

## **Abortion and Women's Health: A Closer Look at "Back-Alley" Abortions**

By Michell Vandenberg

Abortion continues to be one of the most hotly debated topics in the United States since its legalization in 1973. Abortion rights activists claim that millions of women may now terminate pregnancy in a safer manner than in the days of "back-alley" abortions. This paper will examine the truth behind this claim. For instance, does legalized abortion really protect the health and safety of women? Is it safer than natural birth? Does it eliminate discrimination against poor women? This paper will argue that "back-alley" abortions have been a largely fabricated reality. They cannot therefore be a compelling argument in favor of keeping abortion legal.

It is widely acknowledged by both camps that "back-alley" abortion would be a moot point if a fetus were proven to be a person. However, this argument is beyond the scope of this paper. We will lay it aside and look at the less frequently discussed facts. There is enough evidence against the idea of widespread unsafe abortions that it may not be necessary to use the argument of personhood.

The major argument in favor of the legalization of abortion is the health and safety of women. The World Health Organization defines an unsafe abortion as "a procedure for terminating an unwanted pregnancy either by persons lacking in medical skills or in an environment lacking the minimal medical standards or both" (Abortion Access, 2003).

The first claim is that legalized abortion keeps women with limited or no financial means from getting a "back-alley" abortion. Planned Parenthood claims that anti-abortion laws drive women "to dangerous self-induced . . . abortions. That is all they can afford. The rich can travel . . . to obtain a safe abortion" (2006). However, Feinberg and Feinberg show that "income seemed not to be a major factor." Women from a household where there was a family income of less than \$11,000 had the same rate of abortion as those making \$25,000 or more (1993, p. 47). Closely related is the claim that women from minority groups, who often come from lower economic levels, have to bear the brunt of illegal abortions. However, "Twice as many white women were responsible for abortions as nonwhites" (Feinberg and Feinberg , p.47). These numbers show that financial status does not pose a significant deterrent to obtaining an abortion.

The second claim by pro-choice advocates is that, without legalization of abortion women would be driven to obtain one from an unqualified health care professional or would have a self-induced abortion. Beckwith offers evidence to the contrary: stating that five years before *Roe v. Wade*, “84% to 87% of all illegal abortions were performed by licensed physicians in good standing” (1990, p.6). The idea that the majority of women suffered from botched abortions using rusty coat hangers at the hands of “back alley butchers” is an attempt to induce an emotional response, not to clearly present the facts.

The third claim is an appeal to prevent the thousands of deaths that occurred as a result of illegal abortions. Pro-choice advocates argue that this is a tragedy that should not be repeated. However, the extent to which this tragedy actually took place at all is questionable. Beckwith quotes Dr. Nathanson, “one of the original leaders of the American pro-abortion movement and co-founder of NARAL (National Abortion Rights Action League) who has since become pro-life.” Nathanson “admits that he and others in the abortion rights movement intentionally fabricated the number of women who allegedly died as a result of illegal abortions” (Beckwith, 1990, p.5). Beckwith also notes, “According to the U.S. Bureau of Vital Statistics, there were a mere 39 women who died from illegal abortions in 1972, the year before *Roe v. Wade*.” In fact, Dr. Hellegers says that “there had been a steady decrease of abortion-related deaths since 1942 . . . due to improved medical care and the use of penicillin” (Beckwith, 1990, p.6). As a result, it does not appear that this claim, while not completely unfounded, is a convincing argument.

The fourth claim is that abortion is safer than natural birth. It is difficult to find unbiased statistics on this idea, but it is possible to take a closer look at the arguments on both sides. The pro-choice camp claims that abortion is safer because the risks and complications are low. The pro-life camp points out that abortion rights activists conveniently leave out many associated problems. A study in Finland, for example, examined the deaths of 281 women who died within a year of their last pregnancy. The researchers used death certificates and records from the country's socialized medical care. The study admits that it is difficult to show a causal relationship between a woman's death and an abortion; even if it took place it may not be recorded as such. However, it was shown that “the odds of a woman dying within a year of having an abortion are significantly

higher than for women who carry to term or have a natural miscarriage. This holds true both for deaths from natural causes and deaths from suicide, accidents, or homicide.” At the same time, researchers concluded that it was impossible to know if some of the “women who died due to suicide or risk-taking behavior after an abortion were already self-destructive before their abortions” (Reardon, 2000). While the study has many shortcomings, it does substantiate the claim that abortion is not necessarily any safer than natural birth. In fact, June states that the idea that childbirth poses a greater risk to adolescents than abortion, is incorrect. She explains that “the facts show that the maternal mortality is lower for adolescents than for any other age . . . The risk for all ages combined was less than 1 in 10,000, and less than that for adolescents” (1993).

Does legalized abortion provide a woman with a safe way to end a pregnancy? According to the pro-choice point of view, the earlier a woman has an abortion, the safer she will be. While the surgical abortion procedure itself may be relatively safe, there are physical, psychological, and emotional side-effects to abortion, as mentioned above. Feinberg and Feinberg state that these include infection, infertility, and bleeding (1993, p.53). Major also found that “17% of women experienced physical problems such as bleeding and pelvic infection associated with the abortion. This rate is much higher than abortion providers admit” (as cited in Physicians for Life, 2000). Younger women are especially at risk for bleeding. Therefore women who have potentially the greatest need for an abortion are also those who are most at risk (Feinberg and Feinberg, 1993, p.53).

In addition, abortion can cause post-abortion stress syndrome (PASS). Ney determined that “acute or pathological grief after the loss of an unborn child, whether by miscarriage or abortion, has a detrimental effect on the psychological and physical health of some women” (as cited in Reardon, 2000, p.6). Major diagnosed PASS in 1.4 percent of a group of women who had abortions two years before. Rue says that “even at the low rate identified . . . the impact is tremendous . . . as many women had symptoms that fell short of full blown PASS.” He goes on to add, “It also confirms a large body of research that shows that prior psychological problems are more likely to be made worse by abortion.” Soderberg says, “Approximately 60 percent of 854 women had experienced emotional distress after their abortions. This distress was classified as severe,

warranting professional psychiatric attention, among 16% of the women” (as cited in Physicians for Life, 2000).

The research is clear – abortion can cause serious side effects in women.

In conclusion, “back-alley” abortions did not pose the threat abortion advocates claim. In fact, there are good arguments against the claim that women's health has been promoted by the legalization of abortion.

Legalized abortion does not protect women from past health scares nor from current health concerns. Abortion no longer appears to be the choice in the best interest of women.

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