving an excessive or insufficient number of chromosomes. The causes of this are frequently unknown, but the result is a miscarriage since the foetus cannot develop correctly. Recurrence of this is quite rare. It does not necessarily imply that you or your partner are at fault.
- Placenta abnormalities: The organ that connects your blood supply to your unborn child's is the placenta. Miscarriage can also result from an issue with the placenta's growth.
- The public health issue of rape-related abortions (RRP) combines sexual assault (SV) with fertility issues. Pregnancies attributed to rape are included in the National Intimate Partner and Sexual Violence Survey (NISVS) as RRP.
- In South Asia, aborting female foetuses is a serious and growing issue. Given the patrilineal and patriarchal nature of Indian culture, women carrying female foetuses may decide to end their pregnancies. This may be a contributing factor to India's recourse to induced abortion. Strong son preference and related sex-selective abortion are also thought to have a significant role in India's falling child-sex ratio.

7. Consequences of Abortion

Section 7.1- Future Health Risks:

- After an abortion, a woman's cervix weakens, increasing her risk of future preterm births. Induced abortion raises the likelihood of a future preterm delivery by between 25% and 27%. A woman's chance of having a preterm delivery rises between 51% and 62% after two or more abortions.
- According to 2013 Canadian research, women who have had abortions are more than twice as likely to become pregnant early (26 weeks gestation). At 28 weeks of pregnancy, the hazards were 71% greater, and at 32 weeks, they were 45% higher. (Babies who are born prematurely

face significant health risks. A baby's likelihood of living to maturity is much lower if born before 37 weeks of gestation. Considerable risk of severe problems, including cerebral palsy, intellectual impairment, psychosocial development issues, and autism, exists for those who survive.

- According to studies, abortion raises a woman's chance of developing breast cancer. According to a 2013 investigation, women with at least one induced abortion had a 44% higher chance of developing breast cancer. For individuals who had at least two or three abortions, the relative risk rose to 76% and 89%, respectively.
- A lot of times, first-time mothers who are considering abortions are pregnant. The preventive benefits of a woman's first full-term pregnancy, which promotes the maturation of breast cells, should be noted. The risk of breast cancer decreased statistically significantly by 14% for every subsequent birth among women who had given birth as more full-term pregnancies were recorded.
- The risk of post-oral PID is increased in asymptomatic women with Chlamydia in the cervical canal at the time of abortion.
- Within four weeks, 23% of individuals with a Chlamydia infection at the time of the abortion will get PID.
- PID can cause significant problems, including infertility, ectopic pregnancies (pregnancies outside of the womb or in the fallopian tube), abscess development, and persistent pelvic discomfort.
- Infertility and higher chances of future childbearing are concerns resulting from complications that might follow an induced abortion, such as infection and uterine injury.
- Women who have an elevated risk of uterine rupture, an IUD, unsupervised diabetes, elevated blood pressure, certain heart or blood vessel conditions, severe liver, kidney, or lung disease, take blood-thinning medication or certain steroid medications, or smoke significantly are more likely to experience such issues during a medical abortion.

Section 7.2 - Psychological Affects:

- According to research, women who have undergone abortions could be more susceptible to mental health issues.
- Abortion has been associated with a 10% rise in the incidence of mental health issues in women as well as a higher likelihood of such issues.
- Results from research on the psychological effects of termination have been mixed. Abortion can trigger the onset of PTSD, depression, and issues with interpersonal relationships.
- Regarding post-abortion consequences, the American Psychiatric Society distinguishes between two disorders: PAD (post-abortion distress) and PAS (post-abortion syndrome).
- A disease called PAD is characterised by severe post-abortion trauma. It first emerges three months after an abortion and can last up to a year.
- Chronic PAS can sometimes arise years after an abortion or recur occasionally. It is characterised by repeating the trauma (insomnia, nightmares, retrospective thoughts, anniversary emotions), using defensive mechanisms (repression, denial, rationalisation), and avoiding locations and circumstances that trigger memories of the incident.
- In present relationships, having an abortion increases the likelihood of conflicts over having children by 116% for women and 196% for males. Additionally, it causes 122–182% more sexual dysfunctions in women and 80% more family disputes. Women who have had abortions in their relationships have also mentioned increased domestic violence.

8. Laws in Western countries

1. Sections 58 and 59 of the Offences Against the Person Act of 1861 in the UK made abortion illegal. One aspect of this law was further defined in the Infant Life Preservation Act of 1929. Great Britain (but not Northern Ireland) then legalised abortion under certain circumstances in the 1967 Abortion Act, which was later amended further in the Human Fertilisation and Embryology Act of 1990. Although legal justifications for abortion are outlined in the 1967 Abortion Legislation as exceptions to the penal code, the 1861 act is still in effect. It is being used to punish unlawful abortions today.
2. The 1861 Offences Against the Person Act likewise applied to Ireland. Only the 2013 Protection of Life during Pregnancy Act, which enforced its own nearly complete criminalisation of abortion, repealed sections 58 and 59.
3. With the Safe Abortion Act passage in December 2015 and again overwhelmingly in February 2016, Sierra Leone, a former British colony, also repealed the 1861 Offences Against Person Act. A request for an abortion is permitted throughout the first 12 weeks of pregnancy. It is

permitted up to week 24 in situations of rape, incest, or harm to the health of the unborn child or the mother or girl. However, the legislation was never officially signed into law.

4. National constitutions of at least 20 nations, including Ireland's Eighth Amendment to the Constitution from 1983, as well as rulings by the supreme courts of the United States (1973, 2016), Canada (1988), Colombia (2006), and Brazil (2012) and India (2016, 2017) permitting certain women to get abortions after the 20-week cutoff; customary or religious legislation, such as Muslim legal interpretations that allow abortion up to 120 days in Tunisia and the United Arab Emirates but not at all in other Muslim-majority nations.
5. Medical ethical codes that, for instance, permit or forbid conscientious objection; clinical and other regulatory standards and guidelines governing the provision of abortion; and regulations that, on the one hand, require confidentiality on the part of health professionals but, on the other, direct them to report a criminal act they may learn of, for example, while treating complications of unsafe abortion.
6. Turkey's government established a law enabling sterilisation, abortion on demand up to 10 weeks after conception, and fertility control in 1983 in response to the country's population rise. Married women who wanted an abortion merely needed to have their husband's consent or submit a formal statement of taking full responsibility before the operation.
7. Higher courts have played a significant role in determining the legitimacy and applicability of particular grounds for Abortion in Argentina, Bolivia, Brazil, Colombia, and Costa Rica, albeit their rulings are not always followed.
8. Guidelines provided by hospitals or by federal, state, or local governments in nations like Peru regulate the implementation of legal reasons. Ethiopia has demonstrated that more efforts still need to be taken, including educating providers, ensuring that services offer legal abortions, and alerting women of the changes and the available options.
9. With each political head of state in Russia, the legislation radically shifted from permissive to restrictive. There are now many more limitations thanks to Vladimir Putin, which has significantly lowered the number of justifications for abortion. A measure that sought to "rule out the unregulated use of pharmaceutical medications designed for pregnancy termination" was introduced in parliament in January 2016.
10. With a statute that is still unique, Cuba was the first nation in Latin America and the Caribbean to alter its abortion law in favour of women. Abortion has been requested through the national health system up to the tenth week of pregnancy since 1965. According to the Penal Code, which was approved in 1979, abortion is prohibited only if performed without the pregnant woman's permission, is risky, or is done for financial gain.

9. Laws in India

1. Relatively liberal abortion legislation for the time was approved in India in 1971. However, it has been applied ineffectively and unevenly, resulting in high rates of morbidity and death that still exist today. Even 15 years ago, the lengthy registration process for clinics to become authorised abortion providers severely restricted the number of clinics.
2. The ultrasound for sex determination is prohibited under the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act. It has restricted all second-trimester abortion provisions, and the Protection of Children from Sexual Offences Act, which requires reporting of underage sex, have also resulted in restrictions on abortion access. As a result, minors who become pregnant cannot feel safe if they seek an abortion.
3. After conducting a thorough analysis of the sociocultural, legal, and medical implications of abortion, the Shah Committee appointed by the Government of India recommended in 1966 that it be made legal to protect women's health and lives on both humane and medical grounds. The Shah Committee explicitly disputed that the proposed legislation's goal was to slow population increase, even though several States perceived it as such. To lessen criticism from socio-religious organisations opposed to the liberalisation of abortion regulation, the term "medical termination of pregnancy" (MTP) was employed.
4. The MTP Act (No. 34 of 1971) protects a certified allopathic medical practitioner from civil or criminal actions. The Act permits the termination of an undesirable pregnancy up to 20 weeks of pregnancy. A second doctor's consent is needed if the pregnancy lasts more than 12 weeks. The lady faces a severe risk to her bodily or mental well-being in her current or anticipated surroundings.
5. The Pre-Conception and Pre-Natal Sex Selection and Determination (Prohibition and Regulation) Act of 2002 amended the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act of 1994 to outlaw the use of antenatal diagnostic tests for sex determination that could result in the abortion of female fetuses. These Acts forbid advertising the use of such tests, demand that all facilities employing them be registered, and prohibit those doing such tests from disclosing the gender of the foetus.

10. Conclusion

The abortion discussion has been significantly influenced by feminist thought. Abortion has been discussed by feminist researchers from a variety of angles, including identity politics, the personal is political, and using women's experiences as a beginning point. These principles have influenced feminist perspectives on the abortion debate; however, in order for these fundamental feminist principles to remain relevant to women's struggles for reproductive health in a rapidly evolving and complex society, they must be subject to ongoing critique, new theoretical perspectives, and attentiveness to subaltern voices.

Despite not being especially creative, recent legislative and policy improvements represent a positive step forward in the struggle to defend women's access to safe abortion care. The development of safe and legal abortion services in India has only recently been the focus of several national-level consultative efforts involving policymakers, professional organisations like the Indian Medical Association (IMA) the Federation of Obstetrics and Gynaecology Societies of India (FOGSI), health activists and NGOs (CEHAT, Health Watch, Parivar Seva Sanstha, and the Family Planning Association of India).

Overall, it can be said that the endeavour on the causes and effects of induced abortion has shown several significant trends. For instance, induced abortions are not just performed on teenagers but also during marriage to reduce the number of children. Where family planning services are readily available, contraceptive use is widespread. In areas where it is less frequent, induced abortion is common, although for various reasons. In the former, women were very motivated to reduce their family size. They would utilise all means available to them if contraception failed or an unexpected pregnancy occurred.

Feminist analysis implies that nationalism may affect reproductive attitudes, even if existing work portrays abortion opinion as a conflict between feminist pro-choice and religious pro-life frames. Additionally, by modifying social reproduction theory, Marxist feminist viewpoints have been applied to analyse abortion politics. Some feminist authors, referencing Susan Sherwin's work, have attempted to reframe the terms of the abortion debate and offer a more comprehensive explanation of women's right to abortion.

The topic of abortion stirs strong feelings and firmly held beliefs. But a person's fundamental right to safe abortion services is equal access to such services. No one is compelled to get an abortion when it is safe and permitted. Women are obliged to carry unintended pregnancies to term in countries where abortion is prohibited and dangerous, or they risk suffering severe health effects or even death. Unsafe abortion is a contributing factor in between 68,000 and 78,000 maternal fatalities per year or around 13 per cent of all maternal deaths globally. For decades, women's groups have campaigned for the freedom to have safe and legal abortions; now, more and more international human rights legislation supports their demands.

In reality, the conclusion that women have the right to make their own decisions in all aspects of reproduction, including the question of abortion, is compelled by international human rights law instruments and authoritative interpretations of those treaties. It is significant to remember that not all feminists subscribe to the same ideologies, and some of them do not support abortion. However, American feminists have in a sense "abandoned" poor women and women of colour by distancing the fight for abortion rights from the social contexts in which women conceive, terminate pregnancies, and raise their children.

In conclusion, feminist ideology has significantly influenced the abortion discussion, with a variety of viewpoints and methods being employed to examine the subject. Feminist ideas must be continually critiqued, new theoretical views must be considered, and subaltern voices must be paid attention to if feminist principles are to keep up with the complex and rapidly changing socioeconomic factors affecting women's fights for reproductive health.

BIBLIOGRAPHY:

1. Abortion. (2021, November 25). Retrieved August 14, 2022, from <https://www.who.int/news-room/fact-sheets/detail/abortion>
2. Abolishing Abortion: The History of the Pro-Life Movement in America. (n.d.). *The American Historian*. Retrieved September 18, 2022, from <https://www.oah.org/tah/issues/2016/november/abolishing-abortion-the-history-of-the-pro-life-movement-in-america/>
3. Abortion in The United Kingdom - Great Britain - England and Wales - Sections 58 and 59 of The Offences Against The Person Act 1861 | Sections 58 59 Offences Person Act 1861. (n.d.). Retrieved September 19, 2022, from https://www.liquisearch.com/abortion_in_the_united_kingdom/great_britain/england_and_wales
4. Abortion Law, Policy and Services in India: A Critical Review. (n.d.). Taylor & Francis. Retrieved September 29, 2022, from [https://www.tandfonline.com/doi/full/10.1016/S0968-8080\(04\)24017-4](https://www.tandfonline.com/doi/full/10.1016/S0968-8080(04)24017-4)

5. Abortion Side Effects | Abortion Dangers – After Abortion. (2020, June 5). AfterAbortion.org. Retrieved October 2, 2022, from <https://afterabortion.org/abortion-risks-abortion-complications-abortion-dangers-abortion-side-effects/>
6. Barpanda, S., & Human Rights Law Network (New Delhi, I. (2019). My Body My Choice: A Human Rights Perspective of Abortion Law in India. Human Rights Law Network.
7. Children’s Rights in International Law. (n.d.). Cultural Survival. Retrieved October 4, 2022, from <https://www.culturalsurvival.org/publications/cultural-survival-quarterly/childrens-rights-international-law>
8. Informed Consent in Childbirth: Making Rights into Reality. (2022, October 7). Birthrights. Retrieved October 10, 2022, from <https://www.birthrights.org.uk/2013/07/10/informed-consent-in-childbirth-making-rights-into-reality/>
9. Jim Beckerman, North Jersey Media Group. (2022, May 10). Abortion is the word of the hour. But where did it come from? NorthJersey.com. Retrieved October 12, 2022, from [https:// eu.northjersey.com/story/news/2022/05/06/abortion-definition-history-word-roe-v-wade-law/9646606002/](https://eu.northjersey.com/story/news/2022/05/06/abortion-definition-history-word-roe-v-wade-law/9646606002/)
10. Legal Service India. (n.d.). Right to Abortion in India - legal right to Terminate pregnancy. Retrieved October 14, 2022, from https://www.legalserviceindia.com/articles/adp_tion.htm
11. My Body My Choice Campaign. (2019, August 9). Global Health Strategies. Retrieved August 16, 2022, from <https://globalhealthstrategies.com/blog/impact/my-body-my-choice-campaign/>
12. NCBI - WWW Error Blocked Diagnostic. (n.d.). Retrieved October 9, 2022, from [https:// www.ncbi.nlm.nih.gov/pmc/articles/PMC5473035/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5473035/)
13. Predicting the psychological consequences of abortion (n.d.). Retrieved October 16, 2022, from <https://www.sciencedirect.com/science/article/abs/pii/S0271712379901135>
14. Psychological consequences of abortion. (2020). Eastern Journal of Medicine, 25. Retrieved October 19, 2022, from <https://doi.org/10.5505/ejm.2020.82246>
15. Scholarly Articles on Abortion: History, Legislation & Activism. (n.d.). Retrieved September 24, 2022, from <https://www.gale.com/open-access/abortion>
16. Siddhivinayak S Hirve (2004) Abortion Law, Policy and Services in India: A Critical Review, Reproductive Health Matters, Retrieved October 14, 2022, from [https://doi.org/10.1016/S0968-8080\(04\)24017-4](https://doi.org/10.1016/S0968-8080(04)24017-4)
17. Soken-Huberty, E. (2022, April 24). Types of Feminism: The Four Waves. Human Rights Careers. Retrieved September 22, 2022, from <https://www.humanrightscareers.com/issues/types-of-feminism-the-four-waves/>