Exploring the Risks and Benefits Associated with Abortion: A Qualitative Study

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Abstract

This qualitative study delves into the complex risks and benefits associated with abortion, examining perspectives from women who have undergone the procedure and healthcare professionals involved in providing abortion care. The study aims to capture the medical, psychological, and social dimensions of abortion as perceived by these two groups. Through in-depth interviews, we seek to understand how individual experiences and societal influences shape perceptions of abortion. Women report concerns about medical risks, such as complications and long-term reproductive health, while also acknowledging significant health benefits and a sense of autonomy. Healthcare providers highlight the rarity of complications in

safe, legal contexts and the overall health benefits of abortion services. Psychological impacts vary, with women experiencing both emotional challenges and relief post-abortion, influenced by societal stigma and personal beliefs. Social dynamics play a crucial role, with support systems mitigating the negative impacts of societal stigma. Healthcare providers face challenges related to stigma, patient safety, and legal constraints. The findings underscore the importance of supportive environments and comprehensive care to address the multifaceted impacts of abortion, offering valuable insights for policymakers and healthcare providers to improve abortion services and support for women.

Introduction

Abortion is one of the most debated social issues and human rights issues globally as it carries both medical and psychological and emotional impacts globally (Dempsey et al., 2021). Abortion which is the deliberate ending of pregnancy comes along with a number of factors bed fellows with health status, their personal and cultural values, and the law. In view of the current response, comprehending the complex relationship of abortion is crucial for policy formulation, improvement of the provision of medical services, and women's advocacy. In general, it is possible to point up that abortion may have strictly medical advantages and disadvantages. The possible medical risks may include post-surgery infection, bleeding and occasionally having an effect on a couple's future child bearing abilities (Dempsey et al., 2021). However, when done safely and within the law, the procedure is relatively safe and helps protect the health risks of unsafe aboindustryons and high-risk pregnancies. The advantages are not limited to physical well-being but mean that a woman can safely terminate a pregnancy without negating her rights for deciding about the number of children she wants to have.

Emotionally, the effects of abortions are also varying in as much as they can affect any person. Depending on the context, some women may feel liberated and enabled while others may feel guilty, or sad, or even anxious. These psychological consequences tend to be a result of the perception that the women hold regarding pregnancy, the situation that they find themselves in when getting pregnant and the social support that they receive (Adamczyk et al., 2020). The contribution of psychologists and psychiatrists in minimizing the impact of ill health on the

body, mind and spirit cannot be overemphasized, while asserting the importance of health care models that include mental as well as physical well-being.

Ecologically, the decision to have an abortion will definitely have an impact on her position in society as well as her relations. Professional beliefs have conceptualises social norms from cultural, religious and socio-political perspectives that may either encourage or condemn women seeking abortion (Shuai et al., 2022). Cultural remarks and judgement from male figures in the family, friends and society puts a ladies' health at risk due to social isolation from the community. Abortion carries some risks and benefits to the women, and knowing these risks and benefits, their views are based on the experiences from working in the clinics while also having the overall picture of the matter. Such working conditions may include social isolation, legal limitations, as well as the question of patient's safety which may question the abilities of a professional to deliver optimal care (Feng et al., 2020).

Methodology

Research Design

This work uses a qualitative approach to identify the potential dangers and the upside of abortion relying on the perceptions of the women who have had an abortion and healthcare givers who offer the services of abortion. Based on these considerations, a qualitative research orientation is warranted since this approach enables investigators to capture the dynamic nature of people's experience, as well as their individual perception, and how it is influenced by multiple contextual variables. Therefore, through the semi-structured interviews, the study can obtain specific first person experiences that expose the dynamic relationship between medical, psychological and social aspects of abortion.

Participants

The study involves two primary groups of participants: abortion to the women who have undergone the procedure, as well as to professionals who are engaged in the provision of abortion services (Pabayo et al., 2020). In regard to the selection of the women participants, the following criteria were used: being of 18 years and above, and having an abortion in the last five years. Participants were exclusively women, ages 18–45, and were recruited via flyers and online advertisements from healthcare facilities, reproductive health clinics, and support organisations, as well as by referral from healthcare providers. The ideal number of subjects who will be selected for the sample is 20-30 women as it will allow collecting the necessary

data about their experiences and viewpoints. Qualified participants included certified practicing doctors, nurses, and counselors with above two years of working experience in the provision of abortion services in hospitals, clinics e- repeal or reproductive health organisation. For example, 10-15 professionals are sufficient to target and accurately better understand several roles across the spectrum of abortion care.

Data Collection

Semi structured interviews were used on participants because this enabled the researcher to gain detailed explanation from the participants hence exploring their deep thoughts and experience while at the same time, allowing researcher flexibility to delve further on specific areas of interest. For this purpose, different interview schedules were constructed for women and health care professionals to focus on topics of their particular interest. When women appeared as patients or participants, the identified questions related to: medical risks/benefits, psychological/emotional concerns, and social/relational effects (Fathalla, 2020). Concerns related to medical risk/benefit, morphological-psychological changes noted in the patient, and any functional-social issues related to patients were key questions for healthcare professionals. The data was collected through semi-structured interviews in private places face-to-face or through video conferencing or online means in a secure environment. Every interview fell within the range of 60-90 minutes and was recorded with permission to ensure accurate transcriptions and analysis. Additional observations concerning the interviewees' nonverbal behaviour and specific situational context were documented on field notes taken during each interview and right after.

Data Analysis

For the analysis of the interview data, thematic analysis method was adopted as proposed by Braun and Clarke (2006) seven steps. The first process included, getting to know the stories in detail where transcripts are met and studied until the researcher feels fully familiar with the material, writing first impressions and notes down (Mainey et al. 2020). The second process was the development of initial codes for transcripts, and this involved a systematic coding process of the transcripts by the use of qualitative analysis software such as NVivo, and in this process the codes were the embryonic components of data analysis that contained aspects of the data relevant to research questions. In the third process, looking for themes, codes were initially aggregated in to potential Themes which represents patterns in data set under particular

headings such as medical, psychological & social. The fourth step comprised revewing of themes where themes were discussed in order to make sure that they fitted the data adequately and were logically coherent which led to some new themes being formed from old themes, or vice versa some being discarded or perhapsboth. The fifth was the identification of good variables and naming of variables that constituted the themes; where theme by theme description and naming was done while constructing a thematic map to present the inter-theme relationships. The action of writing up included the process of reiteration of the themes into the findings and discussion with the supports of the direct quotations from the participants involved (Påfs et al., 2020).

Ethical Considerations

The rights and wellbeing of participants was respected and for this, the study ensured that it complied with certain ethical policies. Participants agreed with the study information provided and were willing to participate in it as per their consent form signed by each of them. The agreement to write made sure that the participants understood their role as well as their privileges. To ensure confidentiality of the participants, they were referred to by aliases in the study and all the names and any other details that could lead to their recognition were erased from the transcripts and reports collected under the course of the study, summary data was archived in a secure place and only available for the research team. This was done in compliance with the general ethical guidelines for research among human subjects, which requires that participation be voluntary and that individuals be allowed to withdraw from the study at any given time for any reason with no negative repercussions (Reynolds-Wright et al., 2022). Moreover, participants were informed about crisis interventions if they felt concerned during or after the interviews; this was to help them access support services if they needed them.

Limitations

It should also be noted, however, that the study is not without some potential limitations. A weakness of the study could be sample bias where participants will be drawn from clinics and support organisations only and this could make the sample not to be truly representative of all women and other health facility providers involved in the provision of abortion services across the globe. On the same note, another limitation is that the study is based a self-report data which might pose a problem since people might say things that are different from what they went

through, or do in a real live setting. Also, the study results are situational, and the results cannot be prescribed universally as theory and practical application may vary between different cultures and legal systems. However, the study still seeks in shedding light on the various experiences and perception of women around the issue of abortion hence helping in providing information in dismantling the general negative perception about abortion towards assisting women and health care practitioners.

Findings/Results

The results of this study are discussed in this chapter, in which the authors detail the personal experiences and stigmatized attitudes towards abortion from the participants who had abortions and healthcare providers involved in the procedure. The information elicited from the qualitative interviews provides amble information on the medical, psychological, and social aspect pertaining to induced abortion. This chapter is contextualized according to the themes emerged from data analysis and these are; medical risks/benefits, psychological/emotional impacts, social/relational aspects, and healthcare providers' perceptions. These themes offer a coherent framework for probing the multifaceted relationship between variables in the study of abortion both as a procedure and as a phenomenon people undergo.

1. Medical Risks and Benefits

Some of the fear observed among the women included the medical hazards that may occur as a result of abortion including infection, excessive bleeding, and possibly future complications in child bearing. Such fears are usually based on individual experience and the general population discussion where abortion is often portrayed as a dangerous procedure. But Healthcare providers admitted these possible risks though they pointed out that such consequences are more often experienced when abortions are done in unsafe and especially when the procedure is illegal (Subasinghe et al., 2021). They stressed that medical professionals and surgeons should ensure patient safety before undertaking any surgery and though the operation is risky, the health risks are reduced when the medical procedures are followed as well as after the surgery.

The respondents P31 and Helene also highlighted on the importance of abortion in enhancing the health of women especially on welfare on unwanted pregnancies. According to Subasinghe et al., (2021), some of the reasons that women gave for preferring abortion included health risks, including physical complications that one is likely to face when she continues with an

unwanted pregnancy, like getting strained during childbirth or developing complications in the process, among others. Some of the testimonies procured from the healthcare providers showed that abortion helped the woman to complete the process of fetal elimination and enhance the health of her reproductive system in realizing her reproductive health autonomy by making adequate decisions regarding childbearing consistent with her health status (Zia et al., 2021).

2. Psychological and Emotional Impacts

Women self-reports on the emotional experiences in the aftermath of an abortion listed feelings of guilt, sadness and anxiety. Many of these responses stemmed socio-patterning and perception among individuals within the society. Societal pressure and personal internalisations of abortion norms and values were significantly involved in the experiences of self-constructed feelings (Adegbite, 2021). These are also the psychological effects that healthcare providers witnessed as well, they have stated that attitudes and recourses that women have after an abortion are the significant things that determine the psychological state of such women.

Although the feeling of nervousness is common, the study findings showed that most women receive considerable psychological satisfaction after the abortion procedure. The reasons they provided included relief and self-empowerment and highlighted how the capacity to take such decisions independently transformed mental conditions for the better (Obeagu et al., 2023).

These included asserting themselves and feeling free instead of restricted; or feeling less tense as they are certain on what has been done. Healthcare providers echoed such statements stating that safe abortion services advocacy enables women gain mental health because then they do not have stressful unwanted pregnancies or as they choose to label it, they make decisions in line with their life plans.

3. Social and Relational Dynamics

Sexual and relational consequences of an abortion were comprised of social discriminations which affected women differently. These included strained relations with family members, and stigmatisation by society as such they will feel like outcasts, and also feeling socially isolated and emotionally ill (Frati et al., 2021). These challenges were further compounded by eight cultural and religious beliefs on abortion thus way that members of society held which influenced their decisions. There were also concerns being raised regarding the effect of

societal prejudice which, many of the healthcare providers pointed out to cause worsening of the physical and social position of women in the society when health and ability to take care of own daily needs is affected after an abortion.

The one essential feature which Lisbeth and the other women who shared their stories, found to be nearly as vital as medical services for their healing and rehabilitation post-abortion, was the family and friends support. Frati et al., (2021) highlight that supportive networks were instrumental in helping individuals to cope with the social and emotional effects of abortion. This included not only family support, but other members of the healthcare team and a friendly environment in which various personal issues related to abortion could be discussed. These support systems offered elements of consolation, tangible help along with affirmation – all of these which assisted women to come to terms with the results of a procedure.

4. Healthcare Providers' Perspectives

Healthcare professionals are directly involved in abortion care and their input is highly informative about the complexity of the existing obstacles in providing quality, sensitive and women-centered services. In the light of this research, it became clear that attitudinal barriers share the same rank with structural barriers, representing one of the biggest challenges that healthcare providers face, which significantly influence their professional practice and interactions with patients (Raifman et al., 2021). Many arguments about abortion focus on the women who decide to have an abortion, but the negative societal perception of abortion is also reflected in medical professionals who perform the procedure. It can lead to public harassment, professional marginalisation, and personal anxiety, making it difficult to serve the patients in this capacity. Speaking to providers, concerns about social marginalisation reflected that the practice’s invisibility within mainstream medicine resulted in a lack of backing about its importance from other physicians as well as its effective applications in abortion care being ignored by these doctors (Adamczyk et al., 2020). This can also lead to the exclusion of such patients from relevant services and products, not to mention the few healthcare facilities that will be willing to support or offer services to such a patient. Health care workers equally encouraged people to undergo relevant education about such sentiments with the aim of enhancing positive outcomes for patients as well as the providers.

The main six chapters Each chapter focuses on a specific aspect of patient safety, a subject that is of critical importance to anyone working in the healthcare industry. They opined that legal reforms and regional differences in implementing policies contribute to a complexity in procuring abortion services. Dutifully, it is imperative for providers to manage these legal paradigms more effectively to conform to the laid down laws with ultimate regard to the wellbeing and independence of patients (Shuai et al., 2022). This sometimes requires knowing and monitoring the latest laws around the country, being active in defending and promoting the right to abortion, and contributing to providing care within their population. Availing of healthier options and lifestyle changes formed part of this call as the healthcare providers emphasized on the need for total body make over that goes beyond surgery. According to them, women abortion decisions also need encouragement before, during, and after the abortion procedure. This care framework entails the patient education processes such as explaining to women the procedure to be undertaken, the possible complications and virtues involved for them to make the right decision. Counseling is also vital, since many women go through an entire range of pre- abortion and post-abortion feelings. Any psychological effect needs to be managed, so providers supply counselling and emotional support to assist females cope with such feelings.

After-care management is also an essential aspect of quality healthcare services that should not be underestimated. And healthcare providers explained that another important thing is to revisit the doctors after two weeks because several tests are necessary to determine whether the body is responding to the treatment, and also if there would be any complications arising from the treatment, emotional support may also be needed. According to study of Feng et al., (2020), these visits also afford the chance to talk about contraception and reproductive health planning; this gives women a way to avoid future unintended pregnancies and pursue effective family planning.

As evident from the challenges described above, the ministries do not hinder healthcare providers from practicing decency and delivering quality care to women facing unwanted pregnancies requiring abortion. They speak of the ideal setting for health care management where women’s health and self-determination are cherished, knowing that, this atmosphere is necessary for the welfare of the female patients (Pabayo et al., 2020). The necessity of policies aimed at decreasing prejudice, increasing proper access to legal abortions, and assisting health

care practitioners is mentioned by providers. They assert that there is the possibility of a positive change in the life of women who experience challenges in their health care journeys if supportive environments are created.

Discussion

The study results offer an ample and detailed look at several aspects in which the women that are part of this study perceived and lived abortion, as well as the healthcare professionals that perform abortion. It is is essential to understand these medico-psychosocial aspects because each of them contributes to framing the experiences and perceptions of abortion.

Medical Factors

The study further refers to the necessity to prioritize medical issues for women as well as the practitioners. Survey participants reported genuine concern about possible medical complications that may be occasioned by abortion, including infection, excessive bleeding and other health implications to the reproductive system. These fears are underlain by societal believes and personal experiences that portray abortion as lethal and therefore women are likely to experience more risks and uncertainties. However, the healthcare providers added it is very unusual for such complications in safe and legal abortions that should follow standard medical procedures (Fathalla, 2020). They stated that no serious adverse health effects are likely when abortion is provided by someone with the necessary medical skills, insisting on the availability of safe, legal abortion. This is significant in the current era as it creates consciousness to seek factual information and eradicate myths and corresponding misconceptions.

Another evidence in support to legalisation is the positive impacts of abortion on medical health. Some of the perceived benefits of abortion pointed out by both women and healthcare providers include the following; the women and the healthcare providers stated that abortion can avert health risks linked to unwanted pregnancies (Fathalla, 2020). Such risks include combating adverse physical effects of pregnancy on the body in case of unwanted pregnancy, health complications during childbirth, and worsening of pre-existing diseases. Abortion also enhanced women's health and wellbeing in many instances where young women were now in a position to take personal decisions on reproductive choices and generally manage their lives more effectively. This brings out the urgent need for women to have accesses to safe, legal and regulated abortion and not forced surgical procedures (Påfs et al., 2020). With such services

women are in a position to be in charge of their reproductive region hence experiencing enhanced quality of their lives.

Psychological and Emotional Factors

The emotive effects of abortion also bear believing as they are numerous and widespread. The study revealed that despite the fact that women underwent various emotional problems like guilt, sadness, anxiety, etc., the factors that play a role in these feelings are largely dependent on societal prejudice and individual perception. The societal perception of abortion also influences the emotional toll experienced with such issues hence the need to eradicate the negative perception associated with the act of abortion (Hasselbacher et al., 2020). Societal norms and prejudice along with personal expectations prove to be influential factors in determining how women felt about abortions. Some of the conclusions that the healthcare providers noted concerning women's emotional health following these procedures are that women's subsequent support and the received culture will determine whether or not postabortion depression will be present. They pointed out that females who have some positive social support networks and got proper psychological care and attention are likely to handle the emotional effects of abortion better.

However, many of the women, after an abortion, claimed to have benefited from it in that they experienced some psychological improvements. It was stated that feeling relieved and empowered was acknowledged as recovered with women reporting on improvements in their mental well-being and assertion. Safe abortion can be availed in order to make choices that cater for the future plans and dreams thus helped women to avoid stress and anxiety that arises from unwanted pregnancies (Hasselbacher et al., 2020). They also revealed increased selfesteem in matters concerning their reproductive life and aspect that had positively affected their psychological wellbeing. Health care professionals also supported these findings by recanting that when women can undergo safe abortions, they regain better mental health. This goes a long way in supporting the argument that psychiatrical care of women seeking abortion should not only be limited to the terminal of the procedure but there should be counselings which should include mental health professionals in order to assist the women who are going through these emotional swings (Hasselbacher et al., 2020).

Social Factors

Abortion as a social issue cuts across various aspects of life and affects the individual and the community as a whole. The study revealed that women were viewed in different light depending on the degree Stigma and relational issues post abortion stigma included family relationships while others were rejected by their families after the abortion (Hasselbacher et al., 2020). Sometimes these social situations made them develop feelings of loneliness and sadness showing how much social factors impact the experience of women during abortion. One of the issues that aggravate mental problems in women is the stigmatisation of abortion; that is, women may feel that they are singled out and excluded. The participants underscored that societal discrimination is not only a personal issue, but also creates practices that shape and limit the care that healthcare workers can offer. Of them, abortion care can be a challenging practice area because it may tackle issues of culture and law when working to meet the needs of their clients.

Sterile women cited affirmation and encouragement as significant features that would help contain the undesirable social and emotional consequences of abortion. Possible support that was considered crucial for women during recovery included family, friends, and community organisations (Hasselbacher et al., 2020). Specifically, the roles of these environments include offering emotional support, tangible aid and assurance towards easier coping with the experience. While freely sharing personal accounts of their abortion experiences, both women and healthcare providers acknowledged the need to have adequate support systems for handling the social and relational context of the procedure. Care structures are particularly beneficial for women in ensuring that they are supported when denied an abortion feeling abandoned and discriminated (Adegbite, 2021).

Healthcare Providers' Perspectives

Given the tenor of the topic, healthcare providers delivering abortion care work under severe restrictions including societal and legal barriers and conflicting patient safety. The analysis showed that the identified threats primarily affect patients and decrease the quality of their treatment but healthcare providers remain determined to provide complete and empathetic care. They pointed out the requirement of proper environments for women health and decision making and called for policies to enhance chances of safe abortion (Obeagu et al., 2023). The pre- and post-abortion care discussed by the providers was timely and included factors such as

information, emotional support, and follow-up care, thus highlighting a service provision for the multiple dynamics of abortion in women's lives.

In the focus group interviews, healthcare providers elaborated about the institutional challenges they face whereby; the legal issues within the provision of abortion care and addressing social prejudices that affects both the healthcare providers and the clients (Frati et al., 2021). They also emphasized the need for the women who want to go for an abortion to be offered holistic care meeting the medical, mental and the social demands. This entails making certain that women receive appropriate counseling prior to and after abortion, observing patient rights in terms of pre- abortion counseling, antenatal and post-abortion care including gestational age assessment, complications assessment and emotional support.

Conclusions

In conclusion, this exploratory research work adds a wealth of knowledge regarding the medical, psychological and social aspects of women and healthcare givers regarding the state of abortion. These benefits raise awareness of the importance of safe, legal abortion services – happier and healthier bodies, as well as the freedom of choice for women. But these benefits come with costs, social in nature, which are most often associated with prejudice and with psychological health. It affects their medical needs, their mental health and feelings of isolation and rejection through stigmatisation and discrimination There is support from family members friends and social bodies as well as quality healthcare services. To be most effective with their patients, and to address the wider context within which abortion services exist in the UK and internationally, healthcare providers need to offer kind and safe services to women seeking help. In particular, the necessity of fostering conditions and strengthen measures that address stigma and improve women's comprehensive Abortion care are highlighted. It is important to women, physically, legally, and psychologically, that they are able to seek a safe, legal, and supportive abortion. Such findings are useful to policy makers, health care workers, and support groups that would like to enhance service delivery and available support for women opting for an abortion. Analyzing various effects of abortion, it is possible to grasp now different aspects of women's health, their rights, and the ability to make their decision based on their need and desire, which will lead to more humane and rational approach to the termination of pregnancy.

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Appendices

1. Open-Ended Questions for Doctors

Medical Risks and Benefits:

Medical Risks:

May you explain the consent medical risk related to procedure abortion, which you experience in your practice?

In closing, how do you prevent and control these risks during or after the procedure has been conducted?

Medical Benefits:

Based on the professional standpoint, what may be the main carriers of premature healthcare related to safe and legal abortion services?

May I ask when it is ever acceptable for an abortion to be a good thing for the health of the patient?

Psychological and Emotional Impacts:

Psychological Risks:

What psychological or emotional struggles look you find in women who go for an abortion?

To what extent and through what mechanisms and resources do you and your organisational team offer support to the above-mentioned psychological effects?

Psychological Benefits:

Can you notice or have there been instances when women who have undergone abortion exhibit psychological or any form of emotional happiness?\

In your opinion, how does their ability to access safe abortion influence the overall mental health of women?

Social and Relational Dynamics:

Social Challenges:

How do your patients with abortion seem to be struggling socially or relationally once they come to you?

What actions do you take to prevent or manage such situations throughout your working day as a social worker?

Support Systems:

From what you have noted, how do family, friends, or other community-based agencies influence the mental health and recovery of women following an abortion?

We examine how the dramatic social change of modernisation has affected women's health and what healthcare providers can do to improve care of women caught in these dynamics?

The questions are in the form of structured interviews directed to doctors on the medical, psychology and the social aspects of the abortion information. Post-intervention interviews will be conducted and open-ended questions will be used in a manner that aims to gain a better understanding of the realities and expectations of interdisciplinary healthcare professionals. Complication-wise, the questions focus on medical risks and benefits of abortion, and psychological impression and social factors so as to identify obstacles/facilitators faced in the delivery of abortion services by healthcare practitioners. The answers will improve a broader view of the factors that characterize abortions, where assistance is required to promote and improve the services to reach optimal conditions for patients.

2. Open-Ended Questions for Women

Medical Risks and Benefits:

Medical Risks:

Of medical risks or complications let me know any that happened or was a concern during the abortion process?

With regards to the communication of these risks, what was your received knowledge or feeling about this given information?

Medical Benefits:

From an individual perspective, what positive changes in your health status did you observe or actually undergo when get an abortion?

Describe the effects of the abortion on the physical health of the women or the general wellbeing of the participants?

Psychological and Emotional Impacts:

Psychological Challenges:

Can you share your emotional journey before, during, and after the abortion?

What psychological or emotional challenges did you face, and how did you cope with them?

Psychological Benefits:

Have you felt happy, relieved, or any sort of psychological well-being as a result of your abortion?

In what ways was it beneficial to have the option of abortion whereby having to carry out an unwanted pregnancy impacted your mental health and level of self-determination?

Social and Relational Dynamics:

Social Challenges:

Have you encountered any abusive experiences in your decision making to have an abortion to the relation of family, friends or the community?

Read the prompts Did you feel stigmatized or supported by others during this time and how Were you affected?

Support Systems:

Stakeholder support (family members, friends, community organisations) how involved were they in your situation?

This they achieved by creating a platform for what fostering either hurdle or assistance in my emotional and social recovery after the abortion?

The list of open-ended questions for women is designed to provide probing information on the patient's medical risks and benefit, psychological and emotional states as well as their social and relational state before, during, and after abortion. These questions aim at encompassing as many experiences as possible in order to get a wide picture of experiences, and pin-feelings that the women are likely to volunteer when presenting an overall picture of abortion.

Performing medical risks and benefits entails asking any trouble faced by the women and perceived health gains after an abortion.