

The deVeber Institute Presents

**Complications:
Abortion's Impact
on Women**

HANDBOOK

COMPLICATIONS

ABORTION'S IMPACT ON WOMEN

SECOND EDITION: REVISED AND UPDATED



Complications: Abortion's Impact on Women

by Angela Lanfranchi, Ian Gentles and Elizabeth Ring-Cassidy

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Complications: Abortion's Impact on Women Handbook, is a summary of the second edition: revised and updated, of the book *Complications: Abortion's Impact on Women*.

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ABOUT COMPLICATIONS

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For all three authors the driving force behind this book is the concern about the ill effects—largely unknown, and for the most part unpublicized—of induced abortion on women.

After several years of intensive research we are more than ever persuaded of the urgency of communicating this information to medical professionals, counselors, and to women who are contemplating having an abortion. The research for the second edition only strengthens this conclusion. What we have written is based on rigorous research: almost 700 papers, mostly in medical and psychological journals, as well as a number of books and official publications.

This book arises out of a concern that the steadily growing body of information about the harmful complications of abortion for women and their subsequent children should become widely known. These complications are physical, psychological, social, and spiritual. In order to present direct evidence of the malaise brought on by abortion in contemporary society, we have included in our study the results of interviews of over 100 women who have undergone that experience. Words cannot express our gratitude to the women who shared with us the stories of their abortions.

The following *Complications* handbook summarizes the research findings and stories in each chapter of *Complications: Abortion's Impact on Women, second edition*.

CHAPTER 1

SPIRITUAL AND PSYCHOLOGICAL HEALING AFTER ABORTION

SUMMARY

Grief after pregnancy losses such as miscarriage or stillbirth is a widely accepted psychological phenomenon. However, the grief experienced after induced abortion has been largely dismissed. Women suffering grief after an abortion are often unable to publicly express their sadness and are therefore at greater risk of experiencing complicated grief, a state in which sorrow, numbness, guilt and anger following a loss are long-lasting and interfere with the life of the grieving person.

Women may rely on a variety of forms of assistance throughout their healing journey. Healing can take place with the help of organizations, individuals, and online resources. One example is Abortion Recovery International (ARIN), a world-wide organization that links post-abortion sufferers with professional services, resources and programs that are "personal, confidential, non-judgmental and open to all." These programs range widely, as each woman has her own unique circumstances and personal beliefs. Other available resources include religious support groups, pregnancy resource centres, and online assistance, such as Abortion Changes You.

Forgiveness is considered an important part of healing after abortion, regardless of one's attitude towards abortion. Many women have unresolved feelings of shame and guilt, which can be lessened through forgiveness of themselves and of the other people involved in the abortion. Different religions have distinct approaches to forgiveness after abortion. Project Rachel, a Catholic ministry, involves steps such as recounting one's story, assuring oneself of God's mercy, and forgiving oneself. The Buddhist practice of mizuko kuyo encourages parents to write letters of apology, accepting responsibility for ending their child's life. In addition to forgiveness, memorializing the child, perhaps by naming him or her, is an important step in healing.

CHAPTER 1

SPIRITUAL AND PSYCHOLOGICAL HEALING AFTER ABORTION

KEY POINTS

***"I don't feel scared any more...I do believe that I can be forgiven.
Isn't that great? A miracle at last!"***

- Many women and families grieve after an abortion, as with other pregnancy losses.
- Grief, which is not openly acknowledged, publicly mourned, or socially supported can become disenfranchised and complicated.
- Healing has many dimensions—physical, social, psychological, and spiritual.
- Each person heals in her own way and on a unique timeline.
- There are many resources and supports available to those seeking healing after abortion.
- Forgiveness is an important step in healing after abortion. Many people find it helpful to memorialize and name the child.



CHAPTER 2

MATERNAL AND INFANT MORTALITY: A GLOBAL PERSPECTIVE

SUMMARY

It is often argued that legalizing abortion is necessary to limit maternal mortality. However, evidence from around the world shows otherwise.

A global analysis reveals that countries in which abortion is restricted have, in fact, lower maternal mortality rates (MMRs) than countries in which abortion is legalized. Additionally, countries with high mortality rates from unsafe abortion also have "the least effective and accessible health care services, making complications and deaths from unsafe abortion more likely."

Chile has one of the lowest MMRs in the Americas. Its MMR (defined as number of maternal deaths per 100,000 live births) decreased by 70 per cent after abortion was banned. In contrast, after legalizing abortion, Guyana's MMR decreased by only 32 per cent. This trend is confirmed by El Salvador and Nicaragua, which both had significant decreases in MMR after banning abortion. Egypt and the Ugandan district of Korozi also have restrictive abortion laws and have had a decrease in MMR of 52 per cent and 75 per cent, respectively. In contrast, South Africa legalized abortion in 1996 and has actually seen a slight increase in its MMR, including an increase in deaths due to abortion, from 114 in 2002-4 to 136 in 2005-7; the country is considered to be making "no progress" in improving maternal health.

Across the globe, factors that are known to decrease MMR include increased education for women, better health care, skilled attendance at birth, emergency obstetric care, primary health care facilities improvement, and long distance transportation to a hospital. These findings challenge the notion that abortion improves maternal health, and have powerful implications for policies aimed at decreasing maternal mortality.

CHAPTER 2

MATERNAL AND INFANT MORTALITY: A GLOBAL PERSPECTIVE

KEY POINTS

- Based on official statistics, four countries that banned abortion in the past two decades (Poland, Chile, El Salvador, Nicaragua) experienced dramatic improvements in maternal and infant health.
- Countries where legal abortion has long been unavailable (Ireland, Egypt, Uganda, Bangladesh, Afghanistan, Indonesia, Mexico, Malta) do better at maintaining or improving maternal and infant health than neighbouring countries where abortion is legal on request.
- The record of the US, the UK, Russia, South Africa, India, Cambodia and Nepal, where abortion is widely permitted has been generally worse than nearby countries where there is legal protection for the unborn.
- The keys to reducing maternal and infant mortality include:
 - Skilled attendance at birth
 - Improved education for women
 - Emergency obstetric care (including caesarean sections)
 - Transportation for emergency obstetric care
 - Community outreach
 - Improved referral systems

CHAPTER 3

SO MANY MISSING GIRLS: ABORTION AND SEX SELECTION

SUMMARY

The rise of prenatal testing to determine sex, along with pre-existing social beliefs, has allowed for sex-selective abortion to become widespread across the globe.

It has recently been determined that more than 160 million girls are "missing", mainly in Asia. This circumstance is due in large part to "gendercide" via sex-selective abortion, the systematic killing of females before birth. Sex-selective abortion has contributed to gender imbalance as the sex ratio at birth (SRB), which is the number of male births for every 100 female births, has been skewed from the normal range of 103 to 107 up to 160 and 200 in some regions.

The explanation for this phenomenon is straightforward: with the technological advancements of ultrasound and amniocentesis came the possibility of aborting the unborn according to their sex. As UNICEF explains, "Where there is a clear economic or cultural preference for sons, the misuse of these techniques can facilitate female foeticide." Female foeticide is especially prevalent in China and India, where male children are favoured due to sociocultural biases and/or the financial burden of having a female child.

According to China's 2010 census, the country's SRB was 118, soaring as high as 135 in some rural areas, resulting in 32 million more males than females under the age of twenty. In India, there are about 7.1 million fewer girls than boys aged six and under. Sex-selection has begun to spread to the West, especially Canada.

So far, one country, South Korea, is known to have reversed the practice of self-selection abortion. The ethical and social impact of sex-selective abortion is beginning to be manifest, as girls are now being abducted and sold for marriage in remote rural regions. The loss of over 160 million girls is not only a direct, sexist attack on the female half of the human race, but has left the remaining women more vulnerable as men begin to confront the marriage squeeze.

***Complications: Abortion's Impact on Women* is a 466 page book with almost 700 studies cited in references.**

This handbook draws entirely from the text which is available for purchase at www.deveber.org and www.amazon.com as a book and ebook.

Complete references available online at www.deveber.org/handbook



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