

Access to abortion for reasons of mental health

Where safe abortion services are not accessible, women resort to unsafe, life-threatening procedures to terminate their pregnancies. Death and injury from unsafe abortion can be significantly reduced through increased access to safe abortion.

This briefing paper provides medical and legal support for a woman-centered interpretation of laws that permit abortion to preserve a woman's mental health. As of 2007, 24 countries include an explicit indication for mental health in their abortion laws,¹ however, differences in the interpretation result in a tremendous range of access among these countries. An additional 35 countries permit abortion to protect a woman's health,² which, according to the World Health Organization's (WHO) definition of health, can be interpreted to include mental health.

Medical perspectives on mental health

To best meet a woman's needs for care and ensure her access to safe abortion services, an interpretation of whether an abortion would be legal for mental health reasons should take into account her social and economic circumstances.

Medical definitions of mental health are not limited to extreme psychiatric illness but, instead, are much broader, taking into account the impact of a woman's social and economic circumstances on her well-being. The WHO constitution includes mental health and encompasses a variety of factors, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The U.S. Surgeon General has also adopted a broad definition of mental health, reporting that "mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity."

Many factors contribute to an individual's state of mental health. According to the U.S. Surgeon General, mental well-being is "influenced by age, gender, race and culture as well as additional facets of diversity that can be found within all of these popula-

tion groups." According to WHO, there is evidence that mental health disorders are influenced by socioeconomic status and other factors, such as urbanization, poverty and technological change. Sexism and racism can also contribute to poor mental health. The WHO reports that women in particular are at risk for mental health disorders as they "continue to bear the burden of responsibility associated with being wives, mothers, educators and carers of others," while they are increasingly responsible for generating income for the family.

Research has found that a woman's response to pregnancy depends on social and economic circumstances, such as adequate resources to care for a child and support from a partner. Other psychological studies have shown that the outcome of stressful life events, such as unwanted pregnancy, depend on coping resources — factors such as employment, income, education and marital status.

Legal perspectives on mental health

Legal authorities have directly addressed the adverse mental health effects on women who continue an unwanted pregnancy because they lack access to abortion. In the decision of *Karen Noelia Llantoy Huamán v. Peru* (No. 1153/2003), the U.N. Human Rights Committee acknowledged the negative mental health impact of denying an abortion to a woman carrying a pregnancy with anencephaly, a severe fetal deformity. The Committee describes the psychological effect on the woman as a violation of her human right to be free of cruel, inhuman and degrading treatment — which includes freedom from mental suffering. In *Roe v. Wade* (410 U.S. 113), the seminal case that made abortion legal for all American women, Justice Harry Blackmun discussed the impact of denying a woman an abortion, with a particular emphasis on her mental health. Justice Blackmun writes,

The detriment that the State would impose upon the pregnant woman by denying this choice [to terminate a pregnancy] altogether is apparent. ... Psychological harm may be imminent. Mental and physical health may be taxed by child care. There is also the distress, for all concerned, associated with the unwanted child, and there is the problem of bringing a child into a family already unable, psychologically and otherwise, to care for it. In other cases, as in this one, the additional difficulties and continuing stigma of unwed motherhood may be involved.

1 These countries are Algeria, Australia (some states), Barbados, Belize, Botswana, Colombia, Cyprus, Fiji, Ghana, Hong Kong, Israel, India, Liberia, Luxembourg, Malaysia, Namibia, New Zealand, Saint Lucia, Saint Vincent and the Grenadines, the Seychelles, Spain, Swaziland, United Kingdom and Zambia.

2 These countries are Argentina, Bahamas, Benin, Bolivia, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Costa Rica, Djibouti, Ecuador, Equatorial Guinea, Eritrea, Ethiopia, Grenada, Guinea, Jordan, Kuwait, Liechtenstein, Maldives, Morocco, Pakistan, Paraguay, Peru, Poland, Qatar, Republic of Korea, Rwanda, Saudi Arabia, Thailand, Togo, Uruguay, Vanuatu and Zimbabwe.

Examples from three countries

Twenty-four countries legally allow women access to safe abortion when their mental health is threatened. For example, in Spain abortion is legal on mental health grounds, and most women seeking abortion — an estimated 98 percent — obtain the procedure under this indication. Each year, roughly 50,000 women in Spain obtain a legal abortion.

Doctors in the United Kingdom usually consider social circumstances in interpreting the mental health indication in U.K. abortion law. In 2006, in England and Wales, 97 percent of induced abortions were undertaken because of risk to the mental or physical health of the woman. Most medical doctors in the U.K. apply the WHO definition of health when assessing the impact of the pregnancy on the mental health of the woman or her children. As reported in 2000 by the Royal College of Obstetricians and Gynaecologists “... to meet the terms of the Act, a woman need not have a psychiatric illness when she makes her abortion request, but there must be factors that would involve risk to her mental health if the pregnancy were to continue. Thus, the abortion is not carried out for social reasons, although a woman’s social circumstances may be taken into account in assessing the risks to her health.”

Since 1985, abortion has been legally permitted in Ghana for various reasons, including “when continuation of the pregnancy would involve risk to the life of the pregnant woman or injury to her physical or mental health” (Law No. 102 of 22 Feb.). However, in the 20 years following the legal change in Ghana, the procedure remained inaccessible to the majority of Ghanaian women. To reduce maternal mortality from unsafe abortion, the Ghanaian Ministry of Health issued regulations in 2006 to guide providers and set a framework for the provision of safe abortion services. The new regulations, influenced by WHO, define mental health as a “state of emotional, psychological and social well-being and not merely the absence of disease in matters relating to mental function.” The law states explicitly that no psychiatric assessment is required in order to obtain a legal abortion.

Safe abortion to avoid risk to mental health

Laws that allow abortion on mental health grounds implicitly recognize that continued pregnancy can adversely impact a woman’s mental health. Allowing access to abortion can alleviate risk to mental health; this is largely supported by legal authorities and psychological research.

Empirical research points to the detrimental impact on a woman’s mental health of denying her an abortion and forcing her to continue with an unwanted pregnancy. Transition to parenthood can involve risk to mental health, and this risk is oftentimes heightened when the pregnancy is unplanned. Delivering a first unwanted pregnancy has been associated with lower education and income and larger family size, both risk factors for depression. Studies have shown that risk for depressive symptoms is higher among women with young children and increases with number of children.

Where safe and legal abortion is available, studies indicate that the mental health impact of women’s choice to terminate is largely positive. The American Psychological Association has found that women’s ability to make decisions about their own childbearing is necessary for their health — including mental health — as well as for the health of their families. Abortion can positively affect women’s well-being, due to “abortion’s important role in controlling fertility ... and its relationship to coping resources,” wrote psychologist Nancy Felipe Russo in 1992. In fact, studies have found that women’s most prominent emotional response to first-trimester abortions is relief.

The favorable mental health impact of abortion has been challenged through a deliberate political strategy by opponents of access to abortion, consisting of skewed empirical research and testimonies by women who express regret for their abortion. Anti-choice activists assert that most women who choose abortion suffer from emotional trauma as a result — a condition that has been labeled “postabortion syndrome.” Some studies suggest that women who have had an abortion have higher rates of psychiatric illness or self-harm than those who give birth or non-pregnant women. According to mental health experts, these high rates may reflect existing illness or self-harm, rather than the effects of abortion. Claims of emotional trauma following abortion are sometimes based on methodologically flawed studies of self-selected women who had an abortion but regarded it as an immoral choice.

Some women may experience poor mental health outcomes following abortion that may be due, in part, to the stigmatization and shame that societies place on women who have abortions and providers who perform them. Appropriate guidelines for the training of providers, including counseling and work at the societal level to reduce stigma, can help to reduce poor mental health outcomes associated with abortion. A review of studies by psychologist Nancy Adler found that “the weight of the evidence is that legal abortion as a resolution to an unwanted pregnancy, particularly in the first trimester, does not create psychological hazards for most women undergoing the procedure.” The best available studies on the psychological responses to abortion in the United States — where safe and legal abortion is available — indicate that severe negative reactions are infrequent, and less frequent than with childbirth.

Conclusion

A woman-centered interpretation of laws that permit abortion for reasons of mental health takes into account the woman's social and economic circumstances and the impact that denying her a legal abortion can have on her health. Interpreting the law in this way can ensure that women have access to safe abortion services and help prevent death and injury from unsafe abortion. Legal abortion for mental health grounds, in the 24 countries where it exists, is interpreted in a variety of ways that can either restrict or facilitate access. A woman-centered interpretation that takes into account social and economic circumstances is supported by medical and legal approaches and evidence of the positive mental health outcomes following safe, legal abortion.

References

- Adler, N. E., H.P. David, B.N. Major, S.H. Roth, N.F. Russo, and G.E. Wyatt. 1990. Psychological responses after abortion. *Science*, 248:41-44.
- Adler, N. E., H.P. David, B.N. Major, S.H. Roth, N.F. Russo, and G.E. Wyatt. 1992. Psychological factors in abortion. A review. *American Psychologist*, 47(10):1194-204.
- Adler, N. E. 1989. Testimony on psychological effects of abortion. Statement on behalf of the American Psychological Association before the Human Resources and Intergovernmental Relations Subcommittee of the Committee on Governmental Operations, U.S. House of Representatives, March 16, Washington, DC.
- Ahiadeke, Clement. 2001. Incidence of induced abortion in Southern Ghana. *International Family Planning Perspectives*, 27(2):96-101, 108.
- American Psychological Association. The impact of abortion on women. Washington, DC, APA.
- Boland, Reed. 2004. Interpretation of the health indication in the world's abortion laws. Unpublished.
- Cohen, Susan. 2006. Abortion and mental health: Myths and realities. *Guttmacher Policy Review*, 9(3).
- David, Henry P. 2004. Abortion and mental health. Paper presented at the 28th International Congress of Psychology, August 8-13, in Beijing, China.
- Ghana Health Service. 2006. Standards and protocols. In *Prevention and management of unsafe abortion: Comprehensive abortion care services*. Accra, Ghana, Ghana Health Service.
- Planned Parenthood Federation of America. 2001. The emotional effects of induced abortion. New York, Katharine Dexter McCormick Library.
- Royal College of Obstetricians and Gynaecologists. 2004. *The care of women requesting induced abortion*. London, Royal College of Obstetricians and Gynaecologists.
- Russo, N.F. and K.L. Zierk. 1992. Abortion, childbearing, and women's well-being. *Professional Psychology: Research and Practice*, 23(4):269-280.
- Schmiege, S. and N.F. Russo. 2005. Depression and unwanted first pregnancy: Longitudinal cohort study. *British Medical Journal*, 331(7528):1303-1306.
- Siegel, Reva B. 2007. The new politics of abortion: An equality analysis of woman-protective abortion restrictions. *Illinois Law Review*, 2007(3):991-1054.
- U.S. Department of Health and Human Services. 1999. Mental health: A report of the Surgeon General. Executive summary. Rockville, MD, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- United Kingdom Department of Health. 2006. Abortion statistics, England and Wales: 2006. London, United Kingdom Department of Health.
- Uria, M. and C. Mozquera. 1999. Legal abortion in the Asturias, Spain after the 1985 law: Sociodemographic characteristics of women applying for abortion. *European Journal of Epidemiology*, 15(1):59-161.
- World Health Organization. 2001. A public health approach to mental health. In *World health report 2001 – Mental health: New understanding, new hope*. Geneva, WHO.




P.O. Box 5027 • Chapel Hill, NC 27514 USA
1.919.967.7052 • ipas@ipas.org
www.ipas.org

Contact: Patty Skuster, JD, MPP, Ipas
skusterp@ipas.org

Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive health choices.

©2008 Ipas.

Produced in the United States of America.

 Printed on recycled paper.