

## Why Women Have Abortions

Women having abortions have been asked to choose among a list of cited reasons for having their abortions, sometimes with the option of selecting more than one reason. A variety of such surveys have yielded a variety of results. An article by Wm. Robert Johnston, updated in October of 2008, looked a variety of studies and compiled estimates based on all the data<sup>1</sup>. The following table is taken from the article.

Reason for abortion	% of abortions
Rape	0.3% (0.1 – 0.6%)
Incest	0.03 (0.01 – 0.1%)
Physical life of the mother	0.2 (0.1 – 0.3%)
Physical health of the mother	1.0 (0.1 - 3%)
Fetal health	0.5 (0.1 – 1.0%)
Mental health of the mother	Depends on definition
“Personal choice”	98%
- too young/immature/not ready for responsibility	- 32%
- economic	- 30% (21 – 36%)
- to avoid adjusting life	- 16%
- mother single or in poor relationship	- 12- 13%
- enough children already	- 4 – 8 %
- sex selection	- < 0.1%

**Common Reasons:** At the Pregnancy Resource Center, when someone called to inquire about abortion, the most common reason stated was “I am already a single mother, and I can’t afford another child.” Many single women who get pregnant for the first time do have their child, but as they experience the difficulties of single parenthood, and continue to be sexually active, they may feel unable to handle the second or third child. Economic factors are a motivator for married couples as well as single moms; sometimes it is the father, who feels the burden of providing for the family, who insists on an abortion in order to avoid increasing the already burdensome family needs he is trying to meet. Inner city neighborhoods usually have the highest abortion rates, and economic factors undoubtedly contribute to the higher proportion of abortion among Hispanic and African-American populations.<sup>2</sup>

Teens who get pregnant are more likely to abort than women in their twenties, probably because they feel less ready to handle motherhood, they want to hide their sexual activity from parents, or because their parents encourage or even coerce the abortion. The age group of 20-24 has the highest number of abortions per 1000 members of the group, and represents the largest proportion of total abortions.<sup>2</sup> This group would include college students, who do not want to drop out of school to have a baby, as well as other young singles or even young married women who feel unprepared to parent, whether for economic, career, or emotional reasons.

**Less common reasons:** Not mentioned in the surveys is the reason of hiding sexual activity resulting from infidelity. The Pregnancy Resource Center of Fort Bend County has had

occasional cases of women who had become pregnant with a man other than their fiancé, husband, or common-law husband. In cases where the fiancé or husband is out of town, in jail, or has had a vasectomy, a pregnancy would be clear evidence of the infidelity.

The data given estimates 4 – 8% of abortions are done because the woman has “enough children already.” While we may think of abortion as something done by teens, single moms, and needy couples, how many suburban mothers with 2 or 3 children, in comfortable homes, decide to use abortion to limit the size of their families, or to avoid “starting over” with a baby after their children are in school? Granted that many such families use birth control, pregnancies still happen, and women over 40 who do get pregnant are even more likely to abort than teens.<sup>2</sup>

**Physical Health of the Mother:** While the percentage of abortions due to a threat to the physical health of the mother is low, it should be noted that obstetricians pay high rates of malpractice insurance. There is a reluctance to risk exposure to anything going wrong, and hence a temptation to advise the mother to abort in order to avoid the risk of a malpractice suit. A case is known where a woman with back problems was advised to abort by her doctor, in order to avoid injury to her back.

**Possibility of fetal health problem:** Again this is a low percentage of all abortions, but the large majority of preborn babies diagnosed with Downs syndrome and other serious defects are aborted.<sup>3</sup> Some people feel that the high rate of abortion is partially due to the fact that the medical professionals presenting the diagnosis present primarily negative information about the condition, encourage abortion. Rather than pressuring patients to make a rushed decision for an abortion as early as possible, women expressed a desire for more balanced information and referrals to Down Syndrome support organizations.<sup>4</sup>

### **“Hard Cases”**

**Rape and incest:** While the Alan Guttmacher Institute has long cited rape as a reason for 1% of abortions, this figure was estimated to be significantly lower by Mr. Johnston.<sup>1</sup> While the true number is difficult to determine because of unreported rapes, it is clear that only a very small minority of abortions are due to rape. While many people hold onto the justification of abortion in these cases out of compassion for the women who have been victimized, no one had until recently asked women in those situations how they felt about it. A book published in 2000 reported on a survey of 192 women who became pregnant through sexual assault and either had abortions or carried term.<sup>5</sup> The consensus opinion of these women who have actually been in this situation is that abortion in their circumstances was injurious. Indeed, the results of this study suggest that most women who become pregnant through sexual assault do not even want abortions. "Many of the women in our sample aborted only because they were pressured to do so, and most reported that the abortion only increased their experience of grief and trauma," said Reardon. "In contrast, none of the women who carried to term said they wished they had not given birth or that they had chosen abortion instead. Many of these women said that their children had brought peace and healing to their lives."<sup>6</sup>

**Physical life of the mother:** More than one doctor has stated that it is never necessary to abort a child in order to save the mother.<sup>7</sup> There are rare cases, such as uterine cancer or physical injury to the uterus, where the removal of the uterus of a pregnant woman is necessary to save the mother's life. This intervention is not an abortion, but a necessary treatment of the mother which unavoidably results in the death of the child. If it were possible to nurture the child outside the womb, it could and would be done.

In the case of ectopic pregnancy, where the child implants outside the uterus (usually in the fallopian tube), it has long been argued that again intervention was necessary to avoid both mother and child from dying. However, it is apparently the case that many ectopic pregnancies resolve themselves with a spontaneous miscarriage.<sup>8</sup> If that does not happen, there are now several known cases of children surviving an ectopic pregnancy by attaching themselves to the outside of the uterus or other maternal organs to receive the nutrients necessary for survival. Maternal death due to bursting of the tube has also declined, so that while both mother and child are at risk in an ectopic pregnancy, the outcome is far from certain, and careful observation may in fact be an appropriate choice to allow for the possibility of both mother and child to survive.<sup>9</sup>

#### References:

1. Johnston, Wm. Robert, "Reasons Given for Having Abortions in the United States", retrieved from <http://www.johnstonsarchive.net/policy/abortion/abreasons.html#9> on 4/16/10.
2. Henshaw, Stanley K., and Kost, Kathryn, "Trends in the Characteristics of Women Obtaining Abortions, 1974 to 2004", New York: Guttmacher Institute, 2008. See Abortion Statistics Information Sheet, from Christian Voices for Life.
3. Enouen, Susan, PE., "Down Syndrome And Abortion" retrieved 4/17/2010 from <http://www.physiciansforlife.org/content/view/1301/26/>.
4. Skotko BG. "Prenatally diagnosed Down syndrome: Mothers who continued their pregnancies evaluate their health care providers." *Am J Obstet Gynecol* 192, 2004, pp. 670-7.
5. Reardon, David, Julie Makimaa and Amy Sobie (ed), *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault*, Acorn Books, 2000.
6. Reardon, David, "Rape and Incest Victims Reject and Regret Abortions: New Book Surveys 192 Victims", retrieved on 4/16/2010 from <http://www.afterabortion.org/news/Victims.html>
7. Guttmacher, Alan F., "Abortion—Yesterday, Today and Tomorrow," in *The Case for Legalized Abortion Now* (Berkeley, Calif.: Diablo Press, 1967) stated "Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal illness such as cancer or leukemia, and, if so, abortion would be unlikely to prolong, much less save, life." Dr. George Isajiw, past president of the Catholic Medical Association, in an interview with Father Frank Pavone, published in print and retrieved on 4/16/10 from <http://www.priestsforlife.org/media/interviewisajiw.htm>. stated "There is no such thing as an abortion to save the life of the mother. ... Where the confusion arises is the so-called indirect abortion...".
8. Tenore, Josie L., "Ectopic Pregnancy" retrieved on 4/17/10 from <http://www.aafp.org/afp/20000215/1080.html>
9. Abort73.com. (2010). "Is Abortion Ever Justified?" Retrieved April 16, 2010, from [http://www.abort73.com/end\\_abortion/is\\_abortion\\_ever\\_justified](http://www.abort73.com/end_abortion/is_abortion_ever_justified) -