

Abortion in Women's Lives

Executive Summary

The ability to determine whether and when to bear children has become a prerequisite for women's full participation in modern life. To understand the role that abortion plays in women's lives, it must be placed within the larger context of unintended pregnancy.

■ The typical American woman wants to have two children. To do so, she will spend roughly five years pregnant, postpartum or trying to become pregnant and three decades trying to avoid pregnancy.

■ Virtually all U.S. women have used contraceptives; however, neither people nor contraceptive methods are perfect. Nearly half of all women have faced an unintended pregnancy, and one in three will have an abortion at some point in their life. About half of women who unintentionally become pregnant turn to abortion.

■ Women who make the decision to have an abortion understand the responsibilities of parenthood and family life. Six in 10 are already a parent. More than half say they want

a child or another child at a later point in their life. Most cite concern or responsibility for someone else as a factor in their decision.

Abortion Before Legalization

Both the history of our own country and a look around the world today amply demonstrate that the legal status of abortion has a far greater impact on the circumstances under which the procedure is obtained than on its incidence.

■ Abortion in the United States was severely restricted in the decades before *Roe v. Wade*. The continuing toll of illegal abortion on the health and lives of women and their families made decriminalization a moral imperative for many in the medical, legal and pastoral professions.

■ Poor American women and their families were disproportionately affected by the illegality of abortion. Although some adult women with financial means had access to a safe procedure, less affluent women often had few options aside from a potentially dangerous clandestine abortion.

■ Abortion was a leading cause of maternal mortality in pre-*Roe* America, and it remains so today in many developing countries in which abortion is illegal.

Three Decades of Legal Abortion

Thirty years of legal abortion since *Roe v. Wade* have brought about significant advances for the lives and health of women.

■ Induced abortion in the United

States is now an extremely safe procedure; injuries and deaths from abortion are rare.

■ The proportion of abortions performed after the first trimester dropped rapidly after *Roe*. Today, nearly nine in 10 women who have an abortion do so within the first trimester, and about six in 10 do so within eight weeks. New medical and surgical technologies increasingly enable women to obtain abortions earlier in pregnancy.

■ Legal abortion has gone hand-in-hand with sharp increases in contraceptive use, which in turn have been a major factor in declining abortion rates.

The Long-Term Safety of Abortion

Although abortion rights opponents continue to allege that abortion is dangerous to women's physical and mental health over the long term, a considerable body of credible evidence contradicts that assertion.

■ Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, spontaneous abortion, congenital malformation, or preterm or low-birth-weight delivery.

■ Exhaustive reviews by panels convened by the U.S. and British governments have concluded that there is no association between abortion and breast cancer. Moreover, the available evidence indicates that abortion is not a risk factor for other types of cancer and may even be protective against some types.

■ The question of the psychological impact of abortion has been extensively and repeatedly examined since the early 1980s. Each time, leading experts have concluded that abortion does not pose a hazard to women's mental health.

Lingering Disparities

Over the last several decades, much progress has been made in the ability of American women and their partners to control their childbearing; however, not all American women are sharing equally in this progress.

■ Declines in the national rate of unintended pregnancy that occurred in the 1980s and 1990s have stalled, and some key groups appear to be losing ground.

■ Women of color and those who are young, unmarried or poor have lower levels of contraceptive protection than do other women, leading to higher levels of unintended pregnancy in these groups.

■ Accordingly, although women from all walks of life have abortions, the procedure is becoming increasingly concentrated among disadvantaged women.

■ Young, poor, black and unmarried women are more likely than other women to experience a delay in obtaining an abortion. At the same time, the majority of all women who have had an abortion say they would have preferred to have had the procedure earlier than they did.

Recommendations for Policies and Programs

As long as women become pregnant unintentionally, some who feel unable to raise a child or another child at that point in their life will turn to abortion. As a matter of social justice, every woman in the United States should have equal access to abortion services, regardless of economic status; therefore,

public funding of abortion for indigent women should be restored nationwide. Efforts to restrict women's access to abortion—which fall hardest on young and poor women and women of color, and primarily have the effect of causing them to delay having the procedure—should be rejected or repealed. Women's right to give informed consent to abortion based on the receipt of unbiased, medically accurate information should be protected, and abortion providers should be afforded the respect and legal support bestowed on other members of the medical profession.

Although the national debate over abortion may never be resolved, one obvious path toward lowering the decibel level lies in increasing support for policies and programs that help women and couples to avoid unintended pregnancy. This complex task includes guaranteeing young people access to comprehensive sex education that teaches both the benefits of delaying intercourse and the importance of using contraceptives. It means structuring public and private insurance coverage so that women and men can choose freely the contraceptive method that best suits their needs. And it requires streamlining the delivery of contraceptive care, both in public programs and the private marketplace, so as to make obtaining and using contraceptives as convenient as possible.

Taking these steps would do much to jump-start our stalled national progress in minimizing women's need for abortion by helping them to avoid unplanned pregnancies in the first place—even as we guarantee that all women who need abortion services are able to obtain a timely, safe procedure and to do so with dignity. If women across the United States were afforded the education, services and rights they need to manage their reproductive lives, they would benefit as individuals, as partners and as parents, and the life of the nation would benefit as well.

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