

## Myths and Facts About Abortion

There are many myths circulating in our society about the effect of abortion on people's emotional and physical health. Here are facts to dispel some common myths:

**Myth:** Having an abortion has higher health risks than continuing a pregnancy and going through childbirth

**Fact:** Abortions are very safe when performed by qualified practitioners. Reputable research confirms that continuing a pregnancy and going through childbirth has greater risk to a person's health than having a first trimester abortion.

**Myth:** Abortion affects future fertility

**Fact:** Safe, legal abortion performed by qualified practitioners is very rarely associated with any future risk to fertility.

Most women/ pregnant people return to their pre-pregnancy fertility immediately following the abortion procedure. A small number of may have a delay in the return of their usual menstrual cycles.

We recommend the use of contraception soon after the abortion procedure.

For information about contraception: *SHine SA*  
<http://www.shinesa.org.au/go/information-and-resources/choose-a-topic/contraception>

**Myth:** Abortion used instead of contraception

**Fact:** Abortion is safe and when the use of contraception fails or other factors that make using contraception difficult. The majority of people experiencing unplanned pregnancy are using some form of contraception, yet we know that:

- No form of contraception is 100% effective, including sterilisation
- All 'modern' methods of contraception have some associated risks/ side effects
- Finding suitable contraception is very difficult for some people
- Sexual behaviour is not always consensual or predictable
- Violence/abuse/control in relationships can make it difficult to use/access contraception

**Myth:** Abortion causes emotional/ mental harm

**Fact:** Unplanned pregnancy does cause emotional distress for some people, however research shows that for the majority abortion causes no long lasting psychological consequences. Women and pregnant people who make their own clear decision about abortion generally find it a health enhancing experience. Having an abortion is not inherently traumatic; however, every step of the process to accessing abortion services can be made traumatic by judgemental or undermining treatment by others. Studies do highlight risk factors, which can increase the

likelihood of experiencing longer lasting emotional distress, these include:

- Not making their own decision
- Feeling coerced/ pressured into having an abortion
- People who hold strong cultural or religious beliefs that abortion is wrong
- People with a prior history of complex mental health conditions

A consistent opinion has emerged within the medical profession that the psychological effects of abortion are benign or positive and that serious adverse effects are rare. No reputable articles conclude there is any evidence to support the term nor condition of 'Post Abortion Syndrome'.

**Myth:** All religious groups oppose a woman's right to choose

**Fact: *There is no one clear position or understanding about abortion and religion.***

Many religions and religious groups do not support a woman's/person's right to be in control of their body and are often opposed to contraception and abortion), however a number do support a the person's right to make decisions about their body including the use of contraception and abortion.

See Children by Choice: Facts about Abortion:  
<https://www.childrenbychoice.org.au/factsandfigures/safetyofabortion>

# Pregnancy Advisory Centre

## Myths & Facts About Abortion

**Myth:** Adoption is better than abortion

**Fact:** This view claims that there are infertile couples wanting children then those who experience an unwanted pregnancy should be encouraged to relinquish their offspring for adoption and some can feel pressured by this. For many the choice to have an abortion is because they do not want to be pregnant, or continue to be pregnant, or to give birth or to relinquish a child. What is clear is that the choice remains with person who is pregnant on the best option.

The decision to choose continuing pregnancy, abortion or adoption requires services to be supportive with a non-judgemental approach, with all reproductive choices considered equal.

**Myth:** Only young and/or irresponsible people choose abortion

**Fact:** Women and pregnant people of all ages in their fertile years approximately 12 years to 50+ years of age have decided to have abortions throughout the centuries for many different and similar reasons. The belief that only 'irresponsible' people choose abortion suggests that those who don't are selfless and nurturing above all else and a those who choose abortion are wilful, careless, promiscuous and selfish in not accepting their 'biological destiny'. The consistent finding of the many studies about the experience of abortion suggests that women, transsexual, intersex and non-binary folk of all ages, with or without children, in all occupations, religions, education levels, contraceptive practices, and marital status and seek abortions.

**Myth:** Abortion causes breast cancer

**Fact:** Abortion does not increase the chances of being diagnosed with breast cancer.

#### REFERENCES:

- American College of Obstetrics & Gynecology (2009) ACOG Committee Opinion: Induced Abortion and Breast Cancer Risk. *Obstet Gynecol* 113 (6): pp 1417-1418
- Charles V, Polis C, Sridhara, S, Blum R (2008) Abortion and long-term mental health outcomes: A systematic review of the evidence. *Contraception*, 78(6), 436-450
- Danel I, Berg C, Johnson CH, Atrash H (2003) Magnitude of maternal morbidity during labor and delivery: United States, 1993-1997. *Am J Public Health*, 93, 631-634
- Grimes DA (2006) Estimation of pregnancy-related mortality risk by pregnancy outcome, United States, 1991 to 1999. *Am J Obstet Gynecol*, 194, 92-94
- Hakim-Elahi E, Tovell H, Burnhill M (1990) Complications of first trimester abortion: a report of 170,000 cases. *Ob & Gyn* 76, 129-135
- Major B, Appelbaum M, et al., (2008) Report of the APA Task Force on Mental Health and Abortion.
- National Collaborating Centre for Mental Health for the Academy of Medical Royal Colleges (2011) *Induced Abortion & Mental Health: A systematic Review of the mental health outcomes of induced abortion, including their prevalence & associated factors.*
- Paul M & Stewart F (2007) Abortion. In: Hatcher RA et al. *Contraceptive Technology*, 19<sup>th</sup> revised edition. Ardent Media, Inc, New York, NY, p664
- Raymond EG, Grimes DA (2012) The comparative safety of legal induced abortion and childbirth in the states. *Obstet Gynecol*;119(2 Pt 1):215-9.
- [www.guttmacher.org](http://www.guttmacher.org)
- [www.childrenbychoice.org.au](http://www.childrenbychoice.org.au)

#### For more information

**Pregnancy Advisory Centre**

**21 Belmore Terrace**

**Woodville Park SA 5011**

**Telephone: (08) 7117 8999**

**Fax: (08) 7117 8977**

**SA Country Free Call 1800 672 966**

**<http://www.sahealth.sa.gov.au/AbortionSupportServices>**

Non-English speaking: for information in languages other than English, call the interpreting and Translating Centre and ask them to call The Department of Health. This service is available at no cost to you, contact (08) 8226 1990.

© Department of Health, Government of South Australia. All rights reserved.



March 2021