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The Abortion Morality and Ethical, Sexual and Reproductive Rights Conflict: Role of Values Clarification and Attitudinal Transformation (V-CAT)

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ABSTRACT

Background: *Abortion, particularly when unsafe is replete with severe complications that makes it a major direct medical cause of maternal mortality. The abortion law is restrictive in many countries, abortion is allowed mainly to save the life of the mother. Abortion has moral, ethical and sexual and reproductive rights implications which may constitute a challenge to its effective care.*

Objective: *to review abortion with respect to the types; magnitude of the problem, pre disposing factors and complications of unsafe abortion; discuss laws relating to abortion, the moral and ethical, sexual and reproductive rights conflicts and highlight Values Clarification and Attitudinal Transformation (V-CAT) as a key answer to abortion management challenge.*

Methodology: *review of articles from the internet, journal publications; relevant chapters of textbooks; serials and monographs from relevant local sources and supra-national agencies.*

Result: *Abortion can be spontaneous or induced Globally, 35million induced abortions, 25million unsafe abortions and 39000 maternal deaths occur annually. A range of factors predisposed to unsafe abortion with several immediate and long term complications. Abortion laws in most countries are restrictive. Abortion morality often integrated to the people's cultural value is mostly domicile amongst religions. Abortion has profound ethical, sexual and reproductive rights implications. The challenge to abortion management can be solved using effective Values Clarification and Attitudinal Transformation (V-CAT) exercise*

Conclusion: *abortion is a global public health problem with moral connotation that may be at conflict with its ethical, sexual and reproductive rights implications. Challenge to effective abortion care can be resolved employing V-CAT.*

Keywords
Abortion, Morality and ethical, Sexual and reproductive right conflict, Values clarification.

Introduction
Over several thousand years, debate on abortion has raged, often times evoking explosive discuss- ultimately raising three broad divisions of people, the conservatives or Pro-lifers who strongly believe that the embryo and fetus are human beings that should not be 'killed" from the time of conception, this is the present stand of the catholic church; the liberals or Pro-Choicers who believe that the embryo and fetus are not persons but rather biological human beings and have no moral rights to life and the moderate or gradualists who are partly prochoice accepting abortion at early stages of pregnancy when the fetus does not look like human being and partly pro-lifers (conservatives) not allowing abortion to be performed when the fetus begins to look like a human being usually from 20 weeks. On the basis of biblical passages, Christians have

over the years held that the unborn child in the womb is human and should be treated as such and should not be aborted. It is also the consensus view point of geneticists that life begins following the union of the male and the female gametes and it is generally proven that as early as even 12 weeks of pregnancy the fetus can feel pain [1-4].

Pro-Choicers have argued that a distinction exist between a biological human being exemplified by the fetus and a person described as having conscience, sentiments and capacity to rational thoughts and speech. Counter to this argument is the fact that there are approximately 25,000 adults and 10000 children worldwide who have suffered brain deaths or disorders from one reason or another and are therefore incapable of displaying emotions, rational thinking or speech, rendering them to the same status as the fetus. Should there therefore be any ethical justification for ending their lives on the grounds that they are no longer "Persons[1]"?

Overview of Abortion

What is Abortion?

Abortion is the termination of pregnancy before the age of viability i.e. the pregnancy age at which the fetus is expected to survive should it be born alive- stipulated by World Health Organization to be 24weeks or the expulsion of a fetus weighing 500grams or less [5]. Abortion is used synonymously with miscarriage; spontaneous abortion refers to a naturally occurring termination of pregnancy, while induced abortion refers to forceful termination of pregnancy. Spontaneous abortions include threatened; inevitable, which can progress to incomplete or complete abortion; missed abortion; recurrent abortion; and septic abortion. Induced abortion can be safe or unsafe. Any type of abortion can be associated with complications however unsafe abortions are more likely to be associated with complications and death.

Unsafe abortion is defined by World Health Organization(WHO) as termination of pregnancy either by persons lacking the necessary skills or in an environment that lacks the minimum medical standards or both [5]

Magnitude of the Problem

Between 2015 and 2019 approximately 121,000,000 unintended pregnancies occur per year, out of which 61% ended in induced abortion [6].

Globally 210 million pregnancies occur per year [7].

35 million induced abortion occur annually out of which 25million are unsafe resulting in 39000 maternal deaths annually [8].

In Nigeria 1.25million induced abortions are performed annually. Equivalent to 33 abortions per 1,000 women [9].

Another study on Abortion indicates that:
Non Physicians accounts for as high as 60% of these abortions in Nigeria.
As high as 87% are performed in private health facilities

One in every ten Nigerian women has had an induced abortion [10].

Factors That Promote Unsafe Abortion

The following factors promote unsafe abortion- Illiteracy; ignorance of Reproductive Health; poor access to family planning; restrictive abortion laws; poverty; religious factors; cultural; ill equipped medical facilities; poorly trained health personnel; paucity of research information on Abortion. All these are believed to act in concert to promote unsafe abortion [11,12].

Complications of unsafe abortion include:
Immediate- Hemorrhage; genital tract trauma; injury to surrounding structures e.g. gut and bladder; shock; sepsis; renal failure.

Late- Cervical incompetence; Asher man's syndrome; chronic endometritis; infertility from tubal occlusion; unquantifiable emotional trauma [13,14].

Abortion and The Law

Laws are usually made by governments for the purpose of regulating the social and personal behavior of the people, however when such laws fail to respond to the values and norms of the people they are made for, they usually lose steam and effectiveness. This situation can rightly be said of laws attempting to regulate reproductive health issues such as sexuality and abortion. Seldom therefore do stringent laws made for such situations find welcome enforcement. Historically abortion had existed since time immemorial although its legality and other outcomes have been largely influenced by forces that tend to denigrate the fundamental rights of women-men, governments and religion. The Soviet Union became the first modern state to legalize abortion in 1920. In the United states of America unfolding issues unequivocally made it clear that the morality surrounding abortion was defined by doctors rather than women themselves. The "19th century 2-sphere family" which assigned power and authority to men, encouraging them to be sexual while offering women the alternative of power only as sexual beings that could enforce domestic moral order remained a legacy of dichotomy, however by 1973 the US supreme court declared abortion to be a private issue between the woman and her doctor. Following a wind of discussions and pressure for abortion reform by 1973, 14 states liberalized their existing abortion laws [15].

There are three major types of legal system- the civil (Napoleonic), common law and Islamic (Sharia) law. To varying degrees this legal systems criminalize abortion to an extent making provision for exculpating the caregiver or the woman when the life of the mother is at risk, therein lies the restrictiveness of abortion laws. In spite of this leeway to abortion services the restrictiveness has profound impact on caregivers and the society. In countries where abortion law is restrictive, abortion services are driven underground giving way to prolific nefarious activities of quacks. The consequence is increased abortion morbidity and mortality [15].

Trends in abortion legislation show that during the 20th century and moving up till now, countries both developed and developing have tended towards liberalizing restrictive abortion laws- especially evident between 1985 and 1997, during this period abortion laws became liberalized in ten developed countries and nine developing countries with populations of more than one million people each [8]. Restrictions with respect to abortion laws vary from country to country. Restriction can be related to saving the life of the mother or situations related to incest and rape or mental state of the mother or even socio economic reasons. A 2022 report from Guttmacher institute indicates that 37 countries have highly restrictive abortion laws, allowing abortion only to save the woman's life or prohibiting it altogether. Abortion is prohibited in the following countries- Vatican City(the Holy See), Malta, Dominican Republic, El Salvador, Nicaragua, Honduras, Palau, San Morino, Liechtenstein and Andorra; 62 countries have restrictive abortion laws, allowing abortion in cases like Rape, Incest, or fetal impairment, but often with limitations; 57 countries have moderately restrictive abortion laws allowing abortion for various reasons but with some restrictions; 49 countries have relatively liberal abortion laws, allowing abortion on request or with few restrictions [8,17,18]. All together about 125 countries (64%) have restrictive or highly restrictive abortion laws while 70 countries (36%) have relatively liberal laws [17].

Table 1: Countries in which abortion is totally prohibited.

S/N	COUNTRIES
1	VATICAN CITY(THE HOLY SEE)
2	MALTA
3	EL SALVADOR
4	DOMINICAN REPUBLIC
5	NICARAGUA
6	HONDURAS
7	PALUA
8	SAN MORINO
9	LIECHTENSTEIN
10	ANDORRA`

Table 2: Distribution by countries for legal status of abortion.

S/N	Number of countries	Legal status of Abortion
1	37	Highly Restrictive
2	62	Restrictive, except in cases of rape, incest or fetal impairment
3	57	Moderate-Abortion is allowed for various reasons but with some restrictions
4	49	Relatively liberal- Abortion is allowed on request or with few restrictions

In Nigeria abortion law is restrictive, abortion being permissible only when the life of the mother is at risk. Laws related to miscarriage are encoded in the criminal code of southern Nigeria- sections 228,229,230,297 and 328 and the penal code of northern Nigeria sections 232,233,234,235 and 236 [19-21]. the restrictive abortion law in Nigeria has prohibited the treatment of Abortion in orthodox health facilities and by trained healthcare providers while encouraging abortion services amongst unqualified persons and in facilities lacking the minimum medical standards. The result is a high rate of unsafe abortion with deleterious consequences of maternal morbidity and mortality. This situation had informed the incorporation of measures to forestall the un-salutary outcomes of unsafe abortion in Nigeria, such as building the capacity of health workers on post abortion care while conducting relevant research into abortion care; development of the violence against persons prohibition act by the national assembly; development of ministerial policy, including standards and guidelines on safe termination of pregnancies for legal indications and the development of protocols on the operationalization of the medical management of victims of violence including Sexual and gender based violence [22-29]

Abortion and Morality

Over a long period of time abortion was regarded as a moral issue and domicile within the purview of religion and traditional values. In recent times secular philosophers have questioned the immorality identity assigned to abortion by the Anti-abortionists regarding it as a position influenced largely by irrational religious dogma or a deduction made from muddled philosophical thinking[3] at the international conference on population and development held in Cairo Egypt in 1994 abortion was for the first time regarded as a public health problem of immense challenge rather than a mere moral issue, and participating countries became sensitized into paying attention to abortion and its public health implications [30]. The abortion debate is saddled with the key ethical question as to the moral status of the fetus. At one end of the spectrum is a group of people that believe that the fetus is a human-being with full moral status and rights from conception, while at the other end is the group that believe that a fetus has no right even if it's human in a biological sense. The morality of Abortion raises a critical question. Given the fact that the embryo and the fetus are human beings with moral rights to life as persons. It can be argued that it would be unjustifiable to allow the abortion of those beings just as it is not permissible to kill infants or children for whatsoever reason [2,3] However there is the pertinent question as to whether the fetus has the automatic right to be harbored by the pregnant woman. Abortion morality is therefore hinged on two major premises- the moral status of the fetus and the obligation of the mother to continue carrying the pregnancy [4]

Abortion, Ethics and Sexual Reproductive Right

Modern ethics and Bio ethics take roots from the value systems described by ancient classical Greek philosophers such as Aristotle and Plato together with the teachings of religious ethicists- notably from Christianity and Islam which occurred at later centuries. Most people the world over are affiliated to one religion or the other which usually influences their thinking and actions and develop a value system that becomes part of their culture. There is therefore a clear nexus between the values enunciated by those ancient Greek philosophers and the morality-oriented teachings of most religious groups that have to a considerable extent informed the expression of modern Bioethics [31,32]. Bioethics is widely regarded as a multidisciplinary field of enquiry (academic and

professional) which addresses ethical issues in clinical practice and healthcare, biomedical research involving humans and animal, health policy and the environment [31] four key principles of bioethics have been recognized from the works of notable united states bioethicists tom Beauchamp and James Childress [32], together with the British Raanan Gillon [33] which have been known to have profound implications to abortion. These include respect for persons-Autonomy of capable persons and protection of persons incapable of autonomy; Beneficence; Non maleficence; and justice. To these has also been added three others- veracity; fidelity and scientific validity [31,34,35], Bioethical principles and ethical reflections influence the morality of people's actions, requesting for and providing abortion services operates at the level of the individuals, that is the patient and the healthcare practitioner. playing out at this micro ethical level are the bioethical principles of respect for persons, beneficence and non-maleficence. The situation differs in the case of law makers legislating towards the provision of appropriate social norms for the benefit of the overall community rather than the individual. The Bioethical principles of Justice and Beneficence, applicable at Macro ethical level hold sway to provide the requisite social order. A legislator can therefore, in the interest of the overall good of the people vote in favor of the decriminalization of abortion even if the action runs contrary to his ethical Credo.

Respect for persons: the bioethical principles of respect for persons recognizes (a) the autonomy of capable persons and (b) the protection of persons incapable of autonomy. Autonomy of capable persons implies that the pregnant woman by virtue of her ability to become informed, comprehend and make decisions enjoys the moral rights to decide in conscience on whether to keep or abort her pregnancy. Respect for persons also enjoins that a pregnant woman cannot be pressured to reject or continue her pregnancy. The decisions should be her prerogative. This bioethical principle also provides that healthcare practitioners with conscientious objections cannot be forced to provide abortion service, against their will. An ethical dilemma arises in this case where the healthcare practitioner is the only person with the competences to provide such service at the location at the point in time. International Federation of Gynecology and Obstetrics (FIGO) ethical responsibility guideline on women sexual and reproductive right however recommends that in a situation of conscientious objection to reproductive healthcare including abortion service, the health practitioner has the ethical responsibility to refer the case out immediately to a facility where the patient can be given the requisite care [36] since ancient times, arguments has raged as to when during the period between conception and birth the fetus has moral and legal rights to self-existence. Some people argue that the zygote (the first cell of conception) has full moral rights that is equal to those of an adult. Most people however are of the opinion that the moral and legal rights to existence increases progressively with the pregnancy age and development of the fetus. Even amongst this group, an ethical dilemma arises as to what age of development the fetus acquires moral and legal rights enough to challenge the autonomy of the mother to decide on whether or not to harbor it. the stage of development during pregnancy at which the fetus becomes morally recognized to prohibit abortion has varied, with various shades of opinion. Some people have chosen the pregnancy age of 12weeks; some, pregnancy age at the period of quickening (16-20 weeks); and yet some, pregnancy age at viability- between22nd and 28th week depending on the gestational age of definition of fetal viability. World Health Organisation (WHO) defines Abortion as the termination of pregnancy occurring before 24weeks or the expulsion of fetus weighing 500grams or less [5]. In the medical circle therefore, this pregnancy age constitutes the Divide between pre-viable conception (abortion) and viable pregnancy. It can therefore justifiably be argued that pre-viability (before 24weeks gestation) the autonomy of the fetus is subsumed into that of the mother. Following viability (after 24 weeks) during which time the fetus is considered to be capable of surviving ex-utero, however the fetus begins to develop some autonomy. Albeit generally believed to be less than that of the mother [37,38]. The consensus at both secular and religious circles is that in situations where the life of the mother is at risk the fetus can be aborted, even the catholic church, the most conservative of the pro-natalists allows indirect abortion in situations of for example Ectopic pregnancy and genital tract malignancy coexisting with pregnancy [39].

Non-Maleficence/Beneficence

Restrictive abortion laws have ethical implications of non-maleficence. Countries in which abortion law is restrictive have not experienced a reduction in the number of abortions performed. Restrictive abortion law, by driving termination of pregnancies underground and encouraging the performance of abortion by quacks increases the rate of unsafe abortion with accompanied maternal mortality and morbidity. This also has profound deleterious consequences on the survival and wellbeing of the children of those mothers. The ultimate effect is the violation of the bioethical principle of non-maleficence through inflicting harm on women and the society. Unwanted pregnancy and termination of the pregnancy maybe accompanied by physical and emotional trauma to the woman. The longer an unwanted pregnancy is delayed the increased likelihood of engendering physical and psychological trauma to the woman. At the time a pregnant woman starts experiencing fetal movements, between 16 and 20 weeks, a special relationship is developed between the fetus and the mother bordering on emotions and bonding which may persists for as long as the woman lives, [40]. Pregnancy terminations performed early is better desirable to forestall the dilemma associated with pregnancy termination later when fetal movement would have occurred with its associated increased psychological trauma on the patient with consequent violation of the ethical principles of non-maleficence.

When a woman with an unintended or unwanted pregnancy is obliged access to safe abortion- especially in early pregnancy, where she may have menstrual regulation, she is prevented from experiencing the physical and emotional consequences of continuing an unwanted pregnancy, or performing abortion at a later stage of the pregnancy. This in effect upholds the ethical

principles of Beneficence to the woman.

Justice

Legislation on restrictive abortion violates ethical principles of Justice with respect to equity in areas of socio economic status, gender and religion. Restrictive abortion laws often catch up with the poor and vulnerable who oftentimes cannot afford safe termination of pregnancy in contradistinction to the rich who can easily afford illegal safe termination of pregnancy without being caught. The fact that women get incriminated under the restrictive abortion law, without apprehending their male partners in the pregnancy process represents inequitable treatment and the violation of ethical principle of justice.

Restrictive abortion laws are made irrespective of consideration of different religious leanings on abortion. Some religions have conservative stand on abortion, others moderatist while the remaining are liberals. A blanket criminalization of abortion through legislation, by not considering the stand of liberalist religious groups represents inequity and the violation of the bioethical principle of Justice.

Ethics and Human Rights

Ethics and human Rights are derived from the same core values. Ethics are to clinical medicine addressing individual health what human rights are to public health addressing population's health [31,42].

The concept of women's sexual and reproductive rights that emerged at the international conference on population and development held in Cairo Egypt in 1994 recognized the human rights of individual as unit of development. Sexual and reproductive rights became regarded as an indivisible and integral aspect of universal human rights which nations were called upon to uphold.

Subsequently a set of concerns patterned after the twelve universal human rights was developed by International planned parenthood federation (IPPF) from four international human right treaties and became known as the components of women sexual and reproductive rights. Infringement of some aspect of reproductive health may constitute a violation of components of sexual and reproductive rights [41-46]. Restrictive abortion law and resultant unsafe abortion violates no fewer than 10 of the 12 component of women sexual and reproductive rights including, right to life; right to liberty and security of persons; right to equality and freedom from discrimination; rights to privacy; rights to information and education; rights to decide on whether or not to get married and found a family; right to decide on whether and when to have children; right to healthcare and protection; and rights to benefits of scientific progress; right to be free from ill treatment.

Ethical sexual and reproductive rights violation associated with abortion undoubtedly seem to run at cross roads with the morality stand of group of people with conservative and to an extent moderatist views on abortion.

Resolving Abortion Management Conflict

Values Clarification and Attitudinal Transformation Exercise (Vcat)

Maternal mortality interventions related to abortion care have been encumbered by issues associated with restrictive abortion laws that contributes towards rendering abortion services unavailable, inaccessible and of poor quality [47].

Reproductive health ignorance, incoherent and conflicting values, stigma and discrediting attitude and poor commitment by healthcare providers to women sexual and reproductive rights have acted in concert to compound the delivery of effective abortion care services- especially in developing countries of the world.

Values clarification is defined as the process in which individuals engage in honest and unbiased appraisal of new or reframed information on a reproductive health situation, to inform their modification of popular previously held views and ultimately transforming their values [47]. first introduced by IPAS, the values clarification and Attitudinal transformation exercise can produce measurable changes in attitude and behavior of the individual, thereby constituting an important steps towards the realization of women's sexual and reproductive right to safe abortion care [48]. VCAT can assist providers deliver high quality non-judgmental reproductive health care services. For an effective facilitation of VCAT training by program managers, technical advisors and trainers in sexual and reproductive health areas, IPAS has developed a supportive comprehensive tool kit that provides trainers with the background information, materials, instructions and tips necessary to effectively carry out the VCAT exercise [49].

According to WHO ''Participating in values clarification exercises can help providers differentiate their own personal beliefs and attitudes from the needs of women seeking abortion services. Values clarification is an exercise articulating how personal values influence the way in which providers interact with women seeking abortion. Despite providers attempt at objectivity, negative and predefined beliefs about abortion, and the woman who have them often influence professional judgment and the quality of care". Often, following VCAT exercise three key word stand out for use by health care providers in their reproductive health work- Choice, Empathy and Non-judgmental.

Conclusion

Abortion remains a foremost global public health challenge with morbidities and mortalities more pronounced in developing countries of the world. Unsafe abortion in particular is associated with several complications that may result in permanent reproductive health disabilities or death. Abortion laws vary from country to country although it is restrictive in most countries. Abortion morality rests more in the domain of religion, particularly in the more conservative Catholic Church where serious moral issues are assigned to abortion. These moral issues usually integral to cultural values of many societies may conflict with ethical,

sexual and reproductive rights implications of abortion. This may constitute a great challenge to reproductive and abortion care providers who oftentimes grapple with problems related to stigma and lack of enabling laws and policies and environment to promote effective delivery of such services. The VCAT exercise, developed by IPAS and acclaimed by WHO has remain an acceptable and veritable instrument for development of enabling policies, programs and effective delivery of abortion services.

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