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Risk factors and the medical consequences of abortion

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Very few people wonder what really pushes a woman to resort to abortion. The general perception is that a woman who does not want to carry her pregnancy to the end chooses to terminate it, without it being necessary to understand the circumstances or the "reasons of a personal nature" that lead to this decision.

To this day, more than 1 billion abortions have taken place worldwide since its legalisation.[1] In 2008 alone, 44 million abortions were performed worldwide. Abortion is particularly practiced in our western societies, the European Union alone counted 650 000 abortions in 2012.

Thus, in 2008, the abortion rate, which is the number of abortions per 1,000 women of childbearing age (15 to 49), was 28‰ worldwide and 27‰ in the European Union. It is of 12‰ in Western Europe.[2] It must be noted that 30% of pregnancies end in an abortion in Europe, as the largest part of European countries allow abortion on demand.[3]

[1]WR. Johnston, Summary of Reported Abortions Worldwide, Global Abortion Summary, section VIII, lastupdated 19 September 2015.
[2]Guttmacher institute, Facts on Induced Abortion Worldwide, January 2012
[3]European Commission, Being young in Europe today, Eurostat statistical books, 2015.

If abortion was seen at first as an ultimate escape route responding to a desperate situation, the reality of massive abortions demonstrates that abortion has become a common and frequent means of avoiding an unplanned pregnancy. Yet, the decision to abort is far from being trivial. Its gravity and its frequency impose that we understand the issue in its entirety.

The decision to undergo an abortion necessarily slots into a precise sociological, economic and cultural context that has an influence on its recourse. It is quite understandable that the context in which the woman finds herself can result in a distress that will push her to abort.
It is thus far too simplistic to consider that this decision is taken in all serenity and to classify the reasons mentioned by women who abort as reasons of a personal nature, without seeking to identify a problem and to be interested in it.

Although unwanted pregnancies happen in several cases, all women who find themselves in this situation do not choose to abort. What are then the reasons for which one woman will choose to turn to abortion, and another one will not?

Obtaining answers to these questions will allow us to think of ways of prevention or other alternative solutions that would allow us to avoid coming to such an end.
These solutions are all the more important as abortion, far from being an insignificant act, is often heavy with consequences for the women but also for their current or future partner.

On the basis of several national or international statistical studies and reports, it is interesting to point out the risk-factors facing abortion as regards the personal environment of the woman but also the society in which she evolves.
These factors might not be automatic - indeed a woman being placed in such a context will not necessarily turn to abortion - but they allow us to understand in what situation a woman will be more inclined to abort compared to another.

I. The factors influencing the decision to undergo an abortion

A) The risk factors

One can observe that certain situations that arise for women are going to have an impact on their propensity to abort.

– **Economic precariousness**

It is interesting to note that women in a precarious economic situation have a higher risk of resorting to abortion and to resort to it repeatedly. The economic situation of women can emerge from different configurations:

- “health insurance”: In France, 37.5% of women who do not have health insurance have already undergone repeated abortions.
- “Social security”: In Belgium, hospitals that practice abortions highlight that 30% of women who abort do not have a social security coverage and that 15% of women who abort invoke financial and material reasons.[4]
- Unemployment: Similarly, concerning unemployed women, we can observe, in particular, in Sweden, that 23% of women who abort are jobless. In France, nearly half of the women who have already resorted to repeated abortions are unemployed, and this rate has not ceased to increase going from 27.1 to 42.8% from 1990 to 2011.[5]

– **The level of studies**

Students are particularly concerned by abortion and the phenomenon does not cease to worsen, we went from 14, 6% to 19% of students that have already undergone an abortion, between 1990 and 2011. This phenomenon is also noticeable concerning repeated abortions of which the rate has gone from 9, 3% to 15, 8% between 1990 and 2007.

Women having a low level of education also highly resort to abortion. In France, 35% of women who have not obtained a Bachelor have undergone multiple abortions. In Italy, 92% of women who abort do not have a university degree.

– **Celibacy**

Single women in France are more and more concerned with abortion, going from 44.1% to 51.7% between 1990 and 2011.[6] The proportion of single women represented among the women who abort is much more significant in Wales and in England - where they represent a crushing majority - and it does not cease to increase, going from 77% to 81% between 2004 and 2014.[7]

– **Pressure from relatives**

We can see that women who undergo an abortion rarely take the decision to do so alone, but are often influenced by their relatives. A German study points out that in 29% of cases, the woman chose to abort because her partner exercised a pressure on her.
This observation is all the more obvious among teenagers, 46% of which, in France, abort after having been influenced by family or relatives.

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[4] Report for the attention of th Belgian Parlement, 2011-2012 session, *Report of the National Commission for the Evaluation of the 3rd April 1990 law concerning termlnation of pregnancy, 27th of august 2012.*
[5] Swedish report.
[6] M. Mazuy, L. Toulemon, É. Baril, INED, « The number of terminations of pregnancies is stable but less women resort to it », Population, Vol. 69, n° 3, 2014.
[7] Department of Health of UK, Abortion Statistics, England and Wales: 2014, National statistics, June 2015.

Transition: We thus observe that depending on whether a woman is a student, single, or with low income, there is a higher risk that she will turn to abortion. However, the recourse to abortion does not solely depend on being exposed to risk factors. Indeed, the society in which the woman evolves can have a dissuasive effect or on the contrary an incentive effect as regards the recourse to abortion.

We shall observe that the behaviour of women confronted to an unwanted pregnancy fluctuates depending on the place given to family in the society in which they evolve.

B) The societal status of family

1) Familial instability

We can see that in most States of the European Union, the familial institution is in perdition. Indeed, the marriage rate diminished by half (from 7.8‰ to 4.5‰ people) when the divorce rate has doubled by half (from 0.8‰ to 2‰ people). Couples live increasingly in cohabitation and there are thus more and more births outside of marriage, the rate having doubled in the European Union in 20 years to reach 40% of children in 2011.

This weakening of the familial structure has a strong impact on the increase of the recourse to abortion. Indeed, as Nathalie Bajos says so very correctly, in becoming the norm today, marital instability leads to a strong recourse to abortion since the fact of being in an unstable marital situation is one of the primary causes of abortion.

This familial instability explains itself, in particular, by the fact that sexual youth lasts longer. Indeed, young people have sexual relations earlier and earlier, the worldwide average being 17. This explains the reason why we went from an average of 1.8 to 4.4 partners between 1970 and 2006. When before, for 70% of women their first partner became their spouse, today **only 20% of women are concerned**.

Premature sexual relations are due to the legalisation of contraception but also to the banalization of sexuality which can emerge from sex education classes which are given earlier and earlier.

In fact, we can see that in the countries where sex education classes are popularised at school, the teenage pregnancy rate is much higher and so is the abortion rate as well. Sweden is a good example of this, where sex education classes appeared in 1942. If in the most countries of the world the pregnancy rate is diminishing these past years, it is not the case of Sweden where the rate is of 29‰ in 2010 and 69% of teenage pregnancies end in an abortion. Thus, the teenage pregnancy rate in Sweden is one of the highest in Western Europe and was of 15‰ in 2014.

2) **Familial stability**

On the opposite, in countries where the familial institution is preserved, we observe that abortion remains low. This is explained by the fact that the arrival of a child, even unplanned, remains something positive. One can mention for example Poland, where family remains one of the most important goals of life, before work or hobbies, etc.

Furthermore, the countries in which the familial institution is preserved are the countries where Christian faith is carried by more than 80% of the population. This participates in maintaining a very important marriage rate and thus in preserving the institution of marriage. This necessarily influences the recourse to abortion in these countries since, statistically speaking, married women turn much less to abortion, in comparison to the population of single women or women living in cohabitation, who, on the opposite, are strongly represented amongst women who undergo abortion.

In these countries, which are Italy, Ireland or even Poland, marriage rates remain high, the highest rate in Europe being Poland, with a marriage rate of 4.7‰. The number of marriages in Ireland is even increasing when it is diminishing in all the other countries (from 20,680 to 22,045 between 2013 and 2014), being also the country with the lowest divorce rate of the European Union with a rate of 0.6‰ divorces.

We can see in these countries that the appearance of sex education classes was delayed (Ireland, 2003) or is even non-existent, like in Italy, where no law was voted on the matter and where the abortion rate among minors is one of the lowest in Europe, 4.4 for 1,000 women.

From this point on, we can see that, contrary to popular misconception, according to which sex education classes result in better awareness of young people to avoid unwanted pregnancies, they have the opposite effect of increasing the number of unwanted pregnancies.

We can observe that what society conveys has a direct impact on sexual behaviours. This is what could be observed in the United-States where the pregnancy rate was particularly important, and where an abstinence campaign was lead from 1991 to 2005 which allowed to reduce by half the rate of students who have not had any sexual relations, that rate going from 33% to 66%, thus reducing drastically the teenage pregnancy rate of 51%, going from 117 to 57 pregnancies for 1,000.

II. Contraception, solution or aggravating factor

A) Countries with a high contraception rate

The recourse to contraception is considered by some to be an obvious solution to reduce abortions. From this point on, if we base ourselves on this thesis, the States in which the recourse to contraception is important should be the countries in which abortions are the least practised because there would be, in essence, less unwanted pregnancies. Yet, we observe the complete opposite.

To mention only two examples: in France, where only 3% of women in age of procreating do not resort to contraception, the abortion rate of 15.6‰ in 2013 considerably exceeds the European average of 12‰. Indeed, in France, a third of pregnancies are unplanned pregnancies and 33% of women resort to abortion.

The example of Sweden is even more striking, with an abortion rate of 20.2‰ in 2014 which does not cease to increase, despite the fact that the contraception rate is of 71.3%. The abortion rate is by the way particularly high among the young generation, reaching in 2014, 29.6‰ for 20-24 year olds and 27.3‰ for 25-29 year olds, this being explained by the fact that the average age of motherhood does not cease to be pushed back, being of 30.9 years old in Sweden.

One can easily understand that a woman who does not wish to have children before 30-31 and who has been having sexual relations for the past 10 years or so, has already resorted – repeatedly - to abortion, 43% of women having had an abortion in 2014 having already previously done so.

B) Countries with a poor contraception rate

On the opposite, we can observe that the countries where the recourse to contraception is not very high are the countries that managed to maintain a poor contraception rate, or even to reduce it. Thus in Italy, the number of abortions diminished by half (going from 235,000 to 103,000).

The example of Belarus is equally significant. Despite the demographic, sociological and historical similarities with Russia, Belarus has managed to diminish abortion in a considerable way from 106‰ in 1990 to 13.5‰ in 2010 when Russia has only reduced abortion from 114‰ to 32‰. Yet, the contraception rate in Belarus is much poorer than in Russia, 74.4% against 77.3%.

The decline is all the more significant in Poland where the abortion rate is of only 0.09‰. If it is true that the law has retrained the possibility to resort legally to abortion in 1993, we could already see a striking decline of abortion from 1989 to 1992 where the abortion

rate went from 8.8‰ to 1.2‰, when the contraception rate in Poland is particularly low, 70.5%.

> What explains that public policies result in consequences contrary to the ones for which they were prescribed?

One of the explanations may reside in the fact that the contraceptives methods are used incorrectly by women. Indeed, when we observe different studies, we can see that a large majority of women that undergo unwanted pregnancies were actually using a contraceptive method at the moment where they became pregnant. It emerges, in particular, from a study conducted in the United-States that a woman experiences in average 1.8 failures with contraceptive methods during the course of her sexually active life. Another study shows that among women who became pregnant despite the fact they were using the pill, 76% of them were using it incorrectly.
Furthermore, an experiment carried out on a group of women that consisted in sending them a message to remind them to take their pill, did not result in a better use of the pill since the women still forgot to take their pill 4.7 times per cycle.

The incorrect use of the pill does not, though, justify the important abortion rate. Moreover, the WHO has considered that even if all women used a method of contraception, there would still be 6 million abortions in the world each year, contraceptive methods not being, of course, 100% reliable.

It is interesting to link this explanation with the fact that the societies in which abortion is frequent are societies in which strong family planning is put in place. We then observe that the social norms frame reproductive practices and that the propensity to abort depends on the stage of the life cycle in which the woman is situated.
Thus, before 25, women will proceed to an abortion because they would like to finish their studies or because they are single.
Between 25 and 34 years old, which is relatively the age of maternity, the decisive factors will rather be to know if the woman considers having reached the number of desired children.
After 34, abortion will be envisaged depending on whether the pregnancy is perceived as a restraint on the professional situation, or whether the relation of the couple is unstable.

Such family planning thus strongly influences the abortion rate. Abortion has become a contraceptive method like any other. Yet, the consequences are far from being minor.

III. Medical consequences

The recourse to abortion is not without medical risk, whether it is on a physical or mental level, and these consequences do not solely concern the woman but also concerns the

babies that will be born afterwards or even the current or future partner.

A) The risks on physical health

1) The short-term risks

The largest abortion centre in the world, Planned Parenthood mentions by the way, itself, the short-term risks that can result from an abortion: infections, damage to the uterine cervix, blood clot in the uterus, incomplete abortion, etc.
It emerges from different studies that infections are the most frequent short-term risks and happen in 1 to 5% of cases. Minors are much more vulnerable to the short-term physical risks because they do not benefit from the protective power produced by the cervical mucus of older women. Thus, we observe that they have twice as many chances of suffering from a cervical tear as older women.

2) The long term risks

– Risk for the unborn babies

If some risks that are observed can appear straight after the abortion, certain risks will happen much later, in particular, concerning ulterior births. The health of the unborn babies is then in danger. Indeed, abortion increases the risk of premature births by 37%. The risk of delivery before 32 weeks is much higher, the chances being increased by 64%.

This risk is all the more important for women who have undergone repeated abortions, the risk is increased by 93% of delivering prematurely, and by 178% of delivering very prematurely.

Women who undergo abortion also have an increased risk of 125% of giving birth to a child of less than 1.5 kg (3.3 lbs).

– Risk for the woman

Beyond the risks for the unborn baby, the mother's health can be directly concerned. Indeed, although opinions are not unanimous on the fact that abortion would have a direct impact on breast cancer; the large majority of studies on this question establish a link between abortion and breast cancer. Thus for example, the National Cancer Institute in the United-States highlights that on a population of women who have been pregnant at least once, the women who already had an abortion had a higher risk by 50% of contracting breast cancer compared to women who carried their pregnancy to term.

B) The risks on mental health

1) Mental sickness

Women who had an abortion have a much higher risk of suffering from depression than woman who gave birth (by 53%), and the risk of self-mutilation is higher by 70% among women who had an abortion, and this on a population of women who did not have any psychiatric antecedents. The risk of depression is all the stronger among minors where the rate of suicide and suicidal ideas is of 50%.

The risks of addiction are equally more important as regards drug or alcohol consumption with a higher risk of 142% and 287% compared to women who gave birth.

Men are not spared from this observation and are also psychologically concerned by the abortion accomplished by their partner. A comparative study between men and women shows that where 56.9% of women live in psychological distress before an abortion, 40.7% of men suffer the same thing. Men also remain affected after an abortion, 30.9% declare being in a strong distress.

2) Risk of suicide

The risk of suicide is aggravated by an abortion, contrarily to giving birth which reduces the risk of committing suicide.

The WHO declares that in 2000 the suicide rate is almost as high as the death rate resulting from homicides and wars combined, i.e. 815,000 suicides. The suicide rate is very present amongst women.

When comparing suicide risks after a delivery and after an abortion, in different countries, we notice that abortion is an aggravating factor of the risk of suicide. If it is true that some women commit suicide after giving birth, giving birth still has a positive effect on the woman. Thus we can see that suicides attempts increase after an abortion (5 out of 1,000 women, against 8.1 out of 1000 women afterwards), when it decreases after giving birth, going from 2.9 to 1.9 suicide attempts after a delivery. Independently of the moment, the rate of suicide attempts is only 4.8‰ concerning the delivery, when it is of 13.1‰ for abortions.

C) Risks on the relationship

The impact on the relation of the couple can also be felt because of the many sexual dysfunctions that can result from an abortion. Up to 31% of women having had an abortion experience different sexual dysfunctions that can last up to a year after the

abortion, often linked to the anxiety and depression that follow an abortion. In the weeks that follow the abortion, dysfunctions have also been observed among 18% of partners.

Similarly, the couple suffers from it because men just as much as women have difficulty getting back into a stable relationship and tend to have impersonal sexual relations. Disputes and separations are also directly linked to abortion. A study shows that almost 50% of women report that the abortion had been a cause of major crisis in the couple and 50% report that their relationship with their partner was significantly altered after an abortion.

22% of relationships end after an abortion.

D) Risks of death

The recourse to abortion can go as far as causing the death of the woman, as reports the laboratory producing the abortive pill who counted 2,207 incidents since its use including 14 deaths.[8]

1) Maternal mortality

First of all, maternal mortality is an important cause of death, defining itself as deaths that result from an ordinary cause which is neither accidental nor incidental during the course of the pregnancy or 42 days after its end.

It is commonly considered that maternal mortality is higher in countries where the legislation on abortion is restrictive since this would have the consequence of accomplishing abortions in dangerous conditions because if its illegality. Yet, between countries with an equivalent level of development, we can observe that maternal mortality remains less high in the countries that strongly limit abortion.

Thus, we can mention in Europe the example of Malta and of Italy where the maternal mortality rate is respectively of 3 and 4‰. In France and Belgium, the rate is 9 and 6‰ respectively.

The example of Chile is particularly significant: a restrictive law on the matter of abortion was enacted in 1989 and yet, from this same date, the mortality rate has not increased but reduced by half, going from 41.3 to 22 deaths for 100,000 births in 2013. The rate in the United-States is of 44 deaths for 100,000 births in 2013.

[8] Mifepristone

2) Other causes of death

If pregnancy implies in itself an increase of the risk of death, in the first year, the risks are increased by 80% for the women who chose to have an abortion, in comparison to women who chose to carry their pregnancy to term. The later in the pregnancy the abortion takes place, the higher the risk. Indeed, a study shows, a woman who had an abortion in the first 20 weeks of her pregnancy has 35 times more risks of dying after an abortion. This risk reaches 91 times more risks for women who had an abortion after 21 weeks.

When we put forward different causes of death, for each one of them, we come to the same conclusion: women who abort have a higher risk of dying. This is the case for death by natural causes (60% more risks), caused by HIV (twice as much contaminated), cardiovascular and mental sicknesses (3 times more risks). It must be noted that depressions which are more often developed after an abortion than after a delivery, are a factor of death by heart disease and of the development of several types of cancer.

Furthermore, we can observe that women who had an abortion are more susceptible of dying of a fatal accident or as a result of physical violence. A woman who has a new born baby is much more cautious in order to avoid risks, the risks being 4 times more important for women who aborted compared to women who gave birth. Similarly, a woman who had an abortion tends to become self-destructive following an abortion and seeks less to avoid confrontations; they have 4 times more chances than the rest of the population of dying from a homicide.