



## Childhood adversities and subsequent risk of one or multiple abortions

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### ABSTRACT

Although many studies have found an association between childhood adversities and mental health disorders, few have examined whether childhood adversities are linked to having abortions. This research investigates the association between a range of childhood adversities and risk of abortion in part to identify which adversities should be considered when examining the association between abortion and subsequent mental health. Using the U.S. National Comorbidity Survey-Replication (NCS-R), we tested the association between 10 childhood adversities and risk of 0, 1, or multiple abortions among 1511 women ages 18–41. We employed multinomial logistic regression to examine the independent association between each childhood adversity and number of subsequent abortions, controlling for sociodemographic factors, total number of pregnancies, and each adversity. Women who had experienced two or more personal safety threats, one parental mental illness, or two or more parental mental illnesses while growing up were more likely subsequently to have multiple versus no abortions [Relative Risk Ratio (RRR) = 9.87, 95% CI: 2.45–39.72; OR = 2.81, 95% CI: 1.27–6.21; RRR = 5.28, 95% CI: 1.60–17.38, respectively], and multiple versus one abortion [RRR = 13.33, 95% CI: 2.48–71.68; RRR = 2.17, 95% CI: 1.03–4.56; RRR = 3.67, 95% CI: 1.15–11.76, respectively]. Women who had experienced childhood physical abuse were more likely to have one compared to no abortions [RRR = 2.00; 1.19–3.34]. These results suggest that some childhood adversities may partially explain the association between abortion and mental health. Accordingly, they should be considered in future research examining the link between abortion and mental health.

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### Introduction

Forty-nine percent of all pregnancies in the United States are unintended and 43% of unintended pregnancies (excluding miscarriages) end in abortion (Finer & Zolna, 2011). At current rates, 30% of women are expected to have an abortion by the time they are 45, highlighting the commonness of this experience (Jones & Kavanaugh, 2011). Nevertheless, women living below the federal poverty line, self-identifying as African American or Hispanic, or between 18 and 29 years of age are disproportionately represented among women having abortions (Jones & Kavanaugh, 2011). For instance, in 2008, 15.9% of all women were living below the federal poverty line, yet 42% of women having abortions were living below the federal poverty line.

In addition to sociodemographic factors, women with adverse experiences such as a history of violence, are more likely to have abortions than women without these histories (Bourassa & Berube, 2007; García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005, chap. 8; Gee, Nandita, Wan, Chavkin, & Long, 2009; Glander, Moore,

Michielutte, & Parsons, 1998; Jones, Singh, Finer, & Frohwirth, 2006; Leung, Leung, & Chan, 2002; Russo & Denious, 2001; Steinberg, Becker, & Henderson, 2011; Steinberg & Finer, 2011; Steinberg & Russo, 2008; Taft & Watson, 2008; Wyatt, Guthrie, & Notgrass, 1992). In this study, we examined whether a wide range of childhood adversities are associated with having subsequent abortions. Such research is important for at least two reasons. First, if childhood adversities are associated with having subsequent abortions, then programs that address the consequences of childhood adversities should include components on unintended pregnancy. Second, an increasing number of published papers claim that abortion harms women's mental health (e.g., Coleman, 2011; Coleman, Coyle, Shuping, & Rue, 2009; Coyle, Coleman, & Rue, 2010). However, these papers usually do not take into account a wide range of early childhood adversities. When conducting studies that examine the correlation between abortion and subsequent mental health, it is important to control for pre-existing factors that are associated with both abortion and with mental health, because these factors may underlie an association between abortion and mental health. Given that a range of childhood adversities are consistently associated with later mental health (Green et al., 2010; Kessler, Davis, & Kendler, 1997; McLaughlin et al., 2010a, 2010b), examining whether these same adversities

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are associated with abortion will suggest which factors are important to consider when examining the association between abortion and mental health.

Some research has found childhood adversities to be associated with having abortions (Bleil et al., 2011; Boden, Fergusson, & Horwood, 2009; Russo & Denious, 2001; Wingood & DiClemente, 1997), with two studies focusing on childhood sexual or physical abuse (Russo & Denious, 2001; Wingood & DiClemente, 1997) and two studies considering additional childhood adversities (Bleil et al., 2011; Boden et al., 2009). All these studies reported that childhood sexual abuse was associated with having abortions when other childhood adversities were not considered in analyses. When also considering other childhood adversities, Boden et al. (2009) found that the relationship between childhood sexual abuse and having more abortions was only marginally significant, and that poorer parental adjustment was associated with having more abortions, but family socioeconomic adversity and family instability were not associated with having more abortions.

Another study examined childhood sexual abuse, childhood physical abuse, family disruption, and personal safety threats (Bleil et al., 2011). Women who had more total number of childhood adversities, more types of abuse, and more personal safety threats were more likely to have multiple abortions compared to no or one abortion. In addition, women who had more family disruptions were more likely to have one compared to no abortions. This study examined each childhood adversity separately, rather than together in one model. In addition, Bleil et al. (2011) and Boden et al. (2009) grouped some childhood adversities together that were examined separately in other research (e.g., Green et al., 2010; McLaughlin et al., 2010a, 2010b), possibly because their sample sizes were small. For instance, parental losses (e.g., death of a parent, separation or divorce of parent) may be distinguished from parental violent conflict or parental mental health (e.g., parents with depression or anxiety) (see Green et al., 2010; McLaughlin et al., 2010a, 2010b). However, Bleil et al. (2011) grouped parental losses and mental health together as family disruptions, and Boden et al. (2009) grouped parental losses with parental violent conflict to assess family instability. In the current study, we examined the effects of parental losses, parental mental illness, and parental violent conflict separately. Moreover, we included 10 different childhood adversities that were reported to occur at or before age 12: parental death, parental divorce, other parental losses, parental mental illness, parental criminal activity, parental violence, physical abuse, sexual abuse, neglect, and personal safety threats.

Because childhood adversities frequently co-occur, we also investigated the cumulative effect of more adversities on risk of abortion. This allowed us to ascertain whether more adversities are related to a higher risk of abortion. Some research has found that more adversities are associated with more mental health problems (Clemmons, Di Lillo, Martinez, DeGue, & Jeffcott, 2003; Green et al., 2010). This approach assumes that the effect of each type of adversity is the same. However, certain adversities may be more strongly linked to having abortions, in which case each type of adversity rather than the number should be tested. Consequently, we examined both number of adversities and the relative effects of each type of adversity controlling for the effects of all other childhood adversities.

To summarize, the aim of this research is to use a U.S. nationally representative data set, the National Comorbidity Survey-Replication, to examine whether a range of childhood adverse experiences occurring at or before 12 years of age are associated with having more subsequent abortions. Because childhood adversities co-occur (Green et al., 2010; Kessler et al., 1997; Miller et al., 2011), we also examined the cumulative effect of experiencing more childhood adversities on number of subsequent abortions.

## Method

### Data

The data for this study are from the National Comorbidity Survey-Replication [NCS-R], which was an epidemiological investigation designed to study the prevalence and correlates of mental disorders in the U.S., as defined by the fourth edition of the Diagnostic and Statistical Manuals of Mental Disorders IV (American Psychiatric Association, 2000). The NCS-R was a face-to-face survey administered in two parts, Part I and Part II, with a subsample of respondents who answered Part I also answering Part II, usually on the same occasion. The subsample who answered Part II included those who screened positive for any disorder found in Part I, plus a probability subsample of other Part I respondents (Kessler et al., 2004). Ethics approval was not required for this study since we conducted a secondary analysis of existing deidentified data.

### Sample

The NCS-R Part I was administered with computer-assisted personal interview methods by trained interviewers between February 2001 and April 2003 to a multistage clustered area probability sample of the US household-based population. For Part I, 9282 female and male respondents ages 18 or older participated. Part II was administered to 5692 respondents, and included, among other things, reproductive history information and experiences of childhood adversities. Of those who were administered Part II, 3310 were women. Of these women, we included only those who were 13 or younger in January 1973 to ensure that the option to have an abortion was legal during women's entire reproductive years, leaving 1616 women. We also included only those who were not missing data on childhood adversity items or covariates (6 were missing) and abortion history items (99 were missing), leaving 1511 women for analysis.

### Outcome measure: number of abortions

Number of abortions was coded as zero, one, or multiple (two or more). Women were asked if they ever had an abortion, and if so the number they had, and the age of their abortion or first abortion if more than one abortion. Of women included here, 1254 women had had no abortions, 190 had had one abortion, and 67 had had more than one abortion, and the youngest age of women's first abortion was 13.

### Childhood adversities

We classified 10 childhood adversities into four broad categories including parental loss, parental maladaptation, abuse and neglect, and personal safety threats. For some childhood adversities, respondents were simply asked whether the experience occurred when they were growing up. For other childhood adversities, respondents indicated their age when they first experienced the adversity. To be coded as occurring in childhood, the adversity had to have occurred when they were growing up or if age was indicated, at or before the respondent was 12 years of age. We included childhood adversities at or before the respondent was 12 to ensure women's abortions occurred after the experience of the childhood adversities. While ascertaining whether the adversity occurred during the years the respondent was growing up is less precise than giving the specific age at which the participant first remembers the event or experience, because they occurred during the years the participant was growing up, we coded them as childhood adversities.

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