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Abortion in the American Society and Women Using Self-Medication for Terminating Pregnancies

 State-administered bans on self-medicated abortion state that these medicines are not safe to use at home and without proper counseling. However, distributors and various organizations disagree with the reason provided by the American states. They proclaim that the self-medicated abortion tablets, Misoprostol and Mifepristone, are completely safe to use because they are medically tested and certified (Dahiya et al. 1057). Likewise, these two tablets are equally effective for terminating pregnancies for the reason that if any one of these tablets cannot be made available, the second tablet will work in the same way. According to one of the distributing companies, self-medicated abortion practices have been prevalent in America for the last fifteen years and are not uncommon to the women (Tang et al. 724). They also state that, like any other medication, these medicines have minor side-effects such as nausea and headache.

However, in case of emergency, these companies strongly advise that the person should not wait for long and visit a nearby health care center since these medicines allow women to bleed within 24 hours as a sign of terminating their unwanted pregnancies. Besides, these medicines come with an instruction manual or counseling calls which first assess the health condition of women. If they see any sign of previous or recurring medical conditions, they do not advise them to use abortion pills so that it may not aggravate their symptoms. If the woman is already showing symptoms of some other disease, it gets difficult for the mother to carry out her pregnancy till the very end. In such a scenario, the role of State should also be questioned that if they discourage self-medicated abortions as an unsafe practice then why is it forcing women to carry out these pregnancies if they are already showing symptoms of some other disease. Quite surprisingly, studies have revealed that abortion pills do not increase the risk of developing breast cancer among pregnant women (Hardon 40). These risks develop in those women who do not terminate their pregnancy in time and as a result, the infant develops these symptoms because of genetics. Unwanted pregnancies trigger anxiety issues and depression among American women since it is revealed in a survey that American women do not prefer giving birth to more than two children. Self-medicated abortion gives them the freedom to terminate pregnancies because they have full control of their bodies according to the civil liberties provided to them by the Federal law of Roe v. Wade. Besides, State-administered abortion bans violate the feminist ideology as well as humanitarian principles (Ferguson and Jenkins 363).

 Based on evidence and various studies carried out in this regard, it is safe to say that abortion pills do not pose any major or life-threatening consequences to pregnant women as multiple American states or health care centers generally advocate. Moreover, these pills can also prove to be highly effective and beneficial in the lieu of family planning policies because they are both effective and carry no major or life-threatening side effects (Is the Abortion Pill Safe?). In the case of teen pregnancies, these pills can ensure the medical safety of girls and they can be saved from the trauma of undergoing a surgical abortion. In the same manner, the reproductive organs of these girls can be saved because in surgical abortions, the risk of permanent damage to the reproductive organs is high comparatively. These tablets do not harm their reproductive organs and instead terminate periods through bleeding which is a safe and pain-free (Tang et al. 724) process. They have countless benefits over surgical abortion practices since it does not affect women and their physical well-being, as well as their mental health.

**Work Cited:**

Dahiya, Krishna, Kamlesh Ahuja, Atul Dhingra, Nirmala Duhan, and Smiti Nanda. “Efficacy and Safety of Mifepristone and Buccal Misoprostol versus Buccal Misoprostol Alone for Medical Abortion.” *Archives of Gynecology and Obstetrics* vol 285, no. 4, April 1, 2012, pg.no. 1055–1058. <https://doi.org/10.1007/s00404-011-2110-8>.

Ferguson, J., and M. G. Jenkins. “Effect of CSM’s Warning about Safety of Third Generation Oral Contraceptive. General Practitioners in England Prescribed Second Generation Pills Instead.” *BMJ : British Medical Journal* vol 313, no. 7053 ,August 10, 1996, pg.no. 363.

Hardon, Anita. “The Development of Contraceptive Technologies: A Feminist Critique.” *Focus on Gender* vol 2, no. 2 ,1994 , pg. no. 40–44.

“Is the Abortion Pill Safe? | Read About Abortion Pill Safety.” Accessed December 3, 2019. [https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-safe-is-the- abortion-pill](https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-safe-is-the-%09abortion-pill).

Tang, Oi Shan, Pei Pei Gao, Linan Cheng, Sharon W. H. Lee, and Pak Chung Ho. “A Randomized Double-Blind Placebo-Controlled Study to Assess the Effect of Oral Contraceptive Pills on the Outcome of Medical Abortion with Mifepristone and Misoprostol.” *Human Reproduction* , vol 14, no. 3 , March 1, 1999, pg. no 722–725. <https://doi.org/10.1093/humrep/14.3.722>.