The vast majority of the general public opposes the use of induced abortion as a form of birth control. A Los Angeles Times national telephone survey in March, 1989 asked, "Generally speaking are you in favor of abortion when it is used as a form of birth control or are you opposed to that?". In response, 62% expressed strong opposition to abortion as birth control and 18% expressed some opposition while only 13% expressed some or strong favor.¹

The vast majority of the general public opposes the use of induced abortion as a form of birth control.

A national poll conducted by the Gallup Organization in May 1990 found that 88% of the adults surveyed disapproved of abortion if the couple is using abortion as a repeated means of birth control.²

Many of those in favor of legalized abortion are also opposed to the use of abortion as birth control. The Los Angeles Times survey found that among those that said they favored abortion, 50% had strong opposition to abortion as birth control and 22% had some opposition.

The frequent use of abortion for such a purpose was observed by doctors at the Stanford University of Medicine in 1971 when abortion was becoming more utilized. They said: "As the legal induction of abortion has become available, it has become evident that some women are now intentionally using abortion as a substitute for contraception. This alternative to contraception is especially appealing to women who have any one of innumerable reasons for desiring pregnancy but not reproduction. It is also appealing to perceptive women in appropriate circumstances who note that it is cheaper to have a welfare supported abortion that it is to personally purchase contraception. This substitute is also being embraced by certain women and couples who consider themselves to have a minimal risk of pregnancy because of infrequent or erratic coitus or because of known or suspected low fertility. It has also been used by hostile feminists who harbor the belief that 'Abortion is my right. Why should I use contraception if
I don't want to'. The availability of abortion is also largely the basis for the pretentious rejection of contraception by an apparently growing body of young nonconforming social dissenters who declare, 'Why sweat? So it happens. So we'll take care of it.' It seems certain that for some time to come there will be an increasing number of women who will reject contraception purely on the basis of the availability of legal abortion.\(^3\)

The authors of this prediction were prophetic. Since 1971 when the statement was made, it has become very clear that a substantial amount of sexual activity occurs among males and females without any procreative intent. Induced abortion, once legalized, becomes a means of "fixing" an undesired pregnancy. For example, consider the following situations, all of which resulted in abortion.

_Sally, age 19, found herself pregnant and planned to keep the baby. She asked both of the men she'd been sleeping with if one of them would marry her. "They said they didn't feel like it and didn't want the responsibility. They both convinced me I should have an abortion."^4_

Comment: Sociologist Kristen Luker says that the pressure to test commitment and to force a declaration of intentions of the male is an ideal precondition for contraceptive risk taking by the female. She has found that some women will thus risk a pregnancy to test the male's commitment to marry and if he does not do so, she may then obtain an abortion.\(^5\)

_Melanie said: 'I didn't use any birth control because my boyfriend said, 'Don't worry, I've never gotten anyone pregnant before', and it wasn't available to me.'^8_

Comment: Sociologist Kristen Luker has observed that sometimes the costs to romantic spontaneity alone are enough to make women skip the use of contraception "just this once". Also, whatever feelings the man has about the use of contraceptives can have an impact on the woman's decision to take a risk.\(^5\)

_Marilyn said, "The week after I graduated from high school, I set out to lose my virginity... I had been on the birth control pill earlier, but my mother put up such a big stink about it that I finally had to get off of it. So I wasn't using anything. Shortly thereafter, I found out I was pregnant."^6_

Comment: Sociologist Kristen Luker has observed that often a woman is reluctant to take steps which might notify significant others that she is participating in sexual behavior which she has reason to believe others will disapprove. By focusing the present cost, i.e. the censure of significant others at the expense of a future cost, i.e. a possible pregnancy, the later more costly deviance, an induced abortion becomes the outcome.\(^5\)

_Carol said: "I started having difficulty with birth control. I had an IUD but had trouble with it, and had to have it removed. I tried the pill, but after one week by breasts swelled and had lumps everywhere. So I discontinued use and became pregnant."^6_

Comment: It appears that many women are not satisfied with present methods of birth control. A Tennessee study of women in 1991-1992 found that oral contraceptives and condom use by their partner were the predominant methods used. However, women frequently reported adverse side effects and menstrual problems from oral contraceptives. Condoms caused dissatisfaction because of inconvenience, their uncomfortable nature, lack of effectiveness and lack of sexual satisfaction.\(^7\)
TABLE 1
Self-Reported Contraceptive Use Among Minnesota Resident Women Undergoing Induced Abortion

<table>
<thead>
<tr>
<th>Year</th>
<th>All Women Aborting</th>
<th>Currently Married Women</th>
<th>Never Married Women</th>
<th>Teenage Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year - 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Used Contraception</td>
<td>32.6%</td>
<td>9.3%</td>
<td>43.1%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Used in Past But Not Now</td>
<td>48.5%</td>
<td>54.3%</td>
<td>43.6%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Was Using When Became Pregnant</td>
<td>18.7%</td>
<td>36.3%</td>
<td>13.3%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Year - 1980</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Used Contraception</td>
<td>22.4%</td>
<td>7.2%</td>
<td>28.0%</td>
<td>42.9%</td>
</tr>
<tr>
<td>Used in Past But Not Now</td>
<td>47.4%</td>
<td>47.1%</td>
<td>45.9%</td>
<td>39.5%</td>
</tr>
<tr>
<td>Was Using When Became Pregnant</td>
<td>25.9%</td>
<td>39.5%</td>
<td>22.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Year - 1985</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Used Contraception</td>
<td>14.1%</td>
<td>6.6%</td>
<td>17.4%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Used in Past But Not Now</td>
<td>54.3%</td>
<td>52.8%</td>
<td>53.7%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Was Using When Became Pregnant</td>
<td>28.5%</td>
<td>36.5%</td>
<td>26.1%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Year - 1990</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Used Contraception</td>
<td>4.9%</td>
<td>4.0%</td>
<td>5.9%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Used in Past But Not Now</td>
<td>64.9%</td>
<td>61.6%</td>
<td>66.0%</td>
<td>64.6%</td>
</tr>
<tr>
<td>Was Using When Became Pregnant</td>
<td>28.3%</td>
<td>31.4%</td>
<td>27.5%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Year - 1993</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never Used Contraception</td>
<td>3.6%</td>
<td>5.3%</td>
<td>3.7%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Used in Past But Not Now</td>
<td>58.4%</td>
<td>55.7%</td>
<td>59.4%</td>
<td>58.4%</td>
</tr>
<tr>
<td>Was Using When Became Pregnant</td>
<td>36.2%</td>
<td>36.6%</td>
<td>35.5%</td>
<td>32.4%</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Health

Minnesota Health Department Data

At least among some population groups, a very large number of women have induced abortions who have been erratic in the use of contraception or who had abortions because of failures of contraception. Since 1975, the Minnesota Department of Health has collected data forwarded by abortion facilities. Included in the data are reports on contraceptive practices, according to the self-reports of the women obtaining abortions in the state. According to their most recent data for 1993, there were 12,955 Minnesota resident abortions of which 80.7% were white women, 9.2% black, 5.2% oriental, 1.3% Indian and 3.6% other non-white or not known: 68.5% of the abortions were by never-married women, 15.0% by currently-married women and 14.8% by divorced, separated or widowed women. Some 18.9% of the abortions were by teenage women. For a number of years there has been a comprehensive network of Planned Parenthood clinics and other facilities throughout the state where contraceptives may readily be obtained. There has been considerable public expense in the promotion of "family planning".

The 1993 data reported that 58.4% of women obtaining abortions reported using contraceptives at some time in the past. The percentage who reported using contraceptives at the time they became pregnant, i.e. contraceptive failure was 36.2%, while only 3.6% reported they had never used contraceptives. Similar figures were reported whether or not the women were currently married, never-married or teenage women who obtained abortions in 1993.

The 1993 figures are much different than those first reported in 1975. In 1975 many more women reported never using contraception prior to abortion (32.6%) and the reported failure rates of contraception were lower (18.7%) which is probably due to generally less use of contraception at that time. (Table 1)

A particularly large decrease in the number of Minnesota women who obtained abortions and who had never used contraception oc-
cur-red between 1980-1990. For example, in 1980 42.9% of teenage women who had obtained abortions reported that they had never used contraception. By 1990 this figure had fallen to only 11.3%. (Table 1) It is likely that the increase in contraceptive use arose, at least in part, from increasing awareness of sexually transmitted diseases such as AIDS and the importance emphasized by public health officials, of use of a condom to provide a measure of protection from transmission of disease.

A considerable change in the type of failed contraceptive used by Minnesota women prior to abortion has occurred since 1979. In 1979, there were 11 different types of contraceptive methods reported with none having any dominant usage. The diaphragm was the highest at 22.3%, followed by birth control pills (16.8%) and condoms (14.3%). (Table 2) By 1993 diaphragm usage had fallen to 3.6% while condom use had increased to 52.5%. Birth control pills as the source of failed contraception prior to abortion remained relatively constant from 1979-1993 ranging from 15-18%. Overall, 17 various types of contraception were listed as failed contraception by Minnesota women who had abortions in 1993.

The percentage of Minnesota women who have used repeat abortion as a form of birth control has increased markedly over the years according to the statistics of the Minnesota Department of Health. In 1975 only 11.6% of abortions were repeat abortions. By 1985 this figure had reached 32.3% and by 1993 it reached 39.2% of all abortions by Minnesota women. It is also significant that 13.4% of Minnesota women obtaining repeat abortions in 1993 reported no prior contraceptive use compared to only 3.6% of women who were aborting for the first time. The repeat abortion rate among Minnesota women is lower than national statistics generally. For example, in 1988 the National Center for Health Statistics reported that 44.1% of women having abortions were repeating abortion.¹¹ In Minnesota the comparable figure for repeat abortions for that year was 35.4%.

Alan Guttmacher Institute Study

The Alan Guttmacher Institute has also studied the contraceptive practices of U.S. women. In a nationally representative sample of U.S. women who had abortions in 1987 based upon information compiled by the Alan Guttmacher Institute, it was found that 91% had used a method of contraception at some time in their lives, and 48.7% did not practice contraception during the month in which they conceived. Of these 39.7% were prior users of contraception and 9.0% had never used contraception. About 75% of the women obtaining abortions had stopped using birth control

<table>
<thead>
<tr>
<th>Year</th>
<th>Condom</th>
<th>Pils</th>
<th>Sponge</th>
<th>Diaphragm</th>
<th>Condom</th>
<th>Only</th>
<th>Rhythm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>14.3%</td>
<td>16.8%</td>
<td>-</td>
<td>22.3%</td>
<td>5.1%</td>
<td>13.1%</td>
<td>6.6%</td>
</tr>
<tr>
<td>1982</td>
<td>15.8%</td>
<td>16.5%</td>
<td>-</td>
<td>27.2%</td>
<td>5.7%</td>
<td>8.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>1983</td>
<td>17.4%</td>
<td>16.8%</td>
<td>-</td>
<td>26.1%</td>
<td>5.6%</td>
<td>6.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>1984</td>
<td>17.6%</td>
<td>15.1%</td>
<td>10.3%</td>
<td>22.7%</td>
<td>4.5%</td>
<td>5.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>1985</td>
<td>17.4%</td>
<td>16.0%</td>
<td>19.8%</td>
<td>17.7%</td>
<td>3.6%</td>
<td>5.5%</td>
<td>4.8%</td>
</tr>
<tr>
<td>1986</td>
<td>28.9%</td>
<td>15.4%</td>
<td>16.6%</td>
<td>14.9%</td>
<td>3.9%</td>
<td>3.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>1988</td>
<td>34.2%</td>
<td>16.3%</td>
<td>13.2%</td>
<td>11.3%</td>
<td>4.1%</td>
<td>3.2%</td>
<td>2.9%</td>
</tr>
<tr>
<td>1990</td>
<td>43.4%</td>
<td>13.5%</td>
<td>10.4%</td>
<td>7.6%</td>
<td>2.8%</td>
<td>2.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>1991</td>
<td>45.3%</td>
<td>15.7%</td>
<td>9.4%</td>
<td>6.4%</td>
<td>3.1%</td>
<td>2.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>1992</td>
<td>49.1%</td>
<td>17.8%</td>
<td>7.1%</td>
<td>4.9%</td>
<td>2.6%</td>
<td>2.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td>1993</td>
<td>52.5%</td>
<td>17.4%</td>
<td>6.6%</td>
<td>3.6%</td>
<td>2.6%</td>
<td>2.1%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Health¹⁰
pills. Overall, 18% had become pregnant within 1 month of stopping their method use and 47% became pregnant within 3 months.

One-fourth of the women who stopped using a method prior to becoming pregnant were using methods less effective than the pill but a disproportionately large percentage became pregnant soon after stopping. For example, 74% of those who were using spermicidal suppositories became pregnant within 3 months of discontinuing them, 69% of women became pregnant within 3 months upon discontinuing the condom, 65% if the method was withdrawal, 57% if the method was foam and 49% if the method was rhythm. The study also found that the nonuse of a method of birth control prior to abortion was greatest for those who are young, poor, black, Hispanic or less educated. The authors concluded that lack of knowledge of contraceptive methods and services is not the main problem for most women having abortions.11

It is particularly important to examine the contraceptive practices of other than married women since they are the group of women most likely to have an abortion. For example, among Minnesota women who had abortions in 1993, those who were married had an abortion rate of only 3.9 abortions per 100 live births. In contrast, those who were unmarried including never-married, divorced, separated, widowed or unknown marital status had an abortion rate of 72.9 abortions per 100 live births. A report on the contraceptive practices of U.S. women from 1982-1988 found that few sexually active women report that their partner was using condoms and even fewer report using them consistently. Overall, 15% of women in the U.S. between the ages of 15-44 who had used contraceptives reported the current use of condoms although condoms were the contraceptive method used by 47% at first intercourse.12 The study noted an increasing use of condoms for most demographic groups with percentages varying by race/ethnicity, age, marital status, education and income.

### National Survey of Family Growth Studies

In a study of sexually active, never-married women from the 1988 National Survey of Family Growth, 41% reported using condoms within at least one month during the month they reported having sexual intercourse. Younger women were more likely to report condom use within the study period than older women and white women were substantially more likely to report condom use than black or Hispanic women. Of the 41% who reported condom use, 31.6% reported consistent use. Those with a lifetime number of 5 or more sexual partners or who had sexual intercourse more than once a week were less likely to report consistent condom use.13

Even when contraceptives are used pregnancy is likely to result. In another study based upon an analysis of data from the 1988 National Survey of Family Growth which examined contraceptive failure rates, it was found that 8% of birth control users accidentally became pregnant during the first year of use, 15% of condom users had pregnancies in the first year of use with periodic abstinence resulting in pregnancy 26% of the time. Accidental pregnancy among women using spermicide was 25%.14

### Limitations of the Condom

With the increasing reliance upon the condom in recent years for contraceptive purposes, it is important to look more closely at the limitations of the condom. Condom slippage and breakage during sexual relations is significant. One recent study conducted by the Family Planning Program at Emory University in Atlanta, Georgia found that of 405 condoms distributed to couples and used for intercourse, 346 (85.4%) “stayed the course” as
described in the study. Some 14.6% either broke during sex or upon withdrawal, fell off during sex or fell off during withdrawal.¹⁵

Reliance upon the condom as the method of birth control also tends to move responsibility to the male. This is apparent from the story of a woman who became pregnant and had an abortion. She said: "We started out using birth control, but then we stopped. He didn't want to use a condom anymore... I was too afraid to go on the pill because I thought my parents would find out and it would hurt them. The immature side of the teenager won out... and we went ahead anyway."¹⁶ This story is typical of many sexual relationships particularly among young, unmarried couples. Many males do not use condoms when having sex. Data from the National Survey of Adolescent Males on never married, non-institutionalized males, aged 15-22 across the United States found that the proportion of males who used a condom at last intercourse decreased from 56% in 1988 to 44% in 1991.¹⁷

**Nearly 2 out of 3 adolescent males believed that abortion was the solution if they were to get their partner pregnant.**

Many males do not take the responsibility for contraception. In a national survey published in 1979, it was found that almost one-half (43.2%) of adolescent males felt that contraception was the responsibility of the female and only one-fourth believed that the male should regularly use contraception. And perhaps most importantly, 63.4% of the adolescent males believed that abortion was the solution if they were to get their partner pregnant.¹⁸ This is particularly important because the attitude of the male partner toward a pregnancy has been well established as an important factor in whether or not the child is aborted or carried to term.¹⁹

**Repeat Abortion as Birth Control**

There has been a particular concern about the use of repeat abortion as a method of birth control. The woman, who repeats abortion, exposes a major weakness of abortion counseling. Assisting the woman to choose a suitable method of birth control is a major theme of abortion counseling and when a woman repeats abortions the counselors are frequently very frustrated because of the ineffectiveness of their birth control counseling.²⁰ Health professionals have been admonished to understand the conditions leading to exposure to unprotected sexual activity, subsequent repeat abortions and ways to counsel their clients who are considering the use of repeat abortion.²¹ However, abortion counselors have not done so and this has resulted in very detrimental effects on the health and well-being of women.²²

Some studies have attempted to determine possible reasons why a woman might use repeat abortion as a form of birth control. A Finnish study compared women who had successfully used contraception following a first abortion with women seeking a second abortion. A detailed study of their backgrounds was undertaken. It was concluded that the inability to improve contraception, in the long run, was not related to differences in educational level or knowledge about contraceptive techniques, but to the developmental level of personality structures. Women aborting for the second time were found to be lower in control of impulsivity, emotional balance, realism, self-esteem, stability of life and capacity for more integrated personal relationships. The differences in personality development were found to be due to growth conditions in childhood. In the repeat abortion group men took less responsibility for contraception, even though the women had left them greater responsibility in that regard.²³

A Greek study of repeated abortion being used
as a contraceptive method found that women having repeated abortions experienced a bereavement process and deep guilt. It was concluded that this feeling of guilt was an unavoidable consequence of some prohibitions concerning particularly female sexual fulfillment and/or the possibility of pregnancy without becoming a mother. The guilt was not only linked to aggressiveness but also to anxieties about bodily integrity which were related to the network of identifications with parental images.24

Researchers at the University of Pittsburgh School of Medicine studied 116 women seeking a repeat abortion and concluded that postabortion women become less persistent users of contraception than sexually active non-pregnant women. The authors concluded that those seeking a repeat abortion are inherently less able to prevent unwanted pregnancies than are some other groups of women. Also, the study found that the use of contraception by repeat aborters was similar when comparing legal vs. illegal abortion.25

A Canadian study of women repeating abortion at a Montreal hospital found that those repeating abortion tended to have more frequent intercourse, to have less satisfying relationships, to be less likely to live with their partner, to have fewer physical complaints and to have more difficulty sleeping compared to women aborting for the first time. Women having repeat abortions were slightly more likely to have been using contraceptives at the time they became pregnant but did not differ from the first time aborters in the types of methods they used. About one-half of both groups used no method at the time of conception.27 Other studies involving U.S. women have also found that women who were repeating abortion had used contraception more often but were also more sexually active thus statistically increasing their risk for a repeat pregnancy and abortion.28

A recent Swedish study compared women who were seeking abortion (including both first abortions and repeat abortions) with women who were continuing their pregnancies to determine the nature and extent of contraceptive use. Women seeking abortion were found to be much less likely than childbearing women to have a permanent relationship of either marriage or living together. All groups had made extensive use of contraceptives, including birth control pills. Women in the abortion group were much more likely to report concern for side effects as the reason for stopping the use of contraceptives although some had not experienced actual side effects. Women who were aborting were also more likely to state that a termination of a relationship was a reason for discontinuing the use of contraceptives. The authors concluded that short and unstable relationships might be more likely to involve irrational sexual behavior.

The use of repeated abortion as birth control exposes a major weakness in abortion counseling.

The use of repeated abortion as a contraceptive method has been also investigated by Danish researchers in a study published in 1992. Contraceptive use at conception among women having a first abortion was compared with women having a second abortion. Some 32% of the first time aborters used no contraception compared to 38% of second time aborters. About 60% of each group used a condom, diaphragm or spermicide. Only 10% of the women aborting for the first time and 2% of the women aborting for the second time used oral contraceptives. The women were asked whether or not they ever took a chance with regard to contraception. Some 58% of women aborting for the first time and 64% of women aborting for the second time replied yes to the question, and about 40% of each group replied that they often take a chance by having unprotected intercourse.26
They also speculated that the expressed concern for side effects from use of contraceptives may have been an excuse for becoming pregnant without planning and without contraception thus providing an excuse for their abortion decision.29

Misplaced Reliance on Technology

A reliance on technology as a means of "funding" problems has also been identified as a reason for the use of abortion as a form of birth control either among women aborting for the first time or among those repeating abortion. In a study of 252 women who were members of the organization Women Exploited By Abortion, 23% reported that they were using a form of birth control at the time of their conception. After relying on the promises of these "responsible" birth control methods, many felt betrayed by the technology they had trusted to keep them from getting pregnant. Thus, they generally felt that the pregnancy was not their fault but rather the fault of a contraceptive failure which they were now "forced" to correct through abortion.20

Conclusion

Thus, it is clear that abortion is well established as a form of either primary or secondary birth control. Contemporary contraceptive methods are frequently erratic or ineffective for many reasons. Repeat abortion as a form of birth control is of particular concern and appears to be related to a variety of psychosocial problems. Whatever the motivation for the pregnancy or abortion, or whether the abortion is a first or repeat abortion, the bottom line is that abortion ends up in being the ultimate form of birth control.

Thomas W. Strahan, Editor

Footnotes
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13. Patterns of Condom Use and Sexual Behavior Among Never-Married Women, LB Potter, JE Anderson, Sexually Transmitted Diseases, 204(201): July/August, 1993
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