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## 20080811\_Health-care inequality is key in abortion rates

By Melissa Gilliam

An op-ed in the Washington Times muses about whether "abortion is more common in minority communities because, similar to alcohol and tobacco, it is more aggressively marketed there." A Wall Street Journal column promotes allegations of racism on the part of "the abortion industry." Similar accusations pervade the pro-life blogosphere. There's even a Web site called Black Genocide devoted entirely to the subject.

Sadly, this hyperbole - and all the energy supposedly directed toward helping African American women - both misses the point and distracts from the real issue: the persistent health disparities faced by women, and men, in the African American community.

As an African American woman, a physician, and a reproductive-health specialist, I see on a daily basis the real-life consequences of unequal access to good health care.

That's why I strongly believe that those professing concern for the well-being of African American women have an obligation to put the issue of abortion in its proper context, and to support evidence-based policies that would have a positive impact.

Behind virtually every abortion is an unintended pregnancy. African American women have higher abortion rates than their white peers because they have much higher rates of unintended pregnancy - three times higher than those of white women. In other words, there is no need to resort to far-flung conspiracy theories to explain the higher abortion rate among black women.

But there's more to the story. Across the board, African Americans often have worse sexual- and reproductive-health outcomes than people from other racial groups. For example, we experience much higher rates of sexually transmitted infections. These disparate rates reflect broader health disparities that can be seen in high rates of diabetes, obesity, heart disease or cancer.

The root causes are manifold: a long history of discrimination; lack of access to high-quality, affordable health care; too few educational and professional opportunities; unequal access to safe, clean neighborhoods; and, for some African Americans, a lingering mistrust of the medical community.

There are no easy solutions to these complex challenges. Innovative strategies to reduce entrenched poverty, improve education, and broadly reform health care all will have to be part of the longer-term approach. Yet, there are a number of specific steps policymakers can take right now that could dramatically improve the sexual and reproductive health of African Americans - and Americans in general.

Let's start with the need for better sexual-health literacy. A 2006 study by the Guttmacher Institute shows that only one in three sexually experienced African American males and fewer than half of African American females had received formal instruction about birth control before they first had sex. (White teens were only slightly better off). That needs to change, and fast.

Policymakers should heed the strong body of evidence showing that abstinence-only-until-marriage programs are a waste of money. They should instead support comprehensive sex-education curricula, many of which have shown success in delaying teens' initiation of sex, reducing their number of sexual partners, and increasing their use of condoms and other contraceptives.

We also need to redouble our efforts to empower African American women to better plan their pregnancies: to avoid pregnancies they don't want and to achieve pregnancies they do want when they want them. This goal is not only worthy in and of itself, but its attainment will also lower the high rate of abortion among African American women.

Proven policies include boosting funding for the federal Title X family-planning program under which women

and men across the country can get subsidized contraceptive counseling and supplies as well as STI (sexually transmitted infection) testing and treatment. Expanding Medicaid eligibility for family-planning services nationwide (a step 26 states - including Delaware and Pennsylvania , but not New Jersey- have already taken) would likewise allow more people, including many African Americans, to participate in these prevention-focused programs.

Finally, Guttmacher Institute research shows that the abortion decisions of many women (of all races) are influenced primarily by their desire to be good parents. Too many women today are stretched so thin that they feel unable to take care of their existing children, not to mention an additional child. Clearly, policies that support working parents, especially at the lower end of the income spectrum, are needed. Let's make good on our pro-family rhetoric by supporting paid sick leave for more parents, as well as subsidized child care and affordable health insurance.


My challenge to antiabortion activists is to stop throwing around inflammatory terms like *genocide* and instead channel their considerable energies and resources into supporting policies that reduce the need for abortion. Let's get serious about helping women and their families, including women in the African American community.

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