56th GENERAL ASSEMBLY OF THE OAS

AGENDA ITEM 27 OF THE OAS GENERAL ASSEMBLY AND WOMEN'S RIGHTS TO MENTAL HEALTH

The Colombian Foundation for Ethics and Bioethics (FUCEB), a Civil Society actor with professionals specialized in ethical and bioethical cultural production, based on the most current anthropological and scientific evidence, respectfully suggests that the Organization of American States, in its 56th General Assembly in Panama, consider as a hemispheric priority, under agenda item 27 “Addressing the Severe Mental Health Crisis in the Americas,” the proposals presented here. These are based on the following findings regarding the effects of abortion practice on women's mental health and its consequent impact on personal, family, work, social life, and the current and future generations.

Main Referential Framework

The scientific methodology on which this document is based is the State of the Art, understood as “Systematic approach, process, and result of the generation and updating of the compilation of intellectual products, analyzing their speculative profile and the integration of these, their actors, and managers” (Posada-González, 2011) and “Investigative modality through which, as an effect of a compilatory process and speculative study, a current critical documentary profile is produced” (Posada-González, 2011).

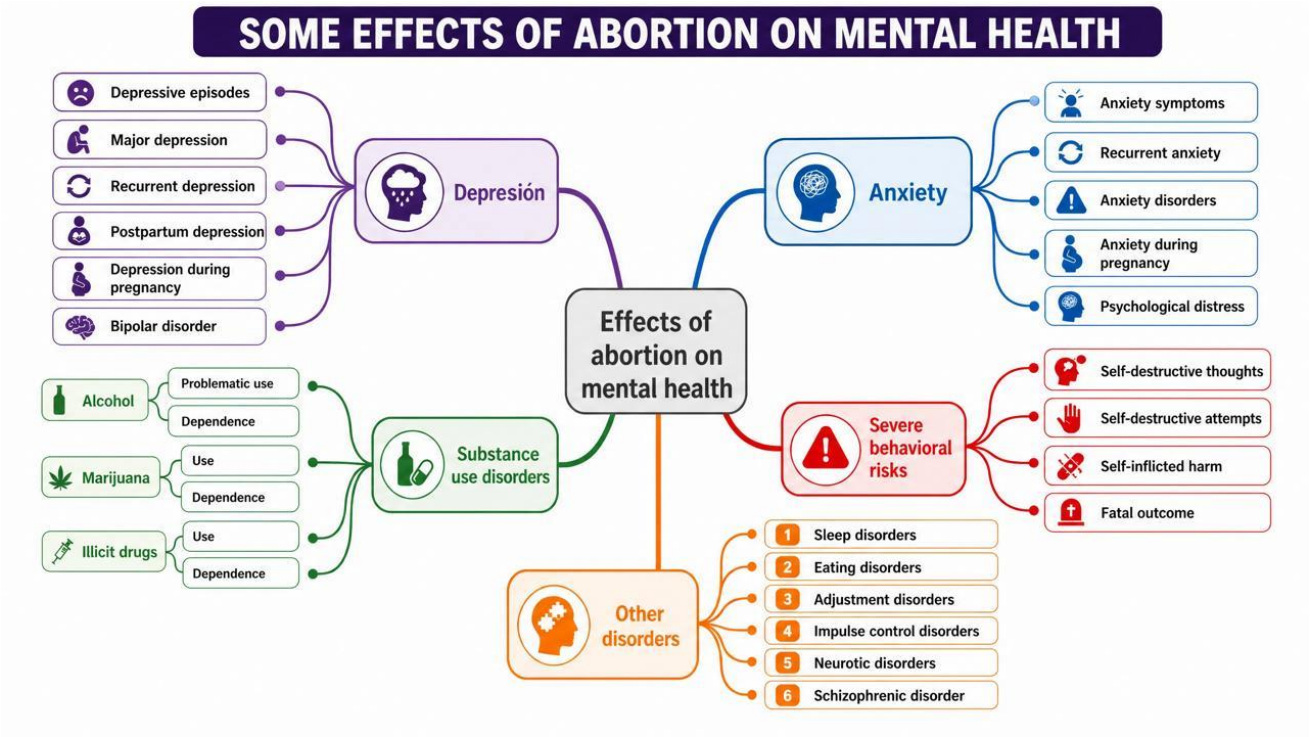
To make this request to the OAS, the starting point was the meta-analysis on the meta-analyses found in scientific literature since 2005, conducted by the Elliot Institute in 2018 and published in the article The Abortion and Mental Health Controversy: A Comprehensive Literature Review of Common Ground Agreements, Disagreements, Actionable Recommendations, and Research Opportunities. (Reardon, 2018).

Mind map on the effects of abortion on women's mental health

Using validated AI, the assertions for and against the effects of abortion on women's mental health, found in this meta-meta-analysis (Reardon, 2018), were corroborated with those from scientific research articles on the subject up to June 20, 2026, and a mind map was created that can serve as a reference to establish improvements in mental health and decision-making for women at risk of abortion or who have had an abortion, with a criterion of thematic completeness of ethical, bioethical, scientific, technical, methodological, and logical quality.

This mind map can be taken into account in the decision-making and actions of the OAS, in the face of risks to the health, integrity, life, and full development of women regarding abortion, serving as a resource for this institution to be positively transformative in favor of women, the human beings experiencing their stages of embryonic and fetal growth and development within them, and for their communities.

The following mind map presents the most recognized mental health difficulties in scientific research that are related to abortion.



Findings on the Effects of Induced Abortion

Recent research—from 2018 to June 20, 2026—is summarized in these main points:

- There is no scientific consensus in favor of a simple causality indicated by statements such as "abortion always causes mental illness" or "abortion never has psychological effects".
- There are effects of abortion that can be explained by prior vulnerability factors, such as psychiatric history, coercion, violence, poverty, stigma, and deficiencies in ethical, moral, and bioethical education.
- There are subgroups of women with very different experiences: some report mainly relief and favorable adaptation; others experience grief, guilt, traumatic symptoms, or persistent psychological difficulties.
- There is a widespread bias in research on abortion and mental health: in most studies, scientific research that also included women who had abortions and later sought help from institutions providing comprehensive treatments for their mental health challenges was not considered.

In the meta-meta-analysis, what is later confirmed by research published on the Web between 2018 and June 20, 2026, is clarified: Abortion is consistently associated with higher rates of mental disorders compared to women without a history of abortion, but it is not possible to precisely determine the fraction of subsequent disorders that are attributable solely to abortion, because there are multiple risk pathways, simultaneous positive and negative reactions, unclear time frames, poorly defined terms, multiple causality, and ideological or differential exposure biases; pregnant women are exposed to the risk of abortion unevenly due to their personal, family, economic, work, or social situation.

Proposals to the OAS

Based on the scientific evidence presented in the meta-analysis of meta-analyses and what was found between 2018 and June 20, 2026, it is requested of the OAS that:

- In all the Americas, there be greater control of risk factors prior to abortion, to identify the most vulnerable women, who are those with a history of difficulties in their mental health.
- For the protection of the health, integrity, and life of women, especially girls and adolescents, and to prevent the aforementioned effects, the following is proposed: that educational content in schools and universities promote information on the relationship between abortion and mental health, as well as the exclusion of material that may incite promiscuity, as it is one of the causes of pregnancy and directly induced abortion.
- Educational institutions should be required to ensure that their sexuality and affection education programs are based on up-to-date scientific evidence at least every year, including a culture of self-care in health that respects one's own body and that of others, and promotes behaviors that align with the exercise of the right to healthy and sustainable physical, mental, and emotional development for everyone.
- That the promotion of this updated culture in sexuality and affectivity takes into account respect for the cultural characteristics and beliefs of each person, family, and community, ensuring that these are also consistent with the scientific advances that should be accessible to all communities; they must recognize that parents are the first responsible for the education of their children, mainly regarding their body, intimacy, and affectivity, which are closely related to point 27 of the agenda of the 56th General Assembly of the OAS, within the framework of women's rights to the full enjoyment of their mental, affective, psychic, and physical health, and the healthy development of their sexuality.

References

Posada-González, N. (2011). Aplicabilidad del estado del arte de Carlos Cardona Pescador en filosofía, antropología, ética y bioética. *Persona y Bioética*, *15*(1), 67-77. https://personaybioetica.unisabana.edu.co/index.php/personaybioetica/article/view/1911

Reardon, D. C. (2018). The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities. *Sage Open Medicine*, *6*, 2050312118807624. https://doi.org/10.1177/2050312118807624

ANNEX: Comparison of the meta-analysis of meta-analyses with scientific literature published between 2018 and June 20, 2026.

Critical affirmation	Reference used by Reardon	Recent literature 2018–2026	Recent APA-style citation
Abortion may contribute to mental health problems in some women	Coleman (2011); Fergusson et al. (2008); Sullins (2016)	Reviews note adverse outcomes for some women, but risks depend on prior factors and social context	Arboleda, N. N. (2024). *Mental Health Implications of Abortion and Abortion Restriction.*
Pressure to abort increases risk of later emotional consequences	APA (2008); risk factor studies cited by Reardon	Study found perceived pressure linked to worse emotional and mental health outcomes	Reardon, D. C., & Longbons, T. (2023). *Effects of Pressure to Abort.*
Some women experience grief, guilt, or trauma after abortion	Speckhard & Rue; clinical studies	Research on fetal anomaly abortions shows associations with stigma, grief, PTSD symptoms	Kerns, J. et al. (2022). *Abortion Stigma and Its Relationship with Grief.*
Groups especially vulnerable to psychological consequences	APA (2008); Coleman (2011)	Vulnerabilities linked to partner violence, poverty, stigma, psychiatric history, lack of support	Arboleda (2024)
Repeat abortions may be associated with greater psychological difficulties	Coleman (2011); Sullins (2016)	Systematic review found higher depression, anxiety, stress in women with repeat abortions; causality debated	Dumitriu, B. et al. (2025). *Contraceptive Barriers and Psychological Well-Being After Repeat Induced Abortion.*
Observational relationship between abortion and mental health problems	Fergusson et al. (2008); Coleman (2011)	Association weakens or disappears when controlling for unobserved heterogeneity and prior factors	Janys, L., & Siflinger, B. (2021). *Mental Health and Abortions among Young Women.*
Moral conflict or stigma may worsen psychological consequences	APA (2008)	Abortion stigma linked to worse psychological well-being and quality of life	Kerns et al. (2022)
Abortion may be experienced as traumatic by some women	Speckhard & Rue	Literature notes trauma especially in cases of fetal anomalies or highly conflictual contexts	Kerns et al. (2022)