Adolescents and Abortion Restricting Access Puts Young Women's Health and Lives at Risk

In the United States, teenage women accounted for less than 17 percent of all abortions performed during 2007. Driven by ideology rather than facts or logic, U.S. conservatives have increased their efforts to restrict access to legal abortion, first for adolescents, but also for adult women in the United States and in the Global South. Data have clearly shown that making abortion illegal has not prevented women, of any age, from having or attempting an abortion. Instead worldwide, making abortion illegal has each year cost the lives of 65,000 to 70,000 women and caused another five million to suffer temporary or permanent disability.²

In 2007, the World Health Organization (WHO) asserted that "abortion induced by a skilled provider in situations where it is legal is one of the safest procedures incontemporary medical practice... In the USA, for example, the death rate from induced abortion is now 0.6 per 100,000 procedures, making it as safe as an injection of penicillin.² At the same time, WHO described unsafe abortion as characterized by the inadequacy of the provider's skills and use of hazardous techniques and unsanitary facilities ... The risk of death following unsafe abortion can be several hundred times higher [than that of legal abortion].²"

DOES ABORTION OCCUR MORE FREQUENTLY AMONG ADULTS OR TEENS?

- CDC received data from 47 states and two cities, indicating that 827,609 abortions occurred among U.S. women in 2007. Women ages 20 to 29 accounted for 57 percent of these abortions while women ages 15 to 19 accounted for less than 17 percent. Compared to women ages 20 to 24 and 25 to 29, teens also had a much lower abortion rate (29.4, 21.4, and 14.5, respectively, per 1,000 women).¹
- Guttmacher Institute, which gathered data from clinics and providers in all 50 states, asserted that 1.21 million abortions occurred in the United States during 2008. Guttmacher also showed that 18 percent of these occurred among women ages 15 through 19 and 57 percent among women ages 20 through 29.3
- WHO received data indicating that about 14 percent of all unsafe abortions throughout

the world occurred among women under age 20 while 86 percent occurred among women ages 20 and older. By region, teenage women had about 25 percent of unsafe abortions in Africa, about 15 percent in Latin America and the Caribbean, and about nine percent in Asia.²

WHAT CHARACTERIZES SAFE AND UNSAFE ABORTION?

- Safe abortion is provided by a skilled professional and in a safe, hygienic environment.
 Almost always, safe abortion is also legal. Safe abortion may be either surgical (usually vacuum aspiration) or medical (using medications such as mifepristone).^{1,2,4}
- Unsafe abortion may be self-induced or brought on by an unskilled person using dangerous and/or unhygienic methods. Such methods may include: packing dirt or other unsafe preparations into the vagina; pushing a foreign body (such as a coat hanger) into the uterus; causing external trauma to the abdomen; and/or taking traditional remedies, including poisons.^{2,4,5}
- Unsafe abortion occurs most often in places where abortion is illegal and/or where women have no access to safe services. In fact, abortion rates are far higher in countries where abortion is illegal or highly restricted than in countries where it is broadly legal. For example in 2003, Belgium, Germany and the Netherlands had abortion rates of nine or lower per 1,000 women of reproductive age, compared to rates of 50 or higher in Chile and Peru.4
- Worldwide, one in four women who had an unsafe abortion suffered severe complications and either died or urgently needed hospitalization.²
- Experts' exhaustive reviews have shown no association between: abortion and breast cancer; abortion and other cancers; abortion and women's mental health; or abortion and future fertility.^{4,6,7}
- Even where abortion has been safe and legal, delayed abortion has been shown to be associated with greater health risks in the first trimester.





Making abortion illegal does not prevent abortion. It only prevents safe abortion.

 Adolescent women have been more likely than older women to delay seeking an abortion past the safest gestational period. In 2007 for example, CDC reported that only about half of teenage women undergoing abortion sought it in the first eight weeks of gestation compared to 65 percent of women ages 25 to 29 and 68 percent or more of women ages 30 and older.¹

WHY DO WOMEN SEEK ABORTION?

- In surveys, women in the US sought abortion for many reasons. Reasons included, but were not limited to:
 - Heavy responsibilities for others, including existing children and other dependents;
 - Inadequate money to care for and raise the child;
 - Difficulties juggling childcare with employment or school;
 - Families already as large as wanted;
 - Reluctance to be a single parent;
 - Lack of readiness for parenthood;
 - Pregnancy resulting from rape or incest;
 - Poor physical or mental health;
 - Malformed or seriously ill fetus; and/or
 - Problems in the relationship with the prospective father.^{3,4}

These reasons, plus issues of stigma, being forced out of school, and actual physical danger from family or community also have applied to women in developing countries.^{2,4}

ARE MANY PREGNANCIES UNINTENDED?

- Nearly half of all pregnancies among American women are unintended. About four in ten of these unintended pregnancies end in abortion.³
- At the same time, up to 85 percent of pregnancies among teenage women are unintended while less than one-third (29 percent) end in abortion.^{1,3,8,9}
- Fifty-four percent of U.S. women who had an abortion used a contraceptive method during the month they became pregnant. A significant

proportion of these women (76 to 49 percent, depending on the method) reported using the method inconsistently or incorrectly.⁴

- According to the WHO, the most common reason for unintended pregnancy among women in the developing world was lack of access to modern methods of contraception. Many married women in developing countries have lacked access to the contraceptive methods of their choice, especially to highly effective methods. The situation has been even more difficult for unmarried women, particularly adolescents, who were frequently excluded from contraceptive counseling and services.²
- Where women of reproductive age have had access only to less effective methods of contraception (such as barrier methods and withdrawal), the numbers of unintended pregnancies rose and abortions increased.²
- Among typical users, no method of contraception, including abstinence, has ever been 100 percent effective. Experts estimated that, throughout the world each year, 27 million unintended pregnancies occurred as a result of incorrect or inconsistent use of a method.² Even where contraceptives were used correctly and consistently, women worldwide experienced some six million unintended pregnancies each year.² As for abstinence, often pushed by conservatives as the proper and only way to prevent unintended pregnancy among teens and young adults, experts estimated that it had a "very high failure rate" because those who relied on abstinence often were inconsistent in being abstinent and were less likely than their peers to use contraception.10

WHAT CAN BE DONE TO REDUCE UNINTENDED PREGNANCY AND ABORTION?

WHO, United Nations Development Programme, and sexual and reproductive health experts in the United States and abroad unanimously recommend certain actions to reduce the incidence of unintended pregnancy and abortion.

- 1. Improve women's access to contraceptive information and counseling and to a full range of contraceptive methods. Ensure that these services are available to all women, regardless of their age, marital status, religion, ethnicity, sexual orientation, or number of existing children. Remember that the goal is to reduce unintended, mistimed, and unwanted pregnancies and to reduce the incidence of abortion.
- 2. Eliminate laws and policies that discourage or deter women of any age or condition from seeking contraceptive and family planning services. Such policies include, but are not limited to, those that:

- Mandate the involvement or consent of parents or other authority figures;
- Impose waiting time restrictions, such as several days between the time a woman requests contraception or an abortion and the time she can receive it;
- Impose significant costs;
- Sacrifice privacy;
- Betray confidentiality; and/or
- Shame or humiliate young and unmarried women

Remember that the goal is to reduce unintended pregnancy and the need for abortion. In addition, mandating parental involvement or consent too often causes teens to delay an abortion beyond the safest period (the first eight weeks of gestation). Thus, such policies can increase teens' risk of death or injury from abortion.

- 3. Legalize abortion and make services widely available. Remember that making abortion illegal does not prevent abortion. It only prevents safe abortion. Unsafe abortion costs the lives of up to 75,000 women and damages the health of millions of women every year. In addition, many of these women already have children who will suffer significantly after the death or injury of their mother.
- 4. Include in family planning services screening for sexually transmitted infections (STIs) as well as other conditions, like high blood pressure, that can negatively affect a pregnancy. Remember that the goal is to encourage healthy pregnancies and healthy mothers giving birth to healthy babies and to reduce the need for abortion.
- 5. Fund programs that offer comprehensive sexual health information and services, including abortion. Excellent programs can greatly reduce the need for abortion by assisting women to use their choice of contraception consistently and effectively. Nevertheless, rape, war, illness, and unforeseen problems and tragedies will always mean that women need access to safe and legal abortion services.
- 6. Provide all teens and young adults with accurate, age-appropriate sexual health education, including accurate information about contraceptives, STIs, pregnancy and parenting. Good education will best equip youth to make appropriate choices about delaying the initiation of sex and about protecting themselves and their partners when they choose to have sex.

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Mandating parental involvement (notification or consent) too often causes teens to delay an abortion beyond the safest period.



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