

Abortion's Deleterious Effects on Women: Mental Health, Quality of Life, and Mortality Rates

BY NRL News Staff

As pro-lifers have always said, abortion not only kills an unborn child, it also can, and often does, injure the child's mother in ways that until recently have not been thoroughly explored. That unexamined terrain includes not only depression, substance abuse, and a higher mortality rate but also the way a woman treats her subsequently born children following an abortion.

However, beginning in the late 1990s, there has been a dramatic increase in peer-reviewed scientific studies into these largely unexplored areas. They unambiguously document abortion's negative impact on various aspects of women's mental health and quality of life.

These studies address three questions: 1) Does abortion introduce risks to women's mental health? If so, what are the specific risks and how common are they? 2) Does abortion adversely impact women's relationships or other aspects of their lives, even if they do not suffer from a diagnosable ailment? 3) And, for purposes of comparison, are the risks associated with abortion greater than those associated with childbirth?

Earlier work into these areas was plagued with methodological shortcomings. The newest wave of research is considered better science.

These studies are characterized by the following collective strengths: (a) the use of an appropriate control group (unintended pregnancy that was carried to term), (b) controls for pre-existing psychological problems, (c) controls for personal characteristics and situational factors associated with the choice to abort, (d) collection of data for several years beyond the abortion, (e) use of medical claims data (with diagnostic codes assigned by trained professionals), and (f) use of large samples (most in the thousands and many nationally representative).

According to the research, a minimum of 20% of women experience adverse, prolonged post-abortion psychological reactions. The results of the four largest, record-based studies in the world have shown abortion to be associated with increased risk for mental health problems of various forms.

In a 2001 study published by Ostbye and colleagues, 41,089 women with an abortion history were compared to a matched group of 39,220 women without a history of abortion. The results revealed a 165% higher rate of hospitalization for psychiatric problems for women who had aborted.

In a second, earlier study, David et al. (1981) found the overall rate of psychiatric admission was 18.4 per 10,000 for women who had aborted versus 12.0 per 10,000 for women who had delivered their babies. The remaining two studies were conducted by Coleman, Reardon, Rue, and Cogle (2002a) and by Reardon, Cogle, Rue, Shuping, Coleman, and Ney (2003) in the United States. Both used data from over 54,000 low-income women on state medical assistance in California.

Women who had an abortion in 1989 had 63% more psychiatric admissions 90 days after an abortion than women assessed 90 days after giving birth. At one year, the abortion group had 30% more claims and at two years, they had 16% more claims.

To be sure that these results were not tainted by previous histories, all women with psychiatric admissions in the 12–18 months prior to the initial pregnancy were eliminated from the study. Data using the same sample which focused on inpatient claims revealed similar findings.

The second Medi-Cal study mentioned above appeared in the Canadian Medical Association Journal (CMAJ). The year the paper was published CMAJ ranked fifth in the world among general practice medical journals.

In response to significant criticism, the editors published an editorial (CMAJ 2003) noting, “In light of the passion surrounding the subject of abortion we subjected this paper to especially cautious review and revision. We also recognized that research in the field is difficult to execute. Randomized trials are out of the question, and so one must rely on observational data, with all the difficulties of controlling confounding data.”

Anxiety, Depression, and Substance Abuse

In the research literature, among the most commonly reported negative effects of abortion are anxiety, depression, and substance use. Based on an extensive review of the literature, Bradshaw and Slade (2003) concluded that up to 30% of women experience clinical levels of anxiety and/or high levels of general stress one month post-abortion. In a recent study, women who aborted were 65% more likely to score in the “high risk” range for clinical depression, compared to women who gave birth.

Abortion has also been found to be strongly associated with an increased risk of substance abuse. Using data from a nationally representative sample, Coleman and colleagues (2002b) reported in the American Journal of Obstetrics and Gynecology that compared to women who had not aborted, pregnant women with a prior history of abortion were 10 times more likely to use marijuana, five times more likely to use various illicit drugs, and twice as likely to use alcohol.

In a paper published last year in the American Journal of Drug and Alcohol Abuse, in which Reardon and colleagues compared women who aborted to women who carried an unintended pregnancy to term, those who aborted were twice as likely to use marijuana and reported more frequent use of alcohol.

Not only is there scientific evidence for an association between abortion and poor mental health including substance use, studies have also further indicated that abortion is related to an increased likelihood of sexual dysfunction, communication problems, and separation or divorce. For example, in a study led by Rue (2004) published in the Medical Science Monitor, 6.2% of Russian women and 24% of American women sampled reported sexual problems which they directly attributed to a prior abortion.

Perhaps most alarming are the results of new research revealing that emotional difficulties and unresolved grief responses associated with abortion may hinder effective parenting. In one study published in 2005, Coleman and colleagues reported that women with one prior abortion had a 144% higher risk for engaging in child physical abuse than women without an abortion experience. A history of one miscarriage/stillbirth was not associated with increased risk of child abuse.

Scientific evidence showing that the loss of a child through abortion may have a negative impact on the ability of some women to nurture later born children contradicts the pro-choice argument that abortion will result in a reduction of child maltreatment if all children are born as the result of “wanted” pregnancies.

Finally several large-scale studies have shown a higher risk of death associated with abortion compared to childbirth. Traditionally, the discussion has focused strictly on a comparison near-term. A more sophisticated analysis asks what is the comparative impact of abortion on women’s risk of death further out.

For instance, a large-scale, record-based study conducted in Finland by Gissler and colleagues (1997) established post-pregnancy death rates within one year that were nearly four times greater among women who aborted their pregnancies than among women who delivered their babies. The suicide rate was nearly six times greater among women with a history of abortion compared to women who gave birth.

A U.S. record-based study conducted by Reardon and colleagues (2002) found that when compared to women who delivered, women who aborted were 62% more likely to die from any cause. Increased risk estimates associated with specific causes of death were also identified in the study: violent causes (81%), suicide (154%), and accidents (82%).

In a third study published in 2004 by Gissler and colleagues, the mortality rate was lower after a birth (28.2 per 100,000) than after an induced abortion (83.1 per 100,000). Gissler and colleagues' most recent publication (2005), which was age-adjusted, revealed a mortality rate of 60.3 per 100,000 for women who had aborted compared to a 10.2 mortality rate per 100,000 for births. For suicide, the age-adjusted mortality rate for abortion was 33.8, compared to 5.5 for birth.

Conclusion

Women facing an unwanted pregnancy often feel desperate and alone. They fear loss of their personal autonomy, destruction of their plans for the future, loss of others' esteem, and altered relationships in addition to viewing a baby as a responsibility that they are ill-prepared to assume.

What women typically fail to see is how their decision to abort may significantly compromise the quality of their own lives and those closest to them for many years beyond the decision. They also frequently fail to see the many life enhancing aspects of having a child. With the body of scientific evidence documenting the risks of abortion having grown considerably stronger in recent years, it is vitally important that these data be used to inform pro-life legislation.

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