

## **CALIFORNIA RIGHT TO LIFE EDUCATION FUND**

P.O. Box 4343, Walnut Creek, CA 94596-4343  
(925) 944-5351 FAX (925) 944-5449

**E-Mail:** [callife@calright2life.org](mailto:callife@calright2life.org)

[www.calright2life.org](http://www.calright2life.org)  
*Established 1981*

**Web Site:**

September 2006

### **Study Says Teens Cope With Unwanted Births Better Than Abortion**

Springfield, IL (Aug. 10, 2006) -- Adolescent girls who abort unintended pregnancies are five times more likely to seek subsequent help for psychological and emotional problems compared to their peers who carry "unwanted pregnancies" to term, according to a new nationally representative study published in the *Journal of Youth and Adolescence*.

Dr. Priscilla Coleman, a research psychologist at Bowling Green State University, also found that adolescents who had abortions were also over three times more likely to report subsequent trouble sleeping, and nine times more likely to report subsequent marijuana use. The results were compiled after examining 17 other control variables, like prior mental health history and family factors, that might also influence subsequent mental health.

The data was drawn from a federally-funded longitudinal study of adolescents from throughout the U.S. who participated in two series of interviews in 1995 and 1996. About 76 percent of girls who had abortions and 80 percent of girls who gave birth were between the ages of 15 and 19 during the survey, with the remainder being younger.

Researcher Dr. David Reardon, who has contributed to more than a dozen studies examining psychological outcomes after abortion, said that Coleman's study was particularly important because it examines pregnancy "wantedness," in addition to a large number of other control variables.

"Over the last six years, numerous studies have conclusively linked higher rates of mental illness and behavioral problems associated with abortion compared to childbirth," said Reardon. "But abortion advocates have generally dismissed these findings, insisting that while women who abort may fare worse than women who give birth to planned children, they may fare better than the important subgroup of women who carry unintended pregnancies to term. Coleman's study addresses this argument and shows that the facts don't support abortion advocates' speculations."

According to the Alan Guttmacher Institute, which tracks abortion statistics throughout the U.S., about a quarter of the abortions that take place each year are performed on girls younger than 20. Previous studies have found that younger abortion patients may be more likely to experience difficulties coping after abortion compared to older women, perhaps because they are more likely to be pressured into unwanted abortions or to undergo abortions later in the pregnancy, leading to more physical and emotional risk.

A 2004 survey of American and Russian women published in the *Medical Science Monitor* found that 64 percent of American women reported that they felt pressured into abortion. Coleman said that for teens, the pressure probably comes from the fact that they are more likely to be perceived as unready to be parents and that abortion is often seen by those around them as the best solution.

"When women feel forced into abortion by others or by life circumstances, negative post-abortion outcomes become more common," she wrote. "Adolescents are generally much less prepared to assume the responsibility of parenthood and are logically the recipients of pressure to abort."

Coleman pointed out that, while having a child as a teen may be problematic, "the risks of terminating seem to be even more pronounced." Other studies comparing outcomes for abortion versus delivery of unintended pregnancies have found higher rates of clinical depression, anxiety, and substance abuse among women who abort, while studies that did not look only at unplanned pregnancies also find that women who aborted are at increased risk for suicidal behavior, psychiatric problems, symptoms of post-traumatic stress, and sleep disorders, which are often linked to trauma.

While previous studies have often been criticized for methodological shortcomings, studies that have come out in the last several years have been designed to address those problems and have gone through vigorous scrutiny from peer-review panels before publication, she added.

"The scientific evidence is now strong and compelling," Coleman said. "Abortion poses more risks to women than giving birth."

Reardon, who directs the Springfield, IL-based Elliot Institute, also said that while there has been a long-standing assumption that such problems are related to mental health problems that existed before abortion, a large-scale study conducted in New Zealand last year found that this wasn't the case.

"The standard theory has been that women who have problems coping after abortion were probably already mentally unstable and therefore more likely to be even worse off if they continued the pregnancy," he said. "The researchers in New Zealand thought that their study would confirm this theory, so they specifically controlled for pre-existing mental health problems. What they found, however, was that women who were mentally stable before abortion were still more likely to experience mental health problems after abortion."

Although the pregnancy rate among American teens has dropped steadily in the past few decades, among developed countries the U.S. still has the highest rates of teen pregnancy and childbirth.

In her paper, Coleman highlighted a need for additional research on this issue. She pointed out that while "hundreds of thousands" of teens experience an unintended pregnancy each year, her study is one of only a few to examine the impact of abortion on women versus the impact of carrying to term, all of which have indicated worse outcomes associated with abortion.

Reardon echoed the call for more research, as well as the need for medical and mental health professionals to be attuned to the risks of abortion and present women and teens with accurate information about the physical and psychological effects of the procedure.

"The findings that are emerging show that abortion leads to negative outcomes for many women, regardless of whether the pregnancy was planned or wanted," Reardon said. "Indeed, not a single study has ever shown statistically significant benefits associated with abortion compared to birth. In terms of maximizing women's health and well-being, the scientific evidence overwhelmingly indicates that birth is preferable to abortion."

Source:

Priscilla K. Coleman, "Resolution of Unwanted Pregnancy During Adolescence Through Abortion Versus Childbirth: Individual and Family Predictors and Psychological Consequences," *Journal of Youth and Adolescence* (2006).

Additional Studies:

VM Rue et. al., "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women," *Medical Science Monitor* 10(10): SR5-16 (2004).

David M. Fergusson, et. al., "Abortion in young women and subsequent mental health," *Journal of Child Psychology and Psychiatry* 47(1): 16-24 (2006).

## Stem Cells Score Update



*In our January 2006 newsletter we reported a stem cell research treatments scoreboard showing 0- 65. In the past nine months there have been SEVEN new cures using Adult Stem Cells! And the risks of embryonic stem cells become more evident each day. Below are a few brief summaries of recent research results...*

### Embryonic Stem Cells Accumulate Risky Mutations

A report released by an international scientific team documents that human embryonic stem cells (ESC) accumulate genetic mutations as they are cultured in the lab. (1) The study compared genetic changes between cells early on their laboratory growth cycle, and those that had been grown for longer periods of time. Like all other cells, the human embryonic stem cells accumulated mutations and chromosomal changes, many of which are associated with faster growth and tumor formation.

Another facet of this report is a caution regarding embryonic stem cells in general. There have been several reports documenting the tendency of ESC for abnormal growth and genetic changes. Previous studies have noted that ESC are prone to genetic variability and chromosome changes associated with tumor formation, especially when compared to normal adult cells. Most disturbing is that these changes occur in any embryonic stem cell.

Thus studies have shown that embryonic stem cells pose an unusually high risk for genetic changes and tumor formation, with the risk increasing the longer the cells are grown, thus making their therapeutic use even more speculative and problematic than originally reported.

By contrast, adult stem cells, including those harvested from umbilical cord blood, are usually not grown for extended periods, do not pose this potential of accumulating mutations. Rather, adult stem cells are currently used in patients soon after they are harvested, and have already benefited thousands of patients worldwide.

(1) Maitra et al Genomic alterations in cultured human embryonic stem cells, *Nature Genetics* published online

4 September 2005; doi:10.1038/ng1631

## **A Life Saved Through Stem Cell Donation**

In December of 2001 Lee Ann awakened to a sore throat; within a few days she was receiving chemotherapy for cancer. Within 16 months she had gone through eight months of chemotherapy, several weeks of hospitalization and two relapses. Her last hope was a stem cell transplant – if a donor could be found – and even then her chance of survival was no more than 20 percent.

No matches for stem cell donors were found among family members, however a search of the Heart of America National Marrow Donor Program registry yielded a potential match, and in July 2003 Lee Ann was able to receive a donation of stem cells that changed her blood type from A positive to A negative – and also changed her prospect of survival from dim to extremely bright.

The donor was a Catholic priest from Kansas City, Missouri, Rev. Ken Riley. Father Riley had placed his name on the donor registry a few years earlier and had previously donated bone marrow in 1996 for a man in Indiana. His own father is alive today, Riley said, because of a kidney transplant from his brother and a pancreas received from another donor.

“I’m a big proponent of organ and tissue donation” he said. “When people in the media and other places say that the Catholic Church is anti stem cell that’s not true at all. We’re certainly protecting the embryonic stem-cell life from stem cell donations, but otherwise it’s wonderful.”

Lee Ann continues to enjoy her family and comments, “He (Father Riley) basically saved a family, saved my children from having to grow up without a mother.”

### **What Happens at a Mall Table?**

*We have received a few inquiries about what is entailed in being a mall table volunteer, so we would like to spend a few minutes to explain what takes place at an average mall table....*

Our table includes a small set of fetal models, and several actual 10-week size baby models, along with a display of lots of FREE literature: pamphlets, bumper stickers, bookmarks, wallet size cards, pro-life bracelets and precious feet (and hand) pins.

The fetal models draw people to our table; we share the development timeline of a pre-born baby, explaining that as early as ten weeks all the vital systems are present; all that is needed is time and nutrition for this wee one to become newborn baby. We offer a full-color foldout pamphlet of the developing baby (cost \$.75 each) for the person to take with them. We then invite the person to take copies of our pamphlets, bookmarks and stickers. The pro-life bracelets and precious feet/hand pins (cost \$.50-\$1 each) continue to be popular items. The youth stand patiently as we show the 10-week baby model whose feet are shown on the bracelets and pins, and then hopefully they go forth proudly wearing the bracelet/pin and proclaiming the message to family and friends who notice their bracelet and pins. Your donation helps pay the cost of the pamphlets, bookmarks and other resources we share.

Volunteers at a mall table look forward to returning. Our next scheduled tables will be Monday, September 18 and October 2 from 4 – 8PM. If you have an hour or two and would like to “Meet us at the Mall” on either of these days, or would like to be added to our volunteer list for future mall tables, contact this office at 925-944-5351 or e-mail us at [callife@calright2life.org](mailto:callife@calright2life.org).

### **Upcoming Events**

## ~ *Mall Tables in Concord*

**Monday, September 18 & Monday, October 2, 4 - 8PM**

Contact this office for further information or to schedule a time. Service hour forms will be signed off (for high school classes, Confirmation programs etc.) A wonderful opportunity to see how your donations help proclaim the message of life to the general public. Training is provided.

## ~ *California General Election*

**Tuesday, November 7, 2006**

Election of many statewide offices including Governor, propositions including the Parents Right to Know – Prop 85. Last day to register to vote in California is fifteen days before the election, or Monday October 23. For further information see the Secretary of State website relating to voter registration

[http://www.ss.ca.gov/elections/elections\\_vr.htm](http://www.ss.ca.gov/elections/elections_vr.htm)

If you would like to do a voter registration drive in your church or other group, contact this office for assistance.

## ~ *LLDF Fall Banquet*

**Saturday, November 18, 2006**

Life Legal Defense Foundation's annual Fall Banquet will be Saturday, November 18 at the Bellevue Club in Oakland. Featured speaker: Ramesh Ponnuru, senior editor at National Review. Mr. Ponnuru has covered national politics for eleven years and has appeared on numerous television and radio talk shows. He is also the author of *The Party of Death: The Democrats, the Media, the Courts, and the Disregard for Human Life*.

No-host cocktails at 5PM; dinner at 6PM. A map and directions to the Bellevue Club may be found at [www.bellevueclub.org/contact-location.html](http://www.bellevueclub.org/contact-location.html).

**For further information or reservations, contact LLDF at (707) 224-6675.**

## **Do we have your e-mail address?**

Do we have your current e-mail address? We get several e-mails back as undeliverable each time we do an e-mailing. Our newsletter is our primary method of disseminating information, however occasionally we receive time sensitive information and would like to be able to forward it to our members via e-mail. As an example, the Parental Notification Initiative has qualified for the November 2006 ballot as Prop 85. We will be providing further information on this important initiative through our e-alert e-mails.

**A special THANK YOU** to all who remembered us during the dry days of summer, with donations large and small and also those who assisted at the many mall tables. Your ongoing efforts allow us to reach out to so many people, educating towards a greater respect for all life. Our budget is about \$2,000 a month. Distribution of the newsletter alone is \$500, and the phone bill and Internet is another \$150. Can you spare a few dollars to allow us to proclaim the message of life, from the single-cell stage to natural death? As little as \$5 provides a packet of pro-life materials to a student or teacher for presentations to 30–200 students. **All donations, large or small, are gratefully accepted** and prayerfully put to good use in the cause of Life. As detailed below, all donations to California Right to Life EDUCATION FUND are fully tax-

deductible.