

Reproductive Rights: The Ongoing Battle for Access to Contraception and Abortion in the U.S.¹

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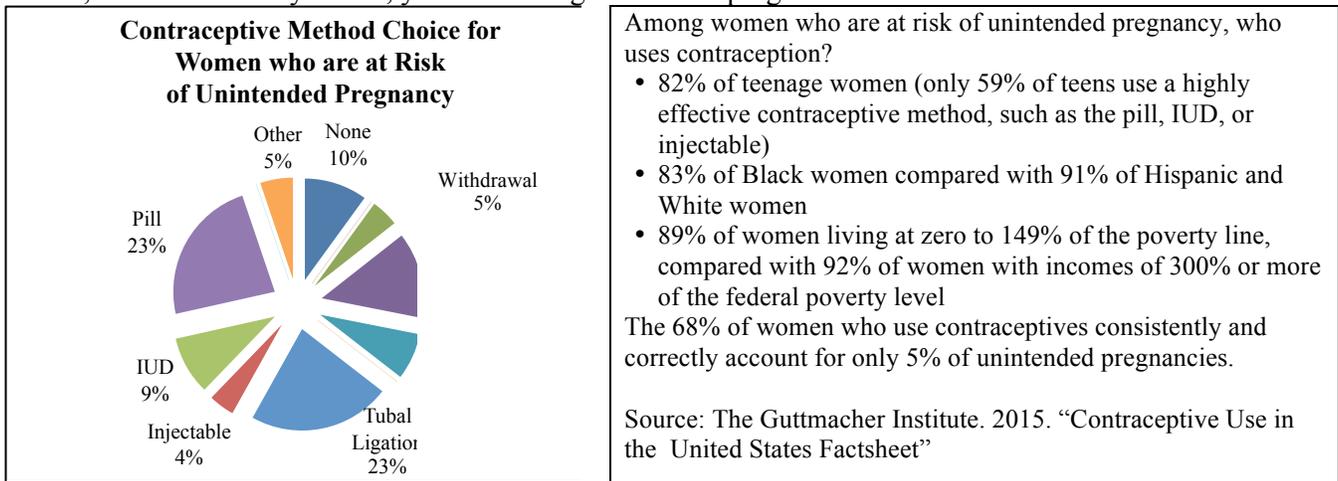
I. OVERVIEW

The ongoing battle for reproductive rights has been widely recognized as an impediment to the global progress toward gender equality. This argument has been voiced by national and international social movement organizations; it has also been advanced by scholars (Wang 2010) and recognized by Supreme Court Justices (Siegel and Siegel 2013). Autonomy in sexual and reproductive decision making is critical for the empowerment of women in their families, educational pursuits, employment aspirations, and political representation. Freedom to choose whether, when, and how to have children requires economic resources and the support necessary to ensure maternal and child well-being, together with comprehensive sexuality education, effective contraceptive methods, and safe abortion access.

A feminist sociological perspective can offer valuable insights into what has become a struggle to defend hard won gains. This factsheet examines some of the broader social forces that can constrain a woman’s ability to exercise her reproductive rights, focusing on the unique landscape of the United States. It concentrates on contraception and abortion because of the intense controversy these issues continue to generate. The two are not to be conflated, despite untenable claims by anti-abortion activists. However, these two key components of reproductive rights are inextricably linked, as demonstrated by a 2014 study (Secura et. al), in which a cohort of teenage girls was given information and access to free long-acting, reversible contraceptives (LARCs) resulting in lower rates of pregnancy, birth, and abortion.

II. RATES OF CONTRACEPTIVE USE AND ABORTION

It is important to begin with this demographic overview of the 43 million women who without a reliable contraceptive method are at risk of unintended pregnancy. This group includes women between the ages 15 and 44, who are sexually active, yet not seeking to become pregnant.



In 2011, 730,322 legal induced abortions were performed resulting in a rate of 13.9 abortions per 1,000 women aged 15 to 44 years and ratio of 219 abortions per 1,000 live births. Though most are surgical, 19.1% were performed by early medical abortion. The demographic profile of the women who obtained abortions, featured below, debunks widespread misinformation about the prevalence of “repeat” and late-term abortions.

- 37.2% were N.H. White (36.2% N.H. Black, 19.7% Hispanic, 7.0% other)
 - 53.7% had no previous abortions (Only 9.3% had three or more)
 - 57.8% were in their twenties (13.9% were under the age of 20)
 - 61.1% had previously given birth
 - 85.5% were unmarried
 - 91.4% were in the first trimester (Fewer than 1.4% at 21 weeks or more).
- Source: CDC 2011. “Abortion Surveillance-United States.”

**The Center
for Reproductive Rights**

“Reproductive freedom lies at the heart of the promise of human dignity, self-determination and equality embodied in both the U.S. Constitution and the Universal Declaration of Human Rights.”

III. INEQUALITIES

This section examines persistent inequalities by age, class, race, and place of residence. This intersectional understanding was first articulated by African American women who put forth a more transformative vision of “reproductive justice,” which recognizes that a woman’s reproductive decisions are profoundly influenced by the conditions in her community. Loretta Ross of SisterSong (<http://www.sistersong.net/>) describes this as paradigm shift: “Instead of focusing on the means—a divisive debate on abortion and birth control that neglects the real-life experiences of women and girls—the reproductive justice analysis focuses on the ends—better lives for women, healthier families, and sustainable communities.” It is critical to understand that systems of privilege and disadvantage intersect in these settings. For example, as Dorothy Robert’s (1998) *Killing the Black Body* powerfully demonstrates, women of color have a long history of reproductive oppression; they also have higher rates of poverty and they face persistent disparities in insurance and imprisonment.

<p>AGE: Most states require parental involvement in a teen’s abortion decision; 38 currently allow a judicial bypass procedure, which Silverstein’s (2009) <i>Girls on the Stand</i> exposes as an arduous, emotionally taxing, often arbitrary, and sometimes corrupt process. Learn more about how policies vary by state from The Guttmacher Institute’s (2015) <i>State Policies in Brief</i> and Planned Parenthood.</p>
<p>CLASS: A 2015 study by Reeves and Ventor found that compared to affluent women, low income women are more than five times as likely to have an unintended birth, which is linked to further entrenchment in poverty, family instability, and poorer outcomes for children. Their findings suggest that improving women’s economic and educational prospects will lower birth rates, as will increased access to LARCs and affordable abortion.</p>
<p>RACE: In 2010, a disturbing claim appeared on anti-abortion billboards: “Black Children are an endangered species.” The ad campaign drew sharp criticism for both shaming Black women and casting them as victims of coercion. A 2014 survey of 69 Indian Health Service (IHS) pharmacies conducted by The Native American Women’s Health Education Resource Center found that only 80% carry Plan B, 11% require a prescription, 9% do not offer Plan B at all, and 72% still impose the age restrictions that should have been removed in 2013.</p>
<p>RESIDENCY: There are no abortion providers in 87% of counties in the U.S. or in 97% of all rural counties, where 35% of women aged 15 to 44 live (Jones and Kooistra 2011). As of 2015, only one provider remains in MS, ND, SD, and WY, forcing women to travel long distances for care.</p>
<p>NATION: The World’s Abortion Laws Map (2014) shows that women in the U.S. are comparatively fortunate as a consequence of living in the Global North, which tends to be more liberal. In contrast, countries in the Global South are more likely to prohibit abortion completely or only to save the woman’s life. The World Health Organization estimates that 21.6 million unsafe abortions took place in 2008, primarily in developing countries.</p>

IV. INSTITUTIONS

	<p>SCHOOLS: A recent study Boonstra (2015) finds that 37% of school-based health centers (SBHCs) in middle and high schools dispense contraceptives on-site, but half are prohibited from doing so. These SBHCs must refer students to services off-site, which disproportionately affects low-income and uninsured students whose options for medical care are limited.</p>
	<p>THE MILITARY: In January 2013, President Barack Obama signed The Shaheen Amendment to provide servicewomen coverage for abortions if they are victims of sexual assault. But the 400,000 women in the armed forces still face barriers. The National Women’s Law Center (2015) calls for a lifting of the ban on abortion services at military facilities.</p>
	<p>HEALTH INSURERS: The Affordable Care Act’s contraception mandate stipulates that all insurance policies pay for birth control without co-payments, but it has been fiercely contested. According to the ACLU, abortion coverage is currently restricted in insurance exchanges in 25 states, for public employees in 21 states, and in <i>all</i> private insurance plans in 10 states.</p>
	<p>PRISONS: A 2014 Family Research Planning and Contraceptive Policy Brief indicates that 6 to 10% of women are pregnant at the time of incarceration and they have many unmet needs. In some cases, their constitutionally protected right to abortion is subjugated.</p>

V. MOVEMENT-COUNTERMOVEMENT DYNAMICS

Social movement theory illuminates the complexity of movement-counter movement dynamics (McCaffrey and Keys 2000). Landmark legal victories mobilized the opposition to push for increased restrictions. Attacks on reproductive health care providers have led to critical shortages and women continue to be “caught in this cross-fire of a heated ideological battle” (Keys 2010). In response reproductive rights organizations are fighting to protect access and reduce stigma.

	<p>LAWS: In two landmark decisions, the Supreme Court extended an individual’s right to privacy to include access to birth control (Griswold v. Connecticut 1965) and abortion (Roe v. Wade 1973). As is typical, these movement successes galvanized countermovement activity. As a further illustration of these movement-counter movement dynamics, Wheaton College, following the lead of Hobby Lobby, is claiming that the contraception coverage mandate in the Affordable Care Act of 2010 violates their religious freedom and it has moved to strip all students of health care insurance.</p>
	<p>RESTRICTIONS: On the abortion front, extremists continue to wage war on reproductive health clinics and providers. The latest tally from the Guttmacher Institute shows that since 2010 states have enacted 282 restrictions, including imposed waiting periods, limits on medication for abortion, late-term abortion bans, and Targeted Regulation of Abortion Providers (TRAP), which are onerous requirements for licensure and hospital-like conditions beyond what is necessary for safety.</p>
	<p>ATTACKS: Frequent incidents of vilification, intimidation, harassment, stalking, and extremist violence, including eight murders, have been documented by organizations like the Feminist Majority Foundation and NARAL. This dangerous climate has contributed to the scarcity of abortion providers. To address this dire need, The American College of Obstetricians and Gynecologists issued an Opinion from the Committee on Health Care for Underserved Women in 2014, supporting the expansion of abortion training to ensure women’s access to safe abortion care.</p>
	<p>DECLINING RATES: According to a 2015 AP survey, the number of abortions has declined by 12% in the past five years. While anti-abortion groups credit sonogram viewing, reproductive rights organizations point to the reduction in teen pregnancy resulting from extended access to contraceptives and increased health insurance coverage. The closing of 70 clinics—be it celebrated or decried—is also a contributing factor.</p>

VI. REPRODUCTIVE RIGHTS ORGANIZATIONS

	<p>REPRODUCTIVE HEALTH ADVOCATES:</p> <ul style="list-style-type: none"> • Ipas • Med Students for Choice • National Abortion Federation • National Latina Institute for Reproductive Health • Pathfinder International • Planned Parenthood • Women's Global Network for Reproductive Rights • Women's Reproductive Rights Assistance Project 	<p>FEMINIST AND PROCHOICE ORGANIZATIONS:</p> <ul style="list-style-type: none"> • Advocates for Youth • Catholics for Choice • Feminist Majority Foundation • National Network of Abortion Funds • NARAL • National Organization for Women • One in Three Campaign • Pro-Choice Public Education Project
	<p>LEGAL/POLICY CENTERS</p> <ul style="list-style-type: none"> • ACLU • Center for Reproductive Rights • National Women’s Law Center • Law Students for Reproductive Justice 	<p>REPRODUCTIVE JUSTICE COLLECTIVES:</p> <ul style="list-style-type: none"> • Sister Song • Trust Black Women Partnership

VII. SUGGESTED RESOURCES

	<ul style="list-style-type: none"> • <i>After Tiller</i> (2013) • <i>The Pill</i> (2003) • <i>Choice: Then and Now Series</i> • <i>Jane: An Abortion Service</i> (1996) • <i>Not Yet Rain</i> (2009) • <i>No Woman, No Cry</i> (2010) • <i>Obvious Child</i> (2009/2014) • <i>The Last Abortion Clinic</i> (2005) • <i>Unborn in the USA: Inside the War on Abortion</i> (2007) • <i>Vessel</i> (2014) • <i>When Abortion Was Illegal: Untold Stories</i> (1992) • <i>12th and Delaware</i> (2010)
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Films	
 Books	<p>REPRODUCTIVE RIGHTS:</p> <ul style="list-style-type: none"> • Flavin, Jeanne. 2008. <i>Our Bodies, Our Crimes: The Policing of Women’s Reproduction in America.</i> • Solinger, Rickie. 2013. <i>Reproductive Politics: What Everyone Needs to Know.</i>
	<p>BIRTH CONTROL:</p> <ul style="list-style-type: none"> • May, Elaine Tyler. 2011. <i>America and the Pill: A History of Promise, Peril, and Liberation.</i> • Schoen, Johanna. 2015. <i>Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare.</i>
	<p>ABORTION:</p> <ul style="list-style-type: none"> • Pollitt, Katha. 2014. <i>Pro: Reclaiming Abortion Rights.</i> • Rohlinger, Deana. 2015. <i>Abortion Politics, Mass Media, and Social Movements in America.</i>
	<p>OPPOSITION:</p> <ul style="list-style-type: none"> • Cohen, David S. and Krysten Connon. 2015. <i>Living in the Crosshairs: The Untold Stories of Anti-Abortion Terrorism.</i> • Pieklo, Jessica Mason and Robin Marty. 2013. <i>Crow After Roe: How "Separate But Equal" Has Become the New Standard In Women’s Health And How We Can Change That.</i> • Williams, Joshua. 2013. <i>The Street Politics of Abortion: Speech, Violence, and America's Culture Wars.</i>
<p>URGE: Unite for Reproductive and Gender Equity <i>“Envisions a world where all people have agency over their own bodies and relationships, and the power, knowledge, and tools to exercise that agency”</i></p>	

References

Boonstra, Heather D. Winter 2015. “Meeting the Sexual and Reproductive Health Needs of Adolescents in School-Based Health Centers,” *Guttmacher Policy Review* 18, No. 1.

Daniels, Kimberly, Jill Daugherty, and Jo Jones. 2014. “Current Contraceptive Status Among Women Aged 15–44: United States, 2011–2013,” *NCHS Data Brief*, No. 173, U.S. Department Of Health And Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Guttmacher Institute. 2015. “Parental Involvement in Minors’ Abortions,” *State Policies in Brief*. Available at guttmacher.org/statecenter/spibs/spib_PIMA.pdf.

Jones, Rachel K. and Kathryn Kooistra. 2011. “Abortion Incidence and Access to Services In the United States, 2008,” *Perspectives on Sexual and Reproductive Health* 43, No. 1: 41-50. Available at <https://www.guttmacher.org/pubs/journals/4304111.pdf>

Keys, Jennifer. 2010. “Running the Gauntlet: Women's Use of Emotion Management Techniques in the Abortion Experience,” *Symbolic Interaction* 33, No. 1: 41–70.

McCaffrey, Dawn and Jennifer Keys. 2000. “Competitive Framing Processes in the Abortion Debate: Polarization-Vilification, Frame Saving, and Frame Debunking,” *The Sociological Quarterly* Vol. 41, No. 1: 41-61.

Planned Parenthood. “Parental Consent and Notification Laws.” Available at plannedparenthood.org/learn/abortion/parental-consent-notification-laws.

Reeves, Richard V. and Joanna Venator. 2015. “Sex, contraception, or abortion? Explaining class gaps in unintended childbearing,” Research paper for the Brookings Institution. Available at: brookings.edu/research/papers/2015/02/26-class-gaps-in-unintended-childbearing-reeves.

Roberts, Dorothy. 1998. *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. New York: Vintage Books.

Secura, Gina M. Secura, Tessa Madden, Colleen McNicholas, Jennifer Mullersman, Christina M. Buckel, Qihong Zhao, and Jeffrey F. Peipert. 2014. “Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy,” *New England Journal of Medicine* 371:1316-1323. DOI: 10.1056/NEJMoa1400506.

Siegel, Neil S. and Reva B. Siegel. 2013. “Equality Arguments for Abortion Rights,” *UCLA Law Review Discourse* 60: 160-170.

Wang, Guang-zhen. 2010. *Reproductive Health and Gender Equality: Method, Measurement, and Implications*. Ashgate.

¹ Please go to the SWS website for an extended version of this fact sheet (<http://socwomen.org/fact-sheets/>).