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About Abortion Our Choices Life's Dominion Safe Abortion Everything You Need to Know about Abortion The Turnaway Study The Informative Abortion Booklet Guide State Facts about Abortion The Safety and Quality of Abortion Care in the United States State Facts about Abortion State Facts about Abortion Abortion State Facts about Abortion Complications State Facts about Abortion State Facts about Abortion State Facts about Abortion State Facts about Abortion Articulating Life's Memory State Facts about Abortion State Facts about Abortion Life in the Balance State Facts about Abortion State Facts about Abortion Anti-abortionist at Large Confession odder Be Arguments about Abortion Compulsory Parenthood The Ethics of Abortion State Facts about Abortion Choice Words Concepts of Self and Morality The Choices We Made What God Says about Abortion Abortion in the United States of America Arguing about Abortion When Abortion Was a Crime Abortion and the Law in America Obstacle Course Clinical Practice Handbook for Safe Abortion

Discusses the moral, medical, religious, and legal aspects of abortion and summarizes the various arguments for and against abortion "Now with a new afterword by the author"--Back cover. Abortion is a common experience: At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 58% of women having abortions are in their 20s; 61% have one or more children; 85% are unmarried; 69% are economically disadvantaged; and 73% report a religious affiliation. No racial or ethnic group makes up a majority: 36% of women obtaining abortions are white non-Hispanic, 30% are black non-Hispanic, 25% are Hispanic and 9% are of other racial backgrounds. Contraceptive use is a key predictor of women's recourse to abortion. The very small group of American women who are at risk of experiencing an unintended pregnancy but are not using contraceptives account for almost half of all abortions. Many of these women did not think they would get pregnant or had concerns about contraceptive methods. The remainder of abortions occur among the much larger group of women who were using contraceptives in the month they became pregnant. Many of these women report difficulty using contraceptives consistently. Abortion is one of the safest surgical procedures for women in the United States. Fewer than 0.5% of women obtaining abortions experience a complication, and the risk of death associated with abortion is about one-tenth that associated with childbirth. In the 1973 *Roe v. Wade* decision, the U.S. Supreme Court ruled that a woman, in consultation with her physician, has a constitutionally protected right to choose abortion in the early stages of pregnancy--that is, before viability. In 1992, the Court upheld the basic right to abortion in *Planned Parenthood v. Casey*. However, it also expanded the ability of the states to enact all but the most extreme restrictions on women's access to abortion. The most common restrictions in effect are parental notification or consent requirements for minors, state-sponsored counseling and waiting periods, and limitations on public funding. Abortion is a legal medical procedure that has been provided to millions of American women. Since the Institute of Medicine first reviewed the health implications of national legalized abortion in 1975, there has been a plethora of related scientific research, including well-designed randomized clinical trials, systematic reviews, and epidemiological studies examining abortion care. This research has focused on examining the relative safety of abortion methods and the appropriateness of methods for different clinical circumstances. With this growing body of research, earlier abortion methods have been refined, discontinued, and new approaches have been developed. The *Safety and Quality of Abortion Care in the United States* offers a comprehensive review of the current state of the science related to the

provision of safe, high-quality abortion services in the United States. This report considers 8 research questions and presents conclusions, including gaps in research. New medical technologies, women's willingness to talk online and off, and tighter judicial reins on state legislatures are shaking up the practice of abortion. As talk becomes more transparent, Carol Sanger writes, women's decisions about whether to become mothers will be treated more like those of other adults making significant personal choices. The Clinical practice handbook for safe abortion care is intended to facilitate the practical application of the clinical recommendations from the second edition of Safe abortion: technical and policy guidance for health systems (World Health Organization [WHO] 2012). While legal, regulatory, policy and service-delivery contexts may vary from country to country, the recommendations and best practices described in both of these documents aim to enable evidence-based decision-making with respect to safe abortion care. *Anti-Abortionist At Large: How To Argue Abortion Intelligently And Live To Tell About It* is my autobiographical account of almost four decades of publicly speaking against, and debating on, induced abortion before radio and television audiences as well as community groups and on college campuses. Because much of this narrative unfolds in the context of my association with pro-life groups, the book is unavoidably also an anecdotal history of the pro-life movement in America, a movement that parallels in importance the anti-slavery movement of the 19th century. The book is equally a manual for debating against abortion. This, too, was an inevitable consequence of telling his story. My purpose in writing it, in the first place, was to share my experiences of speaking out on what has to be the most controversial topic of the past few decades. I've arranged the chapters the following way: Chapter One, "Nobody's Ever Accused Me of Being Brilliant," offers three vignettes of my entry into the public debate on abortion, the first, a lecture before a class of troubled teenagers, the second, a guest appearance on a popular radio talk show in the San Francisco Bay Area, and the third, a debate on the University of San Francisco campus against a nationally prominent feminist philosopher. It would be a massive understatement to characterize the three events as "a learning experience". Chapter Two, "Fighting Smog With a Crowbar," tells the story of the beginning of the national debate on abortion, as I saw it from my perch in the San Francisco Bay Area. Community groups and high school classes increasingly invited me, then a young assistant professor fresh out of graduate school, to address them on the topic of legalized abortion. As the debate progressed, we formed pro-life groups, like United For Life in San Francisco, to provide a register of scientists, philosophers, and lawyers who would be available to speak in public to counter the arguments pro-abortion groups like NOW and NARAL. The chapter gives an insight into the creation of California's first liberal abortion law, the "Therapeutic Abortion Act," in 1968 and tells of the demoralization the pro-life supporters suffered with the U.S. Supreme Court's *Roe v. Wade* decision in 1973. Chapter Three, "The Man Who Wouldn't Have An Abortion," discusses my conversations with women who have had abortions and points to the "sexual revolution" as the reason for large number of legal abortions performed yearly in the United States. Chapter Four, "Bad Companions," evaluates the charge that the pro-life movement encourages violence against abortionists and their staff. The chapter leads into the evaluation with a discussion of the "boors and jerks" I've met in the pro-life organizations. Also discussed is the selective attitude society displays towards violence when large organizations and prominent figures see no inconsistency in condemning the death penalty or sending our troops to fight in Viet Nam, but, at the same time, turning a blind eye toward the wholesale killing of the unborn. My conclusion is that the violence that pro-lifers commit against pro-abortionists is verifiably miniscule, though unjustifiable. What is not miniscule and is equally unspeakable is the legacy of *Roe v. Wade*. Chapter Five, "The Hidden Child," starts the "how-to" part of the book. There I present my experiences on the debate podium, mostly before students in a class of 700 at the University of California in Berkley. The directors of the program that sponsors the course have invited me to debate abortion every semester for 15 years now. "The Hidden Child" refers to my persistent experience of debate opponents who dodge questions like, "Is the fetus a human being?" and "Does induced abortion kill a human being?," as if these questions were fatal communicable diseases. I've seen my task in debate as that of staying doggedly on those questions despite all the

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woman might feel sometime that there are things you want to know but are to afraid to ask about. Get your copy of The Informative Abortion Booklet Guide, today Abortion is a common experience: At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 58% of women having abortions are in their 20s; 61% have one or more children; 85% are unmarried; 69% are economically disadvantaged; and 73% report a religious affiliation. No racial or ethnic group makes up a majority: 36% of women obtaining abortions are white non-Hispanic, 30% are black non-Hispanic, 25% are Hispanic and 9% are of other racial backgrounds. Contraceptive use is a key predictor of women's recourse to abortion. The very small group of American women who are at risk of experiencing an unintended pregnancy but are not using contraceptives account for almost half of all abortions. Many of these women did not think they would get pregnant or had concerns about contraceptive methods. The remainder of abortions occur among the much larger group of women who were using contraceptives in the month they became pregnant. Many of these women report difficulty using contraceptives consistently. Abortion is one of the safest surgical procedures for women in the United States. Fewer than 0.5% of women obtaining abortions experience a complication, and the risk of death associated with abortion is about one-tenth that associated with childbirth. In the 1973 Roe v. Wade decision, the U.S. Supreme Court ruled that a woman, in consultation with her physician, has a constitutionally protected right to choose abortion in the early stages of pregnancy-that is, before viability. In 1992, the Court upheld the basic right to abortion in Planned Parenthood v. Casey. However, it also expanded the ability of the states to enact all but the most extreme restrictions on women's access to abortion. The most common restrictions in effect are parental notification or consent requirements for minors, state-sponsored counseling and waiting periods, and limitations on public funding. Relationships, sex, pregnancy, and abortion are among the topics discussed with engaging frankness by sixteen women in this collection of oral histories. Our Choices: Women's Personal Decisions About Abortion presents readers with the opportunity to understand the abortion choice in a way that statistics and abstract debate cannot. The accounts show how pregnancy and abortion are inextricably tied together in the complicated social and psychological lives of men and women. By exploring the women's feelings about becoming pregnant unintentionally and the circumstances surrounding that occurrence, the stories reveal much about how men and women communicate with each other about sex, the effect of pregnancy and abortion on relationships, and how a woman's upbringing has shaped her knowledge and attitudes regarding sex and abortion. Our Choices: Women's Personal Decisions About Abortion includes stories of both legal and illegal abortions from the 1950s through the 1980s. The women included represent a variety of socioeconomic, cultural, and religious backgrounds, reminding readers that any woman can potentially be faced with the decisions surrounding unintended pregnancy and abortion. The issues raised cover the trauma of an illegal abortion, abortion versus adoption, abortion following rape, abortion as a medical procedure, and the role of family and partner support. Women who are considering abortion or who have had an abortion in the past will gain a deeper understanding of this complex and private experience; their partners, families, and friends will be better equipped to provide help and support. Professionals, including counselors and health care providers, will want to read this engrossing book and refer their clients to it. Students in women's studies and health care programs, policymakers, ethicists, and others with an interest in women's issues will find the book enlightening. It should be read by anyone wishing a more complete knowledge of abortion and the vast array of issues it encompasses. Our Choices: Women's Personal Decisions About Abortion can be sold in family planning clinics to clients, used in pregnancy counseling training, and retained for reference by both public libraries and family planning clinics, reproductive rights organizations, universities, and women's centers. Abortion is a common experience: At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 58% of women having abortions are in their 20s; 61% have one or more children; 85% are unmarried; 69% are economically disadvantaged; and 73% report a religious affiliation. No racial or ethnic group makes up a majority: 36% of women obtaining

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Planned Parenthood v. Casey. However, it also expanded the ability of the states to enact all but the most extreme restrictions on women's access to abortion. The most common restrictions in effect are parental notification or consent requirements for minors, state-sponsored counseling and waiting periods, and limitations on public funding. Where do you turn when you are wrestling with a painful decision? You turn to your spouse, trusted friends and relatives, to professionals, to religious advisers. But sometimes you want accurate information and suggestions all in one place, in a form you can use on your own. The decision to have an abortion is not an easy one, and it is not the right decision for every pregnant woman, even in difficult circumstances. Every situation is different. Women considering abortion range in age from nine to fifty-five years. They are rich and poor; married and unmarried; white, black, brown, yellow, and red; members of every religious group and ethnic origin; heterosexual and homosexual. Some have no one to talk to and others have too many people talking to them. Some are in danger from physical, sexual, and emotional abuse. Abortion: Facts and Feelings is for women who are considering whether to have an abortion, women who have had an abortion and want to do more thinking about it, and relatives, mates, lovers, friends, and health professionals who want to help the women they care for make the best possible choices for themselves. Partners in relationships, families, and friends, and, of course, pregnant women themselves, deserve to have accurate information about this common, but controversial, procedure -- information they can use to make both personal and policy decisions. This book contains that information. It discusses * The practice of abortion in other times and places, and practical information about how it is practiced now* How to find out about abortion laws where you live, and laws in other places where you might go if necessary* The attitudes of major North American religious groups about abortion, and how to obtain more specific information about the approaches of your religion to your situation* The medical and psychological outcomes of abortion* Alternatives to abortion -- delivering the baby and either caring for it yourself or allowing someone else to provide the parenting* The needs and concerns of women in special circumstances, and of women's loved ones Most important, it will help you think through and carry out your own decision, whatever it is. Seminar paper from the year 1999 in the subject American Studies - Culture and Applied Geography, grade: 2 (B), LMU Munich (America Institute), 17 entries in the bibliography, language: English, abstract: In America, abortion is a topic that is especially discussed by the differentiating pro-life and pro-choice groups. They talk about whether women should be allowed to have an abortion or not, and almost every American has an opinion on the issue. One might ask if this is necessary considering the fact that laws do not prohibit abortion. But in the US, the overall question of morality, conservatism, but also individualism and equality plays an important role and is the basis for these discussions. Therefore, it is important to have a look at the history of abortion to understand the controversial opinions and the importance of the topic for the public. Furthermore, one has to understand the procedure of abortion and think about why women decide not to have a child. The fact that pro-life- and pro-choice-groups are trying to convince others of their attitude towards abortion plays an important role, as well as concerns about the future. To ease the beginning of the reading and to make the reader familiar with the issue, the paper starts with a definition of abortion. Abortion is a common experience: At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 58% of women having abortions are in their 20s; 61% have one or more children; 85% are unmarried; 69% are economically disadvantaged; and 73% report a religious affiliation. No racial or ethnic group makes up a majority: 36% of women obtaining abortions are white non-Hispanic, 30% are black non-Hispanic, 25% are Hispanic and 9% are of other racial backgrounds. Contraceptive use is a key predictor of women's recourse to abortion. The very small group of American women who are at risk of experiencing an unintended pregnancy but are not using contraceptives account for almost half of all abortions. Many of these women did not think they would get pregnant or had concerns about contraceptive methods. The remainder of abortions occur among the much larger group of women who were using contraceptives in the month they became pregnant. Many of these women report difficulty using contraceptives

consistently. Abortion is one of the safest surgical procedures for women in the United States. Fewer than 0.5% of women obtaining abortions experience a complication, and the risk of death associated with abortion is about one-tenth that associated with childbirth. In the 1973 *Roe v. Wade* decision, the U.S. Supreme Court ruled that a woman, in consultation with her physician, has a constitutionally protected right to choose abortion in the early stages of pregnancy—that is, before viability. In 1992, the Court upheld the basic right to abortion in *Planned Parenthood v. Casey*. However, it also expanded the ability of the states to enact all but the most extreme restrictions on women's access to abortion. The most common restrictions in effect are parental notification or consent requirements for minors, state-sponsored counseling and waiting periods, and limitations on public funding. Appealing to reason rather than religious belief, this book is the most comprehensive case against the choice of abortion yet published. *The Ethics of Abortion* critically evaluates all the major grounds for denying fetal personhood, including the views of those who defend not only abortion but also infanticide. It also provides several (non-theological) justifications for the conclusion that all human beings, including those in utero, should be respected as persons. This book also critiques the view that abortion is not wrong even if the human fetus is a person. *The Ethics of Abortion* examines hard cases for those who are pro-life, such as abortion in cases of rape or in order to save the mother's life, as well as hard cases for defenders of abortion, such as sex selection abortion and the rationale for being "personally opposed" but publically supportive of abortion. It concludes with a discussion of whether artificial wombs might end the abortion debate. Answering the arguments of defenders of abortion, this book provides reasoned justification for the view that all intentional abortions are morally wrong and that doctors and nurses who object to abortion should not be forced to act against their consciences. Deciding whether or not to terminate a pregnancy - wanted, unwanted, or unexpected - can be a very difficult decision. Choosing to have an abortion is a very personal decision, and only You can be the person to make that decision for yourself. You can talk to your doctor, or close friends or family, about what you should do, but you should not feel coerced into any option. Understand abortion laws and procedures by doing your own research, and reflecting on your own lifestyle and values, and come to the decision that's right for you. Commonly asked questions about abortions that are described in the book are: How does it feel to have an abortion? Does it hurt, ? How much does an abortion cost? What is the day-after pill? What is the medical procedures of an abortion? Which law applies in which state? What was the *roe vs wade* case? What is the difference between Pro-life and Pro-Choice? This new book, *Everything You Need To Know About Abortion*, gives you a great insight in the world of abortion and can help you gain different perspectives on how to base your decision making. Every woman might feel sometime that there are things you want to know but are to afraid to ask about. Is there a reason valid enough to have an abortion when there is no underlying medical condition? Is there punishment from God to anyone who commits or has committed abortion? Would people who have committed abortion and abortionists make heaven? The concept is one that has been debated countless times in society and churches. There are those who believe in it; the pro-choice or pro-reproductive stance, those against it; the pro-life or anti-abortionists, and those indifferent. There has never really been a striking universal view of abortion. However, in this book, we will be viewing the concept of 'abortion' from the eyes of God with reference to the bible and Christianity. 'What God says about abortion?' is not a book that is written to condemn anyone who has had an abortion or intends to, rather it seeks to expose the truth about the concept of "Abortion" and provide help for any who is having trouble over making a decision in its regard. Each page is a revelation of light and truth amplified by scriptural verses. You are certain to find your answers here. Perfect as a book gift item for seekers of the truth, kids, teenagers, mothers, fathers, parents and family members. Stormer's (communication, journalism, U. of Maine) excellent study examines a broad selection of the 19th-century's writings on abortion, situating them within a context of cultural politics. Aply employing the tools of current critical theory, Stormer's analysis develops the notions of the body and memory contained in the rhetoric used in sources that include medical books and journals, and newspaper articles. Annotation copyrighted by Book News, Inc., Portland, OR. With the Supreme

Court likely to reverse *Roe v. Wade*, the landmark abortion decision, American debate appears fixated on clashing rights. The first comprehensive legal history of a vital period, *Abortion and the Law in America* illuminates an entirely different and unexpected shift in the terms of debate. Rather than simply championing rights, those on opposing sides battled about the policy costs and benefits of abortion and laws restricting it. This mostly unknown turn deepened polarization in ways many have missed. Never abandoning their constitutional demands, pro-choice and pro-life advocates increasingly disagreed about the basic facts. Drawing on unexplored records and interviews with key participants, Ziegler complicates the view that the Supreme Court is responsible for the escalation of the conflict. A gripping account of social-movement divides and crucial legal strategies, this book delivers a definitive recent history of an issue that transforms American law and politics to this day. Does the morality of abortion depend on the moral status of the human fetus? Must the law of abortion presume an answer to the question of when personhood begins? Can a law which permits late abortion but not infanticide be morally justified? These are just some of the questions this book sets out to address. With an extended analysis of the moral and legal status of abortion, Kate Greasley offers an alternative account to the reputable arguments of Ronald Dworkin and Judith Jarvis Thomson and instead brings the philosophical notion of 'personhood' to the foreground of this debate. Structured in three parts, the book will (I) consider the relevance of prenatal personhood for the moral and legal evaluation of abortion; (II) trace the key features of the conventional debate about when personhood begins and explore the most prominent issues in abortion ethics literature: the human equality problem and the difference between abortion and infanticide; and (III) examine abortion law and regulation as well as the differing attitudes to selective abortion. The book concludes with a snapshot into the current controversy surrounding the scope of the right to conscientiously object to participation in abortion provision. Abortion is a common experience: At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 58% of women having abortions are in their 20s; 61% have one or more children; 85% are unmarried; 69% are economically disadvantaged; and 73% report a religious affiliation. No racial or ethnic group makes up a majority: 36% of women obtaining abortions are white non-Hispanic, 30% are black non-Hispanic, 25% are Hispanic and 9% are of other racial backgrounds. Contraceptive use is a key predictor of women's recourse to abortion. The very small group of American women who are at risk of experiencing an unintended pregnancy but are not using contraceptives account for almost half of all abortions. Many of these women did not think they would get pregnant or had concerns about contraceptive methods. The remainder of abortions occur among the much larger group of women who were using contraceptives in the month they became pregnant. Many of these women report difficulty using contraceptives consistently. Abortion is one of the safest surgical procedures for women in the United States. Fewer than 0.5% of women obtaining abortions experience a complication, and the risk of death associated with abortion is about one-tenth that associated with childbirth. In the 1973 *Roe v. Wade* decision, the U.S. Supreme Court ruled that a woman, in consultation with her physician, has a constitutionally protected right to choose abortion in the early stages of pregnancy—that is, before viability. In 1992, the Court upheld the basic right to abortion in *Planned Parenthood v. Casey*. However, it also expanded the ability of the states to enact all but the most extreme restrictions on women's access to abortion. The most common restrictions in effect are parental notification or consent requirements for minors, state-sponsored counseling and waiting periods, and limitations on public funding. Abortion is a common experience: At current rates, about one in three American women will have had an abortion by the time she reaches age 45. Moreover, a broad cross section of U.S. women have abortions. 58% of women having abortions are in their 20s; 61% have one or more children; 85% are unmarried; 69% are economically disadvantaged; and 73% report a religious affiliation. No racial or ethnic group makes up a majority: 36% of women obtaining abortions are white non-Hispanic, 30% are black non-Hispanic, 25% are Hispanic and 9% are of other racial backgrounds. Contraceptive use is a key predictor of women's recourse to abortion. The very small group of American women who are at risk of experiencing an unintended pregnancy but

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