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A review

Prevalence and Psychological Effects of Abortion

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Abstract

This review intends to provide a brief data about the Prevalence and Psychological Effects of Abortion. The data were collected from different articles, journals, guidelines and related published materials. Emerging data report 30% of women worldwide who practiced abortion experience negative and persistent psychological distress afterward. It is estimated that there are 3.27 million pregnancies in Ethiopia every year, of which approximately 500,000 end in either spontaneous or unsafely induced abortion. Reasons for seeking abortion are socioeconomic concerns (including poverty, lack of support from the partner, and disruption of education or employment); family-building preferences (including the need to postpone childbearing or achieve a healthy spacing between births); relationship problems with the husband or partner; risks to maternal or fetal health; and pregnancy resulting from rape or incest; poor access to contraceptives and contraceptive failure. Smoking, drug abuse, eating disorder, depression, anxiety disorders, attempted suicide, guilt, regret, nightmare, decreased self-esteem, and worry about not being able to conceive again were the psychological consequences of abortion.

Key terms: Abortion, induced, Psychological, Unsafe

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Introduction

WHO (2004) defines an unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both. When abortion is performed by qualified people using correct techniques in sanitary conditions, it is very safe. All those who do not have medical training and even professionals operating under sub-standard conditions are included unsafe abortion.

Researchers have also noted that some abortions are done traditionally. Some of the traditional methods used according to Ciganda and Laborde (2003) include inserting harmful objects into the vagina, swallowing special

concoctions, taking very high doses of quinine, forcefully massaging abdomen and washing out the vagina with harsh chemicals such as bleach.

The World Health Organization (WHO) estimates that of 210 million women pregnant each year, 78 million ends with miscarriage, stillbirth, or induced abortion worldwide. Of the estimated 46 million induced abortions each year, nearly 19 million are performed unsafe conditions and result in the deaths of an estimated 68,000 girls and women (WHO, 2004). According to Thonneau *et al*. (2002), 529,000 girls and women die from pregnancy related causes each year, almost all of them in the developing world. About 68,000 (13 percent) of these deaths are due to unsafe abortion, but the percentage can be much higher at country levels. Adetoun *et al*. (2011) indicated, two in five unsafe abortions occur among women under age 25, and about one in seven women who have unsafe abortions is under 20. In Africa, about one fourth of the unsafe abortions are among teenagers (ages 15 to 19), a higher proportion than in any other world region. WHO reported Ethiopia is the 5th country in maternal mortality and unsafe abortion accounts for 32 % of the causes of maternal death. Shimelis *et al*. (2013) revealed that, abortion is also one of the top 10 reasons for mothers to seek hospital admission in Ethiopia.

Currently, several studies are revealing that the prevalence of abortion, which is unsafe in Ethiopian higher institutions. For example, study conducted among Wolayta Sodo University students by Gelaye *et al*. (2014) indicated that, 32 students practiced abortion which was unsafe. On the other hand study conducted by Shimelis *et al.* (2015) in Wachemo University indicates 27 (5.9%) female students in the study practiced induced abortion. The study conducted among Mizan Tepi University students indicated 5 (1.18%) had practiced abortion. Among practiced abortion in Mizan Tepi University, 40% of them practice abortion at the time when the pregnancy was below 3 months, 20% when the pregnancy was below 6 months of duration and 40% of them did not remember the exact duration of pregnancy.

WHO data showed Abortions performed under unsafe conditions claim the lives of tens of thousands of women around the world every year, leave many times that number with chronic and often irreversible health problems, and drain the resources of public health systems. Abortion is a sensitive and contentious issue with religious, moral, cultural, and political dimensions. It is also a public health concern in many parts of the world. Abortion is more than a medical issue, or an ethical issue, or a legal issue. It is, above all, a human issue, involving women and men as individuals, as couples, and as members of societies. This review provides detail information about prevalence and associated psychological effect abortion. Therefore, purpose of this review is to provide brief data about the prevalence and associated psychological effects of abortion.

Methodology

These reviews were collected from published articles and journals by different publishers. All sources are cited in text and reference part to acknowledge the authors. To protect plagiarism, the reviewer paraphrased the data obtained from articles and journals.

The Psychological Effects of Abortion

Researchers investigating post-abortion reactions report only one positive emotion: relief (Abolghasem *et al.,* 2011). This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to get it over with temporary feelings of relief is frequently followed by a period as emotional "paralysis," or post-abortion "numbness" (Baird *et al*., 2001). Baird *et al.* (2001) further indicated these aborted women are unable to express or even feel their own true emotions. Their focus is primarily on having survived the ordeal, and they are at least temporarily out of touch with their feelings.

Ibisomi (2008) showed 30-50% of aborted women reported experiencing one or more of the following sexual dysfunctions or challenges: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous life-style. Here below the most frequently occurred psychological consequences of abortion is discussed in detail.

1. ***Suicidal ideation and suicide attempts*:** Mota (2011) identified a strong statistical association between abortion and suicide in a records based study. Approximately 60 percent of women who experience post-abortion sequel report suicidal ideation, with 28 percent actually attempting suicide.
2. ***Alcohol and drug abuse***: Klassen's study indicated that abortion is significantly linked with increased risk of alcohol abuse among women. This is directly related to violent behavior, divorce or separation, auto accidents, and job loss (Morrissey *et al.,* 1978).
3. ***Eating disorders***: For at least some women, post-abortion stress is associated with eating disorders such as binge eating, bulimia, and anorexia nervosa (Speckhard, 1987).
4. ***Sexual dysfunction***: 30-50% of the women who experience abortion faced difficulty adjusting to a past abortion report experiencing sexual dysfunctions, of both short and long term, beginning, immediately and after their abortions (Ibisomi, 2008). These problems may include one or more of the following: loss of pleasure from intercourse, increased pain, an aversion to sex and/or males in general, or the development of a promiscuous sexual life.
5. ***Child neglect or abuse***: according to Benedict *et al.* (2010), abortion is linked with increased depression, violent behavior, alcohol and drug abuse, replacement pregnancies, and reduced maternal bonding with children born subsequently. These factors are closely associated with child abuse and would appear to confirm individual clinical assessments linking post-abortion trauma with subsequent child abuse.
6. ***Post-traumatic stress disorder (PTSD)*:** PTSD is a psychological dysfunction which results from a traumatic experience which overwhelms a person's normal defense mechanisms resulting in intense fear, feelings of helplessness or being trapped, or loss of control. The risk that an experience will be traumatic is increased when the traumatizing event is perceived as including threats of physical injury, sexual violation, or the witnessing of or participation in a violent death (Herman, 1992). According to Franche (1978), the major symptoms of PTSD are: hyper arousal, intrusion, and constriction.

A. Hyper arousal is a characteristic of inappropriately and chronically aroused "fight or flight" defense mechanisms. Exaggerated startle responses, anxiety attacks, irritability, outbursts of anger or rage, aggressive behavior, difficulty concentrating, hyper vigilance, difficulty falling asleep or staying asleep are Symptoms of hyper arousal.

B. Intrusion is the re-experience of the traumatic event at unwanted and unexpected times. Symptoms of intrusion include: recurrent and intrusive thoughts about the abortion or aborted child, flashbacks in which the woman momentarily re-experiences an aspect of the abortion experience, nightmares about the abortion or child, or anniversary reactions of intense grief or depression on the due date of the aborted pregnancy or the anniversary date of the abortion.

C. *Constriction* is the numbing of emotional resources, or the development of behavioral patterns, so as to avoid stimuli associated with the trauma. In post-abortion trauma cases, constriction may include: an inability to recall the abortion experience or important parts of it; efforts to avoid activities or situations which may arouse recollections of the abortion; withdrawal

from relationships, especially estrangement from those involved in the abortion decision; avoidance of children; efforts to avoid or deny thoughts or feelings about the abortion; restricted range of loving or tender feelings; a sense of a foreshortened future (e.g., does not expect a career, marriage, or children, or a long life); diminished interest in previously enjoyed activities; drug or alcohol abuse; suicidal thoughts or acts; and other self-destructive tendencies.

Increased smoking:

According to Adler (1979), post-abortion women are also more likely to continue smoking during subsequent wanted pregnancies with increased risk of neo-natal death or congenital anomalies. Women who abort are twice as likely to become heavy smokers and suffer the corresponding health risks (Shepard *et al*., 1979).

Repeated abortions:

Joyce research showed women who have one abortion are at increased risk of having additional abortions in the future. Women with a prior abortion experience are four times more likely to abort a current pregnancy than those with no prior abortion history. This increased risk is associated with the prior abortion due to lowered self esteem, a conscious or unconscious desire for a replacement pregnancy, and increased sexual activity post-abortion. According to Leach (1977), approximately 45% of all abortions are now repeat abortions. The risk of falling into a repeated abortion pattern should be discussed with a patient considering her first abortion.

Factors leading to abortion

Researchers have identified a large number of statistically significant risk factors that identify which women are at greatest risk of experiencing one or more severe reactions to abortion.

The study by Kebede *et al.* (2000) at Jimma hospital revealed that the reason for induced abortion was due to economical problem and 95% of the women had used either rubber tubes or roots of plants to induce abortion. The same study conducted in Jimma, Gambela and North West Ethiopia identified that inaccessibility to contraceptives was the major causes of unwanted pregnancy and subsequently to unsafe abortion (Kaba, 2000; Kebede *et al*., 2000; WeldeMeskel *et al.*, 1999; Desalegn, 1993). The study conducted by Desalegn *et al.* (2015) indicated that not wanting more children, pre-marital pregnancy, bad timing, the desire to remain in school, the high cost of having more children, and the feeling that the pregnancy was not socially acceptable is some of the most common reasons to abortion.

Personality or behavioral factors may also predispose a woman to unplanned pregnancy and abortion, as well as to mental health problems. There is substantial evidence that behavioral problems tend to co-occur among the same individuals (Willoughby *et al.,* 2004). One explanation (Kandel, 1989) for this pattern is that involvement in behavioral problems follows definite pathways in which specific factors place the individual who has participated in one behavior (e.g., drug use) at risk of initiating another (e.g., early sexual initiations), which puts that person at risk for another incident such as unintended pregnancy, which in turn puts that person at risk for another event (abortion). Personality factors that diminish the ability to regulate negative emotion also put people at risk for engaging in behavioral problems. For example, high impulsivity and an avoidance style of coping with negative emotions are risk factors for risky sexual behavior, substance use, delinquent behavior, and educational underachievement (Cooper *et al.,* 2003).

Conclusions

According to WHO report globally one in five pregnancies ends in abortion, and one in 10 pregnancies ends in unsafe abortion. It is also estimated 46 million abortions are performed each year, and 19 million of them are considered unsafe because they are performed by unskilled providers and/or in unsanitary conditions. These

results indicate that the magnitude of abortion in general and unsafe abortion specifically is increasing.

Hospitals in some developing countries spend almost half of their budgets to treat complications of unsafe abortion. Very high numbers of deaths are due to unsafe abortion, and the percentage can be much higher at country levels.

Abortion could be associated with uncountable psychological problems like regret , anger, guilt, shame, sense of loneliness or isolation, loss of self confidence , insomnia or nightmares, relationship issues, suicidal thoughts and feelings, eating disorders, depression, anxiety are identified by several researchers.

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Conflict of interest

I declare that there is no conflict of interest with other researchers and I am responsible for any conflict of interest that may arise.

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