

## Mental Well-Being of Women after Abortion

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### Abstract

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**Background:** Abortion, whether spontaneous (miscarriage) or induced, constitutes a complex reproductive health event that can affect women's psychological well-being in multiple ways. Emotional responses to abortion are heterogeneous and are influenced by individual characteristics, cultural beliefs, social support systems, and

the specific circumstances of the pregnancy and its termination. For many women, abortion may result in a sense of relief, particularly when the pregnancy was unintended, posed health risks, or occurred under challenging social or economic conditions. In these situations, terminating the pregnancy may alleviate stress and restore a sense of control, thereby contributing positively to mental health outcomes. A subset of women experience psychological distress following abortion. Emotional responses such as sadness, guilt, regret, or anxiety frequently occur, particularly when the decision conflicts with personal values, religious beliefs, or societal expectations. Depression may develop, especially among individuals with a prior history of mental health disorders or insufficient emotional support. Furthermore, women who undergo abortion due to pressure from partners, family members, or external constraints are at increased risk for negative psychological outcomes. Post-traumatic stress symptoms have been reported in some cases, though these are less common and typically associated with specific risk factors. Such factors include perceiving the abortion as traumatic, undergoing late-term procedures, or having a history of trauma, including abuse or violence. Women who

experience spontaneous abortion (miscarriage) may encounter grief comparable to bereavement, particularly when the pregnancy was desired. Persistent feelings of loss, emptiness, and mourning may be exacerbated by insufficient recognition or support from others. Social and cultural factors strongly affect how women feel after an abortion. In places where abortion is looked down on, women may face judgment, isolation, or discrimination, which can make emotional distress worse. On the other hand, supportive environments, counseling, and nonjudgmental healthcare can help reduce negative effects. Support from partners and family, as well as open communication, can help women recover emotionally. The type of procedure, how far along the pregnancy was, and access to care after the abortion also matter. Safe, early abortions in proper medical settings usually lead to fewer mental health problems, while unsafe or complicated procedures can increase both physical and emotional risks. Overall, while abortion can result in psychological consequences for some women, most do not experience long-term mental health problems directly attributable to the procedure. Pre-existing mental health conditions, socioeconomic challenges, and environmental stressors are more significant predictors of adverse outcomes. Consequently, a holistic approach incorporating psychological counseling, social support, and culturally sensitive care is essential to promote the well-being of women undergoing abortion. **Objective:** The purpose of this study is to comprehensively assess the mental well-being of women following abortion, whether spontaneous (miscarriage) or induced, by evaluating the range, severity, and duration of psychological responses experienced after the event. This includes examining common emotional outcomes such as relief, anxiety, depression, guilt, grief, and post-traumatic stress symptoms, using validated psychological assessment tools and standardized diagnostic criteria where applicable. The study aims to determine both short-term and long-term mental health effects, thereby providing a clearer understanding of how abortion impacts psychological functioning over time. A secondary objective is to identify and analyze the various factors associated with adverse psychological outcomes in this population. These factors include individual characteristics such as age, educational status, socioeconomic background, prior mental health history, and reproductive history. Additionally, the study seeks to evaluate the influence of contextual and social determinants, including marital status, level of partner and family support, cultural and religious beliefs, and the presence of stigma or societal pressure related to abortion. Furthermore, the study aims to explore clinical and situational variables that may contribute to mental health outcomes. These include the type of abortion (spontaneous vs. induced), gestational age at the time of abortion, reasons for termination (medical, personal, or socioeconomic), and whether the decision

was voluntary or influenced by external pressure. The quality of healthcare services received, including counseling before and after the procedure, privacy, and the overall care experience, will also be examined as potential determinants of psychological well-being.

Another important objective is to identify protective factors that may promote resilience and positive coping following abortion. These may include strong social support systems, access to mental health services, effective coping strategies, and a supportive healthcare environment. By distinguishing between risk and protective factors, the study aims to highlight opportunities for targeted interventions. Ultimately, the findings of this study are intended to inform healthcare providers, policymakers, and public health professionals about the psychological needs of women following abortion. This will help in developing evidence-based guidelines, improving post-abortion care services, and implementing supportive interventions that reduce the risk of adverse mental health outcomes while promoting overall well-being. **Methods:** Participants were recruited through a nonprobability, consecutive sampling technique from the department's outpatient and inpatient services. Women aged 18–45 years who had experienced abortion within the previous three months and were willing to provide informed consent were included in the study. Those with a known history of severe psychiatric illness, chronic medical conditions affecting mental status, or those unwilling to participate were excluded. After obtaining written informed consent, participants were interviewed in a private setting to ensure confidentiality and encourage honest responses. Socio-demographic data, obstetric history, type of abortion, gestational age, and level of social support were recorded using a structured proforma. Data were entered and analyzed using SPSS version 26. Descriptive statistics, including mean, standard deviation, frequencies, and percentages, were used to summarize demographic and clinical variables. The prevalence of anxiety and depression was determined based on the scoring criteria of the applied scales. Inferential statistics, including chi-square test and independent t-test, were applied to assess associations between psychological outcomes and various risk factors. A p-value of less than 0.05 was considered statistically significant. Ethical approval for the study was obtained from the hospital's institutional review board prior to data collection. To ensure data reliability and validity, all questionnaires were administered by trained healthcare professionals who were familiar with the study tools and interview techniques. Standardized instructions were followed during data collection to minimize interviewer bias and maintain consistency. A pilot test was conducted on a small subset of participants prior to the main study to identify any ambiguities in the questionnaire and make necessary adjustments.

Additionally, confidentiality and anonymity were strictly maintained throughout the study process by assigning unique identification codes to each participant and securely storing the collected data. **Results:** Further analysis revealed that younger women (aged 18–25 years) exhibited higher levels of anxiety and depressive symptoms compared to older participants, suggesting that age and emotional maturity may influence psychological outcomes. Similarly, unmarried women and those with lower educational and socioeconomic status were found to have a greater prevalence of psychological distress. Women who experienced spontaneous abortion, particularly those with a desired pregnancy, reported higher levels of grief and sadness, whereas those who underwent induced abortion were more likely to report mixed emotional responses, including both relief and guilt. In addition, the timing and context of the abortion played a significant role in mental well-being. Women who underwent abortion at a later gestational age demonstrated relatively higher anxiety scores compared to those with early termination. Lack of pre- and post-abortion counseling services was also associated with poorer psychological outcomes. Conversely, participants who reported strong family or partner support and access to appropriate healthcare services showed significantly lower levels of anxiety and depression, highlighting the protective role of a supportive environment in promoting emotional recovery. **Conclusion:** Mental well-being following abortion is a complex and individualized experience that varies widely among women depending on personal, social, and clinical factors. While many women report a sense of emotional relief—particularly in cases of unintended or high-risk pregnancies—a considerable proportion experience psychological distress, including anxiety, depression, guilt, and grief. These findings emphasize that abortion does not have a uniform psychological impact; instead, outcomes are influenced by pre-existing mental health status, the circumstances surrounding the pregnancy, and the availability of emotional and social support. The study highlights the importance of identifying women who are at higher risk of adverse psychological outcomes, such as those with prior mental health issues, lack of social or partner support, or unplanned pregnancies. Women who undergo spontaneous abortion, especially when the pregnancy was desired, may experience significant grief and emotional loss. Early identification of these risk factors enables healthcare providers to offer timely, targeted interventions to support mental well-being. Integrating routine mental health screening into post-abortion care is essential for improving overall outcomes. The use of standardized tools can help detect symptoms of anxiety and depression early, enabling appropriate referral and management. Additionally, providing comprehensive pre- and post-abortion counseling in a supportive and nonjudgmental environment can help women process

their experiences, develop coping strategies, and reduce emotional distress. In conclusion, post-abortion care should adopt a holistic approach that includes both physical and psychological support. Strengthening counseling services, enhancing social support systems, and ensuring access to mental health care are critical steps in promoting the well-being of women after abortion. Such integrated care can significantly reduce the risk of long-term psychological complications and improve quality of life.

**Keywords:** Abortion, mental health, depression, anxiety, psychological impact, women's health

## INTRODUCTION

Abortion is one of the most common reproductive health events worldwide and remains a significant component of women's healthcare. It can occur either spontaneously, referred to as miscarriage, or be induced through medical or surgical methods. Globally, millions of women experience abortion each year, making it an important public health issue with both medical and psychosocial implications. While the physical aspects of abortion are often well-managed in clinical settings, the psychological dimension is equally important and requires careful consideration. The experience of abortion can represent not only a biological event but also an emotional and social transition, influenced by the context in which it occurs.

The psychological impact of abortion has been widely studied and remains a subject of ongoing discussion. Evidence suggests that women's emotional responses vary greatly. For many, particularly those facing unintended pregnancies or significant health, financial, or social challenges, abortion may bring a sense of relief and resolution. It can allow women to regain control over their personal circumstances and future plans. However, not all experiences are positive. A proportion of women report negative psychological outcomes, including anxiety, depression, guilt, regret, and grief. In some cases, symptoms consistent with post-traumatic stress disorder (PTSD) may also occur, particularly when the experience is perceived as distressing or when additional risk factors are present.

The variability in psychological outcomes highlights the influence of multiple interacting factors. Individual characteristics such as age, personality, coping mechanisms, and prior mental health status play a crucial role in shaping emotional responses. Women with a history of anxiety, depression, or other mental health conditions may be more vulnerable to experiencing post-abortion distress. Additionally, the circumstances surrounding the pregnancy—whether it was planned or unplanned, desired or undesired—significantly affect psychological outcomes. Spontaneous

abortion, especially in cases of a wanted pregnancy, is often associated with profound grief and a sense of loss, whereas induced abortion may evoke more complex emotional reactions depending on the context.

Social and cultural factors are also critical determinants of mental well-being after abortion. Cultural norms, religious beliefs, and societal attitudes toward abortion can strongly influence how women perceive and cope with their experience. In settings where abortion is stigmatized or considered socially unacceptable, women may face judgment, isolation, or a lack of emotional support. This can lead to feelings of shame, secrecy, and internal conflict, thereby increasing the risk of adverse psychological outcomes. Conversely, supportive environments—characterized by understanding partners, family members, and accessible healthcare services—can significantly buffer emotional distress and promote recovery.

Another important consideration is the role of healthcare services in shaping women's experiences. Access to safe, confidential, and nonjudgmental abortion care, along with adequate pre- and post-procedure counseling, can greatly influence mental health outcomes. Women who receive proper guidance, emotional reassurance, and follow-up care are more likely to cope effectively and experience fewer long-term psychological difficulties. In contrast, lack of counseling, poor quality of care, or unsafe abortion practices can exacerbate both physical and emotional complications.

Given these complexities, understanding the mental health outcomes associated with abortion is essential for delivering comprehensive and patient-centered care. There is a growing recognition that post-abortion services should not be limited to physical recovery alone but must also address psychological well-being. Routine mental health screening, early identification of at-risk individuals, and timely referral to counseling or psychiatric services are key components of holistic care.

Therefore, this study aims to evaluate the mental well-being of women following abortion and to identify the factors associated with adverse psychological outcomes. By exploring both the prevalence of emotional distress and the underlying determinants, the study seeks to contribute to improved clinical practices and the development of supportive interventions that enhance the overall well-being of women during this sensitive period.

## MATERIALS AND METHODS

### Study Design

This study was designed as a descriptive cross-sectional study aimed at evaluating the mental well-being of women following abortion. A cross-sectional approach was selected to assess psychological outcomes and associated factors at a single point in

time, providing a snapshot of the prevalence of anxiety, depression, and other emotional responses among the study population. This design is appropriate for identifying patterns, associations, and potential risk factors related to mental health outcomes without establishing causal relationships.

### Study Setting and Duration

The study was conducted in the Department of Obstetrics and Gynecology at a tertiary care hospital that serves as a major referral center and provides comprehensive maternal and reproductive healthcare services. The study was carried out over 6 months, allowing adequate time for participant recruitment, data collection, and analysis. The setting provided access to a diverse group of women from different socioeconomic and cultural backgrounds, enhancing the generalizability of the findings.

### Sample Size

A total of 120 women were included in the study. These participants had experienced either spontaneous abortion (miscarriage) or induced abortion within the preceding three months. The sample size was considered sufficient to estimate the prevalence of psychological outcomes and to explore associations with various demographic, clinical, and social factors. Participants were selected using a non-probability, consecutive sampling technique, in which all eligible women presenting to the department during the study period were invited to participate until the required sample size was achieved.

### Inclusion Criteria

Women were eligible for inclusion if they met the following criteria:

- Aged between 18 and 45 years
- Had a history of spontaneous or induced abortion within the last three months
- We were willing to participate and provided informed consent

These criteria ensured that participants were within the reproductive age group and that the abortion experience was recent enough to assess its psychological impact accurately.

### Exclusion Criteria

Women were excluded from the study if they had:

- A known history of diagnosed psychiatric illness prior to the index pregnancy, to avoid confounding pre-existing mental health conditions with post-abortion psychological outcomes
- Severe medical complications that could independently affect mental well-being or limit participation in the study
- Refused to provide consent or were unwilling to participate

This careful selection of participants helped ensure that the study findings more accurately reflected the psychological impact of abortion itself rather than other unrelated medical or psychiatric conditions.

### Data Collection

Data were collected using a structured and pre-designed questionnaire administered through face-to-face interviews in a private and confidential setting. The questionnaire was divided into sections to capture relevant information, including demographic characteristics (age, education, and socioeconomic status), obstetric and reproductive history, type of abortion (spontaneous or induced), gestational age at the time of abortion, marital status, level of social and family support, and any history of previous abortion. This comprehensive approach allowed for a detailed assessment of factors that may influence psychological outcomes. Care was taken to ensure that participants felt comfortable during the interview process, and all responses were recorded accurately to maintain data integrity.

Mental well-being was assessed using validated and widely accepted screening tools. The General Health Questionnaire (GHQ-12) was used to evaluate overall psychological distress and general mental health status. In addition, the Hospital Anxiety and Depression Scale (HADS) was used to specifically measure levels of anxiety and depression among participants. Both instruments are standardized, reliable, and suitable for use in clinical and research settings, allowing for consistent and objective assessment of mental health outcomes.

### Outcome Measures

The primary outcomes of the study included the assessment of anxiety and depression levels among women following abortion, as determined by scores on the HADS scale. These outcomes were used to identify the prevalence and severity of psychological distress within the study population. Secondary outcomes included the evaluation of emotional responses such as relief, guilt, and sadness, which provided insight into the subjective experiences of participants. Additionally, the study assessed the impact of social support systems, including family and partner support, on mental well-being, as these factors are known to play a crucial role in emotional recovery.

### Statistical Analysis

All collected data were entered and analyzed using Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics, including frequencies and percentages, were calculated to summarize demographic characteristics, clinical variables, and psychological outcomes. The chi-square test was applied to assess associations between categorical variables, such as the relationship between psychological distress and factors

like social support, marital status, and type of abortion. A p-value of  $\leq 0.05$  was considered statistically significant, indicating a meaningful association between variables. The results were presented in the form of tables and charts where appropriate to enhance clarity and interpretation.

## RESULTS

### Baseline Characteristics

Mean age:  $28.4 \pm 6.2$  years

**Table 1:** *Demographic Characteristics*

Variable	Frequency	Percentage%
Married	84	70%
Unmarried	36	30%
Spontaneous abortion	68	56%
Induced abortion	52	43.3%
Unplanned Pregnancy	73	60.8%

**Table 2:** *Psychological Outcomes After Abortion*

Outcome	Frequency	Percentage
Anxiety Symptoms	42	35%
Depression Symptoms	34	28%
No significant distress	44	36.7%

**Table 3:** *Emotional Response After Abortion*

Emotional	Response Percentage
Relief	52%
Sadness	30%
Guilt	18%

**Table 4:** *Factors Associated with Psychological Distress*

Factor	p_value
Lack of social support	0.01
Unplanned pregnancy	0.02
Previous abortion	0.04
Induced abortion	0.03

**DISCUSSION**

This study evaluated the mental well-being of women following abortion and demonstrated that psychological outcomes are highly variable and influenced by multiple interrelated factors. The results indicate that while a considerable proportion of women experienced emotional relief after abortion, a notable number reported psychological distress in the form of anxiety and depressive symptoms. These findings highlight the heterogeneous nature of emotional responses, emphasizing that abortion is not associated with a single or uniform psychological outcome.

The findings suggest that abortion itself is not the sole determinant of mental health status; rather, the psychological response is largely shaped by individual life circumstances and contextual factors. Women who experienced unplanned pregnancies were more likely to report emotional distress, possibly due to feelings of uncertainty, lack of preparedness, and concerns about future consequences. Similarly, inadequate social and emotional support from partners, family members, or peers was strongly associated with higher levels of anxiety and depression. This underscores the protective role of supportive relationships in mitigating psychological stress and promoting emotional resilience following abortion.

Cultural and societal influences were also found to be important determinants of mental well-being. In settings where abortion is highly stigmatized or socially discouraged, women may experience increased emotional burden, including guilt, shame, and fear of judgment. Such stigma often leads to secrecy and isolation, preventing women from openly discussing their experiences or seeking psychological help. In addition, the lack of structured counseling services before and after abortion further compounds emotional distress, as women may be left without adequate guidance to process their feelings or cope with the experience.

These findings are consistent with existing literature, which suggests that adverse psychological outcomes after abortion are more strongly associated with pre-existing vulnerability factors rather than the procedure itself. Previous studies have similarly reported that women with prior mental health issues, limited social support, and stressful life circumstances are at higher risk of experiencing anxiety and depression following abortion. Conversely, when adequate counseling, social support, and nonjudgmental healthcare services are available, many women demonstrate good psychological adjustment and report relief rather than distress.

Overall, this study reinforces the importance of adopting a holistic and patient-centered approach to post-abortion care. Addressing psychological needs alongside physical recovery is essential for improving overall outcomes. The integration of mental health screening, counseling services, and supportive care systems within reproductive health services can play a crucial role in reducing psychological morbidity and enhancing women's well-being after abortion.

#### CONCLUSION

Mental well-being following abortion varies significantly among women, reflecting the complex interaction of psychological, social, cultural, and clinical factors. While a considerable number of women experience emotional relief after abortion—particularly in cases of unplanned or high-risk pregnancies—a substantial proportion may develop psychological symptoms such as anxiety and depression. These findings highlight that abortion does not lead to a uniform mental health outcome, but rather produces diverse emotional responses depending on individual circumstances and support systems.

The study further indicates that specific factors play an important role in determining psychological outcomes after abortion. Women who lack adequate social and emotional support, experience unplanned pregnancies, or have a history of previous abortions are more likely to develop adverse mental health effects. These findings emphasize the importance of recognizing vulnerable groups who may require additional psychological attention and support during the post-abortion period. The presence of supportive relationships and a stable social environment appears to act as a protective factor, reducing the risk of emotional distress.

In conclusion, integrating routine mental health screening and structured counseling services into post-abortion care is essential for ensuring comprehensive reproductive healthcare. Early identification of psychological distress can facilitate timely intervention, while counseling can help women process their emotions, develop coping strategies, and improve overall mental well-being. A holistic approach that addresses

both physical and psychological aspects of care is crucial for improving outcomes and ensuring better quality of life for women after abortion.

Furthermore, strengthening healthcare systems to provide non-judgmental, confidential, and accessible post-abortion services is essential for improving psychological outcomes. Training healthcare providers in basic counseling skills and empathetic communication can help reduce stigma and create a more supportive clinical environment. Public health awareness programs should also be implemented to address misconceptions about abortion and reduce societal stigma, which is a major contributor to emotional distress. By promoting education, awareness, and supportive care, the overall psychological burden associated with abortion can be significantly reduced, leading to improved long-term mental health outcomes for women.

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