



Signposts in Reproductive Rights: Psychosocial Intersections

Facilitated by

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Discussion Questions

1. What are the most common factors that influence a person's decision to terminate a pregnancy in the U.S.?
2. Have the number of abortions in the U.S. increased in the 21st century?
3. What is the most common method of terminating a pregnancy in the U.S.?
4. What are the psychological effects of having an abortion?
5. What are the psychological effects of being denied an abortion?
6. How does Roe v. Wade's reversal affect abortion stigma?
7. What are the potential psychological impacts of the Roe v. Wade reversal?

Psychosocial Outcomes: Relevant Statistics

- Every year, roughly 750,000 teenagers between the ages of 15 and 19 get pregnant in the US. Data from 2019 indicates that 45% of all pregnancies were unintended (which is lower than most years).¹
- The Guttmacher Institute reported 29.3 abortions per 1,000 women in the peak year 1980, compared with 13.5 abortions per 1,000 women in 2017.² In general, the abortion rate has declined as sex education and reliable birth control have become more available.
- In 2020, medication abortion accounted for 54% of US abortions.³ This 54% estimate is based on preliminary findings from ongoing data collection; final estimates will be released in late 2022 and the proportion for medication abortion use is not expected to fall below 50%.

Reasons for Terminating Pregnancies

- The reasons for terminating a pregnancy are complex. Authors of one study explained, "While some women stated only one factor that contributed to their desire to terminate their pregnancies, others pointed to a myriad of factors that, cumulatively, resulted in their seeking abortion."⁴ The authors found that the reasons for seeking abortion include:
 - Not financially prepared/able: 40%
 - Not the right time for a baby: 36%
 - Partner reasons (bad relationship/wrong partner/not supportive/abusive): 31%
 - Need to focus on my other child(ren): 29%
 - Would interfere with my future (education/want better life): 20%



- 1 in 5 college students are parents and only 52% of college students who are parents complete degrees
- 33% of student parents are African American and African American women face the highest rate of maternal death (National Women's Law Center)
- Not emotionally/mentally prepared: 19%
- Health reasons: 12%
- Want better life for baby than I can provide: 12%
- Not independent or mature enough: 7%
- Influence of family/friends: 5%
- Don't want a baby/don't want adoption: 4%

Psychosocial Outcomes: Qualitative Data

- According to one study, “having a wanted abortion was not associated with mental health harms.”⁵ The authors concluded that, “Compared to having an abortion, being denied a wanted abortion may be associated with greater risk of experiencing adverse psychological outcomes in the short term.”
 - Further, “prior history of mental health conditions, history of child abuse and neglect, sexual assault, and intimate partner violence were the factors most strongly associated with experiencing adverse mental outcomes after abortion.” Finally, women who were denied an abortion and went on to parent had the highest stress levels of all the women in this study.
- Citing the complexity of studying the psychological impact of having an abortion, one researcher explained, “It is impossible to conduct research in this field in a manner that can definitively identify the extent to which any mental illnesses following abortion can be reliably attributed to abortion in and of itself,” not only because many factors impact a person’s decision to have an abortion, but also because of researcher biases, lack of terminological consistency and lack of data sharing among researchers, and the narrowness of research questions.⁶
- Authors of another study observed that women who were denied abortions “were more likely to live in poverty, to raise children alone, to stay tethered to an abusive partner, and were less likely to have and achieve aspirational plans for the future, compared with women who obtained the wanted abortion.”⁷
- Regarding the psychological harm caused by Roe v. Wade’s reversal, Biggs and Rocca explained:
 - “The new abortion policy landscape in the US will increase stress and anxiety by exacerbating barriers to care and constraining people’s choices. Other research has found that people who experience difficulty navigating the logistical challenges to obtain care, including having to travel, and who feel forced to tell others or to wait to have an abortion after making the decision, have more negative mental health symptoms. For too many, these barriers will be insurmountable, particularly among those who lack psychological and emotional resources and the time or money to travel to



another state. Those unable to travel will have no choice but to self-manage their abortion or to carry their unwanted pregnancy to term.”⁸

- Biggs and Roca also observed that, in some studies, women forced to carry an unwanted pregnancy eventually developed positive feelings about their child and felt some degree of acceptance about their experience, but they strongly emphasized that, “The eventual emotional resilience that many people find after abortion denial does not justify depriving people of their reproductive autonomy.”⁹

Internet presence for support of initial decision and support post termination:

<https://h3helpline.org/>; <https://www.plannedparenthood.org/>;

<https://www.psychologytoday.com> <https://www.psychologytoday.com>

<https://www.heyjane.co/>; <https://www.hopeclinicforwomen.org/>; [Abortion.Ca.Gov](https://www.Abortion.Ca.Gov)

Notes

1. “5 Facts About Teen Pregnancy in the U.S.,” *National Today*, <https://nationaltoday.com/national-teen-pregnancy-prevention-month/>
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3. Rachel K. Jones, Elizabeth Nash, Lauren Cross, Jesse Philbin, and Marielle Kirstein, “Medication Abortion Now Accounts for More Than Half of All US Abortions,” *Guttmacher Institute*, January 24, 2022. <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>
4. M. Antonia Biggs, Heather Gould, and Diana Greene Foster, “Understanding why women seek abortions in the US,” *BMC Women’s Health*, 13: 29, 2013. <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/1472-6874-13-29>
5. Advancing New Standards in Reproductive Health, “The mental health impact of receiving vs. being denied a wanted abortion,” July 2018, https://www.ansirh.org/sites/default/files/publications/files/mental_health_issue_brief_7-24-2018.pdf
6. David C. Reardon, “The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities,” *SAGE Open Medicine*, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207970/>
7. Diana Greene Foster, Sarah E. Raifman, Jessica D. Gipson, Corinne H. Rocca, and Antonia Biggs, “Effects of Carrying an Unwanted Pregnancy to Term on Women’s Existing Children,” *The Journal of Pediatrics*, 2018. [https://www.jpeds.com/article/S0022-3476\(18\)31297-6/fulltext](https://www.jpeds.com/article/S0022-3476(18)31297-6/fulltext)
8. M. Antonia Biggs and Corinne Rocca, “Forecasting the mental health harms of overturning Roe v Wade,” *British Medical Journal*, 2022, 378. <https://www.bmj.com/content/378/bmj.01890>
9. Biggs and Rocca, “Forecasting the mental health.”