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### Commission on the Status of Women

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**Follow-up to the Fourth World Conference on Women and  
to the twenty-third special session of the General Assembly  
entitled “Women 2000: gender equality, development and  
peace for the twenty-first century”**

### **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.

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\* The present statement is issued without formal editing.



## Statement

### **Empowering Women After Beijing: Addressing Gaps in Reporting and Requiring Transparency From Reproductive Healthcare Providers**

As governments gathered in Beijing in 1995 to mark the 50th anniversary of the United Nations, they resolved in a Declaration to empower women by, among other things, securing their access to sexual and reproductive healthcare and education. [Beijing Declaration and Platform for Action (1995) par. 12, 13, 17, 30]. Five years later, as the General Assembly met to evaluate the progress of the Beijing Declaration, the Secretary-General reiterated the role of education to enable women to “have more choices” to provide better health for themselves and their children, and to promote access to “high quality” sexual and reproductive health care. [Twenty-third special session of the General Assembly, “Women 2000: gender equality, development and peace for the twenty-first century.” (June 2000) par. 28, 39].

Education depends on the availability of reliable information. When it comes to women’s sexual and reproductive health, however, the availability of information - particularly regarding the psychological effects from abortion – is woefully deficient. For this reason, member states must address the significant gaps in the reporting and dissemination of information regarding the mental health harms of abortion. Only by holding healthcare institutions accountable and requiring transparency about abortion’s harmful consequences can we enable women to make truly informed decisions about their sexual and reproductive health and advance their reproductive well-being.

Concepts of Truth, Inc. seeks to educate girls and women with necessary information about sexual and reproductive health to make informed choices for their mental well-being. For women who have chosen to abort their babies, Concepts of Truth provides compassionate counseling to help them and their loved ones find closure through the grieving process. Concepts of Truth, Inc.’s international 24/7 helpline has received calls from over 20,000 people world-wide, many of whom report their struggles with mental illness and self-harm because no one had told them about the harsh realities of terminating a pregnancy.

### **The Unpublicized Reality About the Mental Health Harms of Abortion**

Women with unplanned pregnancies are a vulnerable population in dire need of accurate information to make life or death decisions about their reproductive health. Yet, as these pregnant women struggle with the decision to abort or keep their babies, they must rely on public messaging from an abortion industry that reaps in excess of \$2 billion annually from terminating their pregnancies and has many incentives to obscure the truth about abortion’s harms.

Almost six out of ten unintended pregnancies worldwide end in abortion - about 73 million annually. Pregnant women contemplating abortion are often not told that abortion can result in significant and prolonged mental health issues, including post-traumatic stress disorder, suicide ideations, and major depressive disorder. They typically never hear that there have been no findings of mental health benefits associated with abortion compared with carrying a pregnancy to term. [Reardon, D.C. The Abortion and Mental Health Controversy: A Comprehensive Literature Review. SAGE Open Med. 2018 Oct 29].

The evidence is substantial. For example, a survey of 22 peer-reviewed studies involving more than three quarters of a million participants found that women who aborted had an 81 percent greater risk of mental health problems and a 55 percent greater risk of suicidal behavior than pregnant women who did not abort. [Coleman

P. Abortion and Mental Health. *British Journal of Psychiatry* (2011)]. Other studies show that chemical abortions are four times more likely to lead to mental harms than surgical abortions [Israel, M., *Chemical Abortion*. The Heritage Foundation, *Life* (March 30, 2021)]. Global studies have also documented abortion's numerous physical harms, including hemorrhage, infertility, uterine/cervical lacerations, retained fetal body parts, and breast cancer. [See Lanfranchi, A. *Complications: Abortion's Impact on Women*, DeVeber Institute for Bioethics. (2015)].

### **Information About Abortion's Harms Is Suppressed**

Despite the mounting evidence of harms from abortion, prominent reproductive healthcare providers and other global voices continue to conceal these realities. They tell pregnant women:

Induced abortion is a simple and common health-care procedure . . . safe when carried out using a method recommended by WHO." [World Health Organization (WHO) Fact Sheet: Abortion. Nov. 25, 2021];

Both in-clinic and medication abortions are very safe. In fact, abortion is one of the safest medical procedures out there. [What Facts About Abortion Do I Need to Know? Planned Parenthood Fact Sheet, viewed Aug. 28, 2024]

Denial of access to abortion services jeopardizes a person's physical and mental health. OHCHR Media Center. Abortion is essential healthcare. (Sep. 28, 2021)

How can such claims be advanced with impunity? One answer lies in the worldwide lack of reporting and transparency regarding harms from surgical abortion. The U.S. for example requires no national reporting of data for post-abortive harms and only 28 states even report "abortion complications." [Guttmacher Inst. *Abortion Reporting Requirements*. (2023)]. For chemical abortions, the only adverse complication that providers are required to publicly report is death. [Alliance for Hippocratic Medicine v. FDA, U.S. Dist. Ct., N. D Texas. (April 7, 2023)].

Globally, there is a general "lack of comprehensive, independent and comparable data" for mental health, which includes mental harms related to abortion. [WHO Mental Health Report (2022), pp. 51-54]. For hospitals that do report post-abortive mental health complications, few conduct any follow-up with patients after they are discharged. This results in substantial underreporting, given that post-abortion mental health symptoms tend to worsen over time. [Ring-Cassidy, E., *Women's Health After Abortion*. DeVeber Institute for Bioethics (2000)]. Meanwhile, as even pro-abortion researcher David Reardon conceded, investigating abortion harms has proven to be "one of the most methodologically flawed and illiterate" areas of research, falling prey to pro-abortion political narratives. [Hill, R. *Abortion Researcher Confounded by Study*. *New Zealand Herald* (Jan. 4, 2006)].

If member states truly seek to empower women, promote their access to "high quality" sexual and reproductive health care and advance education, they will seek to address the deficiency in public reporting of abortion's harms and require greater transparency by reproductive healthcare providers.