Abortion: Silence and Misinformation

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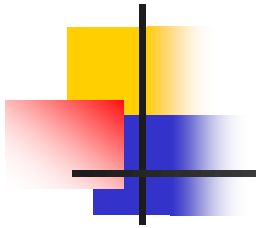


- What is happening?
- Why?
- What can we do about it?

(Unconscious)Assumptions

- Unplanned, unwanted pregnancies result from careless, thoughtless sexual indulgence.
- Abortion is an easy way to avoid responsibility.
- Women have abortions because they don’t value children or motherhood.

Realities

- Sexual intercourse is not always consensual
  - Physical, emotional, financial coercion
  - Mental illness
  - Social custom
- Contraception:
  - Is not always available/affordable
  - Sometimes fails

Reality

- 30% of women in the United States of America will have an abortion during their lifetimes.

- Silence: they will tell, on average, 1.5 other people.

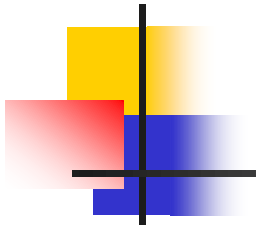
Reality

- History demonstrates that many women will resort to desperate and dangerous methods in order to terminate a pregnancy:
  - Economic desperation
  - Other consuming burdens
  - Social stigma/punishment

When Abortion Is Unavailable

Bury L, Aliaga Bruch S, Machicao Barbery X, Garcia Pimentel F: **Hidden realities: What women do when they want to terminate an unwanted pregnancy in Bolivia.** *Int J Gynaecol Obstet*; 2012 Sep;118 Suppl 1:S4-9

- **Of the 1175 sexually experienced women surveyed, 13% reported having had an induced abortion. The methods they tried included surgical abortion, taking misoprostol, drinking herbal and chemical preparations, and inflicting physical trauma on themselves. Many women made multiple attempts before successfully terminating a pregnancy.**



- The burden of unwanted pregnancy in most places falls almost entirely on the poor.
- Women are more likely to be poor.

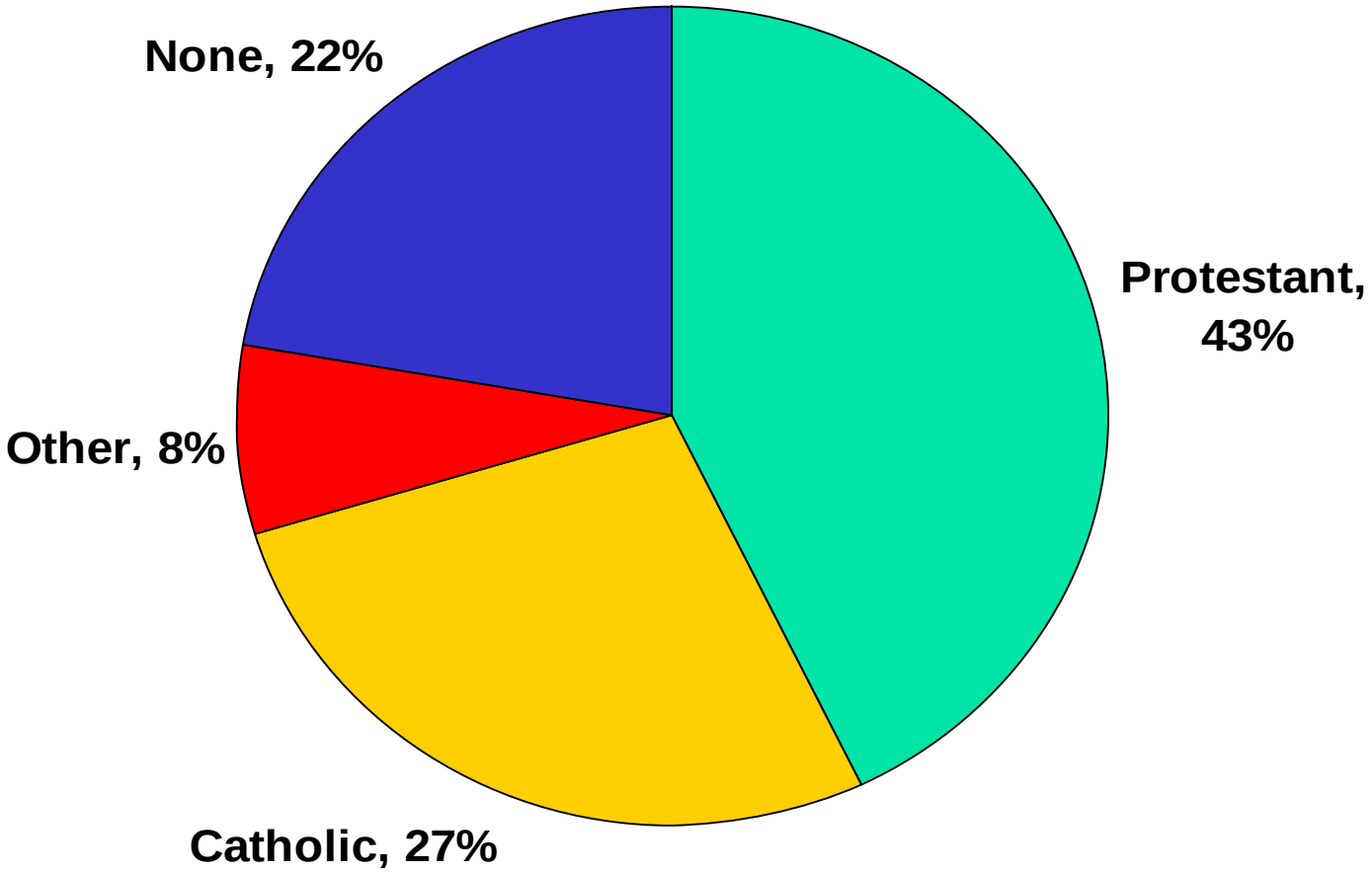
Who has abortions?

Conceptions and misconceptions

In the USA

- • Forty-two percent of women obtaining abortions have incomes below 100% of the federal poverty level ($10,830 for a single woman with no children).[3]
- • Twenty-seven percent of women obtaining abortions have incomes between 100–199% of the federal poverty level. * [3]

Who Has Abortions: Religious Identification



Source: Jones et al., 2002

- The likelihood of a woman having an abortion is similar in developed and developing countries:
- In 2003,
- Developed, 26/1000 women 15-44
- Developing, 29/1000

Estimates from WHO

- 2.8 million unsafe abortions in 2008
- Highest rates = 36/1000 women
  - In Eastern and Middle Africa
- Between 2003 and 2008, global abortion rate unchanged:
  - 14/1000 women aged 15-44
- Highest rates are where abortion is most restricted

unsafe abortion

- An estimated five million women are hospitalized each year for treatment of abortion-related complications, such as hemorrhage and sepsis.
- Complications from unsafe abortion procedures account for 13% of maternal deaths, or 67,000 per year: almost all in developing countries
- Approximately 220,000 children worldwide lose their mothers every year because of abortion-related deaths.

Singh, 2006; WHO 2007; Grimes 2006

Is abortion the result of irresponsibility?

- Fifty-one percent of women who have abortions had used a contraceptive method in the month they got pregnant, most commonly condoms (27%) or a hormonal method (17%).[7]

Women have abortions because they care about motherhood.

They want to have babies when they can be good parents.

Anti-abortion strategy

- Reardon: "neglected rhetorical strategy" of opposing abortion because it harms women
- "Because abortion is evil, we can expect, and even know, that it will harm those who participate in it. Nothing good comes from evil."
- Ethics and Medicine vol 18, pp22-32, summer 2002

alleged sequelae

- depression
- suicide
- drug abuse
- inability to ‘bond with’ children
- ‘abortion trauma syndrome’

‘Abortion Trauma Syndrome’

- sounds like post-traumatic stress disorder but does not meet criteria
- does not exist in the scientific literature
- does not exist in the DSM
- anecdotal reports
- the circumstances of an abortion may be traumatic

Women's mental health is widely used as a rationale for restrictions in USA

So is the unspoken assumption that women are not mentally able to make the decision for themselves.

thus

- Waiting periods
- Requirements not only for ultrasounds, but that patients watch them and hear the fetal heartbeat
- Parental notification or consent
- Legally mandated misinformation from doctors: unique and unprecedented

Scientific basis?

Sound studies show no significant mental health risk.

Unsound studies claim to show significant risk.

Methodology: look for:

- Definitions.
- Baselines.
- Context of abortion decision.
- Context of abortion procedure.
- Comparison/control groups.
- Follow-up.

Definitions

- Feelings, or emotions, are not the same as psychiatric disorders.
- Depression and anxiety are terms used both in common parlance and as psychiatric diagnoses.

Baselines

- Occurring *after* doesn't mean occurring *because of*….abortion.
- Most psychiatric symptoms occurring after abortion were present before abortion. Pre-abortion condition is the best predictor of post-abortion condition.
- Women with mental illnesses or symptoms may be more likely to choose abortion.

Context of Abortion Decision

- Why did the woman choose to have an abortion?
- The factors leading women to choose abortion are also indicators of psychosocial stress.

circumstances

- poverty
- youth
- abandonment
- lack of social supports/stigma
- limited education
- mental illnesses
- domestic or social violence/abuse

control groups

- Women who carry to term.
  - Women who keep their babies.
  - Women whose babies are adopted.
- This is essentially impossible. Women who do and do not terminate pregnancies are not comparable with respect to psychiatric risk factors.

Denial of abortion

- Study compared women seeking abortion and comparing those just on either side of the gestational limit
- Up to 9 years later, those denied had poorer physical health and economic circumstances
- 5% were glad to have the baby; many had forgotten they wanted to abort

The incidence of psychiatric illness after abortion is the same or less as after birth.

Remember that more women are depressed during the childbearing years than at any other time: at least 10%.

Dagg, Am J Psychi. 1991

- "Immediately after abortion, symptoms of distress and dysphoria do occur in many women. However, these symptoms seem to be continuations of symptoms present before the abortion and more a result of the circumstances leading to the abortion than a result of the procedure itself. Indeed, many studies report significant positive feelings after the abortion."

youth

- no evidence of increased psych risk
- no evidence of inability to make abortion decision
  - ***only alternative is becoming a parent***
- abortion risk exaggerated and parenthood underestimated

risk factors

- young, unmarried, no children, no or bad partner, $ problems
- multiple abortions, late abortion, fetal indications, medical complications, heavy smoker
- extreme ambivalence about choice*, coercion, no support, barriers to access, religious prohibitions
- *all major decisions entail some ambivalence

NEJM January 27, 2011

-Population-based cohort study

-The relative risk of a psychiatric contact did not differ significantly after abortion as compared with before abortion ($P = 0.19$) but did increase after childbirth as compared with before childbirth($P<0.001$).

- This finding does not support the hypothesis that there is an increased risk of mental disorders after a first-trimester induced abortion. (Funded by the Susan Thompson Buffett Foundation and the Danish Medical Research Council.

regret

- -up to 25% of women report regret over an abortion at some point
- circumstances change; people forget what caused them to make a decision
- people are allowed to make other decisions they may come to regret
- -compare with other life decisions, *including motherhood—this regret is unmentionable*

Reframing Regret

- If patients are to be protected from regret, this policy should apply to all medical treatments/procedures.
- "The fact that the patient is the one who must live with the consequences of a medical decision is both the justification for patient autonomy and its cost, in abortion and every other area of medicine.
  -Watson, K. JAMA 1/1/14

Conscience in Abortion Providers.
Harris NEJM 2012

- Though abortion providers now work within the law, they still have much to lose, facing stigma, marginalization within medicine, harassment, and threat of physical harm. However, doctors (and, in some states, advanced practice clinicians) continue to offer abortion care because deeply held, core ethical beliefs compel them to do so. They see women's reproductive autonomy as the linchpin of full personhood and self-determination, or they believe that women themselves best understand the life contexts in which childbearing decisions are made, or they value the health of a woman more than the potential life of a fetus, among other reasons.3 Abortion providers continue to describe their work in moral terms, as "right and good and important,"4 and articulate their sense that the failure to offer abortion care generates a crisis of conscience.5

optimal psychiatric outcomes

informed decision

autonomous choice

support regardless of choice

Why the attack on abortion?

- Silence
  - Personal shame
  - Public disapprobation
- Misinformation
  - General attack on science in USA
- Politics
  - How are the 30%--plus their loved ones—voting, and why?

What should we do?

- Distinguish philosophical objections from rationalizations and misinformation
- Be informed
- Inform patients and the public

- ***Policy, practice, and research should focus on assisting women at greatest risk of having unintended pregnancies and having poor mental health-those with violence in their lives and prior mental health problems***

For further information

- Including data from Asia, Africa, Latin America and specific countries

- Guttmacher Institute
- http://www.guttmacher.org

global studies, meetings, etc

- reprohealth.law@UTORONTO.CA