Have you ever tried searching for information on ‘abortion’ on the internet?
If you have, your search results may return websites with conflicting and sometimes inaccurate information.

The Royal Women’s Hospital advises you use reliable websites in your research, like those recognised by the Australian State Government Health Departments. These sites use research by reputable organisations such as the Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the World Health Organization (WHO).

Below are some of the myths you may find on anti-abortion websites. Included are links to reputable and reliable organisations where you can find more information. These facts may help you make your decision about an unplanned pregnancy. You can also talk with a medical practitioner who specialises in sexual and reproductive health.

Myth 1: Abortion leads to infertility, ectopic pregnancy and breast cancer

Fact 1: Research has shown no link between abortion and infertility, ectopic pregnancy or breast cancer.

The Victorian State Government Health website, The Better Health Channel, notes that while all surgery carries some risk, abortion doesn’t automatically harm fertility. A safely performed abortion is ‘10 times safer’ than pregnancy that continues to term in developed countries. Studies have shown no relationship between abortion and breast cancer.

For more information about the health risks of abortion see:
- The Women’s fact sheet Medical and clinical information about abortion at the Women’s
- www.betterhealth.vic.gov.au (search for abortion)

Myth 2: Abortion is linked to mental health problems

Fact 2: The majority of women cope well after an abortion

We have been supporting women through abortion for around 35 years. A majority of these women report that they did not find abortion emotionally or psychologically harmful. Although some women find it stressful or difficult in the short-term, most women cope positively and do not experience long-term problems.

It is important you find someone supportive and unbiased who you can talk with about your decision. This could be a friend, family member, partner, counsellor, GP or a community member. Try to talk to someone who understands abortion is an option — someone who acknowledges that you have right to decide what’s best for you and your pregnancy.

For more information about abortion and mental health see:
- The Women’s fact sheet Will I feel okay after an abortion?
- American Psychological Association (APA) www.apa.org (search for Mental Health and Abortion)
- World Health Organization (WHO) www.who.int (search for Mental health aspects of women’s reproductive health)
- RANZCOG www.ranzcog.edu.au (search for Termination of pregnancy: a resource for health professionals)

Myth 3: Women don’t have the right to decide what’s best for them

Fact 3: Women know best about what to do about their unplanned pregnancy

Supportive people can certainly help you think through your options. Women tell us their life decisions are connected with those around them. However, someone else should not make the decision for you. You know best about your own life circumstances, your strengths and capabilities, as well as your resources. You are also the main person who will be affected by continuing with the pregnancy or having an abortion.
Recent studies have shown that coercion around reproductive choice is often connected to partner violence or abuse. In other words, do you have a partner who is trying to force you into having a baby? Or having an abortion?

For more information on women’s decisions about abortion see:
• The Women’s fact sheets
  - A woman-centred decision-making guide
  - Unplanned pregnancy in violent or abusive relationships
  - Will I feel okay after an abortion?

Myth 4: You are always in control of whether or not you get pregnant

Fact 4: Fertility is not always within the control of women

The idea that fertility is something all women can control assumes that:
• contraception is always 100% available and foolproof
• women are always in a position to consent to sex.

Studies have shown that between half and two-thirds of all women who have an abortion were using contraception at the time they became pregnant. No contraception is guaranteed to be 100% effective all the time. Sex and contraception are two areas where human beings and their relationships can be unpredictable and disorganised. The circumstances of women’s lives and their health – irregular periods, menopause, drug use, medical conditions, stress – will also affect fertility and contraceptive use.

Furthermore, sex is not always voluntary. Many women seeking abortion have not been in a position where they could freely agree to sex. This may apply to women who are in or outside of a relationship.

For more information see:
• The Women’s fact sheets
  - Pregnancy as a result of sexual assault
  - Unplanned pregnancy in violent or abusive relationships
• Contraception fact sheets on the Women’s website www.thewomens.org.au/Contraception

Myth 5: Women who have abortions don’t value motherhood

Fact 5: Abortion and motherhood are not in opposition to each other

Many of the women we talk to are already mothers. Often their decision is influenced by the desire to do the best they can for the child or children they already have. They fully understand the responsibility of parenting and what it would mean to have another child without having adequate resources to ‘do it properly’. This puts them in the best position to make a decision about whether to continue with a pregnancy.

There is also a myth often used to create a false division between ‘normal’ women, who are ‘natural’ mothers and ‘abnormal’ women, who do not become parents for a variety of personal reasons. This division is insulting – and not only to women who choose not to parent. Men’s choices about whether or not to have a family, for example, are rarely judged in the same way. Many women who want to be or are already mothers may also experience an unplanned pregnancy and an abortion in their life. Indeed, PAS statistics from 2006 show that at least half the women contacting the service with an unplanned pregnancy already had children.

Myth 6: Only certain ‘types’ of women have unplanned pregnancies and abortions

FACT 6: All kinds of women, from diverse and varied backgrounds, experience unplanned pregnancy

It’s not just teenagers
• Approximately 90% of the women who contacted PAS at the Women’s Hospital in a 12-month period were aged 18–40+. Only 7.1% of women were under 18.

It’s women from all over the world
• In 2006, the women who contacted PAS with an unplanned pregnancy spoke 39 different languages and were born in 106 different countries.

It’s both women who are already mothers and those who aren’t
• In a one-year period, approximately 50% of women contacting PAS with an unplanned pregnancy already had children.

It’s not just ‘rich’ women or ‘poor’ women seeking abortions – it’s both
• 51% of women contacting PAS in a 12-month period were health-care cardholders.
Around 75,000 women undergo abortion each year in Australia. We know that women of all ages, nationalities, incomes, ethnicity, religions, marital status and occupations have unplanned pregnancies and that it is part of the reality of many women’s lives. It’s not only young, single, sexually active or ‘irresponsible’ women who experience unplanned pregnancies or have abortions — this is a stereotype. Another stereotype is that abortion is only for women who have experienced sexual assault. Women from all sectors of society have unplanned pregnancies, for a variety of reasons. Consensual or non-consensual sex can be a part of life for women of any reproductive age. Although sex may sometimes end in childbirth, procreation is among the least common reasons women say they have sex.

**Good and bad women — the stereotypes**

Society and religion have often used sex and women’s bodies as a battleground for arguments about morality. Women are often judged harshly in relation to their sexuality and are sometimes labelled ‘promiscuous’ or ‘frigid’ or labelled as ‘good girls’ or ‘bad girls’. Women’s sexuality is often criticised in ways in which men’s is not. Sometimes women tell us they feel judged whatever their decision about an unplanned pregnancy — they are ‘damned if they do, and damned if they don’t’!

**Religion and pro-choice views**

Women of all different religions seek abortion. There are a number of religious organisations worldwide that support a woman’s right to choose freely between continuing the pregnancy, adoption or abortion. These same religious organisations argue that abortion is not condemned in the sacred texts.

For more information and references on abortion and religious perspectives see:

- **Pro Choice Victoria** prochoicevic.com/node/13#Religion

Some women have found the response from their religious leader to an unplanned pregnancy is unsupportive and critical. PAS can refer you to Pastoral Care & Spirituality Services (PCSS at the Women’s) to discuss religious or spiritual concerns. Women can talk to PCSS at any stage of their decision-making process.

For more information about choice and religion see:

- Centre for Reproductive Rights - reproductiverights.org (search for Religious Voices Worldwide Support Choice: Pro-Choice Perspective in Five World Religions)

**References**

3. RANZCOG, op.cit., p.27
6. Pregnancy Advisory Service (PAS) database 2006, Royal Women’s Hospital, Parkville.
9. Ibid.

**Disclaimer** The Royal Women’s Hospital does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided in this fact sheet or incorporated into it by reference. We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs with a health practitioner. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest hospital Emergency Department. © The Royal Women’s Hospital, February 2011.