



Psychosocial factors and pre-abortion psychological health: The significance of stigma



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ABSTRACT

Rationale: Most research in mental health and abortion has examined factors associated with post-abortion psychological health. However, research that follows women from before to after their abortion consistently finds that depressive, anxiety, and stress symptoms are highest just before an abortion compared to any time afterwards.

Objective: This finding suggests that studies investigating psychosocial factors related to pre-abortion mental health are warranted.

Methods: The current study uses data from 353 women seeking abortions at three community reproductive health clinics to examine predictors of pre-abortion psychological health. Drawing from three perspectives in the abortion and mental health literature, common risks, stress and coping, and socio-cultural context, we conducted multivariable analyses to examine the contribution of important factors on depressive, anxiety, and stress symptoms just before an abortion, including sociodemographics, abortion characteristics, childhood adversities, recent adversities with an intimate partner, relationship context, future pregnancy desires, and perceived abortion stigma.

Results: Childhood and partner adversities, including reproductive coercion, were associated with negative mental health symptoms, as was perceived abortion stigma. Before perceived abortion stigma was entered into the model, 18.6%, 20.7%, and 16.8% of the variance in depressive, anxiety, and stress symptoms respectively, was explained. Perceived abortion stigma explained an additional 13.2%, 9.7%, and 10.7% of the variance in depressive, anxiety, and stress symptoms pre-abortion.

Conclusion: This study, one of the first to focus on pre-abortion mental health as an outcome, suggests that addressing stigma among women seeking abortions may significantly lower their psychological distress.

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1. Introduction

Thirty percent of U.S. women will have an abortion before the age of 45 (Jones and Kavanaugh, 2011). Most research in the area of abortion and mental health has focused on the mental health of women *after* an abortion, partly because of policies in U.S. states requiring women be warned of the negative psychological effects of having an abortion. However, research consistently finds that depressive, anxiety, and stress symptoms are higher just before an

abortion compared to anytime afterwards (Bradshaw and Slade, 2003; Major et al., 2000; Lowenstein et al., 2006), so understanding what contributes to pre-abortion psychological health is warranted. In addition, pre-abortion mental health influences coping with the abortion experience (Cozzarelli, 1993), and it is the strongest predictor of post-abortion mental health (Major et al., 2009; Major et al., 2000). Consequently, understanding what influences pre-abortion mental health may help women cope effectively, and such an understanding may help promote mental health before and after an abortion.

We draw from conceptual frameworks and findings in mental health and abortion research to examine predictors of pre-abortion psychological health. Most studies on abortion and subsequent

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mental health use at least one of four perspectives (Major et al., 2009; Steinberg and Finer, 2011): 1) a common-risk factors approach, 2) a stress and coping perspective, 3) a sociocultural framework, and 4) a trauma framework. This study draws from the first three perspectives to examine which factors contribute to pre-abortion psychological health. The first framework, the common-risk factors approach, is mutually exclusive with abortion as a trauma perspective, and they both are used to answer the question of whether or not abortion causes mental health problems. Abortion as trauma contends that abortion is a trauma that causes mental health problems; studies that rely on this approach have serious methodological flaws and have been discredited (Major et al., 2009; National Collaborating Centre for Mental Health [NCCMH], 2011; Schmiede and Russo, 2005; Steinberg and Finer, 2012; Steinberg and Russo, 2008; Steinberg et al., 2012; Steinberg et al., 2014). The common risk factors approach argues that the correlation between abortion and subsequent mental health is spurious, and driven by factors that are common—e.g., pre-existing mental health problems, violence, social disadvantage—among women having abortions and women having mental health problems. Studies using this approach find that abortion is not associated with worse subsequent mental health problems when these confounding factors are considered in analyses (Foster et al., 2015; Major et al., 2009; NCCMH, 2011; Steinberg and Finer, 2011; Steinberg et al., 2014). Furthermore, these studies find that confounding factors such as childhood adversities, intimate partner violence (IPV), and pre-existing mental health problems are associated with poorer post-pregnancy (including post-abortion) psychological health. Drawing from these studies, we investigate intimate partner violence and childhood adversities as predictors of pre-abortion psychological health. Although reproductive coercion has not yet been examined in post-abortion psychological adjustment, it has been found to be common among women having unintended pregnancies (Miller et al., 2010; Miller et al., 2014; Moore et al., 2010) and thus include it in our study. We hypothesized that more frequent IPV, reproductive coercion and more childhood adversities would be associated with poorer post-abortion psychological health.

The stress and coping perspective has been used to understand a range of potentially stressful life events and experiences (Han et al., 2015; Lazarus and Folkman, 1984; Lin and Wu, 2014; Noh and Kaspar, 2003; Richman et al., 2014; Taft et al., 2007a). This perspective argues that if an individual perceives a situation as stressful, then coping mechanisms are enacted and these coping mechanisms lead to better or worse psychological health (Billings and Moos, 1981; Carver et al., 1989; Han et al., 2015; Noh and Kaspar, 2003; Taft et al., 2007b). Different individuals will perceive a given situation as more or less stressful, and those who perceive it as more stressful will cope in a different manner, partly based on various personal and contextual factors (Lin and Wu, 2014). Major and colleagues have applied this approach to having an abortion as a result of an unwanted pregnancy; they have shown that women's personal characteristics (level of self-esteem or personal control), relationship context (partner support and conflict or partner attributions for the pregnancy), and other contextual factors, (pregnancy intention or encountering picketers in front of the abortion clinic) influence coping strategies, which in turn influence post-abortion psychological health (Cozzarelli et al., 1998; Cozzarelli et al., 2000; Major et al., 1997; Major et al., 1990; Major et al., 1985; Major et al., 1998). Drawing from these research findings, the current study examines when women desire a future pregnancy, and seriousness and intimacy with partner as possible contributors to pre-abortion psychological health. While these specific factors have not been examined within the research on abortion and mental health, they provide context for women's pregnancies and abortions. We

expected that the sooner a woman desired a future pregnancy (which signals something must be amiss to be having an abortion) the poorer her pre-abortion psychological health. Furthermore, because other research has found that perceived partner support at the time of having an abortion predicts better post-abortion psychological adjustment (Cozzarelli et al., 1994; Cozzarelli et al., 1998; Major et al., 1997), we expected that the less serious and intimate a woman is with her partner (which may be telling of how supportive her partner is) the poorer her pre-abortion psychological health.

Related to the stress and coping perspective, the sociocultural framework contends that the sociocultural context such as societal stigma influences post-abortion psychological adjustment by influencing how stressful women perceive an abortion and how they cope with this experience (Major and Gramzow, 1999). In the U.S., women who have abortions are stigmatized (Cockrill et al., 2013; Kumar et al., 2009; Norris et al., 2011; Shellenberg et al., 2011; Weidner and Griffitt, 1984) and perceive and experience stigma (Cockrill et al., 2013; Major and Gramzow, 1999; Shellenberg et al., 2011; Shellenberg and Tsui, 2012). Therefore, we also included perceived abortion stigma as a possible contributor to pre-abortion psychological health, hypothesizing that the more a woman expected abortion stigma the poorer her pre-abortion psychological health. While studies have assessed perceived abortion stigma, few studies have examined whether perceived abortion stigma influences psychological health around the time of an abortion.

Thus, the main aim of the current research was to examine which, of a variety of psychosocial factors—childhood adversities, adverse experience with an intimate partner, relationship context, pregnancy desires, and perceived abortion stigma—were independently associated with pre-abortion mental health. We purposefully examined both distal and proximal factors, and entered the more distal factors in our analyses in earlier steps in order to examine whether these factors were associated with pre-abortion psychological health when the more proximal factors were included in the model.

2. Methods

2.1. Participants

Women 18 years or older who were presenting for surgical or medication abortions due to an unintended pregnancy at three community reproductive health clinics between July 2012 and February 2013 were recruited. Participants received a \$15 gift certificate for their participation.

2.2. Procedure

Upon checking-in for their abortion care visit, women were asked by the front desk staff if they were willing to participate in a study on contraceptive behavior. If women responded affirmatively, they were given a survey booklet, which they filled out at two time points during their visit. Part 1 was completed in the waiting room before receiving contraceptive counseling, and Part 2 was completed after receiving contraceptive counseling and before women left the clinic. At two clinics Part 2 was completed before women's abortions, while at one clinic, Part 2 was completed after their surgical abortions. This was because the clinic-flow for women having a surgical abortion differed at the clinics. Two clinics did the ultrasound and contraceptive counseling on one day and then had women return another day, usually at least a week later, for their surgical abortion. The third clinic did the ultrasound, contraceptive counseling, and surgical abortion all on one day. Items relevant for this study included future pregnancy desires,

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