

## REVIEW

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# Long-term Mental Health & Financial Outcomes Associated with Abortion Access and Denial: A Systematic Review

Emma G. LEWIS<sup>a</sup>, Udit DAVE<sup>a</sup><sup>a</sup>Tulane University Faculty of Medicine, New Orleans, USA

**ABSTRACT** Abortion services access has been attacked nationally in the United States for decades, but more recently, attempts to ban abortion have dominated American politics at an exceedingly damaging rate. Coronavirus disease-2019 provided local and national politicians with the opportunity to implement limitations and temporary closures on abortion clinics throughout the country. Many of the policies put in place, both recently and historically, have been derived from faulty research with claims on mental health sequelae post-abortion being a frequently sighted point of reference. It is essential that the investigation of mental health prior to abortion, post-abortion, and of those who were denied abortion be considered to make just policies. This review finds that negative mental health outcomes are more severe in women who are denied an abortion compared to women who receive one. Additionally, denying women abortions is associated with significant financial difficulties and reduced quality of life. The purpose of this review is to identify current trends in scientific literature on abortion, the outcomes formulated based on these findings, the presence or lack thereof of mental health sequelae in experimental groups, and financial outcomes in these subjects. It is essential that policy surrounding abortion access reflects sound scientific literature and empowers women to make appropriate decisions about their reproductive health.

**Keywords:** Induced abortion; mental health; treatment outcome; financial stress; health policy

The phenomenon of adverse mental health outcomes following abortion has long been claimed by the pro-life masses, including those that create legislation dictating abortion access and care. The recent past has exemplified this more than most, the onset of the novel coronavirus provided policymakers a unique platform to undermine an individual's access to abortion care. Since January 1<sup>st</sup>, 2021, approximately 561 abortion restrictions have passed in the United States, including 165 total abortion bans.<sup>1</sup> Prior medical literature regarding post-abortion mental status is riddled with methodological flaws, and has time and time again been found to be inconclusive.<sup>2,3</sup> Because of this, it is imperative that we assess not only the mental health outcomes of women that have received abortions but of those who have been denied them. A proper examination on this subject would not be adequate without acknowledging that

when considering the psychological implications of abortion, abortion means different things to different people. It is a concept and an experience painted by an individual's social, economic, religious, and cultural contexts, and each woman that obtains an abortion obtains one for a slightly different purpose.<sup>4</sup> Most abortions are sought due to financial instability, which is closely followed by other common reasons such as inappropriate timing, the need to focus on other children, non-ideal partners, and future vocational and educational plans.<sup>5</sup> Elective abortions are considered one of the most common medical interventions globally, with approximately 1.29 million performed in the U.S. alone.<sup>3</sup> While it is challenging to pinpoint the exact number of abortions denied to women, it is estimated that around 4,000 are denied annually due to gestational age alone.<sup>6</sup> In this review article, we will assess not only the psychological and

**Correspondence:** Emma G. LEWIS  
Tulane University Faculty of Medicine, New Orleans, USA  
**E-mail:** elewis5@tulane.edu



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financial state of women status-post abortion, but the mental well-being and economic burden of those who have been denied an abortion as well.

## MENTAL HEALTH SEQUELAE

Claims that receiving an abortion will burden the woman with immense psychological distress have been echoed by protestors outside abortion clinics and political figures for decades. Historically, trends have emerged from reviews of scientific literature that the highest quality of psychological health studies regarding abortion receipt versus denial identified neutral results, suggesting minimal differences in psychological well-being between those who accessed abortion care versus those who had been denied treatment.<sup>4</sup> Conversely, the most flawed of studies methodologically (i.e., small sampling size, underreporting due to stigmatization, selection bias, etc.) were those that found negative mental health outcomes of the abortive procedure.<sup>3,4</sup> Later studies have found that, ultimately, women experience a mixture of both positive and negative emotions following an abortion, with relief being the most predominant of feelings.<sup>7</sup> The intensity of all emotions seems to dwindle over time but the personal feelings of women that they made the right decision remains consistent.<sup>7</sup> Adverse emotions cannot be deemed insignificant however, as studies have shown that a minority of women do experience negative health outcomes post-abortion, but this is often related to or a continuation of symptoms that appeared prior to procedure.<sup>8</sup> This observation emphasizes the importance of considering and controlling for past psychiatric medical history in the setting of pregnancy termination research.<sup>9</sup>

## FINANCIAL BURDEN

Much of the data presently available regarding abortion denial is from the Turnaway Study. It was the first abortion access study to conduct a longitudinal data analysis, over the course of ten years, on approximately 1,000 women in the U.S. seeking abortions who were either granted or denied them.<sup>10</sup> The “Turnaway-Birth” group, those who were denied an abortion, were more likely to have an increase in household poverty for a minimum of four years than those who received an abortion.<sup>5</sup> The study also

found that in years following an abortion denial, women were significantly more likely to not have enough money to cover basic living expenses such as housing, food, or transportation.<sup>5</sup> In a separate study, women denied abortions were significantly more likely to be residing with a family member due to financial instability post-delivery versus the women who received abortions.<sup>11</sup> This study also found that those who were denied an abortion had significantly higher rates of utilization of public assistance programs such as Temporary Assistance for Needy Families, Special Supplemental Nutrition Program for Women, Infants and Children, and Supplemental Nutritional Assistance Program as compared to those who successfully received abortion care.<sup>11</sup> Finally, the children that are a product of denied abortions are more likely to live below the federal poverty level than children born from a subsequent pregnancy to those who successfully received an abortion.<sup>12</sup>

These findings should be considered by policymakers to avoid the economic implications stated above. Possible solutions could be introduced by relaxing laws that impose gestational age limits or alternatively licensing more clinics for abortion services.<sup>11</sup> Past studies suggest that there is no benefit in mental health outcomes associated with warning women about potential negative psychological experiences that can follow an abortion.<sup>13</sup> Policies across the United States should reflect this research and legislation should ensure women are provided with unbiased, sound information regarding abortion risks and outcomes. The information women are provided when they seek an abortion should not attempt to dissuade them from obtaining one but rather should ensure their decision is well informed. Policies should empower women to obtain abortion care because abortion denial is detrimental to their mental health.

## CONCLUSION

The current political climate continues to light a fire within those that oppose abortion and those who stand in solidarity for the right to choose. Researchers continue to use science to address politically motivated questions, yet policies based on research conducted with methodological flaws may cause financial and emotional damage to women who are

denied abortions. Policy should be created, reflecting only the soundest of scientific literature to help alleviate or prevent further exacerbation of psychological illness and financial burden to women grappling with unwanted pregnancy. Improving the availability of abortion services and providers as well as implementing laws that do not impose severe gestational age limits may prevent further mental health deterioration as well as worsened financial instability.

### Source of Finance

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### Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

### Authorship Contributions

*All authors contributed equally while this study preparing.*

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