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Statement submitted by Concepts of Truth, Inc., a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Empowering Women in Reproductive Health: Addressing Issues of Educational, Emotional and Social Poverty

As Martin Luther King Jr. once said, “Our lives begin to end the day we become silent about things that matter.” Empowering women to make informed decisions about reproductive health matters; silencing the information women need to make those decisions impoverishes them. Poverty, as we know from the Department of Economic and Social Affairs, includes not only a scarcity of material resources, but also limited access to education, lack of emotional resources, and social discrimination.

Educational, emotional, and social poverty surrounds women whose lives have been harmed by abortion and whose stories and resources have been silenced by the clamor of ideology. Concepts of Truth provides an international helpline for these women to receive access to sexual health resources and to find competent and caring counselors who transmit the truth about life, human dignity, responsibility and forgiveness to release women, men and families from the pain and guilt of past reproductive loss or sexual trauma and help them make informed choices for themselves and for future generations. Concepts of Truth, Inc. has received calls from over 20,000 people world-wide, and nearly every day, the staff listens to the stories of women callers who are descending into depression, self-harm, mental illness or suicide because no one had told them about the realities of terminating their pregnancy.

Women and girls must be educated about the pervasive harms of abortion before the fact, while women who are post-abortive must receive the emotional resources they and their loved ones need to manage the trauma of reproductive loss and have their voices recognized by society. We cannot claim we are striving to empower women and girls when we deny them the information they need for sexual health. In keeping with SDG #'s 1, 3 and 4, member states must educate their people about the physical and emotional consequences of terminating a pregnancy to avert educational, emotional, and social poverty.

Educational poverty exists when individuals perpetually lack the information they need to make sound decisions, according to Save the Children. Women require transparency to make meaningful choices about their healthcare, but how often, if ever, are women and girls educated about the widespread risks of abortion, especially chemical abortion? Yet, numerous global studies, such as those reported in Angela Lanfranchi’s book, *Complications: Abortion’s Impact on Women*, 2d Ed. (2018), confirm the negative short and long-term health impact of abortion, including the prevalence of immediate post-abortion hemorrhage, infertility, uterine/cervical lacerations, retained fetal body parts, breast cancer, autoimmune disease and numerous psychiatric complications, including severe depression and suicide. And chemical abortions, which surged during the pandemic, present approximately four times the complication rate of surgical abortions as shown in the Charlotte Lozier Institute’s August 23, 2023 Fact Sheet, “Complications of Chemical Abortion.”

Emotional poverty means lacking emotional resources and often manifests itself through mental challenges that can lead to substance abuse and a host of other negative behaviors. “Emotional Poverty,” *Alliance Times-Herald*, May 11, 2022. Women experiencing trauma from reproductive loss are emotionally impoverished. Abortion is consistently associated with elevated rates of mental illness compared to women without a history of abortion, as demonstrated by Dr. Priscilla Coleman in her synthesis of 22 peer reviewed studies involving 877,181 women of whom 163,831

had abortions, published in the *British Journal of Psychiatry* in April 2009. These studies conclude, among other things, that post-abortive women are 81 percent more likely to have mental health issues than those who did not have an abortion; they have a 138 percent higher risk of mental health problems compared to women who give birth; they are 155 percent more likely to exhibit suicidal behavior than those who do not abort. Not surprisingly, a woman’s ambivalence during the abortion decision-making process is one of the more common risk factors for mental health issues, “Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences,” *Journal of American Physicians and Surgeons* (2017), and when a woman experiences abortion to be morally transgressive, moral injury can result, say Tara Carleton and Jill Sondgrass in their recent work, *The Development of Moral Injury Post Abortion*, (e-book, New York, August 2022).

Social poverty arises out of extended social isolation and discrimination, Halpern-Meekin, S., “Social Poverty and Relational Resources,” *Sage Journal*, Spring 2020, and as the issue of abortion becomes more political, women suffering from reproductive loss become more and more marginalized. Their voices are silenced; their needs are stifled; their grief is disenfranchised. As Dr. Coleman observes, “We need to develop a new body of knowledge regarding what emotional support women want and need along with their abortion care.”

Recommendations

Complex aspects of poverty require member states to expose abortion’s harms and support women with the necessary resources to promote and protect their sexual health – and wealth. In keeping with the goals of the Geneva Consensus Declaration, which has more than 35 signatories, member states must promote: (1) better health for women, (2) the preservation of human life, (3) the strengthening of family as the foundational unit of society, and (4) protecting every nation’s national sovereignty in global politics.
