New Evidence about Women's Experience with Abortion - Compared to Carrying Unwanted Pregnancies to Term

Diana Greene Foster, University of California, San Francisco
Rana E. Barar, University of California, San Francisco
Heather Gould, University of California, San Francisco

Myths about the potential harm that abortion poses to women's physical and mental health are widespread. Proponents of laws restricting access to abortion often claim, for instance, that abortions put women at increased risk for breast cancer or other serious health problems. Amid heated public debates, such claims can be accepted as fact, despite a paucity of data to support them. Warnings about harms from abortion also fail to consider the real-life alternative: what happens when women who experience unwanted pregnancies have to carry them to term? Drawing from many research papers, we report on an important new study investigating a range of effects on women's wellbeing, comparing women who get abortions to those turned away.

The Turnaway Study

A team of researchers under the direction of Diana Green Foster, based at the Advancing New Standards in Reproductive Health (ANSIRH) program at the University of California, San Francisco, has conducted a unique longitudinal study of women seeking abortion care. The Turnaway Study, as it is called, employs an innovative design to rigorously examine the health and socioeconomic effects of receiving an abortion compared to carrying an unwanted pregnancy to term. From January 2008 to December 2010, we recruited approximately 1,000 women seeking abortions from 30 facilities located in 21 U.S. states from Maine to Washington, Texas to Minnesota. Some of the women we studied received an abortion and others were “turned away” – that is, denied an abortion – because they presented for care past the gestational limit set by the clinic. We followed these women who had sought abortions through telephone interviews every six months over five years. This long-term approach allowed us to gather quantitative data on these women's mental health, physical health, relationships, and employment, as well as on their children's development and wellbeing. In addition, Project Director Heather Gould conducted personal interviews with a subset of the women, allowing them to share their stories in their own words and describe the effects of abortion and childbearing on their lives.

Findings about Mental and Physical Wellbeing

Final phases of data collection for the Turnaway Study were completed in January 2016 – but, for several years, researchers have been analyzing early results. New evidence speaks to the ongoing public policy debates about the health consequences of abortion and unwanted childbearing:

• **Mental health effects.** Several analyses have examined the potential link between abortion and subsequent mental health, including depression and PTSD, and have found no evidence that abortion causes mental health problems. Our colleague Antonia Biggs and others have looked at self-esteem, social support, stress, and life satisfaction and found that women who have abortions fare no worse or
better than women who carry unwanted pregnancies to term. Corinne Rocca and colleagues find that women feel a range of emotions when they experience unwanted pregnancies and seek abortion. Relief is the most common emotion that women report after having an abortion, but some experience other emotions, both positive and negative. Over three years, the vast majority of women – 95% – say that abortion was the right decision for them. And for most women, both positive and negative emotions become less intense as time passes.

- **Changes in substance abuse.** Abortion does not cause women to abuse alcohol, drugs, or other harmful substances, according to research by Sarah Roberts. However, women who are denied abortions are sometimes unable to reduce drug and tobacco use during their pregnancies.

- **Effects on relationships.** Data from the Turnaway Study reveal that women who are unable to obtain a requested abortion are more likely to remain in contact with the men involved in their pregnancies – and are, in some instances, unable to extricate themselves from violent relationships. Sarah Roberts and colleagues find that women who obtain abortion care experience a reduction in physical violence from male partners, probably because they dissolve their relationships with them more quickly, while women who carry their pregnancies to term remain exposed to violence. Jane Mauldon and her colleagues find a similar pattern in that carrying a pregnancy to term slows the dissolution of romantic relationships, but the effect is short-lived. By two years post-pregnancy, women who carry to term have the same likelihood of being in a romantic relationship with the man involved in the pregnancy as women who obtain abortions.

- **Physical health consequences.** Here Turnaway findings are in line with the larger medical literature showing that childbirth poses a far greater risk to women's physical health than abortion. Caitlin Gerdts finds that compared to women who obtained abortions, women who carried their pregnancies to term had longer periods of disability and reported more serious, potentially life-threatening complications. One such woman died of an infection that was complicated by childbirth.

**Broader Life Impacts**

Beyond good physical and mental health, women's wellbeing includes being able to set and achieve life goals. Using data from the Turnaway Study, Ushma Upadhyay finds that women who are able to access abortion care are six times more likely to have aspirational life plans – such as becoming financially stable or finishing school – and are about twice as likely to achieve such goals as women who are engaged in parenting after an unwanted pregnancy. We are currently looking at socioeconomic effects, and preliminary results indicate that women who carry pregnancies to term and parent the child are more likely to live in poverty, less likely to work full-time, and more likely to receive public assistance. Such hardships have repercussions for the children women already have at the time they are denied abortions.

The most important lesson from our study is that women are thoughtful, even prescient, in the reasons they give for wanting to end their pregnancies. They most often cite financial worries and concerns about existing children and their partner. As researchers, these are exactly the risks we see playing out in the experiences of women denied wanted abortions. Policymakers should consider women's thoughtful reasons for wanting to end their pregnancies and understand that restricting access to abortion can have serious negative effects on women and their families.