

## UNIT 3

## ABORTION

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### 3.0. OBJECTIVES

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The purpose of this unit is to provide you with a comprehensive understanding of the practice of abortion and the various issues associated with it. After reading this unit you should be able to:

- Differentiate between the types and methods of abortion.
- Out line the various grounds for legal termination of pregnancy.
- Understand the pros and cons of abortion

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### 3.1 INTRODUCTION

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Family is the basic unit of the society. It is from the family that the society and social institution including the religions recruit people. Family comprise of a father and the mother and their children. In many societies we find joint families and extended families.

Marriage legitimizes the legal birth of offsprings. With the advent of medical technology, media explosion and consumerism, the age old positive value system is undergoing drastic change. As a result many young people particularly from urban areas prefer to live with their legal or Illegal partner (spouse) and opt for a life without having children. Several governments including that of India have legalized abortion to enable a woman to legally kill the helpless child in her womb. With the political sanction and other support from the medical system abortion has become a common practice across the globe.

Statistics pertaining abortion speak volumes about the changing attitudes of people to value system. While official statistics estimates the annual abortion rate at 6 to 7 million, estimates by various NGOs show that the actual annual figure could be over 25 million in India while the global figure stood at around 50 million.

It has been proved beyond doubt that in several states in India (particularly from the north) there is an attempt for sex selective abortion which causes termination of female foetuses. Very often people who are involved in the act of abortion including the mother, in-laws, physicians etc. are not aware of the long term implication of the act on the mother, family and the society. In this unit we shall describe the meaning of the term abortion, various types and methods of abortion, legal aspects involved in abortion as well as the impact of abortion on the individual.

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### 3.2. CONCEPT AND MEANING OF ABORTION

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Abortion is made up of two Latin words- *ab*-meaning off or away and *oriri* meaning to be born. Abortion means taking away a human life which would in the normal course of events be born.

It is the termination of pregnancy by the removal from the uterus of a fetus or embryo, resulting its death. An abortion can occur spontaneously due to complications during pregnancy or can be induced. An induced abortion to preserve the health of the pregnant female is termed a *therapeutic abortion*. An induced abortion for any other purpose is termed as *elective abortion*. The term *abortion* usually refers to the induced abortion of a human pregnancy, while spontaneous abortions are termed as miscarriages.

Abortion has a long history and has been induced by various methods including herbal abortifacients, the use of sharpened tools, physical trauma and other traditional methods. Medications and surgical procedures are used to induce abortion.

An abortion is medically referred to as therapeutic when it is performed to:

- Save the life of the pregnant woman;
- Preserve the woman's physical or mental health;
- Terminate pregnancy that would result in a child born with a congenital disorder that would be fatal or associated with significant morbidity;
- Selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancy.

An abortion is referred to as elective when it is performed at the request of the women "for reasons other than maternal health or fetal disease."

Abortion has two meanings:

Medically it can be described a case of miscarriage, without any outside intervention, occurring within the first three months of pregnancy.

Abortions legalized by the Act on the other hand, are those deliberately procured with the intention of terminating the pregnancy, killing the unborn child.

The terms abortion and miscarriage are used to describe the same phenomena at an earlier and at later stage of pregnancy. Abortion is restricted so as to describe the case occurring in the first

three months of pregnancy and miscarriage to describe one during pregnancy from the beginning of the fourth month until the foetus becomes viable.

### Check Your progress I

1. List out the circumstances leading to therapeutic abortion.

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### 3.3. TYPES AND METHODS OF ABORTION

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There are many ways of aborting an unwanted foetus. The method chosen depends mainly on the duration of pregnancy to be interrupted as in the first or second trimester (3 months).

#### Types of Abortion

##### Early Abortion

Early abortion is the one that occurs before the 12<sup>th</sup> week whereas late abortion is the category that occurs between the 12<sup>th</sup> and 20<sup>th</sup> week.

##### Spontaneous abortion

Spontaneous abortion or miscarriage occurs without any intervention.

##### Threatened abortion

Threatened abortion is the process of abortion which starts and can still be reversed to recovery and continuation of gestation.

##### Inevitable abortion

Inevitable abortion is the one where the changes have progressed to such a state from where further continuation of pregnancy is not possible.

##### Complete abortion

Complete abortion occurs when the entire products of conception are expelled from out of the uterus. Incomplete abortion is where the evacuation of the uterine contents is only partial.

##### Induced abortion

Induced abortion is the one, which is performed deliberately for elective reasons.

## Sex-selective abortion and female infanticide

Sonography and amniocentesis allow parents to determine sex before birth which has led to sex-selective abortion, and the targeted termination of female fetuses.

Sex-selective abortion might be partially responsible for the noticeable disparities between the birth rates of male and female children in some states.

## Methods of Abortion

### Manual Vacuum Aspiration

This surgical abortion is done early in the pregnancy up until 7 weeks after the woman's last menstrual period. A long, thin tube is inserted into the uterus. A large syringe is attached to the tube and the embryo is suctioned out.

**The tube is connected to a powerful pump with a suction force 29 times more powerful than a home vacuum cleaner.**

The procedure tears the baby's body into pieces and the hose frequently jerks as pieces of the baby become lodged. The placenta is then cut from the inner wall of the uterus and the scraps are sucked out into a bottle.

### Suction Curettage

This is the most common method of surgical abortion. Because the baby is larger, the doctor must first stretch open the cervix using metal rods. Opening the cervix may be painful, so local or general anesthesia is needed. After the cervix is stretched open, the doctor inserts a hard plastic tube into the uterus, then connects this tube to a suction machine. The suction pulls the fetus' body apart and out of the uterus. The doctor may also use a loop-shaped knife called a curette to scrape the fetus and fetal parts out of the uterus.

### Dilation and Evacuation (D&E)

This surgical abortion is done during the second trimester of pregnancy. At this point in pregnancy, the fetus is too large to be broken up by suction alone and will not pass through the suction tube. In this procedure, the cervix must be opened wider than in a first trimester abortion. This is done by inserting numerous thin rods a day or two before the abortion. Once the cervix is stretched open the doctor pulls out the fetal parts with forceps. The fetus' skull is crushed to ease removal. A sharp tool (called a curette) is also used to scrape out the contents of the uterus, removing all remaining tissues.

### Dilation and Extraction (D&X)

These procedures typically take place over three days, use local anesthesia, and are associated with increased risk to life and health of the mother. On the first day, under ultrasound guidance, the fetal heart is injected with a medication that stops the heart and causes the fetus to die. Also over the first two days, the cervix is gradually stretched open using laminaria. On the third day, the amniotic sac is burst and drained. The remainder of the procedure is similar to the D&E procedure described earlier.

### RU486, Mifepristone (Abortion Pill) Within 4 to 7 weeks after LMP

This drug is only approved for use in women up to the 49th day after their last menstrual period. The procedure usually requires three office visits. On the first visit, the woman is given pills to cause the death of the embryo. Two days later, if the abortion has not occurred, she is given a second drug which causes cramps to expel the embryo. The last visit is to determine if the procedure has been completed. RU486 will not work in the case of an ectopic pregnancy. This is a potentially life-threatening condition in which the embryo lodges outside the uterus, usually in the fallopian tube.

### Morning After (Indian Version)

The much publicized emergency contraceptive pills available across the country including the “i-pill” have the approval of the government of India only for use in unavoidable situation such as rape and unwanted pregnancy. These pills have side effects such as excessive and irregular bleeding and can cause damage to the ovary apart from skin allergy, if used regularly. It also causes hormonal imbalance. Although the instruction on these pills read “within 72 hours” experts advise that the pill must be used within 12 hours for a positive result. Unfortunately several young girls are reported to be buying these pills from chemists very frequently, particularly in Urban India. Some of the medical professionals do not consider contraceptive pills cause abortion.

### Salt Poisoning

Salt Poisoning is the most often used method after the first trimester. The physician injects a strong salt solution directly into the amniotic sac. The baby breathes and swallows it. It is poisoned, struggles, and sometimes convulses. It takes over an hour to kill the baby. The mother delivers the dead baby in a day or two sometimes alive. The corrosive effect of the salt solution often burns and strips away the outer layer of the baby's skin. This exposes the raw, red, glazed-looking subcutaneous layer of tissue. This technique was originally developed in the concentration camps in Nazi Germany.

### Hysterotomy

This method is usually used late in pregnancy and is likened to an "early" Caesarian section. The mother's abdomen and uterus are surgically opened and the baby is lifted out. Unfortunately, many of these babies are very much alive when removed. To kill the babies, some doctors have been known to plunge them into buckets of water or smother. Still others cut the cord while the baby is still inside the uterus depriving the baby of oxygen.

### 9. Other Methods

Historically, a number of herbs reputed to possess abortifacients properties have been used in folk medicine. The use of herbs can cause serious side effects, such as multiple organ failure, and are not recommended by physicians.

Unsafe and self-induced abortion methods include the misuse of misoprostol, and insertion of non-surgical implements such as knitting needles and clothes hangers into the uterus. These methods are rarely seen in developed countries where surgical abortion is legal and available.

Induced abortion can be traced to ancient times. There is evidence to suggest that, historically pregnancies were terminated through a number of methods, including the administration of abortifacient herbs, the use of sharpened implements, the application of abdominal pressure, and other techniques.

The Hippocratic Oath, the chief statement of medical ethics for Hippocratic physicians in Ancient Greece, forbade doctors from helping to procure an abortion by pessary. Soranus, a second-century Greek Physician, suggested in his work *Gynaecology* that women wishing to abort their pregnancies should engage in energetic exercise, energetic jumping, carrying heavy objects, and riding animals.

### **Check your progress II**

What are the types of Abortion?

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### **3.4 RISKS INVOLVED IN ABORTION**

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Side effects may occur with induced abortion, whether surgical or by medication. These include abdominal pain and cramping, nausea, vomiting, and diarrhea. Abortion also carries the risk of significant complications such as bleeding, infection, and damage to organs.

#### **Heavy Bleeding**

Some bleeding after abortion is normal. However, if the cervix is torn or the uterus is punctured, there is a risk of severe bleeding known as hemorrhaging. When this happens, a blood transfusion may be required. Severe bleeding is also a risk with the use of RU486.

#### **Infection**

Infection can develop from the insertion of medical instruments into the uterus, or from fetal parts that are mistakenly left inside. A pelvic infection may lead to persistent fever over several days and extended hospitalization. It can also cause scarring of the pelvic organs.

#### **Incomplete Abortion**

Some fetal parts may be mistakenly left inside after the abortion. Bleeding and infection may result.

#### **Anesthesia**

Complications from general anesthesia used during abortion surgery may result in convulsions, heart attack, and in extreme cases, death.

#### **Damage to the Cervix**

The cervix may be cut, torn, or damaged by abortion instruments. This can cause excessive bleeding that requires surgical repair.

### **Scarring of the Uterine Lining**

Suction tubing, curettes, and other abortion instruments may cause permanent scarring of the uterine lining.

### **Perforation of the Uterus**

The uterus may be punctured or torn by abortion instruments. The risk of this complication increases with the length of the pregnancy. If this occurs, major surgery may be required, including removal of the uterus known as a hysterectomy.

### **Damage to Internal Organs**

When the uterus is punctured or torn, there is also a risk that damage will occur to nearby organs such as the bowel and bladder.

### **Death**

In extreme cases, other physical complications from abortion including excessive bleeding, infection, organ damage from a perforated uterus, and adverse reactions to anesthesia may lead to death.

### **Emotional and Psychological Impact**

There is evidence that abortion is associated with a decrease in both emotional and physical health. For some women these negative emotions may be very strong, and can appear within days or after many years. This psychological response is a form of post-traumatic stress disorder. Some of the symptoms are:

Eating disorders

Relationship problems

Guilt

Depression

Flashbacks of abortion

Suicidal thoughts

Sexual dysfunction

Alcohol and drug abuse

### **Spiritual Consequences**

Most people in India believe in one or another religion. None of the world religions approve the practice of abortion. Having done an abortion many leave the individual with life long guilt feeling and may even drive some to suicidal tendency. Very often neither the woman, nor those who persuade her for abortion seriously think about the spiritual consequences of abortion before the act.

### **Placenta Previa**

Placenta previa is a medical condition of pregnancy where the placenta covers the cervix, making a cesarean section necessary. This can put the woman to a greater risk which may lead to

loss of blood and subsequent blood transfusion. Placenta previa also causes high risk of Hysterectomy (loss of uterus) involving a major surgery. Induced abortion increase the risk of placenta previa to a great extent.

#### Pre-term Birth

Pre-term birth as well as low birth weight of subsequently delivered children have been recorded as negative results of the abortion of the first foetus. This will lead to the growth of an unhealthy and weak child in the family.

#### Suicide and Maternal Mortality

Several Studies have proved the link between induced abortion and increased rates of suicide. Self harm is more in women who have had induced abortion. In England, psychiatric admission as a result of suicide attempts is three times likely for women after induced abortion (C. Morgan et.al "Studies after Pregnancy, 1997). Maternal mortality linked to abortion is very common particularly in developing countries. The rate of maternal mortality linked to illegal abortions are known to be higher.

#### Consequences of Illegal Abortion

Illegal abortions frequently led to the complications such as perforations of the uterus, hemorrhage and infection requiring gynaecological care and hospitalization. It is also reported that in countries with restrictive abortion laws, the poor were made to suffer more than the affluent, the better educated and the urban elite.

A woman who has undergone an abortion is also more likely to have subsequent children both physically or mentally handicapped. Damage to the wall of the uterus can affect the normal development of the placenta through which the baby takes its nourishment. The commonest and gravest ill effect resultant upon abortion being sterility and inability to carry subsequent pregnancies through the term.

#### Side Effects of Abortion

The side effects of abortion are serious and most commonly long lasting. Though the subject is controversial when the pregnancy includes an actual life, the termination of the "possible life" remains. Careful consideration for religious, social and medical concerns may lead a woman toward taking a considered decision than the simple fact of not wanting to shoulder the responsibility of a new life.

The decision to approve of an a abortion should be based on the responsibility laid on the woman for terminating life as well as the physical effects of abortion as the body response to this action. In addition to the physical complications, a woman puts herself danger of mental distress due to severity of her decision. In addition to depression, a woman may experience chemical reactions due to medical problems that are known or unknown. The side affects of abortion may be life threatening including cancer, heart disease, and death during the actual process of an abortion.

Complications include uterine hemorrhage, uterine perforation, endometriosis, pelvic inflammatory disease, coexistent ectopic pregnancy, asherman syndrome, and delayed sequelae.



In addition, many women face mental challenges of depression and regret. Though exact statistics are not available of women who experience these complications, they can be deadly. It is a fact that surgery could decrease the functionality of the immune system by putting the body in a vulnerable position in respect to bacteria and viral infection.

In some cases the health of the mother is at risk in a pregnancy and a team of medical professionals must discuss survival of both the woman and her baby. A second opinion is always recommended even when the first opinion is the desired answer. Seeking the opinion of the spiritual guide or religious counselor may help to make better decisions if the mother's life is in danger. Finding support through local and national organizations in addition to friends and family may create the required support for mental and physical wellness during this difficult time. Carrying a baby for nine months is a sacrifice worth taking for a woman who goes through the same in order to give that child life.

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### 3.5 ABORTION AND BREAST CANCER: THE ABC LINK

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Breast Cancer is the only type of cancer that has continued to rise across the globe. Most of this increase occur in women in the age group of 20 to 40 years. Several epidemiological studies conducted in mammals all evince a link between abortion and breast cancer called the ABC link (Abortion-breast cancer link by Angela Lanfranchi, in "The Cost of Choice: Women evaluate the impact of abortion" Encounter Books, 2004).

The physiology of the breast provides the evidence of casual link between abortion and breast cancer. The same biology that accounts for 90 per cent of all the risk factors for breast cancer, accounts for the ABC link.

If a woman starts her menstrual cycle early and continues into her late fifties, she is at a higher risk for breast cancer as she has been exposed to monthly estrogen elevations for a long period of time. Similarly, birth control pills can elevate breast cancer risk.

#### The Lobules Impact

Type 1 and Type 2 lobules are where ductal cancers arise. It is estimated that ductal cancer accounts for 80 per cent of all breast cancer. When a female child is born, she has only a small number of Type 1 lobules. At puberty, when estrogen level rise, the breast forms Type 2 lobules. The estrogen stimulation that causes sore and tender breasts early in pregnancy results in the multiplication of Type 1 and 2 lobules. It is only after 32 weeks that a woman's breast stop growing larger and mature into Type 3 and Type 4 lobules in preparation for breast feeding. If abortion ends a woman's pregnancy before full maturation of her breasts, she is left with an increased number of immature Type 1 and Type 2 lobules. She now has a greater number of the breast lobules where cancers can arise. It is only through the hormonal environment and length of a full-term (40 weeks) pregnancy that there is complete maturation of Type 3 and Type 4 lobules in the breast. This maturation protects a woman and lowers her risk of breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk as they have highest percentage of Type 1 lobules in their breasts.

The risk of breast cancer increases with induced abortion in the following cases:

When the induced abortion precedes a first full-term pregnancy.

When the women is a teenager.

When the woman is over the age of 30  
When the pregnancy is terminated at more than 12 weeks gestation, and  
When the woman has a family history of breast cancer.

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### 3.6 ATTEMPTS TO LEGALISE ABORTION

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The Soviet Union was the first country to legalise abortion. In 1920, Lenin's government enabled women in first trimester pregnancy to obtain abortion on request. Thereafter many countries introduced liberal clauses in their abortion laws from 1930 onwards. Presently, the laws on abortion vary from abortion on request at one extreme to total prohibition on the other. The four largest countries which have liberalized abortion laws for medical termination of pregnancy are China, India, USA and Russia.

#### Legalising Abortion

India was one of the first countries which legalized induced abortion through the Medical Termination of Pregnancy Act of 1971. According to this act, a woman can legally have an abortion if its pregnancy carries the risk of grave physical injury or endangers her mental health, if it is a result of contraceptive failure in a married woman, if it is the consequence of rape, or if it is likely to result in the birth of a child with physical or mental abnormalities. In such circumstances, abortion is permitted up to 20 weeks of pregnancies without any need for spouse consent.

(a) The Conditions under which a pregnancy can be terminated under the MTP Act 1971  
There are 5 conditions that have been identified in the Act.

**Medical:** where continuation of the pregnancy might endanger the mother's life or cause grave injury to her physical or mental health.

**Eugenic:** Where there is substantial risk of the child being born with serious handicaps due to physical or mental abnormalities.

**Humanitarian:** Where pregnancy is the result of rape.

**Socio-economic:** Where actual or reasonably foreseeable environments (whether social or economic) could lead to risk injury to the health of the mother.

**Failure of contraceptive devices:** The anguish caused by an unwanted pregnancy resulting from a failure of any contraceptive device or method can be presumed to constitute a grave mental injury to the mental health of the mother. This condition is a unique feature of the Indian Law and virtually allows abortion on request.

The written consent of the guardian is necessary before performing abortion in women under 18 years of age, and in lunatics even if they are older than 18 years.

(b) The person or persons who can perform abortion

The Act provides safeguards to the mother by authorizing only a registered medical practitioner having experience in gynaecology and obstetrics to perform an abortion where the length of pregnancy does not exceed 12 weeks.

(c) Where abortion can be done

The Act stipulates that no termination of pregnancy shall be made at any place other than a hospital established or maintained by the Government or a place approved for the purpose of this Act by Government.

Under the new rules, non-governmental institutions may also take up abortions provided they obtain a license from the Chief Medical Officer of the District, thus eliminating the requirement of private clinics obtaining a Board License.

Reasons of Abortion

There are several reasons for a woman to seek abortion. In India one of the major reasons for seeking abortion is the preference for a male child. Other reasons include:

Fear of the ridicule by relatives and friends, if the pregnancy is out of wedlock.

Fear of the woman to have become pregnant while studying in school/college.

Fear of the woman that she cannot care for the child born out of wedlock.

Dissertation by the baby's father.

Fear of carrying a pregnancy for nine months.

Fear of taking care of too many children.

Fear of ridicule for having too many children.

Compulsion from relatives and husband/baby's father.

Easy availability of abortion clinics in urban areas.

Priority for career than having a family.

One of the most common reasons for seeking abortion among married women is limiting family size. A very short interval between conceptions is also often given as a reason for abortion. Women, who have infrequent sex as their husbands are away for long periods, usually do not expect to become pregnant easily. If they do become pregnant, many of them tend to opt for abortion. Preference for sons particularly among some religious groups and poverty are also reasons for seeking abortion.

Conception during certain inauspicious months also motivate women to seek abortion in some parts of South India.

Issues Associated With Legal Abortions

Abortion issues may be divided into:

(1) Physical and medical issues

(2) Emotional issues

(3) Social issues

(4) Moral issues

### Physical and Medical Issue

A woman is made physically and psychologically for motherhood. This is the basic fact of her life. If this process of becoming a mother is suddenly stopped, the shock will have its effect. This effect may be physical or mental, immediate or long term.

### Emotional Issue

There is emotional and physical unrest experienced during the first few weeks of pregnancy. It is at this time that the expectant mother may be subjected to maximum pressure to agree to an abortion. The common psychological problems associated with abortion are depression, neurosis, guilt etc.

Each individual is different. For some, abortion provides great relief with little or no disturbance. For the others, the experience can be upsetting. The key factor seems to be whether the woman wants an abortion or whether she is hesitant. Being refused an abortion and forced to bear an unwanted child can lead to psychiatric symptoms. But the woman who has health problems and has to have an abortion or who is persuaded to have an abortion against her better judgement is also more likely to show negative psychological reactions following an abortion.

### Social Issues

Legalised abortion, saves lives by reducing the number of illegal attempts.

Antiabortionists emphasize their fears that without any restriction, except the individual women and her conscience, an 'Abortion Mentality' develops so that abortion becomes too common and are performed too easily or for reasons that are not serious: For example teenage pregnancy tend to become a common occurrence among several college students in urban areas with free access to abortion facilities.

### Moral Issues

Much of the controversy about abortion has centered around the moral issues. In ordinary justice, the child has as much claim as the mother to life and should have even more claim to legal protection of its right, since it is incapable of defending itself.

### Rights of the Unborn Child

The UN declaration on the Rights of the child maintains that "The Child by reason of its physical and mental immaturity, needs special safeguards and care including appropriate legal protection before as well as after the birth."

The Anti abortionists claim that science has proven beyond any reasonable doubt that human life begins at fertilization. The foetus from the beginning has its own life, is a totally new human being, a new person, with a genetic code quite distinct from the genetic code of its parents. That new life is completely there at fertilization, lacking only development and growth. Abortion always takes away the innocent's already existing life.

### **Check your Progress Exercise III**

1. What are the five conditions under which a pregnancy can be terminated under MTP Act 1971?

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### 3.7. LET US SUM UP

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Abortion is the process of willfully removing the foetus from the womb of the mother by one or another method. Although several countries including India have legalized abortion particularly during the first trimester, everyone knows that it is an act of willfully putting an end to the life of a helpless child in the womb of its mother. For the world community it is an ethical issue. In this unit we have deliberated on various issues pertaining to the concept and meaning of abortion, various types and methods of abortion, risks involved in abortion, abortion and its links with breast cancer and other health related problems and various aspects pertaining to legalizing abortion. Although abortion has been viewed as a moral issue and a challenge to human survival in the western world, it is important for us to understand that most of the abortions take place in Asian countries for various reasons. Very often people agree to participate in abortion without knowing the what, why, and how of abortion and its life long impact on an individual, family and the society. This unit is expected to provide the much needed information on abortion from ethical point of view.

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### 3.8 KEY WORDS

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**Contraceptive:** Contraceptive is a device, drug, or chemical agent that prevents conception.

**Estrogens** are a group of steroid compounds, named for their importance in the estrous cycle, and functioning as the primary female sex hormone, their name comes from *estrus/oistros* (period of fertility for female mammals) and *gen/gonos* = to generate.

**Hysterectomy:** Hysterectomy (from Greek *hystera* = womb and *ektomia* = a cutting out of) is the surgical removal of the uterus, usually performed by a gynecologist.

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### 3.9 FURTHER READINGS AND REFERENCES

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- Padubidri, V.G and Daftary N. Shirish, eds. *Howkins and Bourne Shaw's Textbook of Gynaecology*. New Delhi: B.I. Churchill Livingstone Pvt. Ltd., 1995.
- Visaria, Leela, Ramchandran, Vimala, Ganatra, Bela, and Kalyanwala Shveta. "Abortion use and Practice: Evidence, Challenges and Emerging Issues." In: *Abortion in India: Ground Realities*. New Delhi: Routledge, 2007.

## WEBSITES

- Abortion: Methods and consequences: [www.anael.org](http://www.anael.org)  
Abortion risks [www.pregnancycentres.org](http://www.pregnancycentres.org)  
Abortion: Wikipedia, the free encyclopedia.  
Side Effects of abortion: [www.christianet.com](http://www.christianet.com)

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## 3.10. ANSWERS TO CHECK YOUR PROGRESS

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### Answers to Check Your Progress I

1. Save the life of the pregnant woman;  
Preserve the woman's physical or mental health;  
Terminate pregnancy that would result in a child born with a congenital disorder that would be fatal or associated with significant morbidity;  
Selectively reduce the number of fetuses to lessen health risks associated with multiple pregnancy.

### Answers to Check Your Progress II

1. Early Abortion  
Spontaneous Abortion  
Threatened Abortion  
Inevitable Abortion  
Complete Abortion  
Induced Abortion  
Sex-selective abortion and female infanticide

### Answers to Check Your Progress III

1. The Conditions under which a pregnancy can be terminated under the MTP Act 1971 include:  
Medical: where continuation of the pregnancy might endanger the mother's life or cause grave injury to her physical or mental health.

Eugenic: Where there is substantial risk of the child being born with serious handicaps due to physical or mental abnormalities.

Humanitarian: Where pregnancy is the result of rape.

Socio-economic: Where actual or reasonably foreseeable environments (whether social or economic) could lead to risk injury to the health of the mother.

Failure of contraceptive devices: The anguish caused by an unwanted pregnancy resulting from a failure of any contraceptive device or method can be presumed to constitute a grave mental injury to the mental health of the mother. This condition is a unique feature of the Indian Law and virtually allows abortion on request.