28

IS UNWANTED PREGNANCY A MEDICAL DISORDER?

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Abortion has long been a contested ethical issue, but we could reduce the suffering caused by abortion without taking a stand on whether or not it is ethical. Both sides can concede that abortion causes suffering, and that we can best reduce this by reducing unwanted pregnancies. I believe that current efforts to reduce unwanted pregnancies are not good enough, and that we could do better by viewing unwanted pregnancy as a medical disorder.

That abortion causes suffering to foetuses is a major claim in the pro-life argument, and unwanted pregnancy and abortion are traumatic for women, too. But banning abortion also results in suffering: almost half of the estimated 44 million abortions that occur worldwide each year are unsafe (i.e. carried out by unskilled individuals, using hazardous equipment, or in unsanitary facilities).[1] Countries where abortion is banned have far higher rates of unsafe abortion.[2]

Since both permitting and banning abortion result in significant suffering, it is concerning how ineffective existing efforts are to reduce demand for abortions. While the UK runs sex-education programmes and provides free contraception, in 2011 there were nearly one hundred and ninety thousand UK abortions. The UK has the highest teenage birth and abortion rates in Western Europe, and those seeking abortions report being unaware of their contraceptive choices, misunderstanding how to use contraception, or not using it at all.[3] How can we do better?

I suggest that we should view unwanted pregnancy as a medical disorder and aggressively promote contraception the way we promote vaccination. Unwanted pregnancy, after all, can be as devastating as some

serious diseases. A woman with an unwanted pregnancy faces a choice between a (legal and safe, if she's lucky) medical procedure to end the pregnancy, or huge life changes for which she may be emotionally and financially unprepared.

Does it matter that unwanted pregnancy does not involve biological malfunctioning? No: many disorders and disabilities do not involve the body malfunctioning in any specific way. Many mental disorders, which lack clear tissue or molecular pathologies, take this form. And some campaigners argue that disabilities like deafness are not biological malfunctions but social constructs.

Currently, unwanted pregnancy is viewed as a social problem. As such, it tends to be addressed through education and public awareness campaigns. Taking seriously the idea that unwanted pregnancy is a disorder may encourage more effective prevention methods, like medical ones. Parents could be encouraged to obtain contraception for their (fertile) children the way they are encouraged to have their children vaccinated. By 'encouraged', I do not mean 'given leaflets'. I mean that, when children reach adolescence, their parents should be asked to bring them to a clinic to be prescribed contraceptives—ideally implants, injections, or other methods whose effectiveness does not depend on the patient's cooperation. As with routine childhood vaccination programmes, participation should not be compulsory, but social pressure should be applied to ensure a high level of uptake.

There are likely to be objections to the idea that we should promote contraception the way we promote vaccination. I will try to anticipate some of them.

Freedom: Would the scheme I have outlined infringe on young people's freedom to make their own contraceptive choices, and on parents' freedom to choose how to raise their children? Not really. Since this scheme would not be coercive, it would not infringe on freedom any more than promoting vaccination does. And since ineffective use of contraception results in unwanted pregnancy, which curtails freedom by limiting choices, the current failure to promote contraception is, surely, a greater infringement on freedom.

Encouraging promiscuity: We sometimes hear that promoting contraception to young people might encourage them to have sex. I can think of two main reasons—beside unwanted pregnancy—why people might

object to this. First, there are sexually transmitted diseases (STDs). The types of contraception I have advocated promoting do not protect against STDs and this might deter young people from using barrier methods that *do* protect against STDs. However, I have described a system in which young people are routinely summoned to a clinic to receive contraception. They can be educated about barrier methods while they are there. It would be surprising if this system would *increase* irresponsible sexual behaviour. Second, some might worry that young people having more sex is a bad thing regardless of the consequences. This resembles the 1960s anxiety, when the contraceptive pill became available, that women would become more promiscuous and that relationships between men and women would change. This is exactly what did happen: women now have children later in life and enjoy sexual relationships that do not result in children. This might have horrified social commentators in the 1960s, but society has changed; few now regard these developments as negative. This should caution us against placing too much weight on non-consequentialist worries about sexual promiscuity among young people today.

Sexism: Implanted and injectable contraceptives are not available for men, so, in practice, my system would only target women. It would subject women but not men to medical treatment to prevent a problem caused by both men and women, and it might also encourage the view that contraception is women's responsibility. Is this sexist? It would be better if the programme targeted men and women equally, as it may do when male hormonal contraceptives become available. Even so, what I have proposed aims to prevent unwanted pregnancies, which affect women more than men. It is unlikely that any negative consequences for women of these measures would outweigh the current negative effects of dealing with hundreds of thousands of unwanted pregnancies in the UK alone.

Whilst the long-vexed abortion debate is motivated by concerns about the welfare, rights, and interests of foetuses and their mothers, all sides of the debate can agree that it would be better for both women and foetuses if fewer abortions were required. Working harder to prevent unwanted pregnancies is the obvious way of achieving this, and I have outlined a way in which this could happen cost-effectively and using current medical technology.

Notes

1. <http://www.fpa.org.uk/factsheets/teenage-pregnancy>
2. Shah, I., et al. (2009). 'Unsafe abortion: global and regional incidence, trends, consequences, and challenges', *Journal of Obstetrics and Gynaecology Canada* 31/12: 1149–58.
3. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213386/Commentary1.pdf>