



Curriculum Units by Fellows of the Yale-New Haven Teachers Institute
1981 Volume III: Human Sexuality and Human Society

The Choice—Abortion

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Her period is late. She has prayed and worried herself sick. She may have even tried some old-fashioned remedies such as taking hot baths and drinking camomile tea to bring her period on. But all is to no avail. She finally sees a doctor or goes to a clinic. Her suspicions are confirmed. She is pregnant.

Women who find themselves pregnant may be confronted with a wide range of feelings. Their reaction to their condition may depend on many factors in their lives at that moment. Armed with the fact of her pregnancy, each woman has to make the ultimate decision of whether to see the pregnancy through to full term or to end the pregnancy by abortion. This is a difficult decision for many women, but it becomes even more complex an issue when the pregnant female is a teenager.

The purpose of this unit is to present an over view of the procedures, history, and some of the problems that are involved in abortion. I feel that to withhold factual information about abortion from teenagers reduces the likelihood that adolescents, male and female, can make responsible choices about intercourse. The decision to abort or to give birth is the result of the female being pregnant, which in turn is the result of her having had intercourse to begin with. The decision to have intercourse by a couple could be influenced by their clear factual understanding of all the possible ramifications of that decision. I think that people tend to make more reasonable choices about their lives when they can weigh the choices on intellectual as well as emotional bases.

Over the years as a middle and high school teacher I have been involved with the problems resulting from teenage pregnancy. I have found it most disturbing to see “children” having children. A good percentage of the married women who become pregnant do not plan to be pregnant, but at least in theory they should be able to cope better with the unwanted pregnancy than a teenager can. A girl who gives birth before graduating from high school has 90% of her life’s script written for her. Her life choices are few and most of them are bad. The people who coldly tell a pregnant teenager, “If you were old enough to spread your legs, you are old enough to be a mother.” are using logic that does not balance out in my book. It seems unduly cruel to punish a pregnant teenager for having been sexually active by making her have the child, not to say anything about what a serious disadvantage that puts the child at. I likewise agonize over the alternative of abortion.

Unfortunately, sexual ability precedes emotional maturity by some time in most teenagers. Or as some of my students have graphically put it, “The plumbing is ready, but the headset isn’t.” Teenagers have the ability

with the onset of puberty to create life, get pregnant, but they may lack the capacity to handle the resulting responsibilities that that situation entails. Thereby creating some very perplexing problems for all concerned. Adolescence is a relatively modern invention of our society that first appeared around the turn of the century. Prior to that time, the luxury of a transition period between childhood and adulthood could not be afforded. There just was not enough time in the average life span for such a frivolous event. People had to get on with life quickly, because of the relatively short length of their lives. But today's increased average life time of over seventy plus years allows the space for this passage period of adolescence. Ideally, adolescence is a time of weaning the individual from dependence to independence and to increased responsibility and accountability. Improved nutrition and health practices have resulted in much earlier menarches. I see the problem arising when gradual emotional maturity is encouraged on one level, while at another level there is earlier physiological maturity and above all there is a societal preoccupation with sexuality. The extensive use of sexuality in advertising is unnecessary. Magazines, billboards, and especially television are sources of constant obvious and subtle sexual implications. Popular music, movies, and television shows are heavily into sexual frankness. The rate of exposure to these media is high for most adolescents. How many households in this area have cable television with stations that show adult entertainment at hours when children can watch without parental supervision? Society tells adolescents not to be sexually active, but society surrounds them with constant sexual messages. No wonder teenagers have a hard time understanding the double message society gives them.

I have found in assisting teenagers to make reasonable choices about their lives it is helpful to understand that many teenagers live in a sort of time warp. There is only today with no or very little sense of the existence of tomorrow for many teenagers who lack defined goals. They do not look at the over all scheme of events or at the possible outcomes that may result because of certain actions. If I have sex, I can get pregnant with or without birth control. If I am pregnant, I can abort or I can give birth. If I give birth, I can keep the baby, or I can give the baby up for adoption.

INTERCOURSE CHOICE

(figure available in print form)

All of these end-results of intercourse and possible resulting pregnancy, ABORTION, ADOPTION and KEEP THE BABY present grave psychological, physiological, and financial implications that if looked at and discussed BEFORE hand they might have some bearing on the original decision to have intercourse. Teenagers are programmed by the media which portrays family life with the Bradey Bunch image of life being all sweetness and harmony. Babies are cute bottoms on quilted pampers. How about the baby with diarrhea? The cute baby for Gerber foods never cries for hours or vomits his dinner. The possible end-results of pregnancy, ABORTION, ADOPTION, and KEEPING THE BABY, are no-win alternatives for teenagers. A pregnant teenager, because of a moment, is faced with carrying for the rest of her life one of these alternatives. All of these choices have life-long implications for her.

Decision making skills are not instinctive. They need to be practiced, even if only in a hypothetical setting. I find it helpful to have teenagers graphically look at the series of subsequent choices that result from the INITIAL decision to have intercourse. The INTERCOURSE CHOICE flow chart can be expanded to illustrate some of the many decisions that have to be made after taking the first step, intercourse. See Lesson SEXUALITY CHOICE PYRAMID.

It seems to me that teenagers often times think in terms of events and disregard the passages to these events. Look at the following as an example.

Event Event Event
one

version: I have SEX . . . I get PREGNANT . . . I give BIRTH

another

version: I have SEX . . . I get PREGNANT . . . I have an ABORTION

Teenagers need to be made aware of those spaces in between those events and what the medical realities of those events and the passages to the events are. Males as well as females need to clearly understand what happens to the female body from the time of fertilization to birth in the form of detailed information on the stages of pregnancy. They need to clearly understand what happens to the unborn individual from fertilization to birth by being fully aware of fetal development and the birth process. This last point can be shown in a series of slides developed in 1980 for the Yale-New Haven Teachers' Institute from the book *Life before Birth* by Stephen Parker. The need for complete medical understanding of what an abortion entails is likewise paramount. Teenagers need to become aware of the medical implications of the repeated use of abortion as a primary means of birth control.

Types of abortion

A general knowledge of the different forms of abortion is a necessary foundation for sound decision making.

Abortion is generally defined as the expulsion of a fetus before the intended birth. There are two general types of abortion: SPONTANEOUS [miscarriage] when the woman's uterus by itself expels the embryo or fetus. INDUCED when outside means are used to intentionally expel the embryo or fetus.

Spontaneous abortions occur unintentionally. They are relatively frequent in the United States. Exact statistics are difficult because only complicated cases require hospital care. Many women who have spontaneous abortions never consult a physician. Some of these abortions occur so early in the pregnancy they are self-diagnosis as delayed or extremely heavy menstrual flows. Estimates have been made that about 10% of all pregnancies in the United States end in spontaneous abortion. They usually occur in the first three months of gestation and most frequently in the first month.

The causes for spontaneous abortion may be classified as *intrinsic* or *extrinsic*. Defective ova and spermatozoa are an intrinsic cause of spontaneous abortion. There are many extrinsic factors which interfere with the nutrition or health of the developing fetus. Any virus infection in the mother may cause death to the fetus. Drugs of all kinds may damage a fetus as well as excesses of alcohol, cold heat, trauma, exertion or pelvic infection such as gonorrhea or tuberculosis.

Induced abortions are the intentional removal of the contents of the uterus, fetus, placenta and tissue lining of the uterus by various methods. The seven main types of induced abortion are explained in the following brief descriptions:

Endometrial aspiration or menstrual regulation or menses extraction This procedure is used at the earliest stage of pregnancy and is usually done in a clinic or a doctor's office anytime after her period is due, from 4 to 10 weeks after her last menstrual flow or until a positive pregnancy is confirmed.

The procedure takes only between 7 to 10 minutes and a local anesthesia is rarely needed. A small, flexible

tube is inserted through the cervix into the uterus. The other end of the tubing is connected to a pump which GENTLY for 20 to 40 seconds sucks out the tissue lining the uterine wall. Many women feel nothing while others experience mild discomfort in the form of cramping. The rate of complications, risks and side effects from endometrial aspiration are extremely low. The cost ranges from \$75-\$125.

A woman can be late getting her period without being pregnant so care should be used in not using this method unnecessarily. It is also possible that this method may miss the fetus because of its tiny size at this time.

Vacuum aspiration or suction abortion

This procedure is frequently done in a clinic or doctor's office after a positive pregnancy test and up to 12 weeks after her last menstrual flow.

The procedure takes about 10 minutes. Under local anesthesia the cervix is dilated with a thin instrument with increasing diameters. The smallest is about the diameter of a match stick to the largest being about as wide as the diameter of a pen. Tubing is then inserted into the uterus and suction is applied.

There may be discomfort in the form of strong cramps for about 20 minutes as the uterus contracts back to normal size. The cost ranges from \$150-\$300.

Laminaria aspiration or seaweed abortion

This procedure is most generally used in the second-trimester of pregnancy and can be done in a clinic or a hospital. One or more sticks of laminaria seaweed are inserted in the cervical opening. For the next 4 to 24 hours the laminaria expands to about three or four times its original size and gently dilates the cervix. This gradual dilation is thought to be less traumatic to the cervix which is taut and easily torn in more advanced pregnancy. Vacuum aspiration is then performed as usual. The cost ranges from \$200-\$250.

Dilation and Curettage or D&C

D&C's are often preferred by private doctors who do not do abortions frequently, because it is a standard gynecological procedure used for a variety of other conditions including infertility and persistent menstrual irregularity.

This procedure is performed from 8 to 15 weeks after her last menstrual flow and requires a hospital setting. As the procedure is more painful than vacuum aspiration, a general anesthetic is usually used so that the woman will be unconscious. The cervix is dilated enough to allow the doctor to scrape the uterine lining using a metal loop at the end of a long, thin handle called a curette. The fetal tissue is then removed with forceps. There is a risk of perforation, excessive bleeding and infection connected with a D&C. Cost ranges from \$350-\$600.

Hypertonic Saline injection

This procedure is done in a hospital setting between the seventeenth and twenty-fourth weeks of pregnancy. It can be a very difficult experience for the woman because she must go through the actual labor process to expel the fetus. A small amount of amniotic fluid is withdrawn by a syringe. This fluid is replaced by an equal amount of a saline [salt] solution in a procedure that takes about 45 minutes to an hour. The saline solution stops pregnancy supporting hormones from being produced. From five to 48 hours later the uterus begins to contract and the cervix dilates enough to allow the contents of the uterus to be expelled. The cost ranges

from \$400-\$1000.

Prostaglandin injection

Prostaglandin is a hormone that is found naturally in our bodies. These chemicals can be injected into the amniotic sac and into the bloodstream or taken orally to induce contractions. While the risk of shock and bleeding is not as great as with the saline abortion, prostaglandin has a higher likelihood of the fetus being delivered showing signs of life. Other side effects of this procedure include nausea, diarrhea, tears in the cervix and a placenta that remains attached to the uterine wall. The average hospital stay is two days and the cost ranges from \$600 up.

Hysterotomy or mini-caesar ean

The fetus can be removed through a surgical incision into the abdomen and uterus during the seventeenth to the twenty-fourth weeks of pregnancy. This is a major operation and requires general anesthesia. This method is rarely used and is usually reserved for cases when the saline or prostaglandin method failed. This procedure has the highest complication and mortality rates of all abortion methods and can possibly result in the woman being limited to caesarean births thereafter. The cost ranges from \$900 up.

History of Abortion

In an attempt to clearly view abortion in the 1980's it is helpful to look back on abortion in earlier times. This is by no means a modern problem.

The desire to control pregnancy is a timeless pursuit of women. Egyptian women in 500 B.C. used various techniques to obtain control: an inserted plug of crocodile dung and paste, a douche brewed from honey and salt. Women in China drank quicksilver [mercury] fired in oil or swallowed fourteen live tadpoles three days after they had missed a menstrual flow. Russian women squatted over pots of boiling onions. Certain Indian tribe women climbed up and down coconut palms in such a manner as to strike their stomachs against the trunks. ¹ Women have to this day attempted to find home-ways of inducing abortion. They talk to their friends or inquire at a pharmacy about some drug that might bring on or delay their menstrual flow. Concoctions of bleach, laundry bluing, turpentine, and assorted other poisonous substances have been brewed and drunk by frantic women seeking a solution to their dilemma of an unwanted pregnancy. Women have over time used quinine and castor oil as less dangerous substances. Rural communities have their own favorite abortifacient concoction: tansy tea, parsley, juniper and others. It would be interesting to have students talk with older women in their families about home-remedies to bring menstrual flow on. Ergot is used extensively for this purpose. In Trinidad, British West Indies, a magic potion is used by the Mammaloi [female voodoo midwife] to bring on delayed menses. The magic potion is made from leaves of a flowering vine collected at certain times of the year. A tea is brewed from the leaves along with the necessary magical words. Although the Mammaloi is unaware of it, she collected the leaves at a time when an ergot producing fungus was present on them. It was the ergot which was the effective ingredient. The magic in some home-remedies is sound pharmacology. ²

The organized disapproval of abortion that grew up had very definite purposes. The Catholic church had accepted abortions until the "quickening" of the fetus, when the woman first feels fetal movement. The belief being that the soul entered the fetus at that time making it a person. This time was accepted to be about 40 days after conception. With increased medical knowledge indicating the living properties of sperms and eggs and with wars in Europe reducing the number of Catholics, Pope Pius IX in 1869 banned abortion altogether. The wide use of abortion in Europe and America as the primary birth control method began to come under fire from the medical professionals, legislators and industrialists. The Civil War fatalities and the strong need for

an increased population to insure a bright future in a growing economy resulted in a unified cry for the cessation of abortions. Women were looked upon as breeders. Martin Luther stated, "If a woman grows weary and at last dies from child bearing, it matters not. Let her only die." ³ Anti-abortion sentiments grew in America till 1870 when virtually every state had laws restricting abortion to situations where the woman's life was endangered by the pregnancy. Abortion was forced to go underground.

Illegal abortions flourished in this country until the 1973 Supreme Court decision. "In the single year before 1973 when the Supreme Court declared the choice of abortion to be part of the constitutionally guaranteed right to privacy, for instance, more than one million women had abortions; almost all of them "criminal" and therefore profiteering and dangerous. Among the total population, even before legality, at least one in four adult American women had had an abortion. That's a conservative estimate." ⁴

Abortion has long been an issue of conflicting morality and particularly connected with the issue of the rights of the wealthy versus the rights of the poor. The 1844 trial of abortionist Mme. Costello was covered by the *Herald* which continued to publish advertisements by known abortionists. "Editor Bennett suggested that the greater scandal lay in the worlds of the wealthy. In one of his editorials, "The Morality of the 'Upper Classes'" he commented briefly on abortionist Mme. Costello but only then to argue that corruption is not confined to the low orders. Mme. Restell, who began the abortion business in New York, had more than 12,000 applications for her "professional" services, according to Bennett, "from persons connected with the first families all over the country, and amongst the police depositories some of the most revolting stories are to be obtained in relation to persons of the highest rank in fashionable, respectable, and religious society in the city of New York." ⁵

Present Abortion Status

Recent court rulings have once again made abortion a luxury of the rich and a difficulty of the poor. On June 30, 1980, the United States Supreme Court ruled 5-4 in *Harris v. McCrae* that the Congressional ban on Medicaid payments for abortion was constitutional even when the abortion was determined by a physician to be medically necessary. The reproductive rights of women on Medicaid both in Connecticut and across the nation were dealt a staggering blow by this decision. The 1973 decision guaranteed the poor woman's right to an abortion and the 1980 decision took away her means of paying for an abortion.

The Pro-Life group retaliates to the Pro-Abortion group's claim of discrimination against the economically deprived by stating: "It is a sad and harsh probability that a large number of criminal laws bear unequal severity in practice on the poor, who are more likely than the rich to be caught, to be prosecuted, to be unskillfully defended, to be convicted, and to be punished." ⁶ This inequality is unfortunate, but the standard must be set.

The real fear of pro-abortionist (pro-choice) is summed up by Senator Bob Packwood, R-Ore., a proponent of free choice for women when he said, "What those who want to deny funding to the poor for abortions really want is to deny it to all women." ⁷ The "human life statue", S-158 (Helms-D'Amato) and HR-900 (Hyde-Mazzoli) is viewed by many as a new attempt to eliminate legal abortion without a Constitutional amendment by redefining the word "person" in the 14th Amendment to include the fertilized egg and thereby confer upon it a Constitutional right to life.

The abortion debate has received a great deal of public attention, as well as private personal airings. Students need to be clearly aware of how the Pro-Life view differs from the Pro-Choice view. Giving a capsule summary

of each point of view, such as the following, would serve as a spring board for students to research in current local and national newspaper and magazine articles. Because of the swiftly changing legislation and court decisions most books are outdated. Students should realize that they are living in the midst of history being shaped.

Pro-Life or Anti-Abortion View

The fertilized egg is an individual human life from the moment of conception. It is not a thing that belongs to anyone to be discarded at will. It is a unique individual that develops inside the mother. This individual is harmless and innocent. To kill it is murder, a criminal offense. The growing individual is entitled to its right to life under the protection of the law. If harmless human life is permitted to be killed, such actions could lead to the taking of other unwanted human lives, such as old people, deformed or retarded people.

Pro-Choice View

Every woman should be free to determine whether and when to bear children. No matter what her age or marital status is. She solely has the right to obtain a medically sound abortion. An embryo or fetus is only an organism growing toward being a person and it is therefore not murder to abort it. No woman should be required to go through a pregnancy she does NOT want. Abortion should not be a PRIMARY birth control measure.

After students have a working knowledge of both points of view and have begun putting some of their beliefs into solid form by discussing Lesson REASONS FOR HAVING AN ABORTION, it might be valuable to have a speaker from both positions come into the class. I feel that it is best to have these speakers as separate events, but a debate forum might be helpful.

Problem Areas To Be Looked At

Certain concerns that are connected with the topic of abortion have come up over the years. They cover some physiological and psychological factors that could be explored with students.

A recent Washington Post-ABC News poll found that “the American public continues to support legalized abortion by a wide margin, and more than two of every three Americans oppose any law that would make abortion murder.” But interestingly enough the poll also discovered that, “despite the widespread approval of abortion in principle, Americans find it much harder to accept abortion when it touches their lives.”⁸ This live-and-let-live philosophy allows Americans to tolerate abortion as a choice for those who want it even though they may personally oppose it. Students can discuss this philosophy toward abortion and can also apply it in other troublesome areas such as homosexuality, birth control, life styles, religious beliefs, etc.

I have found that when a topic is possibly threatening or embarrassing to students it is useful to remove the connection from the student and to instead focus on a related issue. The ambivalence of abortion is a tug-of-war for not only the people directly involved but also for the medical personnel involved. By shifting to the struggle these people have to deal with the students are given the distance from the issue they may need. Some medical discomfort with abortion relates to the Oath of Hippocrates taken traditionally at the time of graduation from medical school. The oath contains an admonition to all physicians that they should in no manner ever prescribe or give abortifacient drugs to a woman. Magda Denes' book, *In Necessity and Sorrow*, deals with the moral and emotional dilemmas, the confusion and ambivalence felt by the personnel of an abortion hospital, as well as by the patients and their families. It is a worthwhile book for both teachers and students to read and discuss.

Students should be introduced to TERATOLOGY, the scientific study of congenital abnormalities caused by prenatal influences. The environmental agents that produce abnormalities in the developing fetus are called TERATOGENS. A teratogenic agent may be a chemical such as a drug or a hormone, a virus or other organism, or radiation. Medical researchers are just beginning to gather data on the effects of teratogenic agents. This connects with the problem that surfaces repeatedly. The use of drugs and alcohol during pregnancy by teenagers. Many teenagers are frequent users of marijuana and or alcohol, while some are into heavier drugs also. Many cut down their use of or totally abstain from drugs during their pregnancy once it is established. The problem I have found is many teenage girls delay confirming their pregnancy and beginning prenatal care in the hope that this lack of action will somehow make the pregnancy disappear. Because of their mental anxiety and turmoil at this point they seek an escape from reality and resort to drugs and or alcohol. Mary A.'s tape discusses her fears about the effect of heavy drug use done before her pregnancy was diagnosed. The problem of an unwanted pregnancy leads some pregnant teenagers to drug use as an avoidance to facing the problem. They are then faced with the fear and guilt of what that drug use may have done to the fetus. They may then turn to abortion as a way of disposing of a possible "abnormal" unborn child.

Students can do research on the thalidomide babies of the 50's. There is also a great deal of material on the effects of nicotine from a smoking pregnant mother. Excellent discussions can be generated around the dilemma of a pregnancy known to be defective due to exposure to German measles, rubella, in the critical stage of fetal development or due to a chromosomal abnormality, such as Down's Syndrome, detected by amniocentesis.

A student in a sexuality class several years ago illustrates another problem. She was a student who excelled on the factual content of the course. At that time she wrote in great detail about her personal stand against abortion. Within a year she was pregnant and had had an abortion. I was puzzled about both points considering her knowledge and her strong opinions. In talking with her it became clear that she had believed every other girl might get pregnant, but it would never happen to her. It did. She could not cope with the pregnancy and had an abortion arranged by her mother. A year later, she was pregnant once again. This time she was going through with the pregnancy. Her sense of guilt over the first pregnancy had been a strong factor in her getting pregnant again. Do teenagers who have had abortions need a place to resolve their feelings of guilt over the abortion? Should follow up therapy be required after an abortion? Are many of the follow up pregnancies after an abortion motivated by unresolved guilt over the abortion?

Another problem area that I have found is the teenager who has had infrequent sexual activity or it was her first experience. She feels it is not fair she got "caught" when she has not or does not play around that much. Her feelings are like the driver who just once follows another car through a stop sign and policeman arrests only him, not the guy ahead who went through the last 20 stop signs. Another version of this situation is when a girl has been using a birth control measure, but it fails. Students usually have interesting opinions on this "those-are-the-breaks" philosophy.

I have found discussions about the psychological impact of abortion using the following points is helpful to students.

1. The importance of the decision to abort being the pregnant teenager's own decision. She should have the opportunity to discuss her choice with a neutral person who can objectively point out her options.
2. The importance of letting someone in her family know about her decision to abort. Many family

members, parents in particular, who are quite vocal in their anti-abortion feelings are quite supportive when faced with the reality of abortion. Dealing with an abortion and keeping it a secret from family is a heavy burden to carry.

3. The importance of the immediate guilt that results from the actual physical setup of the clinical situation and the attitude of the people caring for the teenager. It is one thing to talk about an abortion but quite another thing to actually do it.

4. The importance of the factors that will affect the ability to work through the conflicts associated with the unwanted pregnancy and the abortion.

- a. A prior history of mental problems
- b. Immature interpersonal relationships
- c. Unstable or conflicted relationship with partner
- d. Unstable or conflicted relationship with family
- e. Mixed feelings about abortion
- f. Religious or cultural background hostile to abortion
- g. Single status
- h. Lacking a support system

The single most important factor I have found that is an indicator of how an abortion or potential abortion will affect a teenager is what that pregnancy means to *her* .

A way to bring the abortion unit to a close could be to explore in discussions and written exercises the possible reescalation of illegal abortions and what that means. What will females do with unwanted pregnancies when they can not pay for abortions? A position that many pregnant teenagers find themselves in. What will females do with unwanted pregnancies if abortions are declared murder and are therefore illegal?

Lesson 1: ADVERTISEMENTS FOR AND AGAINST ABORTION

The following are examples of advertisements put out by antiabortion and pro-abortion groups respectively:

“Diary of an Unborn Child”, “Significant Events in a New Life” plus the poster displayed on the back of public buses which depicts tiny feet being held by a human hand.

“Fifteen Facts You Should Know About Abortion”

Discuss the effectiveness of these materials, propaganda sheets, and any others you can find. Do they heighten people's sympathy for their position on abortion? How are the elements of factual information, shock, sympathy and guilt used in these materials?

How would you design an advertisement FOR or AGAINST abortion?

(figure available in print form)

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(figure available in print form)

(figure available in print form)

Lesson 2: SEXUALITY CHOICE PYRAMID

(figure available in print form)

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Lesson 3: AM I PARENT MATERIAL?

Some thought provoking questions about one of the most important decisions you will ever make are listed below. Consider these questions BEFORE you make a decision that will affect you for the rest of your life. Give SERIOUS thought about how awesome it is to be responsible for a new life. These questions are meant to get you thinking about what it means to be a parent. There are no "right" and "wrong" answers. Your answers are right for you and may help you to decide whether or not you are ready to be a parent. Because we all change, your answers to some of these questions may change in two, five, or even ten years from now.

Does having and raising a child fit the lifestyle I want?

1. What do I want out of life for myself? What do I think is important?
2. What is my "goal" in life? What are the necessary steps needed to work toward that goal(education,training,etc.)?
3. How would a child interfere with my growth and development?
4. Would a child change my educational plans? Do I have the energy to go to school and raise my child at the same time?
5. Would I be ready to give up the freedom to do what I want to do, when I want to do it?
6. Would I be willing to cut back my social life and spend more time at home? Would I miss my free time and privacy?
7. Can I afford to support a child? Do I know how much it takes to raise a child?
8. Could I handle a child and a job at the same time? Would I have the time and energy for both?
9. Do I want to raise a child in the neighborhood where I live now? Would I be willing and able to move?
10. Would I be able to emotionally raise a child? Am I ready to stand on my own two feet?
11. Am I willing to give a great part of my life, AT LEAST 18 YEARS, to being responsible for a child? And spend a large portion of my life being concerned about my child's well being?

What is in it for me?

1. Do I like doing things with children? Do I enjoy activities that children do?
2. Would I want a child to be “like me”?
3. Would I try to pass on to my child my ideas and values? What if my child-’ ideas and values turned out to be different from mine?
4. Would I want my child to achieve things that I wish I had, but didn’t? Could I accept a child who was not capable of achieving or who was handicapped?
5. Would I expect my child to keep me from being lonely in my old age? Do I do this for my parents? Do my parents do that for my grandparents?
6. Do I want a boy or a girl child? What if I did not get what I wanted?
7. Would having a child show others how mature I am?
8. Will I prove I am a man or a woman by having a child?
9. Do I expect my child to make my life happy?

What is in it for the child?

1. Would my child be abused mentally or physically?
2. Could my child grow in an environment of love and trust?
3. What advantages could I offer my child?

What is there to know about raising a child?

1. Do I like children? When I am around children for awhile, what do I think or feel about having one around ALL of the time?
2. Do I enjoy teaching others? Can I set an example?
3. Is it easy for me to tell other people what I want, or need, or what I expect of them?
4. Do I want to give a child the love he/she needs? Is it easy for me to show love?
5. Am I patient enough to deal with the noise and the confusion and the 24-hour-a-day, 7-days-a-

week responsibility? What kind of space and time do I need for myself?

6. What do I do when I get angry or upset? Would I take things out on a child if I lost my temper?

7. What does discipline mean to me? What does freedom, or setting limits, or giving space mean? What is being too strict, or not strict enough? Would I want a perfect child?

8. How do I get along with my parents? What will I do to avoid the mistakes my parents made?

9. How would I take care of my child's health and safety? How would I care for my own?

10. What if I have a child and find out I made a wrong decision?

11. Could I handle more than one child?

Have my partner and I really talked about becoming parents?

1. Does my partner want to have a child? Have we talked about our reasons?

2. Could we give a child a good home? Is our relationship a happy and strong one?

3. Are we both ready to give our time and energy to a child?

4. What would happen if we separated after having a child?

5. Could we share our love with a child without jealousy?

6. Do my partner and I understand each other's feelings about religion, work, family, child raising, future goals? Do we feel pretty much the same way? Will children fit into these feelings, hopes and plans?

7. Suppose only one of us wants a child. Who decides?

8. Have we truly expressed and explored our feelings about parenthood and not just said what we think the other partner wants to hear?

9. Do I really want this person to be the father/mother of my child?

Lesson 4: REASONS FOR HAVING AN ABORTION *

No woman should decide to have an abortion without her own good reasons.

No man should support an abortion without his good reasons.

To others the motivations of those involved in this decision making process may not seem valid. To some the needs of an individual are supposed to be subordinate to a higher need. But because pregnancy is such a personal experience this difference in opinion becomes critical. The following are some reasons for abortion. Discuss or write about the pros and cons to each point.

WHY A WOMAN WOULD WANT AN ABORTION

1. She may be too young or too old to physically tolerate a trouble-free birth.
2. She may be too young to assume the adult responsibility of motherhood.
3. She may not be emotionally ready to have a child.
4. Her education or career may not tolerate an interruption.
5. Her health may not tolerate a pregnancy/birth.
6. She may dislike children.
7. She may be single and unwilling to take the responsibility of single parenthood.
8. She may be involved in a bad marriage and regard her pregnancy as an added stress to that marriage.
9. She may be financially unable to take on the responsibility of delivering and raising a child.
10. She may not want the reminder of the father of the child.
11. She may have a family history of birth defects.
12. She may have become pregnant as a result of rape or incest.
13. She may have a serious venereal disease.
14. She may be pregnant with a child of another race and may not want to face the problems connected with that.
15. She may have all the children she wants.
16. She may not want anyone to know she has been having a sexual relationship.
17. She may have a female lover and not wish to endanger that relationship.
18. She simply may not want any children.
19. She may be a victim of contraceptive failure.

WHY A MAN MAY FAVOR AN ABORTION.

1. He may not be emotionally ready for fatherhood.
2. He may be too young to provide much help in raising the child.
3. He may not be able to take time off from his job to take care of the child.
4. He may not want to disrupt his education by taking a job to support the child.
5. He may be financially unable to support the child.
6. He may dislike the mother.
7. He may not want anyone to know he has been having a sexual relationship.
8. He may have a male lover and not wish to endanger that relationship.
9. He may have a family history of birth defects.
10. He may have all the children he wants.
11. He may dislike children
12. He may fear the burdens of parenthood.
13. He may not want the responsibility of refusing to help with the child.
14. The mother may be of another race and he may not want to deal with the problems that may bring.
15. He simply may not want any children.
16. He may be the victim of contraceptive failure.

* Adapted from *Men's Bodies Men's Selves* by Sam Julty

Lesson 5: ACTUAL EXPERIENCES WITH ABORTION

Included are two cassette interviews with real teenagers Mary A., a fictitious name, who would have had an abortion but her pregnancy was too far along when diagnosed. Mary B. who had a difficult saline abortion and

then a few years later had an aspiration abortion.

Notes

1. Linda Francke, *The Ambivalence of Abortion* (New York; Dell Publishing Co., 1978), p. 24.
2. Brice Corder and Ronda Showalter, *Health Science and College Life* (Dubuque: Wm. C. Brown Company Publishers, 1972), p.279.
3. Francke, p. 28.
4. Gloria Steinem, "The Ultimate Invasion of Privacy", *Ms.* , (Feb. 1981), 43, 44.
5. Sally Banes, Sheldon Frank, Tem Horwitz, *Our National Passion—200 Years of Sex in America* (Chicago: Follett Publishing Company, 1976), p. 46.
6. John Noonan, *The Morality of Abortion—Legal and Historical Perspectives* (Cambridge: Harvard University Press,1977), p 236.
7. "Hyde Position Gaining in Congress", *New Haven Register* , (May 24, 1981).
8. "Poll finds most Americans 'pro-choice'", *New Haven Journal Courier* , (June 8, 1981), p. 22.

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Banes, Sally, Sheldon Frank and Tem Horwitz. *Our National Passion-200 Years of Sex in America* . Chicago: Follett Publishing Company, 1976.

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Denes, Magda. *In Necessity and Sorrow* . New York: Penguin Books Ltd., 1977.

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Peterson, Bill. "Poll finds most Americans 'pro-choice'." *New Haven Journal Courier* : June 8, 1981. 22.

Steinem, Gloria. "The Ultimate Invasion of Privacy." *Ms .*, (Feb. 1981), 43-44.

Recommended Bibliography for Students and Teachers

Boston Women's Health Collective. *Our Bodies, Ourselves* . New York: Simon and Schuster, 1976.

An excellent source book for a wide range of female topics. Easy reading, accurate information, good diagrams/pictures, and personal insights. The chapter on abortion includes history, procedures, how to select a good facility, feelings about abortion and personal experiences.

Calderone, Mary and Eric Johnson. *The Family Book About Sexuality* . New York: Harper & Row Publishers, 1981.

An excellent family sexuality source book written in a very readable style. A good section on abortion in a chapter on Family Planning that includes pro and con abortion points of view along with the positions of The American Psychiatric Association, The American Medical Association and The American College of Obstetricians and Gynecologists.

Denes, Magda. *In Necessity and Sorrow* . New York: Penguin Books Ltd., 1977.

I strongly recommend reading this book by a psychoanalyst and mother of two who had an abortion herself. She returns to the abortion hospital to interview patients and those accompanying them-partners, family, and with the hospital staff from doctors on down to orderlies. Magda gains insight into the moral and emotional dilemma that all connected with abortion must deal with.

Francke, Linda. *The Ambivalence of Abortion* . New York: Dell Publishing Co., 1978.

If only one book is to be read on the subject of abortion let it be this one. Francke is a writer and a mother of three children who had an abortion herself. She writes about her and other women's experiences by indepth interviews of the women, their partners and families and she includes how the abortions affected their relationships and their lives.

July, Sam. *Men's Bodies Men's Selves* . New York: Dell Publishing Co., 1979.

The male counter part to the female *Our Bodies , Ourselves* . It covers a wide range of topics pertaining to males. Good reference and resource material. Excellent section on abortion from the male point of view in a chapter on the consequences of sex.

McCoy, Kathy and Charles Wibbelsman. *The Teenage Body Book* . New York: Wallaby Pocket Books, 1978.

An excellent source book for teenagers. Easy reading with lots of personal issues and typical questions and answers. A short section on abortion in the chapter on pregnancy and parenthood.

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