



Generalized anxiety following unintended pregnancies resolved through childbirth and abortion: a cohort study of the 1995 National Survey of Family Growth

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Abstract

The psychological consequences of induced abortion are complex and subject to both considerable controversy and methodological criticisms. While many women report feelings of relief immediately after the procedure, others report feelings of anxiety, which they attribute to their abortions. The purpose of the present study was to examine risk of generalized anxiety following unintended pregnancies ending in abortion or childbirth using a large representative sample of American women. Among all women, those who aborted were found to have significantly higher rates of subsequent generalized anxiety when controlling for race and age at interview. Implications of the findings are discussed. In particular, findings highlight the clinical relevance of exploring reproductive history in therapeutic efforts to assist women seeking relief from anxiety.

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1. Introduction

The purpose of the present investigation was to determine if symptoms of anxiety reported by some women who have induced abortions (Coleman & Nelson, 1998; Kumar & Robson, 1984) are significant enough to be observed in a nationally representative sample. Furthermore, non-aborting women with unintended pregnancies ending in childbirth were used as the control group to more definitively determine whether anxiety is associated with an abortion experience in particular as opposed to unintended pregnancy more generally.

Generalized anxiety was selected as the outcome measure in this study for two primary reasons. First, generalized anxiety may be a logical way for post-abortion stress to manifest given what is known about the nature of post-abortion discomfort (Burke & Reardon, 2002). Second, if abortion history is associated with generalized anxiety, this information would be useful to clinicians or researchers working with anxiety disorder sufferers, as it would help to identify a history of abortion as a possible precipitating stressor, marker, or maintaining factor in certain clients' anxiety-related concerns.

2. Methods

2.1. Participants

The National Survey of Family Growth Cycle V was used for these analyses. A nationally representative sample of 10,847 women aged 15–44 was interviewed with an oversampling of Hispanic and Black women. The sample used for these analyses consisted of (1) all women having an unintended pregnancy ending in abortion for their first pregnancy event and (2) all women having an unintended pregnancy ending in live birth delivery for their first pregnancy event. Cases with first abortions after their first pregnancy event were excluded.

Women were asked whether they had experienced a period of prolonged anxiety. Women who reported a period of anxiety prior to their first pregnancy event were excluded from the primary analyses ($n = 306$). Women who reported having their first period of anxiety at the same age as their first pregnancy event were also excluded ($n = 20$; 9 delivering and 11 aborting). ANOVA tests indicated that this excluded sample was not significantly different from the sample used in the main analyses on levels of income, education, and age at first pregnancy outcome ($P > .05$). However, this sample ($M = 31.26$, $S.D. = 7.4$) was significantly younger than the main sample ($M = 32.14$, $S.D. = 7.2$) at the time of the interview ($F[1, 3152] = 4.24$, $P < .040$).

2.2. Measures and procedures

All respondents were interviewed in person by interviewers ($n = 260$) who had undergone extensive training in every section of the survey. The variables

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