



ABORTION & CONTRACEPTION SERVICE

ABORTION: THE MYTHS

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 (The Women's) 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.

For general information about abortion:

- **1800MyOptions**
1800 696 784
www.1800myoptions.org.au

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 cancer¹

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.² Studies have shown no relationship between abortion and breast cancer.³

For more information about the health risks of abortion see:

- **Better Health Channel**
www.betterhealth.vic.gov.au

Myth 2: Abortion is linked to mental health problems

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

The Women's has been supporting women through abortion for over 40 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 the right to decide what's best for you and your pregnancy.

For more information on abortion and mental health:

- **American Psychological Association (APA)**

- www.apa.org (Mental Health and Abortion)
- **World Health Organization (WHO)**
www.who.int - (Mental health aspects of women's reproductive health)

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.⁴ In other words, do you have a partner who is trying to force you into having a baby? Or having 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.⁵ No contraception is guaranteed to be 100% effective all the time. Sex and contraception are two areas where people 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 sheet**
www.thewomens.org.au
 - Pregnancy as a result of sexual assault
 - Unplanned pregnancy in violent or abusive relationships
 - Contraception information
- **Better Health Channel**
www.betterhealth.vic.gov.au
(search for Abortion and Contraception – choices)

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.

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

FACT 6: All kinds of women, not just teenagers, experience unplanned pregnancy and have contacted the Women's for an abortion. Women from diverse and varied backgrounds, women who are already mothers and those who aren't. Both rich and poor women seek abortions.

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.⁶

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

For more information about choice and religion see:

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

References

- 1 Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG), 'Termination of pregnancy: a resource for health professionals', November 2005, Victoria, p.4.
- 2 Victorian State Government, Better Health Victoria, 'Abortion – some misconceptions', <<http://www.betterhealth.vic.gov.au>>, viewed 1 December, 2010
- 3 RANZCOG, op.cit., p.27
- 4 University of California, UC Davis Health System, <<http://www.ucdmc.ucdavis.edu/newsroom/newsdetail.html?key=3634&expired=no&n=365&title=UC%20Davis%20Health%20System%20News>>, viewed 10 February 2010.
- 5 Better Health Victoria, 'Abortion – some misconceptions', <<http://www.betterhealth.vic.gov.au>>, viewed 1 December 2010.
- 6 Critchlow Leigh, B 'Reasons for Having and Avoiding Sex: Gender, Sexual Orientation and Relationship to Sexual Behaviour', *The Journal of Sex Research*, Vol.26, No.2, May 1989, p.203.

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, March 2017