Abortion, Bioethics, and Human Emancipation: A complex and unavoidable relationships

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Abstract

Introduction and Objectives: This review examines abortion, bioethics, rights, and the development of public health. Through the use of various approaches employed in the health sciences, we hope to challenge the current scientific debate on abortion.

Results: By examining the different emphases provided by five different constructs we question, propose, deconstruct, and critique current debates. We retain a gender perspective which affects all aspects of this debate. Finally, we suggest ways in which the discussion on abortion could be changed and discuss the unique experience in Cuba.

Introduction

Although the right to have an abortion* is a fundamental to women's´rights, a wide variety of additional topics have been joined to the discussion of abortion.

One way to disentangle this complex knot is to acknowledge the need to critically assess the benefits provided by various socio-historical approaches to abortion.

Needless to say this discussion is extremely complex and full of controversy. There is disagreement on the most basic premises. But this is to be expected for any matter that touches on human subordination and domination in the making of decisions. Abortion also raises difficult bioethical questions such as the differences between the born and the unborn, beneficence and justice. By justice, we mean the balance between the just, the legal and the moral. Abortion is one of the most polemicized topics of our times. It also impacts a variety of sectors: the scientific community, healthcare professions, and social movements (to name just a few).

This multiplicity of actors further complicates discussion. A woman´s decision to have an abortion involves many other entities: the family, the state, schools, the public health system and various public institutions. A woman is both a unique individual with an ability to make her own decisions as well a social being. Her opportunities are conditioned by her society and her actions must be acceptable not only to her but also to other entities.

We can begin by considering this as a triangular relationship with the following vertices: 1) the person who decides to have an abortion and her family, 2) state institutions (not just public health institutions but also the legal system, the social security systems, official religions and ideologies, etc.), and 3) broader (typically highly complex) socio-cultural structures.

These often contradictory forces play out in the context of a patriarchal Judeo-Christian culture that is highly moralizing. In addition, gender problems are largely invisible. On the other hand, abortion is seen as a low-risk procedure fostering to a greater or

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* For the purposes of this paper, we will define an induced abortion as the deliberate expulsion of the products of conception before viability.

lesser extent - an "abortion culture." The positivist approach restricts itself to certain aspects of the problem without considering it in its full complexity.

The fact that that abortion is controlled by the State is not a minor matter. This makes it subject to all types of manipulations in accordance with different interest groups. This is particularly the case in societies where the citizens have little influence on political decisions.

Given its complexity it is inevitable that attitudes regarding abortion are widely divergent, ranging from those who see abortion as a form of malicious homicide to those who see the decision to abort as an expression of women's' emancipation. Those holding this latter view consider that abortion - as a reproductive right - is an inalienable, integral and indivisible part of general human rights.

We don't pretend to have the Solomonic wisdom to resolve these conflicts. Neither do we wish to relativize them. In addition, we feel that this conflict cannot be resolved by playing God or acting the part of the Inquisitor. We feel that no humane and ethical choice can override the decisions of human beings nor can it preempt the multiple social interests, motivations, and necessities involved with reproduction. The question that needs to be answered is the following: "How can we best manage abortions without compromising inalienable human rights, primarily those of the woman?" We don't presume to have the definitive (and comprehensive) answer to this question. Nonetheless, we feel that if we agree on what should not happen, then we have made an important step forward.

Deconstructing the Conflict

We start from the observation that attitudes towards abortion are not simply abstractions. Individuals live their lives with in a conflicted system of social relations. In other terms: subjectivity is not static. There is no hegemonic subjectivity (and there can never be one). Individuals are naturally different and they live in diverse contexts and relationships. This means that there are diverse ways to appropriate and interpret experiences.

From this we can infer - this is our first construct - that abortion cannot be justified on merely legal or formal bases. Nor is it a question of "equal opportunity." The rights and guarantees offered by the State in matters of reproduction are distinct from the ability of individual persons to enjoy those rights and guarantees; this is not restricted to biological reproduction, it is also true of social reproduction. In practice this means that the State's primary role is not limited to guaranteeing the material and institutional structures to carry out abortions (on demand) but also involves respecting an individuals right to follow her own conscience; each individual can reason and plan when faced with a pregnancy.

We must also keep in mind that abortion is a topic that touches (either tangentially or transversely) on many other social questions. Some of these, such as gender discrimination, hypocrisy, and double standards, are vital and pressing questions. The double standards in gender relations have hindered our ability to offer sexual education, access to safe contraceptives (which might reduce unwanted pregnancies), and the development of a more egalitarian culture of gender relations. These are critical problems. The combination of disinformation, marginalization, low self esteem, poverty, and desperation within the context of a generalized crisis have led to the deaths of thousands of women who have undergone illegal abortions under suboptimal conditions. Recent data shows that in 2010 and 2014 among women between ages 15 to 44, there were 35 abortions per 1000 women.[1]

Second construct

If we understand human emancipation as being the ability of the individual to escape centralized despotism, any policy that is obligatory must be rejected out of hand. Just as the autonomy of the individual is inseparable from the collective autonomy, the autonomy of the collective is inseparable from that of the individuals which compose it. The real challenge here is to find the right balance between individual and collective interests. This dialectic, however, implies certain cultural and material bases.

One of the basic principles it that human rights form an indivisible whole. They cannot be separated and all are equally important. An attack on one human right is an attack on all human rights.

Third construct:

The arguments for prohibiting abortions can seem convincing, particularly when they are supported by ethical and religious considerations. However, multiple experiences in other countries have shown that handling abortion as a criminal matter

does little to reduce abortions, indeed it makes things worse. Punitive policies foster a climate of gender violence and persecution.[2] Here are some relevant statistics:

- Estimates are that each year some 20 million clandestine abortions are performed worldwide; almost all of them occur in developing countries.[3,4]
- Unsafe abortions are associated with a complication rate of between 10 and 50%.[2]
- The death and disability caused by unsafe abortions has been called a genocide. Approximately 70,000 women die each year from unsafe abortions.[5,6]
- Estimates suggest that in Latin America the costs of unsafe abortions represent the second highest budget item in the public reproductive health budget. (The top item is pregnancy care).[2]
- Conservatives estimates suggest that at least 10,000 women are currently incarcerated for illegal abortions.†

A society can make abortions a crime, fill the prison cells with abortionists, and provide police surveillance of prenatal care. None of this will impact the complex mixture of interests, needs, and desires that exist in the larger society.

Indeed the attempt to develop an ideal or universal understanding that can be used as a guidebook generally degenerates into a static model within which the "common good" is turned into a screen behind which lurks various forms of discrimination and class differences.

The well known Uruguayan researcher, Jorge Barrero offers the following summation; "Legalizing abortion doe not infringe on the religious or moral rights of those who feel that abortion is unacceptable. The key point here is that the prohibition of abortion impedes those women who do not share their views from interrupting a non-desired pregnancy. Decriminalizing abortion - we need to emphasize this - does not force those women who live by the rosario beads, the cross, and morning mass to have an abortion if they don't want it."[7]

Fourth construct:

In Cuba the debate surrounding abortion is somewhat unique. Abortion is not such a great issue in Cuba because it is legal and all women have access to the public health system, to education, and to social benefits. However, the uncomfortable truth is that abortion has become one of the most sensitive issues in Cuban society.[8,9]

For at least the seven decades prior to 1938, abortion was the main method of controlling births in Cuba. The laws against abortion were enforced only when there was a death or the family went to the police. Deaths from illegal abortions were classified under some other cause of death.[10] This led a number of experts to conclude that from the early years of the 20th Century on there was an "abortion culture" in Cuba.[11]

During the 1960's various high-quality health indicators showed that the use of abortions reduced maternal mortality. These studies were made possible by the "flexible" use of the concept of therapeutic abortion which was allowed by paragraph A of the Article 443 of the Código de Defensa Social (Social Protection Code). However, it was not until 1979 that the Cuban penal code decriminalized abortion (Article 267.1). [12]

During this period the number of abortions increased markedly. Between 1970 and 1986, there were 97 abortions for every 100 live births; this was a record.[13]

Public health researchers found that in an effort to control births, Cuban couples turned first to hormonal contraception (used by 77.8% of the population), and then to abortions. There were 26 abortions per 1000 women, 66 for every 100 births, and 40 for each 100 pregnancies. Data like this came to be seen as a "public health problem." Each year the number of abortions increased, particularly among adolescent women who represented 27% of all abortions.[14]

Although it was not the only cause for these increases, the "Special Period" did reveal multiple deficiencies in the realm of equitable relationships, spiritual values, and the possibilities of fulfilling personal dreams; it had a direct impact of the lives of thousands of Cubans. Inequalities in access to

† Our sources indicate that women who have abortions in El Salvador are subject to up to 50 years in prison. The law is applied even when the abortion was not voluntary and in cases of accidental fetal loss.

economic resources and items necessary for personal and spiritual well-being were now more evident than previously.

These considerations should not lead us to conclude that abortion was simply a transitory problem that could be dealt with using technical means when economic conditions improved. Human effort - something absent from the world view of the economists - can open up opportunities. But it cannot guarantee that one will achieve ones dreams.

Amongst the many facets of this problem we would like to emphasize the impact of the perception that abortion is a low risk procedure. It is considered to be safe and it is; deaths from abortions do not occur in Cuba.[15] To put it somewhat differently, abortion in Cuba occurs in hospitals under proper conditions. It is performed by highly trained professionals and the health of the mother is not jeopardized. All women have access to abortion without exception. These considerations reflect the high degree of trust Cubans have in their health system and its professionals.

Nonetheless, there are now debates in Cuba regarding abortion within civil society. The right to universal access to safe pregnancy termination is not in question. But there are concerns about how this right is implemented. These concerns reflect the realities of women, men, families, and even the healthcare system.

One example of this are the new - contra-hegemonic - models of paternity. While women have open access to reproductive health services which respect their decisions, men are excluded. Men are now asking why women are the ones to decide on an abortion when the fetus is a product of both partners. One has to keep in mind that the Centro de Estadísticas de Población y Desarrollo (CEPDE), part of the National Statistics Office, found that only 12.7% of men knew their partners had had an abortion.[16]

While we accept that for a woman the decision over whether or not to continue a pregnancy is her right, this contradicts the efforts to discuss responsible paternity in a setting where procreation involves both the man and the woman.

Fifth and final construct:

The search for spiritual or material bases for policies which can properly address these (and other) problems related to abortion (e.g. inappropriate sexual practices, unwanted pregnancies, the consequences of abortion) is nothing less than the creation of a culture that is based on both a respect for diversity and individuality and is also in sync with social values and goals. In practice this means abandoning the traditional way of debating this topic in favor of one which brings together human emancipation, culture, and social justice.

Opening a debate

Some media outlets have gone so far as to state that within the popular imagination abortion is considered as a birth control method. This idea is actually a reflection of something that is clearly more important yet which remains largely hidden, ignored and misunderstood: the culture of medicine. This term relates to how medicine sees itself and how it sees the various factors related to the health/disease dichotomy; these would include both healthcare itself as well as death; certainly, how we feel about death is as important as how we feel about life. The medical culture also involves the information available to individuals and their family, service providers, indeed the entire society. This culture dictates how health services are used in different periods. Thus the abortion culture is one of the dimensions of medical culture.

Cuban medical culture and practice remains within the confines of model of medical hegemony; this is also the case for public health. And these attitudes have become part of Cuban culture. This model can be used to explain the various social concepts, medical procedures and cultural justifications seen in the abortion culture. One example of this is the perception that abortion is a minimal risk procedure. But in reality the abortion culture itself is an example of medical hegemony. Deconstructing this culture would create a space for improved health promotion in general and specifically for improved health promotion in matters related to reproductive health. This will require revisiting certain core medical beliefs that claim that prevention and risk factor control are less important than curing disease.

To accomplish this change will require more research into the fields of demographics, rates of aging, fecundity, and the use of abortions. This line of investigation needs to be based on the most current scientific understanding and the theory of the social determination of health. We consider that current work in this field is still insufficient.

A complete analysis of statistical data associated with complex phenomenon (such as abortion) needs to be anchored in the matrix of contemporary Cuban politics, economics, culture, and society. Accomplishing this requires the use of anthropological models that have been used in other investigations. These can be joined with the findings of current social investigations. We must keep in mind that while statistics are, indeed, important they should not be more important than the phenomena they represent. [17]

Cuban public health needs to find conceptual tools that are broader than "population health" and "women's health." What are the socio-economic factors that lead a couple to want a baby or to want to avoid pregnancy. What is the role of maternity/paternity in promoting well-being among mothers, couples, and families?

A debate has emerged concerning warnings by some specialist publications that the low rates of fecundity in Cuba are related to contraceptive practices such as abortion, menstrual regulation, and hormonal contraception. The warnings, whose impact is sometimes underestimated, can be distorted and used as one more way of blaming women, in this case for low birth rates. Imagine the impact of such warnings for a woman in El Salvador, Chile or Guatemala who is fighting for the decriminalization of abortion and who sees Cuba as an example of a just and revolutionary country where a woman's health and well-being are guaranteed by the state.

The Gender and Collective Health Network of ALAMES-Cuba‡ has adopted a conscious policy of engaging with Latin American social movements - particularly feminist groups - to assure that abortion is made legal throughout the continent, indeed throughout the world. It should be guaranteed as a human right, protected by the state and its institutions.

Finally, we must continue to obstinately insist that human resource development in healthcare needs to incorporate an inter and trans-sectorial approach as well as a gender perspective. This is urgent. Such incorporation needs to be conscious, explicit, and grounded in a political understanding. It should develop skills, respect cultural diversity, and never neglect the rights of both women and men.

‡Asociación Latinoamericana de Medicina Social, http://alames.org/

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