

Abortion ban in Northern Ireland likely to worsen mental health crisis

June 20 2018, by Karen Galway And Sharon Mallon

Northern Ireland is one of only two regions in Europe where abortion effectively remains illegal (Malta being the other). This is a confirmed <u>breach of human rights</u> – one that threatens to deepen the mental health crisis of women in Northern Ireland.

Abortion is not allowed in Northern Ireland unless the life of the mother is in danger. There is no access to abortion in cases of rape or fatal foetal abnormality. Under the current law, woman have to declare suicidal intent in order for abortion to be permitted.

Around 800 to 1,000 women travel to the UK every year for an <u>abortion</u>. Laws banning abortion are increasingly being upheld. A mother is being prosecuted for obtaining abortion pills online for her <u>daughter</u> and, in 2016, a woman was given a criminal conviction for taking abortion <u>pills</u>.

Mental health statistics highlight the grave emotional situation experienced by many of the 2m residents of Northern Ireland. Mental health problems are rife. Post-traumatic stress disorder rates are the highest in the world and female suicide rates in Northern Ireland are among the highest in Europe at 9.2 per 100,000 deaths.

Most people want to see a change in the law and have actively supported the campaign for change. In an incredible <u>show of solidarity</u>, Irish expatriates from Australia, Brazil, the US and beyond returned to the Irish Republic to vote to allow women to have safe and legal abortions.



The abortion debate in Northern Ireland is welcomed – but, as with the Republic of Ireland debate, it relies heavily on the individual stories of women who have suffered as a result of their lack of access to abortion. As such, it brings with it a risk of re-traumatisation for those who have experienced these <u>human rights</u> infringements. These experiences act as a reminder of personal and tragic loss.

Not something chosen lightly

No one chooses to have an abortion lightly. An abortion is a stigmatising loss that is difficult to discuss with friends and family. Isolation, social disconnectedness, bereavement and abandonment by an otherwise universal <u>health</u> service all add to the trauma. Also, promoting a public sense of shame on abortion – with members of parliament publicly comparing abortions to putting babies "in the bin before they are born" – could create a <u>lethal mental health cocktail</u>.

Research suggests that we should be concerned. Our <u>recent research</u>, examining GP visits before suicide, identified no cases in which abortion acted as a trigger. But we found relevant associations – female suicides were linked to threats to female identity, similar to those threats to masculinity that are frequently cited as a factor in male suicide. Sexual abuse, fertility difficulties, relationship conflicts and financial pressures of parenting all featured in female death by suicide.

Suicide deaths and <u>mental health problems</u> rarely conform to a simple pattern of cause and effect. Nevertheless, state-sponsored oppression of female human rights, in a vulnerable post-conflict setting, is unlikely to help the females of Northern Ireland, who, since the Republic voted to end the ban, now find themselves surrounded by more compassionate humanitarian arrangements.

A continued delay to legal reform is upsetting for anyone who has been



personally affected by the <u>abortion</u> ban, including women forced to carry medically nonviable pregnancies, or pregnancies borne of domestic sexual abuse or rape. It is also upsetting for the mothers, fathers, siblings, partners and friends who have watched a loved one suffer and tried to support them through the devastating consequences of this archaic ban.

There is cause for hope. An existing and well-organised lobby for change is strengthening. Political pressure is mounting to bring Northern Ireland in line with UK and Europe, but those with power to act in Northern Ireland and the UK <u>are not acting</u> and suggest <u>nothing may be done</u> until devolved power sharing in Northern Ireland is restored. But that could take a long time.

Meanwhile, the women of Northern Ireland and their families are being traumatised and re-traumatised by the current laws. The UK is witnessing a state-sponsored threat to female identity and autonomy. Within this climate, the existing <u>mental health</u> crisis in Northern Ireland can only get worse.

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