

# A Sociologist Looks at Abortion

BETTY J. STIRLING

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The young woman was part of a student group presenting a discussion on abortion to a university class on the sociology of the family. "I had an abortion myself," she said, and went on calmly to explain the hazards — not of having an abortion, but of trying to obtain one.

Why had she wanted an abortion? She was young, in good health, happily married, had two children "properly spaced," and was also a full-time student. "My husband and I had decided that two children make the ideal family size," she told the class, "especially in the present population crisis. I want to be able to make a professional contribution to society when my children are in school, and I think it would be easier with only two children. So when the pill failed, abortion seemed to be the answer." As this was not sufficient legal reason for an approved "therapeutic" abortion, she found the solution through the abortion referral service run by women students at that university, a service that arranges abortions with qualified doctors locally or outside the country.

## THE INDIVIDUAL AND ABORTION

One of the difficulties of analyzing the abortion problem is illustrated by this young woman, for she does not fit the stereotype of the woman who seeks an abortion. If a solution to this problem is to be found, we must discover accurate ways to determine which women seek abortions and why they do so.

Facts on abortion are hard to come by and are widely disputed by persons with one or another ax to grind. One reason is that abortion is frequently a crime, and crimes are generally reported by the victim, not the perpetrator. Abortion is one of the few crimes in which the victim is also the perpetrator,

and therefore guilty. If the crime is not reported by victim or perpetrator, the result is that most statistics either are limited in scope or are educated guesses, or both.

Women who seek abortions include the unmarried, the married with few children, the married with many children, the divorced, and the widowed. Estimates of the total number of women in the United States who seek abortions range from well under one million to two million per year. Why do these women want abortions? Married women usually just don't want another child. The reason may be physical — they already have too many children to care for within their physical strength limit; emotional — they simply cannot cope with another child; social — they feel that they have contributed enough to the population problem; economic — the budget just won't stretch to cover another child; or related to age — they feel that they are too old to care for a child or they are worried that one born at their age might be defective.

For the single woman — whether she was never married or is divorced or widowed — the reason is different, but just as compelling: to avoid having an illegitimate child.

The problem abortion case is not the woman who has been raped or the woman who has a severe mental or physical problem. It is the normal woman who for reasons of her own does not want to bear a child. Most of these women could identify their action as preventing a catastrophe — terminating an undesired pregnancy, preventing the birth of an unwanted child, reinforcing contraception. They view the decision as their private business, on a par with deciding to use the pill or some other form of contraception.

#### SOCIETY AND ABORTION

But whereas the woman may view the decision to seek an abortion as her private right — equal to her decision to practice contraception — society does not define abortion this way, much as society did not define the use of contraceptives as a private right some years ago. Why is society concerned with what at first seems to be strictly a family or an individual matter? At this point we must ask why society takes an interest in the family and its offspring or potential offspring. The most important reasons are that the family is the basic building block of society, and that replenishment of population, necessary for the continuation of society, is a function of the family.

To ensure the survival of the family and the replenishment of society, the norms of society are balanced in favor of fertility, and provision is made in the normative and value systems for prevention of births only under speci-

fied circumstances. Among the inducements to produce children are the high value placed on marriage and the rewards to those who marry and have children: eligibility of married men for certain positions not open to single men; higher pay to married men; rewards to motherhood, both informal and formal; children viewed as evidence of masculinity or femininity; the emphasis on lineage. In addition to the unwritten norms and values, society at times makes the encouragement explicit by law: tax benefits to the married, especially those with children; insurance preferences to the married; state baby bonuses and other inducements to motherhood.

This support for high fertility is needed in a society in which death rates are high, a large percentage of the infants die, and children are an asset to the labor force (usually an agricultural economy). In the modern industrial society, however, other conditions prevail. A large family may be an economic liability, infant mortality is low, and the expanding population has become a problem. But norms change slowly, and the supports for the previously needed high fertility remain. Norms that favor the spacing of children and the limiting of their number according to the mother's health and the family's resources develop slowly, but eventually some norms place a value on very small families.

No society approves of just any family arrangement; it needs stable families of the socially set pattern, whether the pattern is monogamous nuclear families (one wife, one husband, unmarried children) or polygynous extended families (one husband, many wives, both unmarried and married children). Nor does a society approve of a haphazard replenishment of its population. Society demands properly socialized, well-cared-for young to take over from the departing generation — and it charges the family with the task of properly legitimizing, nurturing, and training as well as producing the replenishments. The question of how to space or limit children is also regulated by the norms of society. Although both contraception and abortion have been known throughout history (sterilization is a relatively new technique), they have not always been approved or even condoned. Until recently, contraception was prohibited by law in two states; and abortion, although legal to some degree in many parts of the world, is definitely prohibited or severely regulated in others.

When norms strongly oppose or uphold certain behavior, a system of social "mythology" grows up to justify and explain the norms, and in modern, educated societies this mythology generally acquires scientific as well as religious and moral aspects. The mythology, or rationalization, of norms against abortion, which stems from religious values, emphasizes the actual

or potential human life of the fetus, or the need to supply a body for a waiting soul. Abortion is then defined as murder, which is morally reprehensible. As members of society become more educated and more secular, appeal is made to science to uphold the definition of murder by affirming that the fetus has life, or appeal is made to medical science to show that abortion is harmful to the mother.

Religion — for example, Christianity — thus backs the norm against abortion, because it is immoral to take human life. But religion also supports a norm for taking human life: criminals should die to pay their debt to society; righteous wars are blessed by the Lord. In other words, religion can support the taking of human life when it meets the needs of society to do so, and it could endorse abortion if this were defined by society as desirable.

The relevant Christian belief seems to be that of responsibility for human life. The question then becomes how responsibility for life is defined, not whether abortion is murder. Are we responsible for the preservation of all potential human life or only for the preservation of potential human life that can be adequately cared for? Are we responsible for the prevention of human life that cannot be cared for? Which is the greater responsibility — to the already human or to the potentially human?

Science, although more free of values than religion, is still guided by the hypotheses of its practitioners, who have value systems. Hence contradictory definitions of "life" are proposed, frequently reflecting the bias of the scientist. Medical research likewise reflects the hypotheses of the researcher. In addition, much of the so-called medical writing on abortion is moralistic argument showing the horrors of illegal abortion rather than research. The reports that describe actual controlled research and that point out the dangers of abortion do not always indicate differences between the effects of one (or infrequent) abortion and the effects of repeated (or frequent) abortions. Nor do the reports always compare the effects of abortion with those of completed pregnancy or frequent completed pregnancies. Hence the medical science findings are also contradictory: some research shows that abortion is relatively safe, with few adverse results; and other findings show that abortion is still hazardous even under good medical conditions and that it is often followed by unfortunate physiological or psychological consequences.

Generally speaking, the scientific arguments about the life or potential life of the fetus are based on biological facts; that is, they ask, When does life begin biologically? Good cases are made for several beginning points: conception, quickening (which means making alive), the first detectable

heartbeat, etc. But a biological definition of life has drawbacks when human life is under consideration. Medicine has had to wrestle with these problems more frequently in recent years, not just in connection with life's beginning but also with its ending. When does life end? When the heart ceases to beat? When other bodily functions no longer operate? When the brain is no longer active? The same questions can be asked about life's beginning.

At this point social science steps in with other complicating questions. Is even the newborn infant really a "human" or only an animal that will become human as a result of its interaction with those who are already human? Studies of neglected and isolated children cast doubt on the full humanness of those who have been deprived of human social contact. As for the fetus itself, in the first few months the social definition is clearly different from that of the infant, for in the case of natural death the early fetus is not treated as a dead human being but is disposed of in any convenient way.

To further complicate the problem, norms against abortion, supported by social mythology derived from religion, science, and medicine, may conflict with norms for individual freedom of choice or the right to seek one's own welfare or the right to privacy in family matters. These norms also have their social mythology supported by religion, science, and medicine. Modern societies are especially plagued by conflicts in normative systems, partly because of the rapid changes in society (norms cannot long remain contrary to social facts) and partly because of the varying cultural backgrounds of members of society — which means that not all persons share the same norms on either abortion or individual freedom of choice.

#### THE INDIVIDUAL AND SOCIETY IN CONFLICT

What will the woman with an unwanted pregnancy do when she is confronted by the conflict of norms? In part it depends on her own normative view. If she is strongly against abortion for religious or other reasons, abortion may not even occur to her as an option. If she is married, she will accept the unwanted child — hopefully wanted by the time of birth. If she is not married, she will try to bear the child as inconspicuously as possible and will probably give it up for adoption. It is an interesting point that societies that are most against abortion are frequently the most punitive in cases of illegitimacy as well, whereas those societies that are permissive about abortion are frequently permissive about illegitimacy.

If the woman who is faced with unwanted pregnancy does not personally see abortion as a moral problem, but instead places a high value on individ-

ual freedom and the right to manage her own life and to refuse pregnancy, she runs into the social limits created by the norms: the illegality of most abortions, the high cost of obtaining either legal or illegal abortions, the privacy-invading, bureaucratically-involved procedure necessary to obtain a legal "therapeutic" abortion. These problems may cause her to wonder if either she or the fetus is human. She may even be forced to remain pregnant, which to her is an infringement of her freedom.

The argument has been used that she does not need to get pregnant in the first place; pregnancy is not forced. In other words, if she errs she should take her "punishment." This argument is used particularly against the unmarried woman. But does society have the right to punish her child with the stigma of illegitimacy? Should society punish the woman with pregnancy and not punish the man? Would not the humane solution be to allow her the choice of terminating the pregnancy? For the married woman the situation is frequently the failure of preventive methods. Is she to be punished for this? Or is she to bring into society an unwanted child, for which society itself may pay dearly?

#### SOLUTIONS

Society has no easy solutions to the abortion problem. Proposed alternatives range from abortion on demand — a private arrangement between the woman and the abortionist (doctor or other trained person), through abortion that is easily available but accompanied by counseling or other persuasion against it, to strict control or complete prevention of abortion. There are logical arguments for and against all these alternatives and other combinations of alternatives. The following is a possible compromise solution.

1. Abortion could be left to free choice. Women who want abortions would be able to get them on request, but those who do not want them would not be urged to comply. Nor would medical personnel who are morally opposed have to perform or aid in the performance of abortions. Private hospitals that are based on religious philosophies opposed to abortion would have the right to refuse these cases.

2. Because a rise in the number of abortions might strain existing facilities and exceed the amount of medical time available, paramedical personnel could be trained to perform abortions (as they are trained for midwifery, for instance), using approved outpatient facilities or clinics.

3. Services could be made available to women who desire counsel, but counseling would not be required. Unmarried young teenagers who seek abortions would be urged, or perhaps required, to avail themselves of counsel, however.

4. Family planning services and contraceptive materials could be made available to all women who seek abortions, and more educational programs on family planning could be carried on in order to prevent as many abortions as possible, since contraception is a much more socially efficient means of birth control.

5. The cost of abortions could be reduced to a reasonable figure for all cases, and abortions for the poor could be paid for by public medical aid funds.

A compromise like this one will not satisfy everyone. In fact, because this solution leans to the on-demand alternative, it probably would not meet the approval of the very conservative group at all. Yet it is obvious from the agitation over the problem that some change in existing *policies* must come. Those who are opposed to abortion because they feel it is immoral must recognize that this belief is not shared by all, and they must ask themselves whether they can legitimately impose this belief on nonbelievers.

#### FOR FURTHER READING

- 1 Abortion, obtained and denied: research approaches, *Studies in Family Planning*, number 53 (May 1970).
- 2 Judith Blake, Abortion and public opinion: the 1960-1970 decade, *Science* 171: 540-549.
- 3 Daniel Callahan, *Abortion: Law, Choice, and Morality* (New York: Macmillan Company 1970).
- 4 Garrett Hardin, Abortion — or compulsory pregnancy? *Journal of Marriage and the Family* 30:246-251.
- 5 Alexander Simon, Psychiatric indications for therapeutic abortion and sterilization, *Clinical Obstetrics and Gynecology* 7:67-81.
- 6 Walter O. Spitzer and Carlyle L. Saylor (editors), *Birth Control and the Christian: a Protestant Symposium on the Control of Human Reproduction* (Wheaton, Illinois: Tyndale House 1969).
- 7 Charles Westoff, Emily C. Moore, and Norman B. Ryder, The structure of attitudes toward abortion, *Milbank Memorial Fund Quarterly* 47:11-37.