

Danielle Bessett, Ph.D.

Interested Party Testimony - Senate Bill 23

Ohio House Health Committee

March 26, 2019

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and Members of the Health Committee, thank you for the opportunity to submit my testimony in writing today.

My name is Danielle Bessett and I am an Associate Professor of Sociology at the University of Cincinnati. I testify as an interested party on SB 23 today not on behalf of my institution, but as an individual, as a scientist, and as a citizen of Ohio. I earned my M.A. and my Ph.D. from New York University, and I am a sociologist who conducts research on medicine and reproduction.

I will summarize the scholarship on what happens to women when they are unable to secure an abortion they seek. These points are distilled from social science research published in peer-reviewed, scientific journals.

The two main points I would like to make in this testimony are that:

1. Restricting abortion will result in some women being unable to obtain legal abortion and others being unable to receive abortion at all.
2. Being denied a wanted, legal abortion has serious consequences for women and their families.

Point 1: Restricting abortion results in some women being unable to obtain legal abortion and others being unable to receive abortion at all.

Abortion restrictions, especially those that close clinics, result in some proportion of women not being able to obtain a legal procedure. Of course, no one knows for sure who doesn't make it to the clinic. Some women won't make it in because they couldn't find a clinic, others who can't get an appointment, summon the financial resources, secure time off work, or manage travel, all of this within the gestational limits.¹ And we only have hints at the number of women who secure abortion outside legal clinics.²

But from research done in Texas, we do know that after 19 abortion clinics closed following the passage of a restrictive law, the abortion rate in the state declined and fewer women obtained

¹ Upadhyay, U.D., et al. (2014) Denial of abortion because of provider gestational age limits in the United States. *American Journal of Public Health* 104(9):1687-1694. Foster, D.G., Dobkin, L.M., Upadhyay, U.D. (2013) Denial of abortion care due to gestational age limits. *Contraception* 87(1):3-5.

² Grossman, D., et al. (2010) Self-induction of abortion among women in the United States. *Reproductive Health Matters*, 18(36), 136-146.

abortions there.³ This study also showed a corresponding increase in second-trimester procedures, suggesting that restrictions not only prohibit some women from obtaining abortion, but also push some terminations later in pregnancy than women wanted them to be.⁴

Point 2: Being denied a wanted, legal abortion has serious consequences for women.

Here I will draw heavily the Turnaway Study, and I do this because it is a prospective cohort study with women from across the United States, comparing those who were turned away because they were over the gestational limit for abortion (the “turnaways”) with those who obtained a wanted abortion. This is called a prospective study because researchers followed both groups from the clinic encounter for a period of five years, measuring responses in real time. This study design is viewed by scientists as the gold standard for understanding the consequences of being denied an abortion, and the findings of this study have been published in peer-reviewed articles including esteemed journals such as the *American Journal of Public Health*, the *Journal of the American Medical Association* (JAMA Psychology), *the Journal of Pediatrics*, among others. I will highlight just a few of their findings:

This rigorous study found that, compared to those who received a wanted abortion, turnaways, the women who were denied a wanted abortion, were different in many ways.

Turnaways were more likely to experience economic hardship and insecurity four years after being denied an abortion.⁵ Some indicators, such as being unemployed, were worse for turnaways initially, but then gradually became more like with those who obtained a wanted abortion. However, some important effects persisted for years. Women who carried to term after being denied abortion were more likely to be below the Federal Poverty Line, even four years later. They were also more likely to report subjective poverty, saying that they did not have enough money to cover basic living expenses throughout all years of the study. And turnaways were more likely to receive public assistance, such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutritional Assistance Program (SNAP, or “food stamps”), even years later. All of these results are statistically significant. Multiple studies show that economic hardship is one of the most common reasons women give for seeking abortion,⁶ and being denied an abortion worsens their economic position.

³ Grossman, D., et al. (2014) Change in abortion services after implementation of a restrictive law in Texas. *Contraception*, 90(5), 496-501.

⁴ Both associations are consistent with the plethora of qualitative research done on this topic, including: Jerman J., et al. (2017) Barriers to Abortion Care and Their Consequences For Patients Traveling for Services: Qualitative Findings from Two States. *Perspectives on Sexual & Reproductive Health*, 49(2), 95-102. White, K., et al. (2016) Experiences Accessing Abortion Care in Alabama among Women Traveling for Services. *Women's Health Issues*, 26(3), 298-304. Fuentes, L., et al. (2016) Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas. *Contraception*, 93(4), 292-297. Baum, S., et al. (2016) Women's experience obtaining abortion care in Texas after implementation of restrictive abortion laws: A qualitative study. *Plos One*, 11(10). Gerdt, C., et al. (2016) Impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas. *American Journal of Public Health*, 106(5), 857-864.

⁵ Foster, D., et al. (2018) Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *American Journal of Public Health*, 108(3), 407-413.

⁶ Biggs, M., et al. (2013) Understanding why women seek abortions in the US. *BMC Women's Health*, 13(1), 29. Kirkman, M., et al. (2009). Reasons women give for abortion: a review of the literature. *Archives of Women's Mental Health*, 12(6), 356-378. Finer, L., et al. (2005) Reasons U.S. women have abortions: quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health* 37(3), 110-118.

Some women also express concern that their existing children will suffer if they cannot obtain an abortion.⁷ This fear appears to be well-founded. The Turnaway research documented, throughout the study, that existing children of women denied abortions had lower mean child development scores.⁸ They were also more likely to share their mother's economic insecurity and live below the Federal Poverty Level than the children of women who received a wanted abortion. Women make thoughtful decisions about the well-being of their families when faced with an unintended pregnancy, and their existing children may suffer when their mothers are unable to secure the abortions they want.

The Turnaway study also documented that turnaways who gave birth were more likely to report physical health conditions with life-threatening consequences compared to those who obtained their abortions and the only maternal death in the study was that of a woman denied an abortion.⁹¹⁰ This is consistent with the literature, which consistently identifies abortion as safer than carrying a pregnancy to term.¹¹ Additionally, this study showed that having a wanted abortion was not associated with mental health problems: although those who were turned away experienced anxiety and low self-esteem in the short term, rates of depression, anxiety, suicidal ideation, or post-traumatic stress were comparable by the five-year point.¹²

A related risk to women's health and life is intimate partner violence. Notably, among women seeking abortion, having an abortion was associated with a reduction in physical violence from the man involved with the pregnancy.¹³ For turnaways who carry to term, ongoing contact with the man involved results in continued exposure to violence.

Not surprisingly, given all of the above, the Turnaway Study also found that women who secured their wanted abortions were over six times as likely as turnaways who carried their pregnancies to

⁷ Jones, R. K., et al. (2008). "I Would Want to Give My Child, Like, Everything in the World": How Issues of Motherhood Influence Women Who Have Abortions. *Journal of Family Issues*, 29(1), 79-99.

⁸ Foster, D.G., et al. (2019). Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children. *The Journal of Pediatrics* 205, 183 - 189.

⁹ Gerdts, C., et al. (2016) Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy. *Women's Health Issues*, 26(1), 55-9.

¹⁰ Per the study's authors: "A 24-year-old woman turned away from an abortion clinic on the East coast died within 10 days of delivery from an infection that is associated with a higher risk of mortality in pregnant women relative to nonpregnant women" (Gerdts et al. 57).

¹¹ Upadhyay, U., et al. (2015) Incidence of Emergency Department Visits and Complications After Abortion. *Obstetrics & Gynecology*, 125 (1), 175-183.

Raymond, E., et al. (2014) Mortality of Induced abortion, other outpatient surgical procedures, and common activities in the United States. *Contraception*, 90 (5), 476-479. Raymond, E., and Grimes, D. (2012) The comparative safety of legal induced abortion and childbirth in the United States. *Obstetrics & Gynecology*, 119 (2, Part 1), 215-219. Bartlett et al., (2004) Risk factors for legal induced abortion-related mortality in the United States. *Obstetrics & Gynecology*, 103(4), 729-737.

¹² Biggs MA et al. (2014) Does abortion reduce self-esteem and life satisfaction? Quality of life research: an international journal of quality of life aspects of treatment, care and rehabilitation. 23(9):2505-2513. Biggs MA et al. (2015) Mental Health Diagnoses 3 Years After Receiving or Being Denied an Abortion in the United States. *American Journal of Public Health*. 105(12):2557-2563. Foster D.G. et al. (2015) A comparison of depression and anxiety symptom trajectories between women who had an abortion and women denied one. *Psychological Medicine*. 45(10):2073-82. Biggs MA et al. (2016) Does abortion increase women's risk for post-traumatic stress? Findings from a prospective longitudinal cohort study. *BMJ Open*. 6(2). Biggs MA et al. (2017) Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective, longitudinal cohort study. *JAMA Psychiatry*. 74(2):169-178. Biggs MA et al. (2018) Five year suicidal ideation trajectories among women receiving versus being denied an abortion. *American Journal of Psychiatry*. 175(9): 845-852.

¹³ Roberts, S., et al. (2014) Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Medicine* 12:144.

term and parented those children to report aspirational plans (such as having a better job and insuring a child completes high school) and more likely to have achieved those plans.¹⁴

To conclude, the existing peer-reviewed literature suggests that legal restrictions do indeed keep women from obtaining abortions they want and that being denied a wanted abortion has negative consequences for the women who must carry the unwanted pregnancy to term.

¹⁴ Upadhyay, U., et al. (2015) The effect of abortion on having and achieving aspirational one-year plans. *BMC Women's Health* 15:102.