New U.S. Study Shows Abortion Is Riskier to Adolescents’ Mental Health than Carrying an Unintended Pregnancy to Term

Not only are nearly 25% of U.S. abortions performed on women under age 20, but younger women are also particularly vulnerable to experiencing post-abortion difficulties. Adolescents are typically less well prepared, both emotionally and financially, than older women to become parents, and they are logically the recipients of much greater social pressure to abort.

Research indicates that when compared to older women, younger women are more likely to deny the reality of their pregnancies and delay decision-making.

Using data from the National Longitudinal Study of Adolescent Health, a large nationally representative sample, Bowling Green State University researcher Dr. Priscilla Coleman has published a study in the Journal of Youth and Adolescence clearly demonstrating that abortion is more risky to teens’ mental health than delivering an unintended pregnancy.

The study, published in July, revealed that for every five adolescents who had aborted and sought counseling for psychological or emotional problems, only one adolescent who delivered an unintended pregnancy sought counseling. In addition, as compared with adolescents who delivered their child, almost four times as many adolescent with an abortion history reported frequent sleep disturbances.

Finally, an adolescent who had aborted was more than six times as likely to report frequent marijuana use as was an adolescent who had carried an unanticipated pregnancy to term.

Although a number of studies cited previously have identified associations between abortion experience and a variety of mental health problems, only a handful of studies have identified a link between abortion and sleep problems and marijuana use.

The study adds to a rapidly expanding scientific literature documenting the psychological risks of abortion. This latest study has a number of additional strengths.

For example, for comparison purposes, unintended pregnancies delivered was used as the control group. Only a handful of previous studies have compared psychological outcomes among women who aborted versus those who had delivered an unintended pregnancy.

This comparison is essential. If the latter group is excluded, “pro-choice” scholars are quick to attribute post-abortion psychological problems to the impact of the unintended pregnancy itself.

Dr. Coleman noted that adolescent parenting is never easy and there are well-documented developmental and psychological risks associated with giving birth as a teen. However, she pointed out that the risks that go with having an abortion seem clearly to be more pronounced. Previous research has established that there is a greater risk for an adverse post-abortion outcome when the girl is ambivalent, is pressured by others to abort, believes in the humanity of the fetus, and/or has a desire to keep the baby, because these women have often aborted despite personally preferring to keep the child.
Additional methodological strengths of the new study are many. They include 1) a longitudinal design, enabling a determination that the abortion preceded mental health problems; 2) the use of data from a carefully selected, nationally representative sample of adolescents, rendering the results applicable to U.S. adolescents in general; and 3) statistical controls for variables that discriminated between the choice to abort and deliver.

This last strength makes it less likely that personal and/or situational variables, such as a tendency to take risks or parental problems, will explain the choice to abort and the increased risk for psychological problems.

Dr. Coleman told NRL News that for years, research on the mental health effects of abortion was criticized on the grounds that shortcomings in design produced conflicting, inconclusive results. However, she said, the studies coming out over the last five years have systematically addressed the concerns of previous work and have been scrutinized intensely through the peer-review process.

“Abortion poses more risks to women than giving birth,” according to Dr. Coleman. “The scientific evidence is now strong and compelling.”

There is strong opposition to any study that finds that abortion has negative outcomes. However, because of the growing number of studies, the larger medical and psychological community may be forced to acknowledge the emotional pain that thousands of brokenhearted women face in the dark aftermath of abortion.