A SACReD Journey Factsheet 5.1
Female Reproduction and Abortion Realities[1]

Big picture — abortion is simply part of the human reproductive story:

- US Americans who can become pregnant are typically of childbearing age for **approximately 37 years**, making pregnancy prevention an ongoing, challenging task.
- As healthy sexuality brings numerous **bodily and relational benefits** apart from procreation, it is unlikely that nature "intended" sexuality to exist for childbearing alone.
- Humans have deployed birth control and abortion measures throughout different historical and cultural circumstances, including in very ancient societies.[2]

Abortion will remain a necessary option in people's reproductive lives:

- Rates of unintended pregnancy have decreased in recent years, but still **roughly 42%** of all pregnancies in the U.S. each year are unintended. Female fertility control is challenging, even with the best resources.
- In 2017, the abortion rate in the U.S. was the lowest it had been since *Roe* made the procedure legal in 1973. Studies indicate that increased birth control availability, and not abortion restriction, was the **main reason** for the decrease.
- The most effective forms of long-acting birth control **can be costly upfront**, and daily pills can be both costly and **difficult to perfectly maintain**. **Race, class, and location disparities** in access to highly effective birth control are very significant.
- If the most effective, long-acting birth control measures were accessible to all who wanted them, there would likely be a **64% drop in unintended pregnancies and a 67% drop in abortions**. But **birth control perfection is not a realistic goal**, and abortion will always be something people need to maintain reproductive self-determination.
- Only half of adolescents in the U.S. receive **adequate sex education**, including about birth control and where to get it. Rates of adequate sex and birth control education are also worsening, and there are **significant inequalities** depending on racial categorization, class, sexual orientation, and geographic location.

Stereotypes of abortion patients are incorrect:

- In the U.S., according to the **Guttmacher Institute**:
  - 1 in 4 women[3] will have an abortion by the age of 45; **abortion is common**.
  - 54% of abortion patients **identify as Christian**.
  - Similar proportions of people obtaining abortions (~30%) are Black, Latinx, or White.
  - 55% of abortion patients are parents already.
  - 71% of abortion patients are poor or low-income.

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1 "Female" here refers to people with female reproductive capacities, who may identify across the gender spectrum.

2 See John Riddle, *Eve's Herbs: A History of Contraception and Abortion in the West.* (Cambridge, MA: Harvard University Press, 1997).

3 This data does not specifically study trans and gender expansive people who also have abortions. Everyone knows and loves someone who has had an abortion.

- "Irresponsible" people do not "use abortion as birth control." Rather, poverty drives **less effective birth control practices**, which increase unintended pregnancies and, therefore, the need for abortion.
- People do not have a "change of mind" mid-pregnancy and decide to abort. Rather, abortions almost entirely occur in the first trimester — 94%. Those that **occur later** are due to poverty-related access problems or fetal/maternal health issues. Only 0.9% of abortions occur after fetal viability, for extreme health reasons.

Abortion is a labor and economic justice issue:

- **Gestation is work**, on par with the effort over time of an endurance athlete.
- Women and people who can become pregnant have been forced or coerced by elite interests, at various points in US and European history, to gestate babies to become laborers in exploitative economic systems.[4] At a time of low birth rates and labor shortages, concern about profits long-term is once again a **motivation for many in power**.
- Reliable birth control and abortion access enable people who can become pregnant to invest energy in education and career development, which **improves their economic circumstances** and the prospects of their children. But the opposite outcomes – lower education levels and higher poverty risk — result **when reproductive control is lost**.

Pregnancy can be dangerous, especially for oppressed groups with fewer resources:

- About 700 American people **die each year from pregnancy-related causes**. People of color and those with low incomes are at the greatest risk.
- Thousands more are negatively impacted by pregnancy, which can precipitate new **health problems**, while those with **existing chronic illnesses** are at greater risk of pregnancy complications. These impacts occur within a societal context of unequal healthcare access.
- Women experiencing domestic violence have **higher rates of unintended pregnancies**, often due to coercion.
- **Homicide is the leading cause of death among pregnant people**, and lack of abortion access can **trap them in violent situations** that get worse during and after pregnancy.

Abortion providers serve patients and their health, not profit or conspiracies:

- There is no "abortion industry" through which providers somehow profit from abortion. **Providers** are part of the non-profit Planned Parenthood organization or work in **independent clinics** that struggle to stay open.
- Abortion providers are not part of a genocidal conspiracy against women of color. **Higher unintended pregnancy rates** among that population, per challenges noted above, lead to higher abortion rates.
- **Medication abortion** is not a plot by "big pharma" but is a safe method that is often more cost-effective and empowering to those who want to manage an abortion at home.

4 See Jacqueline Jones, *Labor of Love, Labor of Sorrow: Black Women, Work, and the Family, From Slavery to the Present* (New York, NY: Basic Books, 2010) and Sylvia Federici, *Caliban and the Witch: Women, the Body, and Primitive Accumulation* (Brooklyn, NY: Autonomedia, 2014).