

# Reproductive Rights and Women's Mental Health

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## KEYWORDS

• Reproductive rights • Women • Mental health • Barriers

## KEY POINTS

- This article explores the origins of barriers to reproductive rights, the nature of these barriers, and their impact on women's mental health.
- Reproductive rights are essential to the recognition and treatment of women as human beings and citizens. Barriers to reproductive rights thus pose a grave danger to women's overall well-being.
- The most controversial relationship is between induced abortion and women's mental health. There is a solid body of evidence demonstrating the absence of negative effect.
- Barriers, misinformation, and coercion affecting contraceptive, abortion, and pregnancy care are an ongoing danger to women's mental health and to the well-being of their families.
- Mental health professionals are obligated to know the facts, apply them, and provide accurate information to protect women's health.

## INTRODUCTION

The World Health Organization declares reproductive rights to be essential human rights and has issued many statements, manuals, and guidelines for the implementation of those rights.<sup>1-4</sup> The American Psychiatric Association has adopted a series of policies recognizing reproductive rights and advocating against laws and other barriers to their realization.<sup>5-9</sup>

Women's reproductive rights are not limited to access to contraception and abortion. Reproductive rights compass the status of women as citizens. The many laws and court decisions restricting contraception and abortion, and forcing

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interventions on pregnant women, in the United States and elsewhere, deny women rights as do no other health-related laws and decisions.

In the United States, no person can be legally forced to contribute 1 drop of blood, even to save the life of a scientific genius, virtuoso musician, or world leader. Nevertheless, pregnant women may be forced to undergo surgical procedures deemed to be necessary for the well-being of fetuses: potential persons.<sup>10</sup> Laws limiting access to contraception and abortion, permitting forced interventions during pregnancy, and criminalizing personal behaviors of pregnant women are demeaning to women. They are based on the premise that women do not understand their condition when pregnant, are unable to make considered decisions about their pregnancies, and that their lives are less important than those of embryos. Laws that mandate specific procedures or force physicians to provide specific misinformation to pregnant patients contravene medical ethics, interfere with the patient–physician relationship, and thus deprive pregnant women of their right to ethical, science-based medical care.<sup>11</sup>

This article does not use the term ‘prolife,’ coined by antiabortion groups and, unfortunately, adopted almost universally in public discourse. Words are powerful.<sup>12</sup> Of course, life is precious. But the term ‘prolife’ limits the desired protection of ‘life’ to the fertilized egg, embryo, and fetus. It does not compass, for example, the abolition of the death penalty in the criminal justice system. It does not include responsibility for a child born to an unwilling or unprepared mother, or for any human being once it is born. It makes the pregnant woman’s life of no consequence. This article is based on reviews of the scientific literature, and information about laws, legal cases, and other events. Nevertheless, it must reflect the author’s deep concern about the disregard for and hostility toward women reflected in the attacks on women’s reproductive rights. Following are introductory examples. As this article is being written, Roman Catholic hospitals are not permitted to perform abortions even when there is no hope of extrauterine life for the fetus and the pregnant woman’s life is acutely threatened by the pregnancy.<sup>13,14</sup> Currently, a woman is in prison for attempting suicide while pregnant.<sup>10</sup> Michael Pence is vice president of the United States. As Governor of the State of Indiana, Mr. Pence signed into law, in 2016, an act forbidding abortion for genetic defects, making the voluntary donation of fetal tissue a felony, and requiring that all “fetal remains,” regardless of their origin or stage of gestation, be buried or cremated.<sup>15</sup>

This article addresses the history of reproductive rights, the current status of reproductive rights; the assumptions about and attitudes toward women reflected in those rights, or the absence of them; the impact of rights denied versus fulfilled on women’s mental health; and both the scientific facts and the rampant misinformation about the impact of induced abortion on women’s mental health. The article focuses on these issues in the United States, where they are problematic, public, and hotly contested. Although there is some controversy over women’s right to contraceptives, the denial of rights mostly concerns emergency contraception (eg, levonorgestrel [Plan B]) and the rights of women during pregnancy.

In addition to the damages caused by the denial of reproductive rights to women in general, restrictions and requirements exacerbate the negative mental health concomitants of poverty, domestic violence, poor education, and racial discrimination.<sup>1</sup> The limitations differentially affect women in inverse relation to their socioeconomic status; it is poor women who are most vulnerable to unplanned and untenable pregnancies, and poor women who face the most barriers to ending those pregnancies.<sup>16</sup> With regard to abortion, there is considerable scientific evidence about its relationship to mental health. With regard to forced bodily intrusions and differential access, we

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