

All sides of the abortion debate agree that there should be fewer abortions. Many of the most devout proponents of abortion rights are quick to state the belief that abortions should be rare, even when they argue for the procedure's legality. Likewise, pro-life advocates join their opponents in seeking to eliminate the circumstances which lead an expectant mother to abortion.

There has been some movement toward this common goal across Northwest Indiana (i.e., Lake, Porter, LaPorte, and Starke counties) and the state as a whole (see Figure 1). Although recently moving upward in the region, the local and statewide ratios of induced abortions to live births in the late 1980s and early 1990s was lower than earlier years. More pregnant women in Indiana are choosing to carry their child to term.

Still, about one in six pregnancies in the region end with induced abortion. If all sides of the debate are sincere in their desire to make the procedure less common, then much remains to be done. This research is offered to aid those seeking to improve the conditions facing women bringing children into the world.

The question of how to make abortion more rare must begin with an analysis of the

people who turn to the procedure, and what their reasons may be. Public-health statistics for most years provide aggregate county-level counts of births and pregnancy terminations by maternal age, marital status, race, and residence. Aggregate data cannot tell us why a woman would terminate her pregnancy, but they can tell us which mothers are most likely to do so. They can suggest what general steps might help more women choose life for their children.

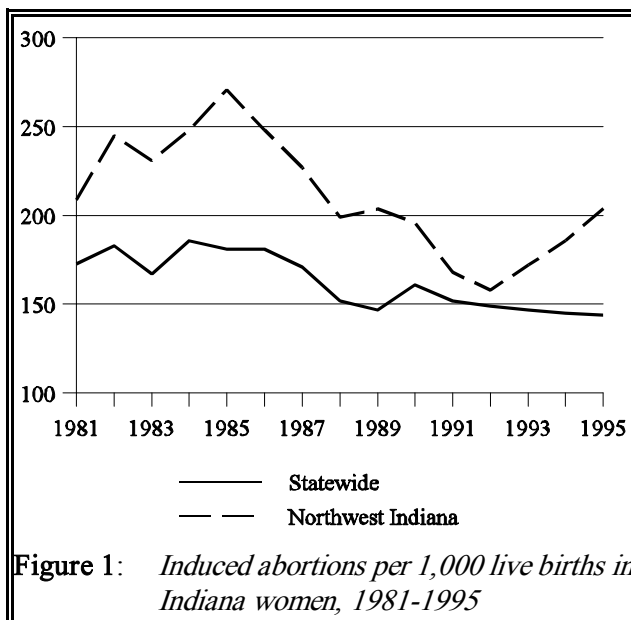
Abortion by maternal age

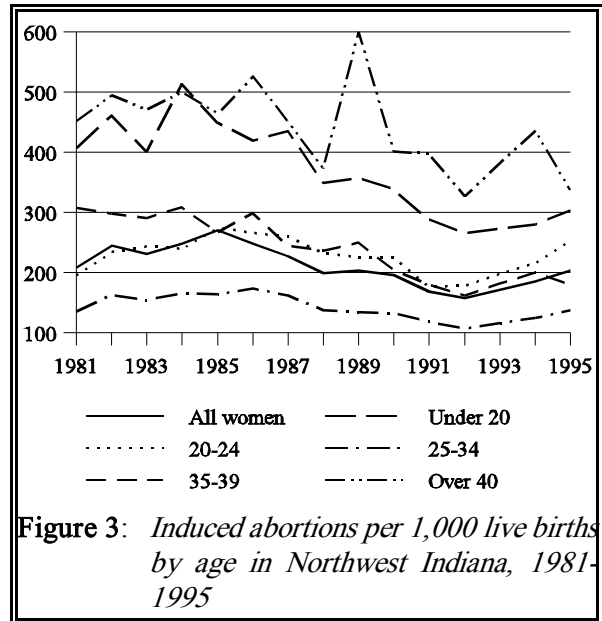
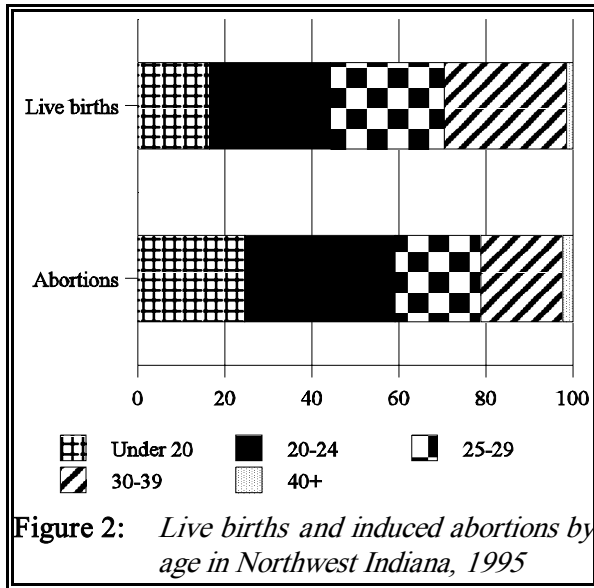
The distribution of pregnancy terminations by maternal age largely reflects that of live births by age. Among women in their childbearing years, live births and induced abortions are most concentrated among women in their 20s (see Figure 2).

There is some concentration of induced abortions among younger and older women. This is particularly clear in trends of the ratio of induced abortions to live births by age group (see Figure 3).

Throughout the past 15 years, pregnant women under 20 or over 39 have been most likely to obtain abortions. Those between 25 and 34 have been less likely to do so. The ratio of induced abortions to live births among all age groups has been lower in the 1990s than it was in the 1980s.

High rates of pregnancy termination among younger and older women suggest that many abortions are induced because these women find themselves particularly vulnerable





to the challenges of caring for a child from an unexpected pregnancy. This vulnerability also suggests itself in the most recent statewide statistics on pregnancy termination by number of previous live births.

Statewide statistics show that among those under 20 inducing abortion in 1995, 81.4 percent had no previous live births; among all women inducing abortion, 44.7 percent had no previous live births (comparable county-level data were not published). Among women 30 and over inducing abortion, 87.3 percent had at least one previous live birth. For women not in the prime childbearing years, the prospect of a first or additional child may be quite daunting.

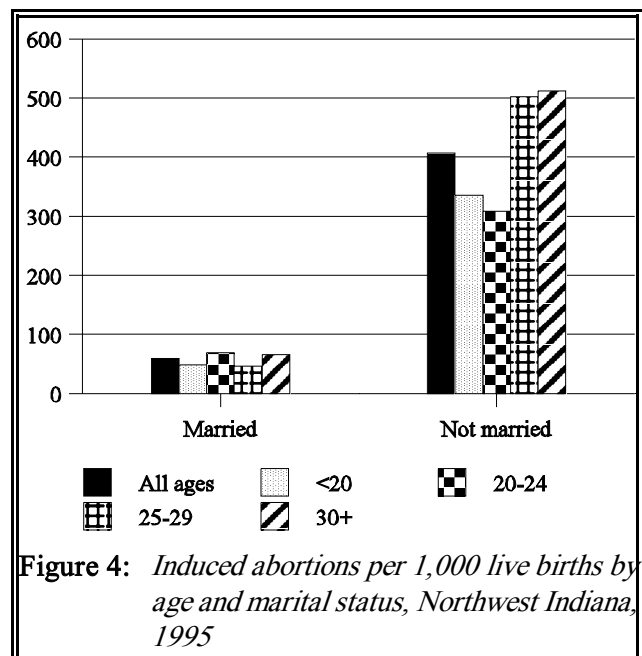
Abortion by marital status

It is not only the youngest or oldest women of childbearing age who can be daunted by childbirth. More generally, abortion is most common among women of any age who are not married.

While statistics on induced abortions by marital status are not available for every year, those which are show unmarried women consistently comprise four in five women

inducing abortion. Furthermore, among the unmarried, older women are more likely to induce abortion than younger women (see Figure 4).

When taking account of marital status, young women appear less likely than all women to seek pregnancy termination. Teen-age abortion rates are high only because teen-age mothers are more likely to be unmarried.



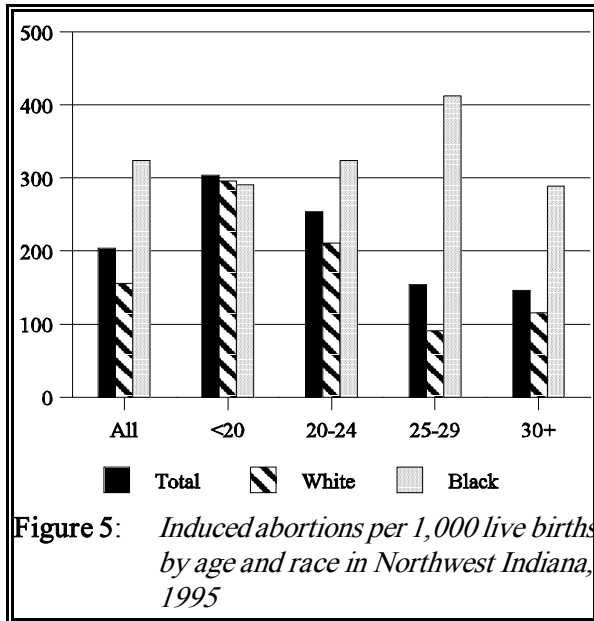


Figure 5: *Induced abortions per 1,000 live births by age and race in Northwest Indiana, 1995*

If young women had marriage rates similar to those of all other women, or better yet, if they were able to put off pregnancy until more ready to care for children, then their rates of pregnancy termination would be below that for the entire population, rather than above.

Abortion by race

In those years and areas for which data are available, nonwhites typically have abortion rates twice those for whites. Public health data for 1995 on pregnancy termination by race show blacks have abortion rates more than twice that of the total population, and more than three times that for whites. The differences between black and white abortion rates are greatest among women 25 and older (see Figure 5).

Among teen-age women the ratio of induced abortions to live births is slightly lower for black women than for white women. This is the only age group for which the region's blacks have lower abortion rates.

Differences in abortion rates by race and age mean that race and age affect the abortion rate in different ways. Abortion rates

increase for black women in their 20s but decline for whites. Unfortunately, without other or more precise data, it is difficult to determine why such differences exist. Published data, for example, do not show breakdowns by both race and education, or by both race and marital status. Regardless, these data indicate older black women confronting pregnancy may face more serious challenges than older white women.

Abortion by region

Region of residence has its own effect on abortion rates. Throughout the past 15 years women in Northwest Indiana have consistently had higher abortion rates than all Hoosier women. This has been true for virtually every group by age, race, or marital status (see Table 1). Within the region, rural Starke County consistently has lower abortion rates (see Figure 6).

Exactly why abortion rates are higher in urban areas is not clear. Rural women may be more able to turn to family and friends to deal with unexpected pregnancies. Without more precise data it is difficult to say why the region's abortion rates are higher. Other features of metropolitan areas which can make

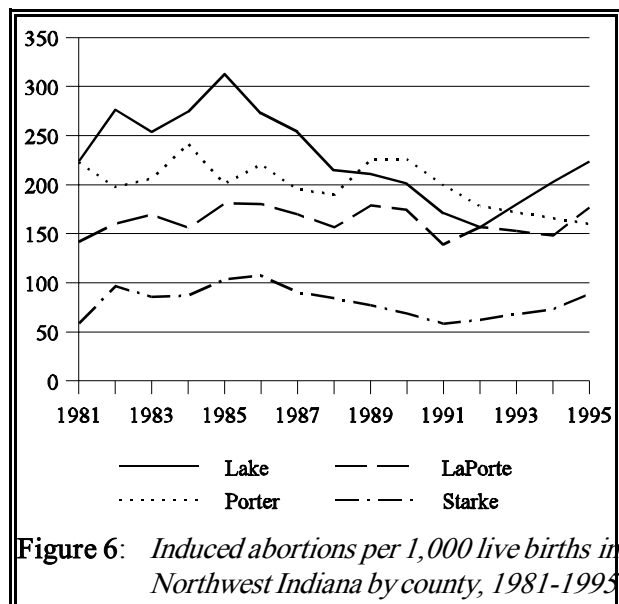


Figure 6: *Induced abortions per 1,000 live births in Northwest Indiana by county, 1981-1995*

life more difficult may also influence the decision to terminate pregnancy.

Abortion by other factors statewide

Data available statewide (but not by county) include induced abortions by weeks of gestation, education level, previous live births, and previous pregnancy terminations of the woman obtaining the abortion. Although such data are not available for Northwest Indiana specifically, we analyze them briefly for additional insights they might give on induced abortions more generally.

The decision to terminate pregnancy is typically made and executed in the first trimester of pregnancy. Of the induced abortions performed in Indiana in 1995, two in three (66.8%) were done in the first eight weeks of pregnancy. More than 19 in 20 (96.6%) were done in the first 12 weeks. In no age or race group did the combined number of second and third-trimester abortions exceed six percent.

Women who induce abortion tend to be of lower educational attainment, even when accounting for differences by age. Across the state, nearly five in 10 of all women of child-

bearing age have at least some college education. Among women inducing abortion less than three in 10 do.

Nearly six in nine (64.1%) Indiana abortions in 1995 were performed on women who had never before terminated a pregnancy (nearly six in nine or 64.1%). About one in nine were done on women who had terminated more than one previous pregnancy. Among women under 20 inducing abortion, more than six in seven (86.9%) had never before terminated a pregnancy; among women 20 or older, about four in seven (57.8%) had never before done so. Black women inducing abortion were slightly more likely to have terminated a pregnancy previously (45.4%), though this may be due to their higher rates of pregnancy termination among older women.

Nearly three in four (71.5%) of all abortions induced in Indiana in 1995 were done on women who had less than two previous live births, with nearly half (44.7%) done on women who had never before given live birth. Among women under 25 inducing abortion, six in seven (85.9%) had one or none live births; among those 25 and older more

Table 1
Induced abortions per 1,000 live births, 1995

	Indiana total	Northwest	Lake	LaPorte	Porter	Starke
Total	144	204	224	177	160	88
<20	211	304	303	292	396	113
20-24	182	254	282	195	220	85
25-29	106	154	184	116	75	98
30-39	103	136	148	129	109	47
40+	237	338	318	421	419	167
Married	36	59	69	43	46	32
Not married	365	407	402	399	524	189
White	117	156	163	157	150	84
Nonwhite	345	351	349	314	786	333

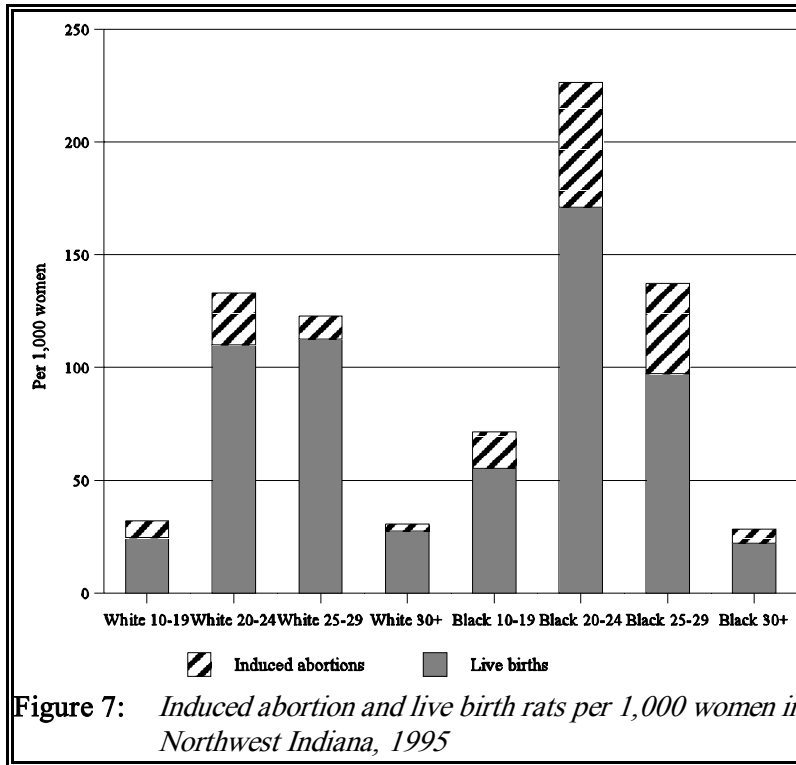


Figure 7: *Induced abortion and live birth rates per 1,000 women in Northwest Indiana, 1995*

than three in seven (47.9%) had two or more previous live births. Black women inducing abortion were more likely to have children (66.9%), though this may be due to the higher number of previous live births among older women generally.

Demographic factors and consequences

These data highlight several themes regarding induced abortion and childbirth preparedness, revolving around issues of age, race, region, and existing family responsibilities and support.

Most women terminating pregnancy, like those giving birth, are in their 20s. Of all region women inducing abortion in 1995, less than one in four (24.5%) were under 20, and fewer than one in forty (2.4%) were 40 or older. If area women under 20 or over 39 were to induce abortions at the same rate as all area women, the area’s abortion rate would decline nearly 10 percent. Curbing levels of teen-age pregnancy would also curb high teen-

age abortion rates. Since older women (like all women who induce abortion) do so at very early stages of gestation, the issue of higher abortion rates for them appears to have more to do with existing family responsibilities or being unprepared for a new child than it does with birth defects, which cannot be detected until later in pregnancy.

Race affects abortion only among those past their teen-age years. Those who would look to the black teen-ager to explain high abortion rates err in their analysis, since abortion rates for these women are below those of white teen-agers. Beyond the teen-age years roughly one in three area black women in their

20s terminate their pregnancies compared to about one in six white women of the same age.

Perhaps part of the reason black women in their 20s have disproportionately high abortion rates is that they have disproportionately high pregnancy rates (see Figure 7). For example, in 1995 nearly one in four black women between the ages of 20 and 24 had a pregnancy, compared to about one in eight white women in the same age group. Black women in this age group have both the highest rate of live births and of induced abortions. While it is understandable that many programs helping women deal with crisis pregnancies focus on teen-agers, these data suggest more attention might be paid to older black women facing pregnancy.

The fact that women in Northwest Indiana and the state’s urban areas generally have higher abortion rates highlights another problem for those seeking to help women with crisis pregnancies. Birth rates are not much different in Northwest Indiana than the rest of

the state, but abortion rates are. For whatever reason, more women in the region than state-wide have trouble avoiding or handling crisis pregnancies without resorting to abortion. Some of the reasons for this may include weaker family structures and community ties in urban areas. The aggregate data we analyze cannot explain exactly why abortion rates are higher in urban areas, but they do indicate that pregnant women there face more challenges.

Weak family structures are a cause of abortion throughout the state. The overwhelming majority of women inducing abortion are not married. About one in three pregnancies to unmarried women 25 and older in the region end in abortion. Less than one in ten pregnancies to married women of any age group end in abortion.

In focusing on aggregate characteristics of women electing abortion, we admittedly focus on only part of the problem. No woman enters pregnancy by herself. Unfortunately, there are no statistics on men who share responsibility for these pregnancies. The fact that abortion occurs primarily to unmarried couples points to the effect of family structure on abortion rates. Were unmarried couples able to avoid pregnancy or otherwise decrease their abortion rates to those of married couples, the region's overall abortion rate would decline by more than 70 percent.

It is not likely, of course, that any one solution could lead to such a theoretical decline in abortion rates, since there is no one solution for the problems of family stability or for the problems of unmarried women with unintended pregnancies and disproportionately high abortion rates.

This research does not seek to propose a specific solution, but to highlight some of the issues that should be considered by those looking for solutions. Many of our findings they may already know; a few others may

surprise them. All need to be remembered by those sincerely seeking not to use this emotional issue for short-term political gain, but rather to help both those who are the most vulnerable in our society and those who bear the greatest responsibility for them.

