



Common Myths About Abortion

In 1988, the Morgentaler decision secured women the right to legal abortion in Canada. Despite such legislative victories, barriers still exist that make it difficult for women to obtain an abortion. Such barriers include a number of commonly-held myths about women who have abortions and the physical, psychological, and societal consequences of abortion. In the summer of 2006, a Canadians for Choice researcher called each of the public hospitals across Canada posed as a pregnant woman in search for abortion services. From the many referrals that she received, it was discovered that there are still many myths and inaccuracies that are being told to Canadians in an attempt to prevent abortion from being legal and acceptable. In debunking these myths, Canadians for Choice hopes to promote a more realistic image of abortion in Canada.

MYTHS

Women choosing to have abortions

“Women, especially young women, use abortion as a means of birth control.”

The idea that women use abortion as a form of birth control ignores the fact that most women who have abortions do so as a last resort when a lack of access to accurate contraceptive information, a lack of reliable birth control methods, sexual assault or human error leads to an unplanned pregnancy. Furthermore, birth control methods, both hormonal methods and barrier forms, are not 100% reliable and even when used correctly can fail. Abortion is used as a last resort to prevent having to carry a pregnancy to term.

“Women have abortions for convenience or for frivolous reasons.”

Women who choose abortion do so because they want to make a responsible decision regarding parenthood. Many women make the decision to have an abortion based on their social, economic or health circumstances that make them unable to carry a baby to term or raise a child. Women may feel it important to time and space the number of children born into a family in order to ensure that all their children are properly cared for and loved, or may feel that parenthood is not for them either at the present moment or ever. Regardless, the complexity of factors influencing a woman's decision to have an abortion means it is not taken lightly.

“Because there is no abortion law in Canada, abortions are common through all nine months of pregnancy.”

This hugely inaccurate statement completely disregards the fact that the majority of abortions occur in the first trimester. According to Statistics Canada, 0.7% of all abortions performed in 2003 occurred after 20 weeks of gestation, with 90% occurring in the first 12 weeks. The small percentage of late-term abortions which do occur were found to be primarily the result of discovering fatal or severe birth defects in the foetus, or because the mother's life or health was at risk, or both.

“Women don't bother with contraceptives if abortion is easily available.”

Many studies indicate the opposite. In the Netherlands, for example, abortion is easily available and yet the abortion rate is very low due to extensive use of modern contraceptives (especially the pill), bolstered by strong government support for family planning services. Contraceptives have been provided free of charge there since 1971 as part of government sponsored health care. The statement that women use abortion as a contraceptive also implies that women who have abortions do so as a primary method a method of birth control. This is not the case. Internationally and in Canada, most women use abortion as a last resort.

“She had her fun. Let her pay for it.”

Any suggestion that all women who experience an unintended pregnancy are promiscuous and irresponsible not only over-simplifies a complex matter, it betrays the facts: the most common reason for an unintended pregnancy is failed or improper use of contraception. Aside from their factual inaccuracy, such woman-blaming statements are problematic because they equate motherhood with punishment for sexual activity, devalue children and motherhood, and perpetuate an unhealthy outlook on sexuality.

Consequences of abortion – for women

“Abortion harms women psychologically.”

All significant life decisions can bring a range of emotions. Women who have abortions do not experience any more psychological difficulties than those who choose to carry an unwanted pregnancy to term. The American Psychological Association (APA) has found no evidence to support the existence of “post-abortion syndrome”, the controversial term used to describe psychological and emotional difficulties some women may experience after an abortion. Such problems occur most often in women with pre-existing psychological troubles, or those pressured into having an abortion by a partner or family member rather than choosing to do so on their own. Overall, there is a greater risk of psychological damage when a woman chooses to have an abortion and is refused one than if she is provided with timely and compassionate abortion care.

“Abortion is dangerous to women’s health.”

On the contrary, an early abortion is many times safer than childbirth. While anti-choice groups may tell women that abortions often cause permanent damage due to scarring of the uterine wall and damage to the cervix, statistics indicate that complications are rare: of the 106,418 reported abortions for Canadian women in 2001, only 0.5% reported complications. These complications were generally minor, such as infection, and were easily treatable. Furthermore, women who have had an abortion are just as likely as other women to bear healthy babies in the future. There is no medically accepted evidence that shows a link between abortion and any illness or disease.

“Having an abortion will increase a woman’s risk of getting breast cancer.”

Anti-choice groups often cite a link between terminating a pregnancy and developing breast cancer as an argument against abortion. The Canadian Cancer Society, who monitors research on this area, reports that abortion is not associated with an increased breast cancer risk. Furthermore, a review of 90% of the world’s studies on breast cancer - 53 studies done in 16 countries between 1973 and 1997, which included 83,000 women who had breast cancer diagnosed – found no link between abortion and breast cancer. Given that there is little support for such claims, groups who perpetuate this myth are using unproven “scientific data” to scare women and promote anti-choice agendas under the guise of education and health care advice.

“Women should not consider an abortion because most pregnancies end in miscarriage anyway.”

An unsafe bet. Most pregnancies result in babies - Statistics Canada reports that only about 15% of pregnancies result in miscarriages. A younger woman is even less likely to have a miscarriage because the risk of miscarriage increases considerably after the age of 35 and even more after the age of 40. Handling an unwanted pregnancy by relying upon the chance of a miscarriage could not only have emotional damage, but it could set a woman up for future difficulties because later-term abortions can be difficult to obtain.

“An abortion is a ‘blind procedure’ in which the doctor cannot see what they are doing. This means that it is highly likely that something will go wrong.”

In reality, the complication rate for an abortion is less than 1%. Also, it is important to remember that properly trained medical professionals successfully carry out many other “blind” procedures such as varicose vein and uterine fibroid removal on a regular basis, without major complications. Many abortion procedures done today are not even “blind” at all. Before an abortion the doctor will usually do an ultrasound to get a detailed idea of the uterus’ shape and size. Some doctors even use ultrasound while performing an abortion so that they do know exactly what is going on. The bottom line is that abortion is a very safe medical procedure.

“If a woman has an abortion she will not be able to get pregnant again, or she will be unable to carry the baby to term.”

Having an abortion does not affect a woman’s ability to reproduce in the future. A first-trimester abortion has become one of the safest and simplest medical procedures of all. Although some may think that abortion can cause infertility, ectopic pregnancy, miscarriage, congenital malformation, or preterm or low-birth-weight delivery, the reality is that abortion poses virtually no risk of such problems. In the past, physical damage and infertility often resulted from abortions performed by unqualified physicians or under unsanitary conditions. By decriminalizing abortion, we have ensured that a trained provider performs the procedure under high-quality conditions. This has greatly reduced the risk of side effects, permanent physical damage or infertility.

“A woman who has an abortion may be drawn to abusive men in the future because subconsciously, she feels she deserves punishment.”

This cruel statement is not based on any evidence and is only used by individuals who want to make a woman feel self-blame and guilt about having an abortion. Furthermore, it opens up the possibility of allowing a woman who has had an abortion and also had a relationship with an abusive partner to feel she has reason to justify her staying in an abusive situation.



Consequences of abortion – for society

“Abortion destroys family life.”

On the contrary, family life is strengthened when people can plan the number of and spacing of their children. The spacing and timing of children is an important part of building healthy, happy families – families whose children are more likely to become independent, productive adults.

“If abortion becomes acceptable, it will lead to euthanasia.”

Anti-choice groups purposely make false comparisons between abortion and other issues concerning the value we place on human life. In countries where abortion has been legal for years, there is no evidence that respect for life is diminished, or that legal abortion leads to anything other than healthier women and children.

“We have a declining population and need to stop women from having abortions if we are to survive as a nation.”

One must question the morals of a person who believes that women ought to reproduce not out of love and a desire to have children, but just to boost our population. In reality, rather than being on the verge of becoming a “dying nation”, Canada’s population continues to increase steadily.

Abortion and alternatives

“There should be no need for abortions when contraceptives are easily available.”

This statement ignores the fact that all contraceptives – even properly used, effective ones – occasionally fail. Good sex education about effective methods is lacking in many schools, communities and homes, and ignorance, embarrassment or restrictive religious teachings lead many people to rely on ineffective methods, often leading to unplanned pregnancies.

“Unwanted babies can be placed for adoption.”

Yes, unwanted babies can be placed for adoption but this is not an option for many women who would find bearing a child and “giving it away” far more traumatic than having an abortion. Also, many women feel they cannot go through a pregnancy because of work, family situation or childcare responsibilities. Reproductive choice is the right of all women in Canada and no woman should be forced to bear a child for other people to adopt.

“A woman pregnant as a result of rape should not be allowed an abortion.”

One must question the intentions of individuals who believe that forcing a woman to carry an unwanted pregnancy that is the result of sexual violence to term is moral. For many women, a pregnancy that has resulted from a rape serves only to remind her of the violation that was committed against her. The best option is to support women who have been violated in whatever decision they make. While abortion is by no means a “solution” to rape, neither is further restricting the reproductive choice of a woman who, through violation, has already had her choice to say no to intercourse taken away.

“Most unwanted children become wanted.”

It is wonderful that many unplanned children become loved and cared for when they are born, however, when a woman’s circumstances lead her to seek an abortion, she has usually already rejected the pregnancy. Several studies have shown that the children of women who were refused an abortion are more likely to have social, psychological, medical, educational and criminal problems than children born into families that accepted the pregnancy from the start.

“Abortion is easily available if I decide to have one.”

Although abortion is now legal in Canada, access to the procedure is steadily declining. There are only 22 abortion clinics across the country and abortion services are only accessible in 1 of every 6 hospitals (15.9%). The majority of providing hospitals require a doctor’s referral and are located in urban centres only 150km from the American border. Furthermore, unexpected costs and travel time, reciprocal billing issues, bad referrals, unknowledgeable healthcare professionals, anti-choice individuals and organisations, voicemail and the fact that there are not enough providers all act as barriers that prevent women from being able to access this critical service.

Abortion and Ethics

“Abortion is the killing of an unborn child.”

While genetically the embryo and fetus are human, so is every sperm and egg cell. People who use inflammatory words like “killing” or “murder” to describe abortion are equating an embryo– something which has the potential to become a person– with an actual person. Both the Canadian Medical Association and the Supreme Court of Canada support the difference between “potential” and “personhood” and consequently recognize that personhood begins at birth.

“The majority of Canadians believe in the foetus’ right to life.”

This is not true. A 2002 poll conducted by the National Post found that four of five Canadians, or 78%, believe women should have a completely free choice in the matter of abortion. In a Gallup poll taken April 2005 across the country, 72% of respondents said they would like to see Canadian abortion laws remain the same or be less strict.

“Abortion is morally wrong.”

This is a personal viewpoint and cannot be argued with any scientific or medical evidence. However, it is important to note that many people believe that it is morally wrong to bring an unwanted child into the world. Most people consider abortion a humane and responsible decision made by people who, because of their life circumstances, cannot welcome and properly care for a child.

“Criminalizing abortion will stop abortion.”

Abortion rates for women in countries where abortion is illegal are about the same as for women in countries where abortion is permitted. This proves that even when the procedure is illegal, women still find ways to terminate a pregnancy. Criminalizing abortion will not stop abortions; however, it will stop *safe* abortions. Canadian history shows that women often go to great lengths to end an unwanted pregnancy. The dangerous methods women use to attempt to self-induce an abortion, and the methods that unregulated abortion providers use, can lead to severe hemorrhaging, infertility and death. These consequences are still seen in regions such as Latin America, where some of the most restrictive policies on abortion exist, and unsafe abortions are believed to account for 21% of all maternal deaths.

The Pro-Choice Movement

“Pro-choice people are pro-abortion.”

Pro-choice individuals believe in all aspects of sexual and reproductive health and rights, including the belief that a woman faced with an unwanted pregnancy should be permitted to make her own decision about whether or not to continue the pregnancy to term. Pro-choice people recognize and support that abortion is only one of three options that can be chosen when pregnant (abortion, adoption, parenting). Far from being pro-abortion, pro-choice individuals believe that contraception must be promoted and encouraged so the need for abortion is reduced.

“Is pro-choice the opposite extreme from ‘anti-abortion’?”

Absolutely not. Anti-abortion groups want to prohibit women from obtaining abortions. The pro-choice position is that a woman should not be pressured either to bear a child against her will, or to have an abortion against her will.

“Abortion is acceptable in cases of medical emergencies, but I am not in favour of abortion on demand.”

Those who oppose “abortion on demand” are really opposing a woman’s right to make decisions about when or when not to bear a child. To be pro-choice is to believe that women are capable of making the decision that is right for them about if and when they will have children, and how many they will have.

“Giving teenagers information about sexuality and abortion encourages them to have sex and engage in promiscuous behaviour.”

False. Studies indicate that effective sex-education strategies that include accurate and up-to-date information on contraception and abortion encourage teenagers to be more knowledgeable about the risks of sex and about how to protect themselves when and if they do decide to have sex. In some cases, programs relying on abstinence-only message have been shown to increase the likelihood of pregnancy in participants. If a teenager decides to engage in sexual behaviour, their ability to access accurate contraception and abortion information is essential.

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