

Silent Voices, Hidden Scars: A Case Study on Gen Z Women Who Underwent Abortion

Angela Grace del Poso¹, Dune Ignisha Orozco², Naethan Earl Tapayan³, Rhea Jane Caynila⁴

Psychology and Behavioral Sciences Department, College of Arts and Sciences, Cebu Technological University – Argao Campus

DOI: <https://doi.org/10.47772/IJRISS.2026.10200213>

Received: 10 February 2026; Accepted: 19 February 2026; Published: 02 March 2026

ABSTRACT

This study determined the experiences of two Generation Z women in Cebu who underwent abortion, focusing on understanding the underlying reasons behind their decision, the multifaceted impacts that followed, and the coping strategies they employed in response. According to Arshad et al. (2023), women's abortion experiences are shaped by a combination of personal circumstances, societal pressures, and emotional responses, with coping mechanisms often emerging as a way to reconcile guilt, fear, and social stigma. Utilizing a qualitative case study approach, 2 participants participated in a semi-structured interview. Data collected were analyzed using Thematic Analysis to identify patterns of themes and codes among respondents. The findings highlighted the complexity of their experiences, from their reasons behind doing an abortion, the impacts and challenges to various dimensions of their health, to eventual acceptance and resilience. The results indicate that abortion among young Filipino women is not merely a medical act but a deeply emotional and moral experience influenced by cultural and religious values. The study concludes that abortion carries long-term psychological and spiritual effects, emphasizing the urgent need for compassionate, holistic post-abortion care that supports women's emotional, physical, and spiritual recovery.

Keywords: Abortion, challenges, coping mechanism, Gen Z Filipino women, reasons

INTRODUCTION

Abortion is the expulsion of a fetus from the uterus before it has reached the stage of viability (in human beings, usually about the 20th week of gestation) (Encyclopedia Britannica, 2025). An abortion may occur spontaneously, in which case it is also called a miscarriage, or it may be brought on purposefully, in which case it is often called an induced abortion. In 2024, according to the World Health Organization, around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion. Based on 2019 data, 55% of unintended pregnancies among adolescent girls aged 15–19 years end in abortions (WHO, 2024). While in the Philippines in 2022, a total of 3135 adolescent girls younger than 15 years old gave birth—a 35.13% increase from the 2320 recorded in 2021 (Cordero, 2024). An estimated 1.1 million induced abortions occur in the country annually, a number that was estimated to increase by 14.6% in 2020. Meanwhile, 1000 Filipino women die each year from post-abortion complications (Perez et al., 2022).

In the Philippines, abortion remains illegal under all circumstances as stipulated in Articles 256, 257, and 258 of the Revised Penal Code of 1930, which classify it as a criminal offense and a prohibited procedure. However, many reports have identified the increasing numbers of wrongfully conducted abortion in today's generation. The Philippine Safe Abortion Advocacy Network estimated that 1.26 million abortions were induced in 2020 (Cayabyab, 2023), a substantial rise from 400,000 in 1994. This unsafe and unlawful procedure raises concerns about the potential risks of the woman's physical, emotional, and psychological well-being.

Existing studies primarily focus on the legal and public health aspects of abortion (Montero Reyes et al., 2025), as well as societal attitudes toward the procedure and the women who undergo it (Döring, 2023). Additionally, some studies have explored the decision-making processes of older generations (millennials and boomers) who

have undergone abortion (Gipson et al., 2011; Barringer et al., 2020), highlighting the sociocultural and economic factors influencing their choices. However, research specifically exploring the lived experiences of Filipino Generation Z women who have undergone abortion remains scarce, particularly in relation to their psychological, emotional, and social challenges. Despite growing research on abortion, there remains a population gap, as Generation Z individuals are often grouped with older cohorts, resulting in a lack of focused understanding of their unique experiences. Additionally, a knowledge gap exists due to the limited exploration of how Gen Z specifically perceives, experiences, and copes with abortion in the context of modern societal influences such as digital media, shifting cultural norms, and peer dynamics.

This study seeks to gain insight from Filipino Generation Z women, to determine the extent of how abortion decisions are shaped by personal, familial, social, or cultural influences. Additionally, it aims to explore the overall experience of obtaining an abortion, including the reasons leading to the decision, the impact after the procedure, and their coping mechanisms. By examining these aspects, the study seeks to provide a deeper understanding of the lived experiences of Generation Z Women who underwent abortion.

METHODS

Research Design

This study employed an exploratory multiple-case study design to examine the lived experiences of two Gen Z women who underwent abortion. The qualitative approach concentrates on investigating and comprehending individuals' beliefs, attitudes, behaviors, and experiences by gathering and analyzing qualitative data. This approach addressed research questions by exploring subjective information through one-on-one interviews with the participants and the researchers (Hassan, 2024). This approach is useful in gaining a deep understanding of the reasons that lead to abortion, the consequences of the event, and the ways of coping with the abortion experience.

Research Participants

This research used purposive sampling to recruit two women belonging to Generation Z (1997-2012) who have undergone an abortion. Purposive sampling involved the deliberate selection of participants based on their capacity to provide insight into a specific theme, concept, or phenomenon (Robinson, 2023). Participants were screened through the author's social contacts and subsequently invited to participate to ensure that they fulfilled the set criteria of this study.

For a case study approach, two to three participants is appropriate because the aim was to explore a specific phenomenon in-depth rather than to generalize findings to a larger population. Yin (2018) asserts that a case study can include a limited number of people as long as they offer deep, contextually grounded insights into the case under investigation. Furthermore, few participants can provide meaningful, in-depth narratives that are sufficient to comprehend the complexity of the issue (Stake, 1995). This was especially important because abortion is illegal and socially taboo in the Philippines and thus, women are unlikely to candidly describe their experiences in standard research environments. With purposive sampling, the study made sure that participants were not chosen randomly and that they preferably did not experience undue distress when providing sensitive information regarding their experiences.

Research Setting

The place for this research study was the physical, social, and cultural space where the experiences of Generation Z women who have undergone abortion in the Philippines, was determined. Because abortion is illegal and highly stigmatized in the country (Center for Reproductive Rights, 2024), the study was conducted in secret and unlicensed sites to ensure the comfort and confidentiality of the participants. The place where the one-on-one interview was conducted were private locations and online platforms, that depended on the participants' preferences.

Research Instrument

This study utilized semi-structured interviews with open-ended questions prepared by the researchers addressing the reasons, post-impact of the act, overall life changes, and coping mechanism of Gen Z women who underwent abortion. These guide questionnaires had undergone a series of validation checks by different subject matter experts to ensure that the data collected were appropriate and justified the research questions. Each question has its local language version (bisaya) that has smooth conversation for participants that were more comfortable in speaking the language they prefer. This also allowed the participants to freely share their experiences which were very beneficial to this study as it was the main goal of the paper: to understand the experiences of Gen Z's who underwent abortion.

Audio Recorders. In recording the high-quality qualitative data, which gave the richness needed to the experience and insight that participants had regarding participation in the project, recordings were deployed during individual interviews and discussions that captured verbal cues accurately for analysis. Participants were informed that recordings were for research purposes, whereby their response to the structured questionnaire were recorded and subject to analysis for study purposes. Recordings of all audio sessions were stored and accessed only by authorized research personnel. All analysis and transcriptions remained blinded to the participant's identity for protection and privacy.

Date Gathering

This study was conducted in some areas in Cebu, Philippines. The respondents were selected with the use of a purposive sampling method. Specifically, the researchers identified and selected Generation Z individuals (born 1997–2012) who have undergone abortion and were willing to share their experiences. Selection was based on relevance to the research objective, ensuring that participants had first-hand experience with the case being studied. Due to the sensitive nature of the topic, participants were primarily identified through personal networks, such as friends or acquaintances who referred to individuals who met the criteria. This approach allowed the researchers to reach participants who may not be easily accessible through public or formal means, while still ensuring that those selected provided relevant, in-depth insights into the research topic.

Before directly proceeding to the interview proper, the researchers firstly provided the respondents with an informed consent to the participants. This consent included everything the participants needed to be aware of. This included the purpose of the study and why they were chosen as the respondents. This paper also ensured them of the level of confidentiality, assurance and security to all the personal information they had shared.

After which, the researchers, together with a guidance counselor who was the one that facilitated the interview proper to ensure safety and the appropriateness of profession, then continued onto the interviews. Triangulation was used specifically to corroborate participants' accounts of having undergone abortion through confirmatory information obtained from family members and close friends.

Once the data were gathered and the interview had been completed, the researchers assisted by the guidance counselor, once again reminded the respondents of how their personal information will be taken care of with utmost confidentiality. Researchers also explained to each participant the data management or how this information from them will be taken care of as the source of output for this study.

Recorded audios from the interview were transcribed verbatim and participant identities protected through the exclusion of all identifying detail. Thematic analysis was then done to identify, analyze, and interpret patterns of shared meaning to create themes out of the data.

Lastly, the participants were given a token of appreciation as a gesture of gratitude for their willingness to provide answers and share personal experiences. This token was non-coercive and did not influence their decision to participate, ensuring that consent remains voluntary and informed. The purpose of the token was simply to acknowledge the time and emotional effort contributed by the participants. The nature and amount of the token was modest and ethically appropriate.

Data Analysis

This study, following a qualitative - case study approach, utilized Braun and Clarke's (2006) thematic analysis to analyze the data that were gathered from the responses of each Gen Z women who underwent abortion. Thematic Analysis, following Braun and Clarke's (2006) six-phase framework, was employed to analyze the data. Firstly, it involved transcribing the one-on-one interview recordings. Transcripts were thoroughly read and analyzed to gain a deep understanding of the Gen Z women's perspectives. This was crucial to familiarize the initial ideas and patterns that emerge from the data. Next, the researchers systematically generated codes by highlighting phrases or responses mentioned by the Gen Z women. Then, these codes were grouped accordingly into themes where overlapping themes were merged and sub themes were created to accurately represent the data. The themes were carefully reviewed and refined to ensure they accurately reflected the dataset. Each theme was defined accordingly that encapsulated its meaning and essence in the study. Lastly, the researchers coherently presented these themes in a discussion where themes were supported with the direct quotation from the respondents' responses. The discussion highlighted the most common and impactful thoughts that were further explored in the study.

LIMITATIONS OF THE STUDY

This study is exploratory and based on two cases of Gen Z women from Cebu, Philippines; therefore, it is not intended for generalization. The findings are grounded in self-reported narratives within a context where abortion is morally and legally restricted, which may have shaped how experiences were described. Experiences were explored qualitatively rather than through standardized measures thus, reflecting participants' perspectives without claims of statistical or formal measurement. These limitations should be considered when interpreting the results discussed below.

ETHICAL CONSIDERATIONS

This study involved participants from the generation z women who have undergone abortion. Considering the sensitivity of the topic, the researchers made sure that ethical standards were followed to protect them from emotional distress, social stigma, and potential breaches of confidentiality.

Informed Consent. Before participating in the study, informed consent was presented to the participants, informing them about the nature of their involvement, the methods adopted, and the possible risks and benefits pertaining to their participation. Participants were assured about their voluntary participation in the study and that they can withdraw from the study at any time without suffering any form of negative consequence without the use of force, duress, or coercion. A signed informed consent indicated their willingness and full understanding of the nature of the study, granting permission for using their data, including the responses from the questionnaires and recordings. The participants were allowed to ask questions and contact the researchers for further clarifications.

Minimizing the Risk of harm. The structure of the question was well organized, beginning on the reasons why respondents chose to undergo abortion. Followed by the related subtopics, focusing on the post-abortion experiences and the impact of abortion on their health. Finally, it shifts to discussing their coping mechanisms and quality of life, highlighting the support they received and how they managed the challenges. The interview concluded on a more heartfelt and comforting note, allowing respondents to end the conversation on a lighter and more positive feeling.

Confidentiality. Respondents were assured of privacy during interview sessions conducted in secluded areas to protect their identities. As an alternative in utilizing their names, researchers used codes or pseudonyms. Hence, in data analysis, these codes served as the respondent's identification. Their demographic profiles were kept in a secure location, and the computers and laptops will be encrypted and password-protected. Only the researcher and the research adviser were given the access. Audio recordings were transcribed. Then, identification of the respondents and the names of other individuals involved that were mentioned were eliminated. The names of participants were also kept confidential and removed.

Beneficence. The principle of beneficence is upheld by ensuring that the well-being of participants is prioritized throughout the research process. The study sought to contribute to a deeper understanding of the experiences of Gen Z women who had undergone abortion, aimed to reduce stigma and improve support systems. To minimize potential psychological distress, participants were provided with a safe and non-judgmental space to share their narratives, with the option to withdraw at any stage without consequences. By prioritizing their dignity, autonomy, and emotional well-being, the study aligned with the ethical responsibility of beneficence, ensuring that the knowledge gained benefits both the participants and society while minimizing potential harm.

Justice. This study ensured that all respondents were treated fairly, with equal respect and consideration, regardless of their background, beliefs, or experiences with abortion. Participation was voluntary, and no individual was excluded based on socioeconomic status, religion, or other personal factors. By upholding justice, this study sought to honor the rights of participants, ensured fair treatment, and contributed to broader social change without causing further marginalization or harm.

REFLEXIVITY

Personal Reflexivity. As researchers aimed to explore the experiences of the Gen Z women who had an abortion, they recognized how their own perspective can inevitably influence the process and results of the study. As part of the Generation Z (Gen Z) themselves, researchers were aware of the debates across different social media and physical platform news in understanding the perception of people about the issue on abortion. Thus, researchers approached this topic with both academic curiosity and a deep awareness of its complexities. While researchers strive for objectivity, their own empathy, biases, and expectations may have subtly shaped the way they frame questions, analyze responses, or highlighted certain themes. Regardless of researchers' personal views on abortion—whether pro-choice or pro-life—they remained mindful of how these perspectives might have affected their interpretations. To address these challenges, researchers continuously reflected on their assumptions, ensured that respondents' voices remain central, and approached each narrative with an open and unbiased mindset.

Interpersonal Reflexivity. Conducting this study required the researcher to navigate sensitive and deeply personal experiences shared by participants. The ability to establish rapport and foster trust plays a crucial role in the quality and process of data collection. While the researcher aimed to create a safe and non-judgmental space, it was acknowledged that their presence, tone, or personal background may influence how participants shared their experiences. To address this, the researchers were committed to practicing active listening, maintaining neutrality, and reassuring participants of confidentiality and respect for their perspectives.

Methodological Reflexivity. The research design, from respondent recruitment and identification to data analysis, was shaped by researchers' choices and assumptions. Selecting a qualitative case study approach allowed for an in-depth exploration of personal narratives, yet researchers recognized the way they phrased questions. The decision to focus on Gen Z women also reflected an assumption that their experiences were distinct from those of older generations. To minimize personal biases, researchers continuously reflected on their role in shaping the data, remained open to unexpected findings, and considered alternative interpretations.

Contextual Issues. This study took place within a broader social and cultural context where abortion remains a controversial issue. The stigma, legal considerations, and societal attitudes toward abortion may have affected participants' willingness to share openly. Additionally, the political climate and media discourse surrounding reproductive rights could have shaped how participants framed their experiences. Researchers were mindful of these external influences and ensured that the interview process captured the nuances of each participant's reality rather than reinforcing dominant narratives. By situating the data collection and data analysis within their broader cultural context, researchers aimed to present a well-rounded and ethically sound interpretation of these two Gen Z women's abortion experiences.

RESULTS

This section presents the results derived from the thematic analysis of the interviews conducted with two Gen Z women who underwent abortion. This also presents the findings of the different themes and subthemes involved

in investigating, highlighting their reasons behind their decisions, impact to various aspect of their life, and the ways they coped with the aftermath. Data were gathered through in-depth interviews using purposive sampling, allowing the participants to share their personal accounts. The responses were transcribed, coded, and analyzed to identify patterns and recurring ideas. Each major theme is discussed in the succeeding sections to provide a deeper understanding on how these themes and subthemes contribute to the understanding of women who underwent abortion.

Table 1. Reasons For Abortion

Themes	Subthemes
Fear	Financial Instability
	Emotional Instability
	Disappointment
Pressure	Partner
	Life goals

Table 1 presents the themes Fear and Pressure, which encapsulates how Gen Z women’s decision to undergo induced abortion were affected by both external pressure and internal concerns about the future. The participants described feelings of unpreparedness for the responsibilities, and perceived incapacity to meet the future needs of the unborn child. These reasons contributed to perceiving the decision to abortion as a means of coping with perceived limitations and uncertainties.

Table 2. Impact of Abortion

Themes	Subthemes
Physical Health	Reproductive
	Nutrition
Social Isolation	Judgement
	Embarrassment
Psychological Well-being	Stress
	Depressive Symptoms
	Anxiety
	Hallucinations
Fear	Fear of Divine Punishment
	Repentance

Table 2 shows four (4) themes identified emerging from the data: Physical Health, Social Isolation, Psychological Well-being, and Spiritual Well- being. For the first theme, two (2) subthemes were identified; reproductive, and nutrition. These subthemes reflect the impacts of abortion towards their physical health. For the second theme, two (2) subthemes were identified; Judgement and Embarrassment. These subthemes highlight the impacts of abortion towards their social relationship and social health. For the third theme, four (4) subthemes were

identified; Stress, Depressive Symptoms, Anxiety, and Hallucinations. These subthemes illustrate the impact of abortion towards their psychological or mental health. For the fourth theme, two (2) subthemes were identified; Fear of Divine Punishment and Repentance. These subthemes demonstrate the aftermath of how abortion impacted their spiritual health.

Table 3. Coping Mechanisms

4	Subthemes
Drive	Living for a child Aspirations
Purpose	Self- Forgiveness Rebuilding Self-worth

Table 3 illustrates two (2) themes identified emerging from the data: Drive and Purpose. For the first theme, two (2) subthemes were identified; Living for a child, and Aspiration. These subthemes demonstrate how the participants found motivation and strength to move forward after their abortion experiences. For the second theme, two (2) subthemes were identified; Self- Forgiveness and Rebuilding Self-Worth. These subthemes emphasize the participants’ emotional healing and self-recovery, reflecting how they regained inner peace and a renewed sense of purpose through acceptance and self-compassion.

DISCUSSION

This section discusses the findings of the study in relation to its stated objectives and relevant literature. As this study explored the lived experiences of two Gen Z women who underwent abortion, the results revealed three major aspects of their journey: the reasons behind their decision, the impacts that followed, and the coping mechanisms they adopted afterward. The discussion presents an analysis of the themes and subthemes identified supported by verbatim excerpts from the participants to provide deeper insight into their experiences.

Reasons for Abortion

The findings revealed that fear and pressure among these 2 Gen Z women were the reasons for seeking an abortion. Fears can significantly influence some women in their decision-making regarding unplanned pregnancies, leading them to consider or undergo abortion as a means of managing the overwhelming pressures they face. Moreover, pressure stems from managing the demands of raising a child, alongside the pursuit of personal goals such as education, career, and self-development. Furthermore, the study found that the reasons for seeking abortion encompassed multiple factors, including financial instability, emotional instability, disappointment, partner, and life goals. Each major theme is discussed in the succeeding sections to provide a deeper understanding of how these reasons contribute to the decision to undergo abortion.

Theme 1. Fear

Alongside the joys of nurturing and guiding a child come pervasive fears rooted in the demands of modern life, fears of not fulfilling responsibilities, of financial instability in an uncertain economy, of losing emotional balance amid societal pressures, and of disappointing both family and oneself (Loi et.al, 2018). These fears significantly influenced these 2 Gen Z women in their decision-making regarding unplanned pregnancies, leading them to consider or undergo abortion as a means of managing the overwhelming pressures they face.

Subtheme 1. Financial Instability

Participants revealed how their current financial situation was insufficient to support the needs of a child, as both were still struggling to establish stable sources of income and secure a sustainable living condition. Participant

expressed concern that bringing a child into such circumstances would only lead to hardship and uncertainty for both the parents and the child “we don't want a kid or the baby to suffer because we are not financially stable at that time.” (P2), indicating how financial instability created impact towards perceived practical challenges that affected the participants’ decision not to continue the pregnancy. With that being stated, a study by Haseli et al. (2024) adds validity that suggests economic hardship as one of the main themes as to why women resort to abortion. Additionally, Biggs et al. (2013) support this claim, where 40% of the reasons why women seek an abortion involve financial reasons.

Subtheme 2. Emotional Instability

Entering motherhood demands emotional resilience, mental preparedness, and a stable sense of self, yet for those battling stress, anxiety, or unresolved personal issues, these expectations can feel overwhelming (Khodadoust et al., 2024). Participants admitted that they were not in the right emotional state to handle the demands and pressures of motherhood, as they were still coping with personal challenges and uncertainties in their relationships and mental well-being. “Nastress ko kaay ato nga time unya didto na nagdungan dungan ang mga bill unya wala nami kahibaw kung asa mi padung ug asa mi mangayog tabang. Naguol kog taman adto kung unsa na among future. Goul kayko ato nga time.dili nako katulog, magsige nalang kog hunahuna ... kana ganing taw nga pataka lag desisyon. Kanang ura-urada ba. Mag desisyon nga wala sa sarili gani. Kanang na sobraan ba” (I was really stressed out at that time, miss... then all the bills started piling up and we didn't know where to go or whom to ask for help. I was so worried about our future. I was really anxious during that time, I couldn't sleep and kept overthinking things... like a person who makes rash decisions, you know? The kind of decisions made without thinking clearly. I guess I was just overwhelmed.) (P1), demonstrating how their emotional instability played an important role in their decision to terminate the pregnancy. This greatly support a study from Biggs et al. (2013), which suggests that 19% or 180 people among their participants admitted that not being emotionally or mentally prepared had a big influence on their decisions to terminate the pregnancy.

Subtheme 3. Disappointment

The realization of being pregnant can evoke feelings of failure or shame, particularly when it conflicts with one's personal goals, family expectations, or life plans. Participants shared feelings of regret and self-blame, expressing that the situation brought a deep sense of failure and fear of letting down their families and themselves. They explained that carrying the pregnancy to term would only intensify these feelings of disappointment and unpreparedness, making them question their capability to provide a stable and supportive environment for a child, “My family is really strict, and his family also religious– his family is really religious.” (P2), revealing how disappointment was a significant factor influencing their decision regarding the pregnancy. The findings in the context of disappointment as a reason for committing abortion can be supported by research from Koiwa et al. (2024), which states that disappointed parents who force them to undergo such a procedure show great influence on women's decision-making towards committing abortion.

Theme 2. Pressure

Motherhood is often viewed as a transformative and meaningful experience, but it also involves significant challenges as women balance multiple roles and expectations. For these 2 Gen Z women, the pressure of parenting, pursuing personal goals, and managing relationships can feel overwhelming, leading some to view abortion as a practical choice to regain control and protect their aspirations (Upadhyay et al., 2015). In many instances, the decision to terminate a pregnancy represents a practical response to these pressures, enabling them to regain a sense of control, protect their personal aspirations, and reduce strain on their relationships.

Subtheme 1. Partner

Pressure from a partner who does not wish to assume the responsibilities of fatherhood constitutes a significant factor influencing the decision of these 2 Gen Z women to undergo abortion. Participants expressed feelings of anxiety and uncertainty, noting that their partner's reluctance heightened their sense of vulnerability and fear of facing parenthood alone. “Kato lang tungod sa pagkabatan on ba nga wala siya naka experience ana– sayo siya naka experience kanang in ana ba.... Usahay ako siyang sisihon kanang ikaw man gud. (It's just that because of

being young, he didn't have much experience with things like that, he experienced it too early, you know... Sometimes I blame him, like, "It's your fault.") (P1), "I asked him if he was ready to be a father or if he was ready for this big responsibility. And he said no" (P2). This illustrates how continuing the pregnancy under such circumstances would likely exacerbate these challenges, influencing their decision to consider abortion.

The findings support the study of (Koiwa et al., 2024), where interpersonal relationships, such as the reaction of the partner, significantly influenced women's choice in undergoing abortion. Another study by Bankole et al. (2022) implies that lack of support from the father was one of the 2nd most common reasons for abortion. While a study revealed 31% of their participants suggested that partner-related reasons had to do with them committing to an abortion (Biggs et al., 2013). These studies above support this area of the findings. Additionally, a study found that nearly one-third of women reported a partner as a reason (PAR) for abortion (Chibber et al., 2014). Beyond the pressure brought by an unprepared partner, the participants also experienced pressure from their own personal life goals and aspirations, which further influenced their decision to commit to an abortion.

Subtheme 2. Life Goals

Pressure related to the inability to achieve personal life goals and aspirations is a key factor influencing these 2 Gen Z women to consider abortion. Many young women prioritize education, career growth, and personal development as important aspects of their future. An unplanned pregnancy can be seen as a major obstacle to these plans, creating stress and uncertainty about their ability to pursue their goals (Spierling & Shreffler, 2018). As a result, some women may view abortion as a practical decision to maintain personal autonomy, continue working toward their ambitions, and preserve emotional and financial stability. This highlights how pressures related to personal life goals can shape reproductive choices among young women (Frederico et al., 2018). Participants revealed that the unplanned pregnancy disrupted their plans for education, career, and personal growth, causing stress and uncertainty about the future. "Murag napressure mi both sa akong pares kay sa among mga pangandoy, sa maong mga gustong maabot. Nya ako kay naa pa unta koy gusto. (It's like both of us felt pressured because of our dreams and the things we wanted to achieve. And for me, I still had things I wanted to do.) (P1). Meanwhile Participant 2 shared, "I know that its really bad- its really bad and illegal to have an abortion but we really dont have a choice that time because we were still studying and we still have dreams. You know- we have a lot of plans to follow" which indicates how abortion was seen as a way to maintain control over their lives and continue working toward their aspirations, showing how personal goals can affect reproductive decisions among young women.

Findings support the study of Upadhyay et al. (2015), which suggests that ensuring women can have a wanted abortion enables them to maintain a positive future outlook and achieve their aspirational life plans. Alternatively, the desire to pursue education is evident in unsafe abortion (Atakro et al. 2019) (Getahun et al. 2023). Collectively, the various dimensions of pressure, ranging from partner-related expectations and the pursuit of personal life goals, illustrate the complex and multifaceted challenges faced by Gen Z women during pregnancy.

Furthermore, Lazarus and Folkman's Transactional Theory of Stress and Coping provides a framework for understanding how the participants evaluated pregnancy as a threat to personal goals and social acceptance through primary appraisal, assess coping resources such as emotional support and financial stability through secondary appraisal, and apply problem-focused or emotion-focused strategies to manage distress (Lazarus & Folkman, 1984; Miodrag & Hodapp, 2011). This theory highlights that abortion decisions are shaped by deliberate cognitive and emotional evaluations rather than impulsivity, reflecting complex stress responses influenced by available coping resources (Biggs, Brough, & Drummond, 2017).

Impact of Abortion

Theme 1. Physical Health

Physical health after abortion involves pain, bleeding, infection, fatigue, and reproductive disturbances (Haddad & Nour, 2009), but in restrictive contexts like the Philippines, outcomes are often worsened by unsafe, clandestine methods due to legal and social barriers (Gipson et al., 2011; Singh et al., 2009). Unsafe abortion

contributes significantly to maternal morbidity and mortality (Blystad et al., 2019; The Lancet, 2018), and stigma delays post-abortion care, compounding harm (Finer & Hussain, 2013). For the Gen Z participants, impacts included reproductive irregularities and nutritional depletion, showing that recovery is shaped not only by biological effects but also by secrecy, limited access, and financial constraints. Post-abortion physical health, therefore, reflects both clinical consequences and the embodied effects of structural and social inequities (World Health Organization, 2024).

Subtheme 1. Reproductive

Reproductive health changes following abortion are well documented, particularly when procedures are conducted under unsafe or unsanitary conditions (Gerdt, 2016). In this study, both participants described significant menstrual disruptions after the experience. Participant 1 shared, “Kanang regular man jud ko dug on, peru karon kay dili na... Imbes regular ra unta akong dugo kay karon dili na. Unya kung dug on ko kay grabe na kasakit jud kayo” (I used to have a regular cycle but now it’s not... and when I have my period, it’s extremely painful), illustrating how a once predictable cycle became irregular and intensely painful. Similarly, Participant 2 reported, “Akong menstruation kay nahimo siyang irregular... mura gyud siyang bahong dugo... mura gani siyang napay nahibilin sa akong kuan sa sulod,” expressing both physical symptoms and fear that something was left inside, particularly because the procedure was done through a traditional, non-clinical method. The persistence of abnormal discharge later led to a medical consultation, where she discovered she had a vaginal infection: “Naa gyud siyang smell... dili siya normal gyud siya... naa gyud koy infection,” which she linked to the use of unsanitary instruments. Notably, she withheld disclosure of the abortion from the physician, reflecting how stigma shapes healthcare-seeking behavior and may delay accurate treatment. Although medication was eventually provided, the prolonged discomfort, secrecy, and uncertainty demonstrate that reproductive health consequences extend beyond immediate menstrual irregularities. These narratives underscore that post-abortion reproductive disruption is not solely biological but is intensified by unsafe conditions, inadequate aftercare, and the silencing effects of stigma.

These findings affirm that unsafe abortions can result in severe infection and bleeding (Alipanahpour et al., 2021), but more crucially, they show that the risk arises from the lack of proper medical care. In unsafe settings, preventable complications escalate, making the experience potentially life-threatening (Rasch, 2011).

Both participants described prolonged recovery periods—several months for Participant 1 and nearly a year for Participant 2, indicating that the physical aftermath extended far beyond the procedure itself. Ongoing menstrual irregularities and persistent abnormal discharge made recovery uncertain and distressing. Notably, Participant 2 shared, “No, it’s not a week—it’s a year! Actually, there’s a cure, and it’s only available outside the country, not here. But I bought one,” revealing how legal restrictions shaped her health-seeking decisions. The need to obtain medication from outside the country reflects not only medical difficulty but systemic inaccessibility. Consistent with prior research (Perez et al., 2023; Vlassoff et al., 2012), the absence of structured post-abortion care in restrictive settings prolongs complications and shifts the burden of recovery onto women themselves. Thus, the greater challenge was not solely the procedure but navigating its aftermath without adequate medical guidance, underscoring how restrictive policies intensify reproductive health risks and delay full recovery.

Subtheme 2. Nutrition

Nutrition emerged as a critical factor in post-abortion recovery, directly influencing both physical healing and daily functioning. The participants’ bodies, already weakened by the procedure and compounded emotional distress, showed diminished appetite, digestive difficulties, and persistent fatigue. Participant 1 described, “Naniwang jud ko miss. Kay di naman ko mokaon tarong... Mas pili-on jud nako nga naa ra ko sa sulod” (I’ve really gotten thinner... I really prefer to just stay indoors), highlighting how physical weakness restricted not only eating but overall activity. Participant 2 similarly reported, “So nagkuan ko ato that time, like akong health is naapektahan jud... mag-ihi-ihi ko then akong ihi kay magsagol siyang dugo” (I really felt my health was affected... and my urine had blood in it), emphasizing how physical symptoms interfered with nutrition and recovery. These accounts demonstrate that inadequate nutritional intake, whether due to nausea, fatigue, or illness, exacerbates post-abortion physical vulnerability, underscoring the need for comprehensive care that integrates both medical and dietary support during recovery.

According to Pourreza & Batebi (2011), this Post-abortion stress has been shown to disrupt eating behaviors and digestion, often leading to diminished appetite and reduced energy, thereby impeding recovery since adequate nutrition is essential for regaining physical strength. subtheme within physical health underscores the nutritional consequences of abortion. Findings indicate that unsafe, unsanitary, and stigmatized abortion practices negatively affect both reproductive health and nutrition, reinforcing the imperative for safe and legal abortion services to safeguard women's physical well-being (Padilla, 2016).

Theme 2. Social Isolation

Social isolation captures how abortion affected the participants' social relationships, including their interactions, connections, and sense of belonging. In the Philippines, where abortion is illegal and heavily stigmatized within a predominantly Christian society, women often conceal their experiences out of fear of judgment and embarrassment (Chen, 2022). The participants described withdrawing from social interactions to protect their privacy and avoid being misunderstood, reflecting behavioral changes in daily life and relationships with family, friends, and the broader community. This aligns with prior research showing that abortion stigma reinforces shame, guilt, and alienation (Røseth et al., 2022; Turan & Budhwani, 2021). Subthemes such as judgment and embarrassment highlight how these social and emotional pressures shaped the participants' post-abortion experiences, illustrating that social health is deeply intertwined with stigma and coping strategies.

Subtheme 1. Judgement

The participants' experience of abortion is often shrouded in secrecy due to fear of moral judgment and social rejection, leading to internalized stigma (O'Donnell et al., 2018). Both participants reported keeping the procedure private, confiding only in their partners and, in limited cases, a few close associates (Ushie et al., 2024). Participant 2 described her shock upon learning that someone she barely knew seemed aware of her situation, stating, "Just me and my partner, and maybe a few close people to him knew about it... I asked my partner, and he said I never told name anything, so it's a mystery to me how he knew. Maybe *iyang sister siguro*" (Just me and my partner... maybe his sister found out). This uncertainty illustrates how secrecy intersects with social networks, where even carefully guarded information can circulate beyond one's control. The participant also emphasized the importance of privacy to avoid judgment, explaining, "No, we didn't disclose it to anyone. Because we can't really share about this thing. Either people will judge you for your decision without knowing the reasons, so you just keep your mouth shut if you don't want them to judge you." These narratives reveal how internalized stigma not only constrains disclosure but shapes coping strategies, reinforcing isolation and limiting access to social support during a vulnerable period.

This reflects how fear of judgment and social stigma can shape these 2 Gen Z women's behaviors post-abortion. As noted in previous research (Musabwasoni et al., 2024; Makleff et al., 2019), they may feel insecure about their decisions and choose isolation to preserve their well-being. Such self-imposed distance is not simply avoidance but a deliberate coping strategy to protect emotional health, which can also lead abortion seekers to self-manage procedures and delay or avoid seeking help when complications arise (Moseson et al., 2020; Magsino, 2022).

Subtheme 2. Embarrassment

The subtheme of embarrassment emerged as a significant factor deepening the participants' isolation. Feelings of shame and discomfort surrounding their abortion made it difficult for them to seek emotional support or maintain social connections. Participant 1 described withdrawing from friends and avoiding even chat interactions, stating, "*Mahadlok gud ko ato makit-an akong siilingan tungod kay pangutan-on unya 'naunsa diay to?'... Diko katubag kay naa gyud bayay mangutana 'naunsa diay ka?'*" (I was scared of seeing my neighbors because they'd ask, "What happened?" and it felt bad. I couldn't answer because people kept asking). She further explained, "*Niless kog kuan ato- bisan sa chat kay dili nako makigkuan- kay mahadlok ko pangutan-on or agdahon ko nila nga kuan ba- ijudge nga ngano to?'*" (Even in chats I couldn't talk much because I was scared they'd ask me or judge me). These narratives illustrate how embarrassment not only reinforced secrecy but also altered daily routines and social engagement, with participants actively avoiding interactions to protect themselves from scrutiny and judgment.

Guilt and internalized stigma have been shown to intensify emotional distress, making coping more challenging (Kerns et al., 2022). In this study, embarrassment drove social isolation, fostering self-consciousness that hindered participants from reconnecting with others. As a subtheme, social isolation highlights how stigma shapes emotional well-being and constrains women's ability to maintain social ties.

Theme 3. Psychological Well-being

Psychological well-being encompasses the emotional and mental state of these individuals, shaping how they think, feel, and view life after abortion. Zhang et al. (2022) emphasize that abortion is a particularly sensitive issue, and in contexts where it is illegal, stigmatized, and lacking aftercare, the psychological burden is intensified. Research has shown that such circumstances can trigger stress, anxiety, and depressive symptoms (Obertinca et al., 2016; Auger et al., 2025). Within this study, psychological well-being emerged as a central theme, reflecting participants' struggles to cope and process their experiences. Tang et al. (2024) highlight that abortion affects not only physical and social dimensions but also challenges mental resilience, underscoring the internal struggles and emotional adjustments that shape overall psychological health.

The discussion of psychological well-being highlights the internal changes participants experienced in relation to their daily lives. Subthemes such as stress, depressive symptoms, anxiety, and hallucinations emerged, offering insight into the profound psychological impacts of abortion among these Gen Z women.

Subtheme 1. Stress

The subtheme of stress emerged as a central psychological response for both participants, rooted in guilt, fear, and overwhelming concern about social judgment. Participant 1 described, "3 months. Pila ko ka adlaw adto walay gawas gawas sa amoa mga 2 weeks, dili ko mokaon, magsige ralog hilak hantud gabii" (For almost 2 weeks I wouldn't go outside, I wouldn't eat, I just cried until night), illustrating how exhaustion, isolation, and anxiety manifested physically and emotionally. Participant 2 highlighted stress linked to bodily changes after the procedure, including irregular menstruation, malodorous discharge, and the need to obtain medication from abroad, reflecting frustration and worry. These experiences underscore how post-abortion physical complications interact with social and emotional pressures, amplifying psychological burden and demonstrating that stress is both a response to bodily changes and the surrounding social environment (Tang et al., 2024).

This finding is consistent with the previous study of Alipanahpour et al. (2021), where abortion can have lasting emotional effects, including psychological stress. Moreover, the finding is also consistent with the previous study of Yazdanpanahi et al. (2024), which highlighted how mothers, compared to fathers, are more vulnerable to the aftereffects of abortion, showing higher levels of anxiety, depression, and stress.

Subtheme 2. Depressive Symptoms

Depressive symptoms emerged as a significant emotional aftermath among participants following abortion, as noted by Gebeyehu (2023). Feelings of guilt, sadness, and self-blame dominated their thoughts, hindering their ability to find peace or move forward. Although not clinically diagnosed, their reflections revealed experiences consistent with symptoms of depression.

Both participants reported experiencing depressive symptoms following the procedure, marked by lowered self-esteem, overthinking, and emotional withdrawal. Participant 1 shared, "Nakuan akong self-esteem, nang di na kaayo ko making dugay ug storya ug lain tawo, labi na ganing moaksyon nag-open up, molakaw nako" (My self-esteem took a hit. I can't stay long talking to other people anymore, especially if they start to open up, I just leave), highlighting how the experience affected her confidence and social engagement. Both participants described rumination that interfered with daily functioning: Participant 1 noted, "Usahay di ko kabantay na tulala na diay ko... Ma-blanko ko" (Sometimes I don't notice that I'm already spacing out... I just go blank), while Participant 2 reflected, "I became traumatized and then after 2 week of overthinking I didn't have enough sleep, na depress jd ko... I can't stop thinking about it like am I doing the right decision... sakto ba jd to akong gi buhat" (I became traumatized. After two weeks (I couldn't sleep well and fell into depression... I kept asking myself, "Did I make the right decision?"). These accounts demonstrate how post-abortion

emotional distress extends beyond temporary sadness, encompassing pervasive cognitive, behavioral, and social disruptions consistent with depressive experiences.

This finding aligns with previous research showing that abortion can trigger depression and interpersonal difficulties (Zareba et al., 2020). Psychological responses are influenced by factors such as the reason for the procedure, the method used, the stage of pregnancy, and cultural or personal context. Consistently, depression has been identified as a dominant post-abortion effect (Pourreza & Babeti, 2011), and younger women are particularly vulnerable to depression, anxiety, and fear following the procedure (Solis et al., 2024), highlighting the complex interplay between individual, medical, and social factors in shaping mental health outcomes.

Subtheme 3. Anxiety

Anxiety, defined as excessive worry and apprehension (Chand & Marwaha, 2023), emerged as a prominent psychological response among these Gen Z participants following abortion. Unlike earlier findings suggesting limited prolonged emotional conflict (Payne, 1976, as cited in Arboleda, 2024), this study revealed enduring emotional struggles, with participants exhibiting distress through trembling, fidgeting, and persistent overthinking. The anxiety was multifaceted, encompassing fear about physical health, potential stigma, and guilt over the procedure itself. Participant 2 described, “It haunts me every night... I have anxiety because of my conscience. And I had a lot of what ifs, and it was killing me inside,” highlighting how moral and cognitive burdens intensified emotional distress. Both participants reported prolonged rumination and imagined worst-case scenarios, as reflected in Participant 1’s statement, “Bisan sa gamay na mga butang... magsige kog overthink... Sige nalang kog kahadlok. Kay paminaw nako tanan nakong buhaton ba mam kay sayup” (Even with small things, I keep overthinking... I’m always afraid because I feel like everything I do is wrong), and Participant 2’s fear about future fertility, “Nahadlok ko what if sa sunod na mabuntis ko... daghan kayu kog what ifs that time” (I was scared... there were so many “what ifs”). These narratives demonstrate that post-abortion anxiety extends beyond immediate stress, intertwining moral, social, and reproductive concerns, and may persist long after the procedure, significantly impacting mental well-being.

The emotional impact of abortion left participants feeling detached and persistently anxious, as they repeatedly revisited the experience. This study illustrates how guilt and internalized stigma intensify distress, making coping a prolonged challenge (Kerns et al., 2022). For these participants, anxiety was not a fleeting reaction but an enduring struggle, intertwined with fear of judgment, concern over potential loss, and the burden of having made a pressured decision, highlighting how abortion can create lasting emotional and cognitive strain beyond immediate physical or social consequences (Tang et al., 2024).

Subtheme 4. Hallucinations

The term “hallucination” is used descriptively based on participants’ narratives and self-reports and does not imply any clinical diagnosis since no psychiatric evaluation was conducted. Findings revealed that these perceptual disturbances often emerge as a result of overwhelming emotions, unresolved guilt, and trauma. They may manifest as auditory or visual experiences that feel real to the individual, even in the absence of external stimuli (American Psychiatric Association, 2022). Participant shared that she would sometimes hear the faint sound of a baby crying, even when she was alone. This experience deeply unsettled her, leaving her sleepless and emotionally drained, “Mura kag naay mga nightmare like baby nga naghilak, in-ana, in-ana jud ang effect.” (I felt like I got nightmares of a baby crying, stuff like that.) (P2), indicating how these hallucinations seemed to stem from overwhelming guilt and recurring flashbacks of the abortion experience, which continued to haunt her even long after the procedure, reinforcing feelings of guilt and self-blame. Additionally, she expressed guilt and remorse upon doing abortion and could no longer afford to do it again.

While post-abortion distress, anxiety, and intrusive thoughts are well-documented, reports of hallucinations remain rare and underexplored. Gentile (2017) notes that intense guilt and unresolved trauma can occasionally give rise to psychotic-like or perceptual disturbances under severe stress. These findings suggest that abortion-related challenges may manifest through perceptual disruptions rooted in unresolved emotional pain.

Theme 4. Spiritual Health

The second variable, Impacts, was designed to capture the aftermath of abortion in relation to physical health, social relationships, and psychological well-being. A new theme also emerged, which is spiritual health, arising from participants' reflections on faith, guilt, and the search for forgiveness. In this study, spiritual health refers to the moral and religious beliefs shaped by abortion. Within the Philippine context, where Christianity strongly condemns abortion, religion plays a central role in influencing women's decisions and emotions. Wang et al. (2021) argue that spirituality can serve either as a source of comfort or as a factor that intensifies distress, depending on how individuals interpret their actions through faith. Similarly, Jones et al. (2022) emphasize that violating one's moral code often results in moral injury, leaving individuals disconnected from their faith and struggling with a crisis of conscience.

The subthemes of spiritual health, particularly from a religious perspective, provide insight into participants' lived experiences. Among these Gen Z women, fear and guilt emerged as central post-abortion impacts, shaping how they managed the difficulties that followed. The fear of punishment and the emphasis on repentance were key factors in understanding their spiritual struggles, reflecting how moral and religious beliefs deeply influenced their responses to abortion.

Subtheme 1. Fear of Divine Punishment

Fear of divine punishment emerged as a profound emotional response among participants after the procedure. This fear was rooted not only in external judgment but also in an internal sense of moral and existential anxiety. It extended beyond concerns of being discovered or criticized, reflecting a deeper apprehension of irreversible consequences for their actions (Pourreza & Batebi, 2011). Participant 2 expressed that she might be punished by God because of what she has done and might not be able to conceive again. This fear consumed her thoughts and made her feel constantly anxious about her future. She often questioned whether she deserved forgiveness and struggled to find peace within herself. To quote, "What if sa sunod na mabuntis ko kay dili na I hatag ni God or what if dili nako maka anak, or di nako niya tagaan ug blessing kay gitagaan nako niyang blessing pero akong gi ignore, akong gi abort. Mao gyud to sya, daghan kayu kog what ifs that time." (What if it's not God's plan for me to have a child anymore, or what if I can't have kids later on because I had an abortion? There were so many "what ifs".) (P2).

Such fear reflects their inner conflict between moral beliefs and the decision made, showing how spiritual guilt can manifest as psychological suffering (Testoni et al., 2021). Cartwright et al. (2024) similarly found that many women feared divine punishment, such as infertility, as a consequence of abortion. This highlights the conflicting emotions of those previously told they had reduced fertility, intensifying fear and moral distress. The subtheme of punishment thus reveals how faith and moral values can clash with difficult decisions, leading to lingering fear and emotional unrest.

Subtheme 2. Repentance

Findings revealed a profound emotional response among the participants, reflecting their internal struggle to reconcile their actions with their moral and spiritual beliefs. Participant 1 shared that she felt genuine repentance after undergoing the procedure, as her faith and conscience made her question whether it was morally right. Doing the procedure was something she was and will never be proud of. This feeling often stemmed from the perception that they had committed a wrongdoing, resulting in deep remorse and self-blame. To quote, "Yes, I did (regret doing the procedure). Dili sya maka proud, like you know, dili gyud sya maka proud nga nagpa abort ka." (Yes, I did (regret doing the procedure). It wasn't something to be proud of. It wasn't really something one should be proud of getting an abortion.) (P2).

Participant 2 shared that she could never undergo the procedure again after becoming pregnant with her current child. She expressed feelings of repentance and the need for forgiveness, finding comfort and healing through a renewed spiritual connection. To quote, "I also have a baby now. First baby. Same man. I can't afford another abortion, so I let my baby live. It gave me anxiety and I overthink a lot of things and yeah, conscience. I always pray to God, I always seek forgiveness for the things that I did." (P2).

Spirituality emerged as a complex influence on participants' post-abortion experiences, serving as both a source of comfort and a site of moral tension. One participant described seeking forgiveness from God to alleviate guilt, illustrating how religious beliefs shaped coping strategies (Frohworth et al., 2018). Yet, moral conflict and fear of divine judgment also intensified emotional suffering (Testoni et al., 2021). These narratives show that spirituality intersects with emotional processing, offering avenues for meaning-making and self-reconciliation, and that the impact of abortion extends beyond physical, social, and psychological domains into deeply spiritual dimensions (Davis et al., 2013).

Coping Mechanisms

Theme 1. Drive

Behind every decision lies a powerful drive that enables individuals to act despite fear, judgment, and uncertainty. For these Gen Z women, this strength often emerges in the difficult choice of abortion, a decision framed not as rejection but as protection of their dreams, stability, and future. Yadollahi et al. (2025) found that many women demonstrate resilience, viewing abortion as a path to emotional preservation supported by social networks. Similarly, Pohjoranta et al. (2018) noted improvements in emotional and sexual well-being post-abortion, framing the experience as empowerment and readiness for future relationships or parenting. For these women, abortion became a foundation for resilience, transformation, and love expressed through timing rather than loss.

Subtheme 1. Living for a child

Living for a child signifies profound commitment marked by sacrifice, resilience, and responsibility. It reflects a parent's willingness to prioritize a child's well-being and future above personal needs. Musick et al. (2016) emphasize that while parenting entails numerous responsibilities, it also provides deep purpose and meaning. Similarly, Leung (2020) highlights parental sacrifice as central to family life, particularly in Chinese culture, where parents set aside their own needs to foster their children's development. This dedication extends beyond meeting basic needs, shaping a safe, loving, and morally guided environment that influences identity and growth. The respondent revealed that living for a child played a crucial role as their coping mechanism. They admitted that their child has now become their source of strength, motivation, and sacrifices. They expressed passion that, despite the challenges, raising the child has become their greatest source of stability as a mother. To quote, "Siya jud, kani ako anak mam akong gikuhaan ug kusog" (Her! this is my daughter, mam, I took all my strength from her.) (P1). The desire to live for a child initially provided emotional grounding during uncertainty; this evolved into broader aspirations for both the child's well-being and personal growth, serving as a coping mechanism amid the previous challenges.

Subtheme 2. Aspirations

Aspirations, defined as strong hopes or ambitions directed toward meaningful long-term goals, provide these two Gen Z women with purpose and guidance during challenging times, functioning as a coping mechanism that channels energy toward future possibilities rather than remaining stuck in present difficulties. They foster resilience, endurance, and hope, shaping motivation, guiding decision-making, and producing benefits that extend beyond the individual to broader social outcomes (Dalton, Ghosal, & Mani, 2016; Genicot & Ray, 2020). Aspiration allowed them to transform emotional pain into meaningful direction, sustaining psychological strength and a sense of agency. For the participants, the experience of a previous abortion became a catalyst for cultivating purpose, as she focused her energy entirely on caring for her current child to reconcile past regret and make amends. She shared, "Okay, everything happens for a reason... what keeps me going gyud karun is my baby. So kung unsa toy pag kulang nako before sa akong baby na gipa abort, so ako na I hulog tanan sa akong baby karun... gi bawi nako tanan" (I'm putting all my focus on my baby now. I'm making up for everything). This illustrates how aspirations can transform guilt and past trauma into constructive action, enabling healing, motivating resilience, and fostering a forward-looking sense of purpose that integrates emotional recovery with tangible caregiving and life meaning.

Findings shows that despite emotional challenges, many women developed maturity and resilience, driven by hopes for stability and growth (Al  x and Hammarstr  m, 2004). This hope helps young women to channel their experiences into motivation for a better future (Zia et al., 2021). These findings affirm that emotional strength and future-oriented aspirations are vital in post-abortion recovery. Over time, such drives evolve into a sustained sense of purpose, providing overarching meaning and direction.

Theme 2. Purpose

Purpose serves as a vital coping mechanism for these Gen Z women navigating abortion, helping them build resilience in the face of psychological distress and social stigma. Fostering a sense of meaning, it allows them to reclaim their narratives and resist external pressures, turning a potentially isolating experience into an opportunity for self-understanding. This process often involves deliberate reflection, enabling women to make sense of their decisions and integrate the experience into their broader life story. As Gray (2015) notes, women justify their choices through self-reflection, while Dykes et al. (2011) highlight that avoidance and reflection can overlap as coping strategies, suppressing intrusive thoughts about the abortion while simultaneously rationalizing decisions and addressing fertility concerns. Although reflection may evoke feelings of shame or fear of judgment, it ultimately allows women to transform emotional turmoil into clarity, purpose, and a forward-looking framework for recovery.

Subtheme 1. Self- Forgiveness

Self-forgiveness, defined as the conscious decision to release self-blame, resentment, or guilt, emerged as a central coping mechanism for the participant, enabling both emotional healing and the restoration of agency after abortion. By choosing to let go of negative feelings, she was able to reframe her past experience and transform guilt into constructive reflection and purposeful action. The participant explained, “I turned negativity into positivity... I always think positively, especially since I had a very supportive partner at that time who would always say, ‘Always look at the brighter side.’... If I dwell on the negative and keep feeling guilty, I really won’t be able to move on... So, I just chose to turn negativity into positivity” (P2). This illustrates how self-forgiveness functions not merely as emotional release, but as an active process of self-reconciliation that promotes resilience, self-compassion, and forward momentum. By consciously shifting focus away from guilt and regret, she mitigated the paralyzing effects of rumination, enabling herself to continue pursuing personal goals and maintain hope despite previous hardships. This process also demonstrates the social dimension of coping, as support from her partner reinforced her capacity to reframe the situation positively. Research supports that self-forgiveness is associated with improved psychological well-being and reduced emotional distress, allowing individuals to transform past pain into growth and inner peace (Davis et al., 2015; Vismaya et al., 2024). In this way, self-forgiveness illustrates how post-abortion recovery is not only about managing immediate emotional pain but also about cultivating enduring strategies that foster resilience, life meaning, and a renewed sense of purpose.

Subtheme 2. Rebuilding Self-Worth

Findings revealed how Rebuilding self-worth is a crucial aspect of healing for these Gen Z women after abortion, involving the reclamation of personal value, self-respect, and agency amid emotional turmoil, societal judgment, and internal conflict. Through this process, the participants reconnected with their identity, recognized their resilience, and cultivated self-acceptance, using reflection and meaning-making to restore emotional balance (Lyon & Botha, 2021). The participants described how healing required recognizing unhealthy emotional patterns, learning to regain control over thoughts and actions, and taking responsibility for past decisions. As one participant shared, “Yeah, I’m okay sa karun so I’ve learned my lesson... since I have a kid now, I have to be more responsible and careful. So what we did is nag family planning mi, nag contraceptives na jud...” (P2), illustrating how self-awareness and proactive choices fostered a sense of agency. Becoming a parent marked a pivotal turning point, motivating greater responsibility and mindfulness, while supportive partners provided stability and reassurance, helping reduce isolation and ease anxiety. One participant described, “Mo-ana gud kos akong pares nga pede ko nimo igawas bisan diadto lang sa plaza... mas ganahan ko anang maglakaw mi” (P1). Meanwhile, participant 2 noted how social support reinforced coping and informed decision-making, “Luckily akong partner was very supportive... it’s better not to [go through with it] than to raise a child while we’re still struggling... not yet mature”. Consistent with Altshuler et al. (2021), such accompaniment mitigates distress,

fosters emotional safety, and enables women to prioritize well-being, communicate openly, and gradually rebuild self-worth, demonstrating that recovery involves both internal reflection and relational support. Furthermore, participant 1 opens the idea of wanting to go back to school, stating that she will soon achieve her dreams before once her baby grows up a little older. Meanwhile, participant 2 expressed that she's busy working to provide for her child now, highlighting that she has now gained confidence and focuses on building a great career. To quote, "Honestly, I'm really busy making money and growing as a person." (P2).

The subthemes of self-forgiveness and rebuilding self-worth highlight the complex emotional processes these Gen Z women, the participants, engage in to heal after abortion. Self-forgiveness serves as a crucial mechanism for releasing guilt and regret, enabling peace and positivity. Personal narratives further emphasize reclaiming identity, unlearning shame, and fostering growth as part of rebuilding self-worth (Abortion, 2025). This process empowers the participants to take responsibility, make healthier choices, and envision a future grounded in resilience and self-acceptance.

Lazarus and Folkman's Transactional Theory of Stress and Coping (1984) offers a useful framework for understanding how these Gen Z women manage the psychological impact of abortion. Stress arises from how these individuals perceive a situation and evaluate their coping resources (Biggs, Brough, & Drummond, 2017). In this study, abortion was appraised as a threat to emotional stability and moral identity, often accompanied by fear, guilt, and anxiety. During secondary appraisal, these Gen Z women assessed coping resources such as partner support, healthcare access, and spiritual faith. Coping strategies included problem-focused approaches, such as seeking medical care, and emotion-focused responses, such as prayer, withdrawal, and seeking forgiveness. Over time, reappraisal fostered acceptance and resilience through spiritual reflection and self-forgiveness. These findings show that coping is not a passive reaction but an evolving effort to restore balance, regain control, and reconcile their personal experiences with societal and spiritual expectations.

Intervention Plan

The intervention program titled "Mind & Body Matters: A Holistic Program on Abortion Awareness, Emotional Support, and Resilience Building" seeks to address the growing need for factual reproductive health information, confidential emotional support, and resilience-building among students and community members. The program ensures accurate and responsible education about abortion, provides safe and confidential spaces for counseling, and strengthens coping skills through guided workshops. Its goals are to deliver non-judgmental information on reproductive health, offer confidential counseling, enhance resilience and emotional stability, and promote holistic well-being and informed decision-making. The program consists of three major components: a seminar, counseling sessions, and a resilience workshop. The seminar, "Choices & Consequences: A Responsible Abortion Awareness Talk," will educate participants on medical, psychological, ethical, and legal perspectives of abortion, clarify risks and misconceptions, and encourage respectful dialogue. Counseling sessions, "Comfort Corner: One-on-One Counseling," will provide private emotional support, allowing individuals to express concerns in a stigma-free environment and gain coping strategies from trained counselors. Finally, the resilience workshop, "Unbreakable: Resilience and Coping Strategies Workshop," will teach stress management, emotional regulation, and healthier coping mechanisms through interactive activities. Each program includes clear objectives, target participants, schedules, materials, budgets, and step-by-step procedures to ensure effective implementation. Overall, the initiative is expected to enhance awareness and understanding of abortion, provide safe spaces for emotional healing, and equip participants with practical resilience strategies, fostering a more informed, emotionally supported, and mentally resilient community.

Implications of the Study

This study explored the lived experiences of Gen Z women in Cebu who underwent abortion, revealing three major aspects of their journey—the reasons behind their decision, the impacts that followed, and the coping mechanisms they adopted afterward. The findings showed that participants experienced deep psychological distress, social isolation, physical complications, and spiritual struggles, yet demonstrated remarkable resilience through coping mechanisms such as living for a child, aspirations, forgiveness, and rebuilding self-worth. These insights reveal that abortion experiences are not merely medical events but holistic encounters affecting one's emotional, social, physical, and spiritual well-being.

The results support prior research on post-abortion effects (Arshad et al., 2023), which consistently highlight how unsafe abortion and limited post-abortion care contribute to psychological distress, physical complications, and social stigma among women. But extend understanding within the Philippine context, where abortion remains illegal, highly stigmatized, and shaped by strong religious and cultural norms.

The findings emphasize the urgent need for reproductive health programs that address not only physical care but also psychological and emotional and spiritual support. Schools, health institutions, and communities should promote open discussions on reproductive health and mental wellness to reduce stigma, while parents and educators can cultivate empathy and understanding. Healthcare providers are encouraged to develop post-abortion counseling models that integrate mental, physical, and spiritual dimensions of care, and policymakers should create inclusive reproductive health policies that protect young women from unsafe procedures and ensure access to confidential psychological services.

Methodologically, this case study highlights the value of qualitative inquiry in uncovering physiological, emotional, social, emotional dimensions of abortion. Although limited to two participants, which constrains generalizability, the study offers rich and authentic insights into post-abortion realities among Gen Z women. Future research should involve larger and more diverse samples to validate these findings and examine the roles of digital media, peer support, and faith-based interventions in post-abortion recovery.

Furthermore, this study contributes to the growing body of literature on abortion and mental health in the Philippine context, where religious values are deeply intertwined with personal morality. These implications may guide future research, policymakers, and practitioners in developing holistic support systems that address not only the physical but also the moral and emotional repercussions of abortion among young women.

LIMITATIONS AND RECOMMENDATIONS

This study is limited by its small sample size, as only two participants from Cebu, Philippines, were interviewed, and while the qualitative approach provided rich insights into their lived experiences, the findings cannot be generalized to all women who have undergone abortion. Future research should therefore include a larger and more diverse sample of Gen Z women to better capture varied perspectives, ideally through a longitudinal design that examines how emotional, psychological, social, and spiritual impacts evolve. Moreover, because abortion is morally and legally restricted in the Philippines, the study focused only on women who underwent secret or illegal procedures, narrowing the scope of understanding compared to those who may have accessed safer or clinical methods; thus, future studies should explore both traditional and medical abortion practices to compare differences in outcomes. Additionally, while this study examined psychological, physical, social, and spiritual aspects, it did not employ structured measures of spiritual or religious well-being, which could have provided a more systematic view of moral and faith-related struggles; integrating such tools in future research would deepen understanding of faith-related coping and recovery. Finally, future interventions should promote accessible and decriminalized post-abortion care programs that address not only physical and emotional well-being but also spiritual healing and reintegration into society.

CONCLUSION

In conclusion, this study reveals deeper insights into the lived experiences of two Gen Z women who have undergone abortion and their reasons for committing such an act, the impacts of such a procedure on their overall well-being, and the coping mechanisms they used to continue living a meaningful life. The findings indicate that there are reasons, such as fear due to financial instability and emotional instability, which could become a hindrance in the proper growth of their unborn child, and disappointment from either society, family, or self, that greatly influenced the decision of these Gen Z women to abort their pregnancies. Pressure due to an unprepared partner and unfulfilled life goals also played a very crucial role in shaping their choice not to continue the pregnancy. The result of the study highlights the impact of abortion on these Gen Z women, including their physical health, specifically the issues concerning their reproductive health, and the decline of their nutritional health. Together with that, these Gen Z women also experienced social isolation due to judgment from other people's opinions, which also comes with embarrassment. Aside from the aforementioned impacts of abortion on these Gen Z women, their psychological well-being was also greatly affected, which caused them to

experience heightened stress, mild to moderate depression or extreme sadness and self-doubt, uncontrollable anxiety, and disturbing hallucinations, which deeply changed their perspective on life. Not only that, but this study has also uncovered an impact that was least expected: a spiritual impact that came with the fear of divine punishment and moral guilt. Through thorough data collection, the study also identified various coping mechanisms employed by these Gen Z women in managing and adapting to their new lives after experiencing the effects of abortion. This includes the participants' drive to continue living by holding on to their newborn children and rooting for their personal aspirations and life visions. The sense of purpose with self-forgiveness and rebuilding self-worth also strengthens their will to live on and strive more in life.

The study underscores the importance of understanding the experiences of Gen Z women who have undergone abortion and the multifaceted factors influencing their decisions. It highlights the profound effects of abortion on their physical, psychological, social, and spiritual well-being, emphasizing the need for supportive interventions that address emotional, social, and health-related challenges. Additionally, the research suggests that future studies should explore larger and more diverse samples, examine other contributing factors, and consider longitudinal or mixed-methods approaches to gain a deeper understanding of the coping strategies and resilience of women in similar situations. Overall, this study contributes valuable insights to the field and calls for a holistic approach to supporting women's well-being, integrating emotional, social, and health resources to foster recovery and personal growth.

REFERENCES

1. Abortion, S. A. (2025, August 4). Back to Self-Discovery: What healing after Abortion has taught me about identity, grief, and growth |. Support After Abortion. <https://supportafterabortion.com/blog/back-to-self-discovery-what-healing-after-abortion-has-taught-me-about-identity-grief-and-growth/>
2. Aléx, L., & Hammarström, A. (2004). Women's experiences in connection with induced abortion – a feminist perspective. *Scandinavian Journal of Caring Sciences*, 18(2), 160–168. doi.org/10.1111/j.1471-6712.2004.00257.x
3. Alipanahpour, S., Tayebi, N., Zarshenas, M., & Akbarzadeh, M. (2021). Short-term physical and psychological health consequences of induced and spontaneous abortion: a cross-sectional study. *Shiraz E-Medical Journal*, 22(12).
4. Altshuler, A. L., Ojanen-Goldsmith, A., Blumenthal, P. D., & Freedman, L. R. (2021). “Going through it together”: Being accompanied by loved ones during birth and abortion. *Social Science & Medicine*, 284, 114234. doi.org/10.1016/j.socscimed.2021.114234
5. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR)*. American Psychiatric Publishing.
6. American Psychological Association. (2017). *Publication manual of the American Psychological Association (6th ed.)*. American Psychological Association. <https://apastyle.apa.org/products/publication-manual-6th-edition>
7. APA Dictionary of Psychology. (2025). <https://dictionary.apa.org/identity-versus-identity-confusion>
8. Arboleda, N. N. (2024). Mental Health Implications of Abortion and Abortion Restriction: A Brief Narrative Review of U.S. Longitudinal Studies. *American Journal of Psychiatry Residents' Journal*, 20(1), 11–15. doi.org/10.1176/appi.ajp-rj.2024.200106
9. Arshad, A., Aziz, H., Shabbir, G., Shakya, S., & Munir, Z. (2023). Improving safe post-abortion care practices: A study on interventions implemented by Ipas Pakistan. *Frontiers in Public Health*, 11. doi.org/10.3389/fpubh.2023.1004381
10. Atakro, C. A., Addo, S. B., Aboagye, J. S., Menlah, A., Garti, I., Amoa-Gyarteng, K. G., Sarpong, T., Adatar, P., Kumah, K. J., Asare, B. B., Mensah, A. K., Lutterodt, S. H., & Boni, G. S. (2019). Contributing factors to unsafe abortion practices among women of reproductive age at selected district hospitals in the Ashanti region of Ghana. *BMC Women's Health*, 19(1). doi.org/10.1186/s12905-019-0759-5
11. Auger, N., Healy-Profítos, J., Ayoub, A., Lewin, A., & Low, N. (2025). Induced abortion and implications for long-term mental health: A cohort study of 1.2 million pregnancies. *Journal of Psychiatric Research*, 187, 304–310. doi.org/10.1016/j.jpsychires.2025.05.031

12. Bankole, A., Singh, S., & Haas, T. (2022, August 25). Reasons Why Women Have Induced Abortions: Evidence from 27 Countries. Guttmacher Institute. <https://www.guttmacher.org/journals/ipsrh/1998/09/reasons-why-women-have-induced-abortions-evidence-27-countries>
13. Bantero, K. B., Deressa, J. T., Tilahun, S. W., & Kitawu, L. D. (2022). Reasons of women who undergone repeat induced abortion; in Wolaita Sodo town, Southern Ethiopia, 2021: A phenomenological qualitative study. Research Square (Research Square). <https://doi.org/10.21203/rs.3.rs-1733847/v2>
14. Barringer, M. N., Sumerau, J. E., & Gay, D. A. (2020). Generational variation in young adults' attitudes toward legal abortion: Contextualizing the role of religion. *Social Currents*, 7(3), 279-296. doi.org/10.1177/2329496520905020
15. Barton, K., Redshaw, M., Quigley, M. A., & Carson, C. (2017). Unplanned pregnancy and subsequent psychological distress in partnered women: a cross-sectional study of the role of relationship quality and wider social support. *BMC Pregnancy and Childbirth*, 17(1). doi.org/10.1186/s12884-017-1223-x
16. Bazié, F., Thomas, H. L., Byrne, M. E., Kindo, B., Bell, S. O., & Moreau, C. (2022). Typologies of women's abortion trajectories in Burkina Faso: findings from a qualitative study. *Reproductive Health*, 19(1). doi.org/10.1186/s12978-022-01526-3
17. Bhat, A. (2023, August 18). Snowball Sampling: Definition, Method, Pros & Cons. QuestionPro. <https://www.questionpro.com/blog/snowball-sampling/>
18. Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's psychological stress and coping theory. In C. L. Cooper & J. C. Quick (Eds.), *The handbook of stress and health: A guide to research and practice* (pp. 351–364). Wiley Blackwell. doi.org/10.1002/9781118993811.ch21
19. Biggs, M. A., Gould, H., & Foster, D. G. (2013). Understanding why women seek abortions in the US. *BMC Women S Health*, 13(1). doi.org/10.1186/1472-6874-13-29
20. Biney, A. a. E., & Atiglo, D. Y. (2016). Examining the association between motivations for induced abortion and method safety among women in Ghana. *Women & Health*, 57(9), 1044–1060. doi.org/10.1080/03630242.2016.1235076
21. Blystad, A., Haukanes, H., Tadele, G. et al. (2019). The access paradox: abortion law, policy and practice in Ethiopia, Tanzania and Zambia. *Int J Equity Health* 18, 126 doi.org/10.1186/s12939-019-1024-0
22. Cartwright, A. F., Bell, S. O., & Upadhyay, U. D. (2024). Separating Procedure-related Fears From Future Fertility Concerns Among a Cohort Seeking Abortion Information Online. *Women's health issues : official publication of the Jacobs Institute of Women's Health*, 34(1), 45–50. doi.org/10.1016/j.whi.2023.06.004
23. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi.org/10.1191/1478088706qp063oa
24. British Psychological Society. (2014). Code of human research ethics. British Psychological Society. <https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics>
25. Cayabyab, Marc Jayson (November 16, 2023). CHR risks zero budget for supporting abortion. *The Philippine Star*. Archived from the original on November 16, 2023. Retrieved June 9, 2024.
26. Cedervall, Y., & Åberg, A. C. (2010). Physical activity and implications on well-being in mild Alzheimer's disease: A qualitative case study on two men with dementia and their spouses. *Physiotherapy Theory and Practice*, 26(4), 226–239. doi.org/10.3109/09593980903423012
27. Center for Reproductive Rights. (2010). Facts on abortion in the Philippines: Criminalization and a general ban on abortion [Report]. Retrieved from https://reproductiverights.org/sites/crr.civicaactions.net/files/documents/pub_fac_philippines_1%2010.pdf
28. Center for Reproductive Rights. (2010). Forsaken lives: the harmful impact of the Philippine criminal abortion ban.
29. Center for Reproductive Rights. (2024, July 15). Philippines' Abortion Provisions - Center for Reproductive Rights. <https://reproductiverights.org/maps/provision/philippines-abortion-provisions/>
30. Chae, S., Desai, S., Crowell, M., & Sedgh, G. (2017). Reasons why women have induced abortions: a synthesis of findings from 14 countries. *Contraception*, 96(4), 233–241. doi.org/10.1016/j.contraception.2017.06.014
31. Chand, S. P., & Marwaha, R. (2023, April 24). Anxiety. In StatPearls [Internet]. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK470361/>

32. Chen, H. (2022, July 18). Abortion's illegal in the Catholic majority Philippines, so more than a million women a year turn to other options. CNN. <https://www.cnn.com/2022/07/18/asia/philippines-abortion-ban-women-intl-hnk>
33. Chibber, K. S., Biggs, M. A., Roberts, S. C., & Foster, D. G. (2014). The role of intimate partners in women's reasons for seeking abortion. *Women's Health Issues*, 24(1), e131–e138. doi.org/10.1016/j.whi.2013.10.007
34. Cordero Jr, Dalmacito. (2024). Letter to the Editor: Teenage Pregnancy in the Philippines: Effects and Interventions. *Journal of Preventive Medicine and Public Health*. 57. 304-305. 10.3961/jpmph.24.221.
35. Creswell, J. W., & Poth, C. N. (2017) *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications. <https://us.sagepub.com/en-us/nam/qualitative-inquiry-and-research-design/book248649>
36. Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, 11(1). doi.org/10.1186/1471-2288-11-100
37. Dalton, P. S., Ghosal, S., & Mani, A. (2014). Poverty and aspirations failure. *The Economic Journal*, 126(590), 165–188. doi.org/10.1111/ecoj.12210
38. Davis, Don & Worthington, Everett & Hook, Joshua & Hill, Peter. (2013). Research on Religion/Spirituality and Forgiveness: A Meta-Analytic Review. *Psychology of Religion and Spirituality*. 5. 233-241. 10.1037/a0033637.
39. Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D. R., DeBlaere, C., Worthington, E. L., & Westbrook, C. J. (2015). Forgiving the self and physical and mental health correlates: A meta-analytic review. *Journal of Counseling Psychology*, 62(2), 329–335. doi.org/10.1037/cou0000063
40. Dawood, Y., de Vries, J. M., van Leeuwen, E., van Eekelen, R., de Bakker, B. S., Boelen, P. A., & Pajkrt, E. (2024). Psychological sequelae following second-trimester termination of pregnancy: A longitudinal study. *Acta Obstetrica et Gynecologica Scandinavica*. doi.org/10.1111/aogs.14848
41. Döring, N. (2023). Abortion attitudes (media content, user comments). DOCA - Database of Variables for Content Analysis. <https://www.hope.uzh.ch/doca/article/view/4624>
42. Finer, L. B., & Hussain, R. (2013). Unintended pregnancy and unsafe abortion in the Philippines: Context and consequences [Report]. Guttmacher Institute. <https://www.guttmacher.org/report/unintended-pregnancy-and-unsafe-abortion-philippines-context-and-consequences>
43. Frederico, M., Michielsen, K., Arnaldo, C., & Decat, P. (2018). Factors Influencing Abortion Decision-Making Processes among Young Women. *International Journal of Environmental Research and Public Health*, 15(2), 329. doi.org/10.3390/ijerph15020329
44. Frohwirth, L., Coleman, M., & Moore, A. M. (2018). Managing religion and morality within the abortion experience: Qualitative interviews with women obtaining abortions in the U.S. *World Medical & Health Policy*, 10(4), 381–400. doi.org/10.1002/wmh3.289
45. Gebeyehu, Natnael Atnafu, Abebe, Kelemu, Atalay, Yibeltal & Birhan, Belete. (2023). Global prevalence of post-abortion depression: systematic Review and Meta-Analysis.
46. Genicot, G., & Ray, D. (2020). Aspirations and economic behavior. *Annual Review of Economics*, 12(1), 715–746. doi.org/10.1146/annurev-economics-080217-053245
47. Gentile, S. (2017). Perinatal mental health: An update on psychotic and mood disorders emerging in the perinatal period. *Psychiatry and Clinical Neurosciences*, 71(10), 754–770. doi.org/10.1111/pcn.12533
48. Gerds, C., Dobkin, L., Foster, D. G., & Schwarz, E. B. (2016). Side effects, physical health consequences, and mortality associated with abortion and birth after an unwanted pregnancy. *Women's Health Issues*, 26(1), 55–59. doi.org/10.1016/j.whi.2015.10.001
49. Getahun, G. K., Kidane, M., Fekade, W., Shitemaw, T., & Negash, Z. (2023). Exploring the reasons for unsafe abortion among women in the reproductive age group in western Ethiopia. *Clinical Epidemiology and Global Health*, 22, 101301. doi.org/10.1016/j.cegh.2023.101301
50. Gipson, J. D., Hirz, A. E., & Avila, J. L. (2011). Perceptions and Practices of Illegal Abortion among Urban Young Adults in the Philippines: A Qualitative Study. *Studies in Family Planning*, 42(4), 261–272. doi.org/10.1111/j.1728-4465.2011.00289.x
51. Grace, K. T., & Anderson, J. C. (2016). Reproductive Coercion: A Systematic review. *Trauma Violence & Abuse*, 19(4), 371–390. <https://doi.org/10.1177/1524838016663935>

52. Haddad, L. B., & Nour, N. M. (2009). Unsafe abortion: unnecessary maternal mortality. *Reviews in obstetrics & gynecology*, 2(2), 122–126.
53. Hanschmidt, F., Linde, K., Hilbert, A., Heller, S. G. R., & Kersting, A. (2016). Abortion Stigma: A Systematic Review. *Perspectives on Sexual and Reproductive Health*, 48(4), 169–177. <https://doi.org/10.1363/48e8516>
54. Haseli, A., Rahnejat, N., & Rasoal, D. (2024). Reasons for unsafe abortion in Iran after pronatalist policy changes: a qualitative study. *Reproductive Health*, 21(1). <https://doi.org/10.1186/s12978-024-01929-4>
55. Hassan, M. (2024, March 25). Qualitative research – Methods, analysis types, and guide. *Research Method*. <https://researchmethod.net/qualitative-research/>
56. Hoque, E. (2022, November 15). Stanley Hall “Storm and Stress ” Theory- B.Ed notes. EduCere Centre. <https://educerecentre.com/stanley-hall-storm-and-stress-theory/?form=MG0AV3>
57. Huang, Y., Zhang, X., Li, W., Song, F., Dai, H., Wang, J., Gao, Y., Liu, X., Chen, C., Yan, Y., Wang, Y., & Chen, K. (2014) A meta-analysis of the association between induced abortion and breast cancer risk among Chinese females. *Cancer causes & control : CCC*, 25(2), 227–236. doi.org/10.1007/s10552-013-0325-7
58. Huß, B., & Kaiser, F. (2022). Induced Abortion and Life Satisfaction in Germany: The Role of Selection Processes and Short-Term Effects. *Zeitschrift Fur Soziologie*, 51(4), 404–419. doi.org/10.1515/zfsoz-2022-0022
59. Jones, K. A., Freijah, I., Carey, L., et al. (2022). Moral injury, chaplaincy and mental health provider approaches to treatment: A scoping review. *Journal of Religion and Health*, 61, 1051–1094. doi.org/10.1007/s10943-022-01534-4
60. Kamranpour, B., Noroozi, M., & Bahrami, M. (2019). Supportive needs of women who have experienced pregnancy termination due to fetal abnormalities: a qualitative study from the perspective of women, men and healthcare providers in Iran. *BMC Public Health*, 19(1). doi.org/10.1186/s12889-019-6851-9
61. Katz, J. (2019). Supporting Women Coping with Emotional Distress after Abortion. <https://eric.ed.gov/?id=EJ1221518>
62. Kerns, J., Cheeks, M., Cassidy, A., Pearlson, G., & Mengesha, B. (2022). Abortion Stigma and Its Relationship with Grief, Post-traumatic Stress, and Mental Health-Related Quality of Life After Abortion for Fetal Anomalies. *Women's health reports (New Rochelle, N.Y.)*, 3(1), 385–394. doi.org/10.1089/whr.2021.0027
63. Khodadoust, M., Mohamadi, R., Asadi-Karam, G., Mahmoodian, Z., Ensafi, Z., Sarreshteh, M., & Nakhaee, N. (2024). How does an unplanned pregnancy affect maternal stress and depression from pregnancy to 12 months postpartum? A longitudinal study. *Medical Journal of the Islamic Republic of Iran*. doi.org/10.47176/mjiri.38.150
64. Kirkman, M., Rosenthal, D., Mallett, S., Rowe, H., & Hardiman, A. (2010). Reasons women give for contemplating or undergoing abortion: A qualitative investigation in Victoria, Australia. *Sexual & Reproductive Healthcare*, 1(4), 149–155. doi.org/10.1016/j.srhc.2010.08.001
65. Koiwa, Y., Shishido, E., & Horiuchi, S. (2024). Factors Influencing Abortion Decision-Making of Adolescents and Young Women: A Narrative Scoping review. *International Journal of Environmental Research and Public Health*, 21(3), 288. doi.org/10.3390/ijerph21030288
66. Leanderz, Å. G., Larsson, M., Lygnegård, F., Bäckström, C., & Henricson, M. (2025). The meaning of becoming a mother. A Phenomenological-Hermeneutic study. *Scandinavian Journal of Caring Sciences*, 39(1). doi.org/10.1111/scs.70011
67. Lee, M. T. D., Canalita, R. F., Tong, J. A. A., & Macapagal, M. E. J. (2021). Healthcare provider bias and the stigma of abortion: Perspectives of Filipino obstetricians and gynecologists. *Asian Journal of Social and Clinical Psychology*, 11(1), 47–58. <https://econtent.hogrefe.com/doi/epdf/10.1027/2157-3891/a000099>
68. Leung, J. T. (2020). Perceived parental sacrifice, filial piety and hopelessness among Chinese adolescents: A cross-lagged panel study. *Journal of Adolescence*, 81(1), 39–51. doi.org/10.1016/j.adolescence.2020.04.005
69. Liu, H., Wu, F., Liao, G., Mai, S., & Ouyang, M. (2023). Impact of the intensive psychological intervention care on post-traumatic stress disorder and negative emotions of teenage female patients seeking an induced abortion. *Frontiers in Psychiatry*. doi.org/10.3389/fpsy.2023.1033320

70. Loi, U. R., Lindgren, M., Faxelid, E., Oguttu, M., & Klingberg-Allvin, M. (2018). Decision-making preceding induced abortion: a qualitative study of women's experiences in Kisumu, Kenya. *Reproductive Health*, 15(1). doi.org/10.1186/s12978-018-0612-6
71. Lyon, R., & Botha, K. (2021). The experience of and coping with an induced abortion: A rapid review. *Health SA Gesondheid*, 26. doi.org/10.4102/hsag.v26i0.1543
72. Magsino, C. L. (2022, July 13). Why decriminalizing abortion is not possible in the Philippines. *CBCP News*. <https://cbcpnews.net/cbcpnews/why-decriminalizing-abortion-is-not-possible-in-the-philippines/>
73. Major, B., Richards, C., Cooper, M. L., Cozzarelli, C., & Zubek, J. (1998). Personal resilience, cognitive appraisals, and coping: An integrative model of adjustment to abortion. *Journal of Personality and Social Psychology*, 74(3), 735–752. doi.org/10.1037/0022-3514.74.3.735
74. Makleff, S., Wilkins, R., Wachsmann, H., Gupta, D., Wachira, M., Bunde, W., Radhakrishnan, U., Cislighi, B., & Baum, S. E. (2019). Exploring stigma and social norms in women's abortion experiences and their expectations of care. *Sexual and reproductive health matters*, 27(3), 1661753. doi.org/10.1080/26410397.2019.1661753
75. McLeod, S. (2024, September 30). Thematic analysis. *Simply Psychology*. <https://www.simplypsychology.org/thematic-analysis.html>
76. Miodrag, N., & Hodapp, R. M. (2011). Chronic Stress and its Implications on Health Among Families of Children with Intellectual and Developmental Disabilities (I/DD). In *International review of research in developmental disabilities* (pp. 127–161). <https://doi.org/10.1016/b978-0-12-386495-6.00004-7>
77. Moafi, F., Momeni, M., Tayeba, M., Rahimi, S., & Hajnasiri, H. (2018). Spiritual Intelligence and Post-abortion Depression: a coping Strategy. *Journal of Religion and Health*, 60(1), 326–334. <https://doi.org/10.1007/s10943-018-0705-0>
78. Montero Reyes, Y. ., Jurado, S. ., Pullaguari, M. ., & Llano, A. (2025). Social perception on the legalization of abortion. *Southern Perspective Perspectiva Austral*, 3, 54. <https://doi.org/10.56294/pa202554>
79. Moseson, H., Bullard, K. A., Cisternas, C., Grosso, B., Vera, V., & Gerdts, C. (2020). Effectiveness of self-managed medication abortion between 13 and 24 weeks gestation: A retrospective review of case records from accompaniment groups in Argentina, Chile, and Ecuador. *Contraception*, 102(2), 91–98. <https://doi.org/10.1016/j.contraception.2020.04.015>
80. Moseson, H., Herold, S., Filippa, S., Barr-Walker, J., Baum, S. E., & Gerdts, C. (2020). Self-managed abortion: A systematic scoping review. *Best practice & research. Clinical obstetrics & gynaecology*, 63, 87–110. <https://doi.org/10.1016/j.bpobgyn.2019.08.002>
81. Musabwasoni, S., Nyiringango, G., Uwambaye, P., Mukeshimana, M., Ngoga, E., Uhawenimana, T., Musabirema, P., Ishimwe Bazakare, L., Sezibera, V., Mukamana, D., Klingberg-Allvin, M., Rulisa, S., & Bazirete, O. (2024). Psychology of Abortion: A Qualitative Exploration of Women's Quality of Life after Termination of Pregnancy Service Provision. *Rwanda journal of medicine and health sciences*, 7(1), 116–130. doi.org/10.4314/rjmhs.v7i1.9
82. Musick, K., Meier, A., & Flood, S. (2016). How parents fare. *American Sociological Review*, 81(5), 1069–1095. doi.org/10.1177/0003122416663917
83. Nasr, R., Nasr, N., Haddad, C., Saab, S. A., Ibrahim, S. A., Karam, J., & Rahman, A. A. (2024). Financial insecurity and mental well-being: experiences of parents amid the lebanese economic crisis. *BMC Public Health*, 24(1). <https://doi.org/10.1186/s12889-024-20544-3>
84. NeJhaddadgar, N., Darabi, F., & Ezati, F. (2025). Factors Affecting Inducted Abortion: A scoping review. *Journal of Research and Health*, 15(1), 105–116. doi.org/10.32598/jrh.15.1.821.5
85. Niță, A. M., & Goga, C. I. (2020). A research on abortion: ethics, legislation and socio-medical outcomes. Case study: Romania. *Romanian Journal of Morphology and Embryology*, 61(1), 283–294. <https://doi.org/10.47162/rjme.61.1.35>
86. O'Donnell, A. T., O'Carroll, T., & Toole, N. (2018). Internalized Stigma and Stigma-Related Isolation Predict Women's Psychological Distress and Physical Health Symptoms Post-Abortion. *Psychology of Women Quarterly*, 42(2), 220–234. doi.org/10.1177/0361684317748937
87. Obertinca, Bujar & Pacarada, Myrvete & Beha, Albiona & Kongjeli, Niltene & Gashi, Astrit & Blakaj, Valbona. (2016). Anxiety, Depression and Other Psychological Effects on Women After Induced Abortion. *Public Health and Preventive Medicine*. 2. 1-5.

88. Orenstein, G. A., & Lewis, L. (2022, November 7). Erikson's Stages of Psychosocial Development. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK556096/>
89. Pavlacic, J. M., Buchanan, E. M., Maxwell, N. P., Hopke, T. G., & Schulenberg, S. E. (2019). A Meta-Analysis of Expressive writing on posttraumatic stress, posttraumatic growth, and quality of life. *Review of General Psychology*, 23(2), 230–250. <https://doi.org/10.1177/1089268019831645>
90. Payne, E. C., Kravitz, A. R., Notman, M. T., & Anderson, J. V. (1976). Outcome following therapeutic abortion. *Archives of General Psychiatry*, 33(6), 725-733.
91. Peck, A. M. (2014.). *Forgiveness and the Post-Abortive Woman: Achieving Self-Forgiveness*. ScholarWorks@GVSU. <https://scholarworks.gvsu.edu/theses/611/>
92. Perez, J. R. M., Monteagudo, G. R. S., Nebrada, P. J. C., Arevalo, M. V. P. N., De la Paz, E. P., Ho, F. D. V., & Padilla, C. R. A. (2023). The spectre of unsafe abortions in the Philippines. *The Lancet Regional Health – Western Pacific*, 32, 100655. doi.org/10.1016/j.lanwpc.2022.100655
93. Pohjoranta, E., Mentula, M., Hurskainen, R., Suhonen, S., & Heikinheimo, O. (2018). Sexual well-being after first trimester termination of pregnancy: Secondary analysis of a randomized contraceptive trial. *Acta Obstetrica Et Gynecologica Scandinavica*, 97(12), 1447–1454. <https://doi.org/10.1111/aogs.13440>
94. Pourreza, A., & Batebi, A. (2011). Psychological Consequences of Abortion among the Post Abortion Care Seeking Women in Tehran. *Iranian journal of psychiatry*, 6(1), 31–36.
95. Qian, J., Yu, X., Sun, S., Zhou, X., Wu, M., & Yang, M. (2019). Expressive writing for Chinese women with foetal abnormalities undergoing pregnancy termination: An interview study of women's perceptions. *Midwifery*, 79, 102548. <https://doi.org/10.1016/j.midw.2019.102548>
96. Rasch V. (2011). Unsafe abortion and postabortion care - an overview. *Acta obstetrica et gynecologica Scandinavica*, 90(7), 692–700. doi.org/10.1111/j.1600-0412.2011.01165.x
97. Rehnström Loi, U. (2020). *Abortion, contraception and associated social stigma : consequences and solutions in a low-resource setting in western Kenya (Version 1)*. Karolinska Institutet. <https://hdl.handle.net/10616/47380>
98. Remez, L., Mayall, K., & Singh, S. (2020). Global Developments in Laws on Induced Abortion: 2008-2019. *International perspectives on sexual and reproductive health*, 46(Suppl 1), 53–65. <https://doi.org/10.1363/46e0920>
99. Republic of the Philippines. Revised Penal Code of the Philippines. Act No. 3815, 1930. <https://chanrobles.com/revisedpenalcodeofthephilippinesbook2.htm>
100. Robinson, R. S. (2023). Purposive sampling. In *Springer eBooks* (pp. 5645–5647). https://doi.org/10.1007/978-3-031-17299-1_2337
101. Røseth, I., Sommerseth, E., Lyberg, A., Sandvik, B. M., & Dahl, B. (2022). No one needs to know! Medical abortion: Secrecy, shame, and emotional distancing. *Health Care for Women International*, 45(1), 67–85. <https://doi.org/10.1080/07399332.2022.2090565>
102. Saikia, D., & Pradhan, M. R. (2023). Why do women abort their pregnancies? Evidence from the National Family Health Survey (2019–21) of India. *Journal of Biosocial Science*, 56(1), 125–140. <https://doi.org/10.1017/s0021932023000081>
103. Seyoum, K., & Mengistu, S. (2023). Prevalence and determinants of repeat induced abortion in Ethiopia: A systematic review and meta-analysis. *Heliyon*, 9(10), e20277. <https://doi.org/10.1016/j.heliyon.2023.e20277>
104. Singh, S., et al. (2009). *Abortion worldwide: A decade of uneven progress*. Guttmacher Institute..
105. Solís Castillo, K. S., Vargas Peña, J. J., & Bonilla Ledesma, D. V. (2024). Importance of mental health in patients with post-abortion. *Interamerican Journal of Health Sciences*, 4, 59. <https://doi.org/10.59471/ijhsc202459>
106. Spierling, T., & Shreffler, K. M. (2018). Tough Decisions: Exploring women's decisions following unintended pregnancies. *Frontiers in Sociology*, 3. <https://doi.org/10.3389/fsoc.2018.00011>
107. Sriarporn, P., Turale, S., Lordee, N., Liamtrirat, S., Hanpra, W., & Kanthino, A. (2016). Support program for women suffering grief after termination of pregnancy: A pilot study. *Nursing and Health Sciences*, 19(1), 75–80. <https://doi.org/10.1111/nhs.12307>
108. Stake, R. E. (1995). *The Art of Case Study Research*. SAGE Publications.
109. Student, M. I. P., Khadivzadeh, T., PhD, Nekah, S. M. A., PhD, Ebrahimipour, H., PhD, & Tara, F., MD. (2019). Emotional and cognitive experiences of pregnant women following prenatal diagnosis of fetal anomalies: a qualitative study in Iran. *pmc.ncbi.nlm.nih.gov*. doi.org/10.30476/IJCBNM.2019.40843

110. Tang, B. W. J., Ibrahim, B. B., & Shorey, S. (2024). Complex journeys of adolescents after induced abortion: A qualitative systematic review. doi.org/10.1016/j.pedn.2024.03.033
111. Testoni, I., Finco, N., Keisari, S., Orkibi, H., & Azoulay, B. (2021). Conflicts Between Women's Religiosity and Sense of Free Will in the Context of Elective Abortion: A Qualitative Study in the Worst Period of Italy's COVID-19 Crisis. *Frontiers in psychiatry*, 12, 619684. <https://doi.org/10.3389/fpsy.2021.619684>
112. The Editors of Encyclopaedia Britannica. (2025, February 24). Abortion | Definition, Procedure, Laws, & Facts. *Encyclopedia Britannica*. <https://www.britannica.com/science/abortion-pregnancy>
113. The Lancet. (2018, March 24). Abortion: Access and safety worldwide. *The Lancet*, 391(10126), 1121. [https://doi.org/10.1016/S0140-6736\(18\)30624-X](https://doi.org/10.1016/S0140-6736(18)30624-X)
114. Turan, J. M., & Budhwani, H. (2021). Restrictive Abortion Laws Exacerbate Stigma, Resulting in Harm to Patients and Providers. *American journal of public health*, 111(1), 37–39. <https://doi.org/10.2105/AJPH.2020.305998>
115. Upadhyay, U. D., Biggs, M. A., & Foster, D. G. (2015). The effect of abortion on having and achieving aspirational one-year plans. *BMC Women S Health*, 15(1). <https://doi.org/10.1186/s12905-015-0259-1>
116. Ushie, B. A., Okunlola, D. A., Roemer, M., Akiode, A., Taiwo, A. O., Idoko, O. T., & Ajah, E. (2024). To tell or not to tell? Abortion disclosure and social support among women who received abortion care in Abuja and Lagos, Nigeria. doi.org/10.21203/rs.3.rs-5444566/v1
117. Vismaya, A., Gopi, A., Romate, J., & Rajkumar, E. (2024). Psychological interventions to promote self-forgiveness: a systematic review. *BMC Psychology*, 12(1). <https://doi.org/10.1186/s40359-024-01671-3>
118. Vlassoff, M., et al. (2012). The health system cost of post-abortion care in Uganda. *Health Policy and Planning*. <https://heapol.oxfordjournals.org/content/early/2012/12/28/heapol.czs133.full.pdf+html>
119. Wang, Z., Al Zaben, F., Koenig, H. G., & Ding, Y. (2021). Spirituality, moral injury and mental health among Chinese health professionals. *BJPsych Open*, 7(4), e135. doi.org/10.1192/bjo.2021.972
120. Weng, S., Chang, J., Yeh, M., Wang, S., Lee, C., & Chen, Y. (2017). Do stillbirth, miscarriage, and termination of pregnancy increase risks of attempted and completed suicide within a year? A population-based nested case–control study. *BJOG an International Journal of Obstetrics & Gynaecology*, 125(8), 983–990. doi.org/10.1111/1471-0528.15105
121. World Health Organization (2024). <https://www.who.int/news-room/fact-sheets/detail/abortion>
122. World Health Organization: WHO. (2024, April 10). Adolescent pregnancy. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
123. Yadollahi, P., Doostfateme, M., Khalajinia, Z., Karimi, Z., & Ghavi, F. (2025). Perceived social support, marital satisfaction, and resilience in women with abortion experience through structural equation modeling. *Scientific Reports*, 15(1). doi.org/10.1038/s41598-024-83485-2
124. yazdanpanahi, Z., Hajifoghaha, M., Keshtvarz Hesam Abadi, A., & Jafari, S. Z. (2024). Comparison of depression, anxiety, perceived stress, and resilience in parents faced with abortion in Iran: a longitudinal study. *BMC Psychology*, 12(1). doi.org/10.1186/s40359-024-02078-w
125. Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods* (6th ed.). SAGE Publications.
126. Zaręba, Kornelia & La Rosa, Valentina Lucia & Ciebiera, Michał & MAKARA-STUDZISKA, Marta & Commodari, Elena & Gierus, Jacek. (2020). Psychological effects of abortion. An updated narrative review. *Eastern Journal Of Medicine*. 25. 477-483. [10.5505/ejm.2020.82246](https://doi.org/10.5505/ejm.2020.82246).
127. Zhang, Q., Wang, N., Hu, Y. et al. (2022). Prevalence of stress and depression and associated factors among women seeking a first-trimester induced abortion in China: a cross-sectional study. *Reprod Health* 19, 64 <https://doi.org/10.1186/s12978-022-01366-1>
128. Zia, Y., Mugo, N., Ngure, K., Odoyo, J., Casmir, E., Ayiera, E., Bukusi, E., & Heffron, R. (2021). Psychosocial experiences of adolescent girls and young women subsequent to an abortion in Sub-Saharan Africa and globally: a Systematic review. *Frontiers in Reproductive Health*, 3. <https://doi.org/10.3389/frph.2021.638013>

APPENDIX

Interview Questions

1. What are your reasons for having an abortion?

(Unsa ang mga rason sa pag buhat nimo sa abortion?)

1.1. How did your life goals, dreams, or other aspirations affect your decision?

(Giunsa sa imong mga pangandoy, damgo, ug uban pang tinguha ang paghulma sa imong desisyon?)

2. What are the impacts of abortion on your life?

(Unsa ang epekto sa abortion sa imong kinabuhi karun?)

2.1. How did abortion impact your physical health?

(Unsa ang epekto sa abortion sa imong panlawas?)

2.1.1. In what ways did your body feel different after the abortion compared to before?

(Sa unsang paagi nga nabati nimo nga lahi ang imong lawas pagkahuman sa pagpakuha sa bata kumpara sa una?)

2.2. How did abortion impact your interaction/connection to others?

(Unsa ang epekto sa abortiong sa imong relasyon sa ubang tawo?)

2.2.1. Who have you talked to about the abortion, and what was that like for you?

(Kinsa ang imong mga nahisgutan bahin sa pagpakuha sa bata, ug unsa ang imong nabati bahin niini?)

2.3. How did abortion affect your psychological well-being as you navigate your life?

(Unsa ang epekto sa imong kinabuhi sa abortion sa imong psychological well-being o sa kahimsug sa panghunahuna paghuman nimo kini nabuhat?)

3. How did the abortion influence your self-perception and identity?

(Giunsa pag impluwensya sa abortion ang imong panlantaw sa imong kaugalingon?)

3.1. How did you manage to face life despite having an abortion?

(Giunsa nimo pag-atubang sa kinabuhi bisan pa sa pagpakuha sa bata o abortion?)

3.2. What motivates you to keep going on with life after everything that happened?

(Unsa ang nagapalig-on kanimo sa pagpadayon sa kinabuhi human sa tanan nga nahitabo?)