

# Abortion and mental health: A Perspective of concern or not

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**Abstract:** Abortion and emotional well-being contention are driven by two alternate points of view with respect to how best to decipher acknowledged realities. When deciphering the information, early termination and psychological well-being advocates are leaned to stress gambles related with fetus removal, while abortion and psychological wellness minimalists accentuate prior risk factors as the essential clarification for the connections with additional adverse results. Early terminations have been a delicate issue all through the world and the purposes behind which women look for abortion is different and relies upon numerous social and prudent elements. In India, the greater part of the country women is as yet not mindful of their freedoms and necessities viewing early termination and consider this act as unlawful. Investigating the points of view of woman with respect to initiated early terminations utilizing subjective strategy would assist us with understanding their mentality towards abortion and guide them towards a safer health and better mental health.

**Keywords:** abortion, mental health, women health, concern, psychological effects

Abortion is the termination of a pregnancy by removal or expulsion of an embryo or fetus (Hurt et al., 2011). An abortion that occurs without intervention is known as a miscarriage or "spontaneous abortion"; When deliberate steps are taken to end a pregnancy, it is called an induced abortion, or less frequently "induced miscarriage". The unmodified word abortion generally refers to an induced abortion.

The earliest records of recognized abortifacients (agents which cause the premature termination of pregnancy) which are presumed to have been written more than 4500 years ago are found in ancient Chinese texts. In ancient Greece also, philosophers had accepted abortion as a permissible act to put an end to an unwanted pregnancy or to control population. Reflecting a variety of religious, social, and political forces, laws and regulations permitting or restricting abortion have been enacted over the centuries (Pourezza & Batebi, 2011).

Abortion is known as a main cause of maternal mortality, life threatening complications such as haemorrhage, fever, and psychological disorders such as regret, guilt, smoking, alcoholism, self-destructive behaviours, and even suicide (Ferris et al., 1996). In the event that a woman chooses to end her pregnancy, much of the time, she is probably going to do it paying little mind to lawful, social, or moral restrictions. The information introduced by the new examinations convincingly show that in by far most of cases, criminal fetus removals bring about fruitlessness and hurt a woman's wellbeing (Biswas et al., 2012).

As individuals we cope with things in different ways and the same is true following an abortion. It is common for people to experience a wide range of emotions and everyone's experience is unique. There is no right or wrong way to feel.

Psychological consequences of abortion have considerably been neglected. Several barriers made findings limited. Different types of psychological side effects, however, experienced by the study population require more intensive attention because of chronic characteristic of psychological disorders, and women's health impact on family and population health (Pourezza & Batebi, 2011). There are too many factors attributed to the abortion which cover socio-economic, emotional, and psychological aspects of human beings' life, particularly those women as direct beds of abortion practices. However, the conclusion of studies does not indicate a linear relation between abortion and its consequences, rather, they show great variations in terms of socio-economic and demographic variables of abortion in care seeking women, and whether their abortion was performed legally or illegally (Bankole, Singh & Hass, 1998). However, the psychological consequences of abortion were also affected by the quality of family life, number of children, planned or unplanned pregnancy, beliefs and genetics (Bagchi & Friedman, 1999).

There have been debates about the linkages between abortion and mental health. Few reviews have considered the extent to which abortion has therapeutic benefits that mitigate the mental health risks of abortion. A meta-analysis combining the results of eight studies of women facing unwanted pregnancies, published in the April 2013 issue of the Australian and New Zealand Journal of Psychiatry, has concluded that "there is no available evidence to suggest that abortion has therapeutic effects in reducing the mental health risks of unwanted or unintended pregnancy."

Abortion rely on studies which indicate that emotional responses to legally induced abortion are largely positive. They also point out that emotional problems resulting from abortion are rare and less frequent than those following childbirth (Pope, Adler & Tschann, 2001). As a matter of fact, in many events, abortion is viewed as a positive survival technique which gives help as profound response to most women especially when it is worked on during first-trimester of pregnancy. Then again, rivals of abortion, underline on pessimistic close to home mental results of the abortion. According to their perspective, abortion might lead to mental issues, for example, smoking, illicit drug use, dietary problem, sadness, endeavoured self-destruction, culpability, lament, bad dream and diminished confidence (Thorpe Jr et al., 2005).

There is a strong research-based consensus that there are numerous risk factors that can be used to identify which women are at greatest risk of negative psychological outcomes following one or more abortions. Indeed, the American Psychological Association Task Force Mental Health Association in 2008 concluded that one of the few areas of research which can be most effectively studied is in regard to efforts to “identify those women who might be more or less likely than others to show adverse or positive psychological outcomes following an abortion.” (Reardon, 2018).

In a study by Pourezza and Batebi (2011) it was found that smoking, drug abuse, eating disorder, depression, attempted suicide, guilt, regret, nightmare, decreased self-esteem, and worry about not being able to conceive again were the questions asked from the respondents as the psychological consequences of abortion. Depression” and “worry about not being able to conceive” and “eating disorder” were reported as dominant psychological consequences of abortion among the respondents. Decreased self-esteem, nightmare, guilt and regret have also been found.

In a study by Coleman et al., (2009) it was found that abortion was related to an increased risk for a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with and without hierarchy), and substance abuse disorders after statistical controls were instituted for a wide range of personal, situational, and demographic variables. Calculation of population attributable risks indicated that abortion was implicated in between 4.3% and 16.6% of the incidence of these disorders.

“If there are no benefits to abortion and abortion actually increases the physical, psychological, and social risks to the woman, as the best research shows, it is the obligation of physicians to recommend against these contraindicated abortions.” “Changing the law to allow physicians to perform abortions for ‘social reasons’ without any evidence of benefit, especially in light of all the evidence of risks, does a disservice to women who expect and desire their doctors to protect their health, not endanger it.” (Fergusson, Horwood, & Boden, 2013).

There have been positive and negative findings as to address the psychological effects of abortion. In many cases, abortion may be due to feeling pressured into an abortion or choosing an abortion without sufficient attention to maternal desires or moral beliefs that may make it difficult to reconcile one’s choice with one’s self-identity. Expecting to prove mental health benefits from abortion but finding the opposite, might be tempted to withhold their findings, or worse, to redesign their study in ways that would obfuscate their results in order to declare that a lack of statistically significant results “proved” that there was no need to look further?

Much of the time, the solicitation for end of an unwanted pregnancy is a proof of an absence of information on contraception, inability to utilize a compelling technique or failure of the strategies. A good family planning seeks to reduce the number of unplanned pregnancies and evidence suggests that abortion rates are lowest in those countries with a comprehensive system of sex education and contraceptive services. Abortion either as a miscarriage or as a criminal termination of a foetus life produces physical, social, and psychological consequences which may last for a long period of time, and affect personal, family, and social life of individuals (Pourezza & Batebi, 2011).

There is also common ground regarding the fact that risk factors identifying women who are at greater risk, including a history of prior mental illness, can be used to identify women who may benefit from more pre-abortion and post-abortion counselling. Additional research regarding risk factors, and indicators identifying when abortion may be most likely to produce the benefits sought by women without negative consequences, can and should be conducted through major longitudinal prospective studies. In any case, there is a lot of space for conflict in regards to which realities are generalizable, substantially less on the most proficient method to best blend and decipher sets of realities, particularly when there are blemishes in the exploration and holes in what one would need to be aware. To be sure, the more prominent the philosophical contrasts between individuals in regards to any question, the simpler it is to differ about what the accessible proof truly implies.

The central tenet of Rogers theory is of acceptance and support, regardless of the decision’s woman make. One can facilitate this by supporting their choices and identifying other supports they can access. Abortion for many women, may be associated with short and long-term psychological distress. While this is not invariably the case, providers should be alert to this possibility and help where they can. It is important to understand one’s need and what one truly wants. Research on psychological effects of abortion should be prioritized as it will further enable healthcare workers with more accurate information for screening, risk-benefits assessments, and for offering better care and information to women both before and after abortion and other reproductive events, facilitate better policy making and provide better health care facilities to women.

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