I. DETERIORATION OF HEALTH AMONG WOMEN REPEATING INDUCED ABORTION

INTRODUCTION

Approximately one-half of all abortions in the United States are repeat abortions and thus constitute a major portion of all abortions. A number of studies have compared women repeating abortion with women with a history of one abortion or no abortion history. These studies are particularly valuable as the control group includes a woman who has already had one abortion and it is possible to ascertain the trend or direction of the particular aspect of health as the number of abortions increases. This provides the essential information to determine whether or not there is an improvement in health or a deterioration in health.

Although the body of medical and social literature on repeat abortion is relatively small compared to abortion literature in general, it is much more consistent. The available studies all demonstrate that repeated abortion tends to be detrimental to health. There are no studies that purport to demonstrate that repeated abortion improves health. The following summary identifies at least 30 health areas in which the repeating of abortion is detrimental to the health and well-being of women.

INCREASED ISOLATION

A Danish study compared 50 women undergoing abortion for the first time with those undergoing abortion a second abortion and found that 57% of the first time women reported having a partner compared to only 33% of those having a repeat abortion.1

LOWER SELF-ESTEEM

An analysis of the National Longitudinal Study of U.S. Youth of a total of 5295 women in 1987 who were assessed for well-being based upon self-report found that women with repeat abortions were significantly more likely to say that they did not have much to be proud of than were women who had either one or no abortions.25

PERSONAL DISSATISFACTION

A study at four abortion clinics in the Atlanta, Georgia area in 1974 found that women repeating abortion were more likely to want to...
PSYCHIATRIC HOSPITAL ADMISSIONS
DANISH WOMEN-1973-74

Number of Live Births

<table>
<thead>
<tr>
<th>Number of Live Births</th>
<th>Age Adjusted Percent with Psychiatric Hospital Admissions</th>
</tr>
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<tbody>
<tr>
<td>None</td>
<td>2.27%</td>
</tr>
<tr>
<td>One</td>
<td>2.56</td>
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<tr>
<td>Two</td>
<td>1.97</td>
</tr>
<tr>
<td>Three</td>
<td>2.15</td>
</tr>
<tr>
<td>Four</td>
<td>2.01</td>
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</table>

Number of Prior Induced Abortions

<table>
<thead>
<tr>
<th>Number of Prior Induced Abortions</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1.90</td>
</tr>
<tr>
<td>One</td>
<td>3.42</td>
</tr>
<tr>
<td>Two</td>
<td>4.06</td>
</tr>
<tr>
<td>Three</td>
<td>6.00</td>
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</table>

Marital Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1.49</td>
</tr>
<tr>
<td>Single</td>
<td>2.38</td>
</tr>
<tr>
<td>Separated</td>
<td>4.21</td>
</tr>
<tr>
<td>Divorced</td>
<td>5.16</td>
</tr>
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</table>


change themselves a lot (29.5% v. 19.7%), more likely to say that things go wrong for them (24.6% v. 14.8%), and more likely to feel negatively about their current abortion (27.9% v. 13.1%) compared to women undergoing abortion for the first time.2

LACK OF RELIGIOUS AFFILIATION

In a study of repeat abortion patients in Atlanta, Georgia in 1974, 21% of those repeating abortion reported no religious affiliation compared to only 8% of women who were aborting for the first time. The disparity was particularly evident in the private clinic population. (20% vs. 2.5%).2

PERSONAL DISTRESS

In a study of 413 women outpatients at the University of Pennsylvania Hospital in 1977-78 women repeating abortion showed significantly higher distress scores on personal sensitivity, paranoid ideation, phobic anxiety and sleep disturbance than women undergoing abortion for the first time.3

LESS STABLE RELATIONSHIPS

A study by researchers at Yale University Medical School of 345 women undergoing abortion at a New York clinic in 1972-73 found that fewer women in the repeat abortion group
were pregnant by husbands (23.7% v. 16.8%') and unmarried women having repeat abortions had been in relationships of shorter duration than unmarried women having first abortions.4

A Los Angeles study of 404 women followed through medical records over a 5 year span found that women repeating abortion were more likely to be single or living without a spouse and have less stable relationships with their partners than women undergoing abortion for the first time.5

In a study of white women who delivered between 1984-1987 in urban counties of Washington State, 33.5% of women with 4 or more abortions were unmarried compared with 24% of women with one abortion and 20.5% of women with no history of abortion.12

A Finnish study found that among women repeating abortion, the men took less responsibility for contraception even though the women had left them greater responsibility in that respect, the solidarity of the relationship with the male was weaker even though the women in the repeated abortion group felt greater admiration for the male partner compared to women with only one abortion.6

POOREO LIVING CONDITIONS

A Finnish study in 1975 which compared women repeating abortion with women who successfully used contraception following a first abortion found that women repeating abortion had lower net household income, held less prestigious jobs, a lower level of housing and less satisfaction with their living environment as well as poorer competence in building up the socioeconomic framework of their lives.8

IMPULSIVENESS

A study conducted at Mount Sinai Hospital and the City Hospital Center using a standard test of "impulsiveness" (the Porteus Maze test) found that women repeating abortion had significantly higher impulsiveness scores than women seeking a first abortion. It was concluded that repeat abortion patients as a group are characterized as having impulsive behavior patterns, absence of reflectiveness, an inability to foresee consequences and a reduced capacity to plan ahead in directed tasks.7

INCREASED SEXUAL ACTIVITY

In a study of 1505 women obtaining abortions at a freestanding clinic in western New York during 1975, women repeating abortion were more likely to be using contraceptives but were more erratic in their use and were significantly more sexually active than women who underwent abortion for the first time.29

INCREASED RATE OF ABORTION

A study of the rate of abortion in the U.S. from 1974-76 found that the repeat abortion rate among women was approximately 3.5 times higher than women having an abortion for the first time each in one of the years of the study.8

A study of adolescents in New York City in 1984 found that a single previous pregnancy which ended in abortion greatly increased the likelihood of a subsequent pregnancy ending in abortion. Overall, the increase was 4-6 times greater.9

INCREASED FAILURE TO RESPOND

In a follow-up study of women who underwent abortion at two outpatient clinics in metropolitan Philadelphia in 1975, those who failed to respond to a questionnaire survey 4 months later were more likely to have repeated abortions compared to those who did respond (24% vs. 14%). It was suggested that those who failed to respond had more emotional difficulties with their abortions.30

INCREASED INCIDENCE OF WELFARE

Women undergoing abortion at the Yale-New Haven Hospital during 1974-75 had an overall incidence of welfare of 25.8% for those women having an abortion for the first time compared to a welfare incidence of 38.2% for women repeating abortion. Among black women 55.6% of the first abortion group were on welfare compared to 65.6% of the repeat abortion group. Among white women the figures were 12.3% (first abortion) and 19.3% (repeat abortion).10

In a study of women patients entering Boston Hospital for Women during 1976-78,
16.9% of the women with no prior abortions were welfare recipients compared to 26% for women with one prior abortion and 27% for women with 2 or more prior abortions.11

**INCREASED SMOKING RATES**

A study of women entering Boston Hospital for Women during 1975-77 found that among women who had 2 or more abortions 51.7% smoked compared with 40.3% for women with a history of 1 abortion and 31.7% for women with no history of abortion.11

A study conducted by researchers at the Fred Hutchinson Cancer Research Center and the Department of Epidemiology at the University of Washington among 6541 white women during 1984-87 found that 18.0% of the women smoked during pregnancy where there was no history of a prior abortion compared with 28.1% (one abortion), 31.0% (two prior abortions), 29.8% (three prior abortions and 41.6% (four or more prior abortions).12

**INCREASED DRUG USE**

A study of Boston Inner-City women enrolled for prenatal care found that women with a history of two prior abortions were more than twice as likely to be using cocaine during pregnancy (19% v. 9%) and three times more likely to use cocaine with a history of 3 or more abortions (9% v. 3%) compared with non-cocaine using controls.13

A study on maternal drug use at UCSD Medical Center in San Diego found that women who used cocaine and/or methamphetamine averaged 1.7 abortions compared with 1.2 abortions for non-drug using controls. Women who used heroin or methadone had an average of 2.4 prior abortions and women who used both heroin and either cocaine or methamphetamine had an average of 2.7 prior abortions.14

**DRINKING DURING PREGNANCY**

In a California study of smoking and drinking practices of over 12,000 pregnant women during 1975-77, women reporting a history of two or more abortions nearly all (98.5%) reported consuming alcohol during the entire 9 months of subsequent pregnancy intended to be carried to term. This was a much higher level than women who reported their health as good or excellent (19.7%).31

**INCREASED INCIDENCE OF PSYCHIATRIC ADMISSIONS**

A Danish study during 1973-74 of psychiatric hospital admissions based upon an age adjusted percentage found that the psychiatric hospital admission rate was 1.9% for women with no prior abortions, 3.4% for women with one prior abortion, 4.1% for women with two prior abortions, and 6.0% for women with three prior abortions.15

**INCREASED INCIDENCE OF SUICIDE ATTEMPTS**

In a study of 71 women at the Medical College of Ohio in a post-abortion support group who had poorly assimilated the abortion experience, among women with multiple abortions 50% made post abortion suicide attempts compared with 16% post abortion suicide attempts among women with a history of a single abortion.16

**INCREASED DEPRESSION**

In a study of 71 women in a post-abortion support group who had poorly assimilated their abortion experience those with multiple abortions scored higher on the Beck Depression Inventory Scale (9.4) compared to women with one abortion (4.7).16

**COMPULSIVE RE-ENACTMENT**

A woman with severe bulimia used repeated pregnancies and abortions to achieve the same calming function as repeated binge eating and vomiting. It was suggested that her behavior was compatible with the view that bulimics use their own bodies as transitional objects and that the cycle of incorporation and expulsion is central to affect regulation. The woman was suicidal and pre-occupied with death.32

**OBSESSIVE - COMPULSIVE BEHAVIOR**

An in-depth clinical study described a young woman who developed a severe obsessive-compulsive disorder after a routine medical procedure. It was suggested that the medical procedure brought back repressed guilt from three prior abortions. She was very fearful of
SMOKING DURING PREGNANCY
AND ABORTION HISTORY

Washington State Women

1984-1987

<table>
<thead>
<tr>
<th>Abortion History</th>
<th>Number of Women</th>
<th>Percent Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1999</td>
<td>18.0%</td>
</tr>
<tr>
<td>One Prior Abortion</td>
<td>1999</td>
<td>28.1%</td>
</tr>
<tr>
<td>Two Prior Abortions</td>
<td>1850</td>
<td>31.0%</td>
</tr>
<tr>
<td>Four or More</td>
<td>173</td>
<td>41.6%</td>
</tr>
</tbody>
</table>


COMMUNICATION BREAKDOWN
A Canadian study found that among women repeating abortion more had made the decision by themselves compared to women aborting for the first time. (45% v. 33%) 17

A Hungarian study found that those women who were having a repeat abortion were less likely to be in a happy marriage and more likely to have an abortion independently of her husband.18

IRREGULAR MENSTRUAL SYMPTOMS
A survey of Japanese women aged 20 to 44 compared the characteristics of menstruation among women with and without a history of induced abortion reported a significantly higher incidence of cramps, swelling and nervousness compared to women with one abortion or no abortions. A psychic component was suggested by which women with an abortion history view their menses differently than non-abortion women.24

INCREASE IN LOW BIRTH WEIGHT AND SHORT GESTATION

getting pregnant again and that she would make a mistake which would jeopardize her fourth marriage.33

MASOCHISTIC TENDENCIES
Masochism or self-punishment has been identified as a factor in some repeat abortions. "I hated myself", said a professional who had undergone three abortions. "I felt abandoned and lost... And I felt guilty about killing something. I couldn't get it out of my head that I'd just killed a baby."

Another 30 year old single woman recalled: "I was totally irresponsible about birth control. It was like I was just waiting to be punished... I didn't go out to do it, but I didn't do anything not to make it happen."34

MORAL DETERIORATION
A study by researchers at Yale University Medical School of women having an abortion at a New York clinic in 1973 found that women having first abortions were generally more concerned with moral and ethical issues than were women having repeat abortions.4
<table>
<thead>
<tr>
<th>Cocaine Use Among Boston Inner-City Women Enrolled for Pre-Natal Care-1984</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Women</strong></td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Elective Abortions</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>Two</td>
</tr>
<tr>
<td>Three or More</td>
</tr>
</tbody>
</table>


A study by the World Health Organization of legalized abortion in Great Britain, Europe, Korea and Scandinavia concluded that repeat abortion is associated with a 2 to 2 1/2 fold increase in low birth weight and short gestation when either compared with one live birth or one abortion.19

In a study of white women who delivered between 1984-87 in Washington state, the unadjusted proportion of infants born with a birth weight of less than 2500 grams was 4.4% among women with no abortion history, 5.7% for women with one prior abortion, 7.7% for women with two prior abortions, and 9.6% for women with 4 or more prior abortions.12

**Increased Risk of Premature Birth**

A Danish study conducted in 1974-75 concluded that women with a history of 2 or more abortions had twice the risk of a premature infant compared to women with one past abortion.20

**Increased Risk of Miscarriage or Incomplete Abortion**

A Boston Hospital for Women study conducted in 1976-78 concluded that women who had two or more induced abortions were 2.7 times more likely to have future first trimester spontaneous abortions (early miscarriage) and 3.2 times more likely to have a second trimester incomplete abortion than were women with no history of induced abortion.11

**Increased Risk of Secondary Infertility**

A 1987-88 study of women in Athens, Greece admitted for secondary infertility found that women with 2 or more prior abortions had a relative risk of 2.3 for secondary infertility, and women with one abortion had a relative risk of 2.1 compared to women with no abortion history. Secondary infertility was defined as, (1) the patient had a previous conception, (2) the patient had been trying to become pregnant for at least 18 months, and (3) if the patient was married and her husband had a normal semen analysis.26

**Increased Risk of Ectopic Pregnancy**

A study of women at the Boston Hospital for Women found that the relative risk of ectopic pregnancy to be 1.6 for women with one prior abortion (reduced to 1.3 after control of confounding factors) and 4.0 for women with two or more prior abortions (reduced to 2.6 after control of confounding factors).21

**Increased Breast Cancer Risk**
An upstate New York study matched 1451 cases of breast cancer in women under 40 which were reported to the Cancer Registry with 1451 population controls by year of birth and by residence using zip codes. An odds ratio of 4.0 (CI 1.5-13.6) was associated with a history of repeated interrupted pregnancies with no intervening live births. Ten cases and no controls had a history of two consecutive induced abortions. Six cases and no controls had two or more spontaneous abortions.22

A Danish study found that abortion in the first and second trimester was significantly associated with a breast cancer risk of 1.43 (one abortion) and 1.73 (two or more abortions) compared with those without an abortion history after adjustment for age, residence and age at first birth.27

**INCREASED LIVER CANCER RISK**

A study of reproductive factors and the risk of primary liver cancer conducted in Northern Italy between 1984-91 found a 2.1 relative risk for liver cancer for two or more induced abortions and 1.6 relative risk for one abortion compared to women with no abortion history.23

**INCREASED RISK FOR CANCER OF THE CERVIX**

A case-control study published in 1984 in France showed a 2.3 relative risk for cancer of the cervix for women with one abortion and a 4.92 relative risk for women reporting two or more induced abortions compared with women with no prior abortion history.26

Compiled by Thomas W. Strahan, Editor

**REFERENCES**

1. Repeat Abortion in Denmark. Osler, Morgall, Jensen, Osler, Danish Medical Bulletin 39: 89-91, 1992


4. First and Repeat Abortions: A Study of Decision-
ASSOCIATION ANNUAL
MEETING AND PAPER SESSION

The Annual Meeting of the Association for Interdisciplinary Research in Values and Social Change will be held on Wednesday, June 23, 1993 at the Milwaukee Hyatt Regency Hotel (downtown), 333 West Kilbourn Avenue, Milwaukee, Wisconsin, from 8:00pm to 10:30pm. The general public is invited and there is no charge to attend. The presenters will be:

Joel Brind, PhD, Abortion - Breast Cancer Link
Lee Ellen Gsellman, M.A., NCC, Post Abortion Research - Akron Pregnancy Services
David C. Hanley, M.S.W., A.C.S.W., Induced Abortion in Mental Health Outpatients

*George Mulcaire - Jones, M.D., Critique of American Medical Association Position on Abortion

*Tentative