

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

Prepared by Jennifer Keys, Ph.D., North Central College

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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](#)¹ and [international](#)² social movement organizations; it has also been advanced by scholars ([Weng 2010](#))³ and recognized by [Supreme Court Justices](#)⁴. 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](#),⁵ 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.](#))⁶ 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.

Section II provides current statistics on contraceptive use and abortion. Section III 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](#)⁷ of "reproductive justice," which recognizes that a woman's reproductive decisions are profoundly influenced by the conditions in her community. Loretta Ross of SisterSong [describes](#)⁸ 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." Women's reproductive realities are also shaped by social institutions, like schools, the military, health insurers, and prisons -- this discussion is featured in section IV. It is critical to understand that systems of privilege and disadvantage intersect in these settings. For example, as 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](#)⁹ and they face persistent disparities in [insurance](#)¹⁰ and [imprisonment](#).¹¹

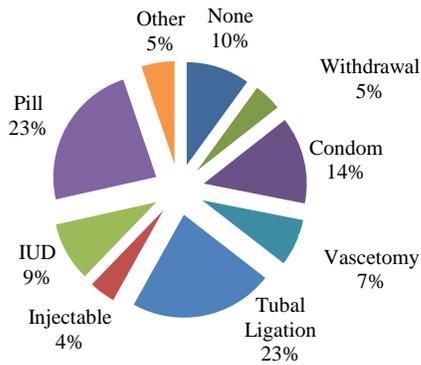
This factsheet also incorporates social movement theory in Section V to illuminate the complexity of movement-counter-movement dynamics ([McCaffrey and Keys 2000](#)).¹² Landmark legal victories mobilized the opposition to push for increased restrictions. Attacks on reproductive health care providers have led to critical shortages and women continue to be "caught in this cross-fire of a heated ideological battle" ([Keys 2010](#)).¹³ In response the reproductive rights organizations listed in Section VI are fighting to protect access and reduce stigma. But they have not coalesced around shared way of "framing" ([Benford 2000](#))¹⁴ the issues.

The factsheet closes with Section VII, which contains lists of suggested resources to learn more. In addition, links have been embedded throughout the factsheet to direct the reader to a wide variety sources, including scholarly research, government statistics, organizational briefings, and current news articles.

II. RATES OF CONTRACEPTIVE USE AND ABORTION

It is important to begin with this [demographic overview](#)¹⁵ 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.

Contraceptive Method Choice for Women who are at Risk of Unintended Pregnancy



Among women who are at risk of unintended pregnancy, who uses contraception?

- 82% of teenage women (only 59% of teens use a highly effective contraceptive method, such as the pill, IUD, or injectable)
- 83% of Black women compared with 91% of Hispanic and White women
- 89% of women living at zero to 149% of the poverty line, compared with 92% of women with incomes of 300% or more of the federal poverty level

The 68% of women who use contraceptives consistently and correctly account for only 5% of unintended pregnancies.

Source: The Guttmacher Institute. 2015. "Contraceptive Use in the United States Factsheet"

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

AGE: Most states require parental involvement in a teen's abortion decision; 38 currently allow a judicial bypass procedure, which Silverstein's (2009) *Girls on the Stand* 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) [State Policies in Brief](#)¹⁶ and [Planned Parenthood](#).¹⁷

CLASS: A 2015 study by [Reeves and Ventor](#)¹⁸ 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.

RACE: In 2010, a disturbing [claim](#)¹⁹ 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, while overlooking "[The Real Danger in Black Communities: Maternal and Infant Mortality](#)."²⁰ A 2014 [survey](#)²¹ 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.

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](#)).²² As of 2015, only [one provider](#)²³ remains in MS, ND, SD, and WY, forcing women to travel long distances for care.

NATION: [The World's Abortion Laws Map \(2014\)](#)²⁴ 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](#)²⁵ that 21.6 million unsafe abortions took place in 2008, primarily in developing countries.

Law Students for Reproductive Justice

“Reproductive oppression is experienced at the intersection of identities, conditions, systems, policies, and practices; therefore, strategies for change must reflect this reality.”



IV. INSTITUTIONS

	SCHOOLS: A recent study Boonstra (2015) ²⁶ 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.
	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 ²⁷ for a lifting of the ban on abortion services at military facilities.
	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 . ²⁸ According to the ACLU ²⁹ , abortion coverage is currently restricted in insurance exchanges established by the Affordable Care Act in 25 states, for public employees in 21 states, and in <i>all</i> private insurance plans in 10 states.
	PRISONS: A 2014 Family Research Planning and Contraceptive Policy Brief ³⁰ 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. Learn more about efforts to promote “Reproductive Justice in the Prison System” ³¹ from Law Students for Reproductive Justice.



V. MOVEMENT-COUNTERMOVEMENT DYNAMICS

	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) ³² and abortion (Roe v. Wade 1973). ³³ As is typical, these movement successes galvanized countermovement activity. As a further illustration of these movement-countermovement dynamics, Wheaton College , ³⁴ following the lead of Hobby Lobby , ³⁵ 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.
	RESTRICTIONS: On the abortion front, extremists continue to wage war on reproductive health clinics and providers. The latest tally ³⁶ 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.
	ATTACKS: Frequent incidents of vilification, intimidation, harassment, stalking, and extremist violence, including eight murders, have been documented by organizations like the Feminist Majority Foundation ³⁷ and NARAL . ³⁸ 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 ³⁹ 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.
	DECLINING RATES: According to a 2015 AP survey , ⁴⁰ 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.

The Chicago Women's Liberation Union Statement:⁴¹

Free Abortion is Every Woman's Right (c. 1970-71)

"We must fight these laws...keeping in mind that even this is only a small step toward satisfying our total medical needs...Unless we fight...in this broader context, we will find that ... our oppression will remain."



FRAMING: Activists must craft messages that vocalize movement concerns in ways that will resonate with potential recruits and garner media attention. A successful movement frame will tap into a shared cultural understanding. In slogans, the language of "choice" predominates. Although "rights" is a familiar and persuasive "master frame" (Snow and Benford 1992), it is less common to see a bumper sticker make explicit reference "reproductive rights." Moreover, the more assertive tone showcased in the historic statement above and in the examples below may repel those who might otherwise sympathize with the movement's message.

<i>"Thou shalt not mess with any woman's reproductive rights." Fallopians 20:12</i>	WILL WORK FOR REPRODUCTIVE RIGHTS
<i>The Attack on Women's Reproductive Rights Has Nothing to Do With Life And Everything to Do with Trying to Put Women Back in "Their Place"</i>	<i>If you cut off my reproductive rights, can I cut off yours?</i>

For further exploration, please contact the author of this factsheet for a teaching activity titled, "A Sociological Analysis of Frame Alignment Processes in the Abortion Conflict," in which students analyze the competing claims in a collection of over 200 pro-choice and pro-life slogans.



VI. REPRODUCTIVE RIGHTS ORGANIZATIONS



REPRODUCTIVE HEALTH ADVOCATES:

- [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](#)

FEMINIST AND PROCHOICE ORGANIZATIONS:

- [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](#)

LEGAL/POLICY CENTERS

- [National Women's Law Center](#)
- [Law Students for Reproductive Justice](#)
- [ACLU](#)
- [Center for Reproductive Rights](#)

REPRODUCTIVE JUSTICE COLLECTIVES:

- [Sister Song](#)
- [Trust Black Women Partnership](#)



VII. SUGGESTED RESOURCES

Margaret Sanger, Founder of Planned Parenthood

"No woman can call herself free who does not control her own body."



- Gordon, Linda 2014. "[Why Birth Control is Still So Controversial](#)"⁴²
- Planned Parenthood Federation of America [Report](#)⁴³ 2012. "A History of Birth Control Methods."
- Pew Research Center [Report](#)⁴⁴ 2013. "History of Key Abortion Rulings of the U.S. Supreme Court."



- [Alternet](#)
- [Everyday Feminism](#)
- Kaiser Daily Global Health Policy [Report](#)
- RH Reality Check: [News, Analysis, and Commentary](#)

 Research	<ul style="list-style-type: none"> • Guttmacher Institute • Ibis Reproductive Health • UCSF Advancing New Standards in Reproductive Health UCSF Bixby Center for Global Reproductive Health
 Films	<ul style="list-style-type: none"> • After Tiller (2013) • The Pill (2003) • Choice: Then and Now Series • Jane: An Abortion Service (1996) • Not Yet Rain (2009) • No Woman, No Cry (2010) • Obvious Child (2009/2014) • The Last Abortion Clinic (2005) • Unborn in the USA: Inside the War on Abortion (2007) • Vessel (2014) • When Abortion Was Illegal: Untold Stories (1992) • 12th and Delaware (2010)
 Global	<ul style="list-style-type: none"> • The United Nations. 2014. <i>Reproductive Rights are Human Rights: A Handbook</i>⁴⁵ for National Human Rights Institutions. • The World Health Organization 2015. Sexual Health, Human Rights, and the Law.⁴⁶
 Books	<p>REPRODUCTIVE RIGHTS:</p> <ul style="list-style-type: none"> • Ehrenreich, Nancy. 2008. <i>The Reproductive Rights Reader: Law, Medicine, and the Construction of Motherhood</i>. • Flavin, Jeanne. 2008. <i>Our Bodies, Our Crimes: The Policing of Women’s Reproduction in America</i>. • Nelson, Jennifer. 2003. <i>Women of Color and the Reproductive Rights Movement</i>. • Roberts, Dorothy. 1997. <i>Killing the Black Body: Race, Reproduction, and the Meaning of Liberty</i>. • Solinger, Rickie. 2013. <i>Reproductive Politics: What Everyone Needs to Know</i>. <p>BIRTH CONTROL:</p> <ul style="list-style-type: none"> • Gordon, Linda. 2007. <i>The Moral Property of Women: A History of Birth Control Politics in America</i>. • 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"> • Ferree, Myra Marx and William Anthony Gamson. 2002. <i>Shaping Abortion Discourse: Democracy and the Public Sphere in Germany and the United States</i>. • Luker, Kristin. 1985. <i>Abortion and the Politics of Motherhood</i>. • Pollitt, Katha. 2014. <i>Pro: Reclaiming Abortion Rights</i>. • Rose, Melody. 2007. <i>Safe, Legal, and Unavailable: Abortion Politics in the United States</i>. • Rohlinger, Deana. 2015. <i>Abortion Politics, Mass Media, and Social Movements in America</i>. • Staggenborg, Suzanne. 1994. <i>The Pro-Choice Movement: Organization and Activism in the Abortion Conflict</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>. • Joffe, Carol. 2009. <i>Dispatches from the Abortion Wars: The Costs of Fanaticism to Doctors, Patients, and the Rest of Us</i>. • Munson, Ziad. 2008. <i>The Making of Pro-life Activists: How Social Movement Mobilization Works</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>.

URGE: Unite for Reproductive and Gender Equity

“Envisions a world where all people have agency over their own bodies and relationships, and the power, knowledge, and tools to exercise that agency”

- 1 reproductiverights.org/sites/crr.civicactions.net/files/documents/Equality_Guide_CNUupdated_2.19.15.compressed.pdf
- 2 “Ensuring Women’s Rights to Safe, Legal Abortion & Gender Equality in the Post-2015 Development Goals” ipas.org
- 3 ashgate.com/isbn/9780754648697 (see also academia.edu/1498969/Women_s_human_rights_The_global_intersection_of_gender_equality_sexual_and_reproductive_justice_and_healthcare)
- 4 uclalawreview.org/the-equality-argument-for-abortion-rights/
- 5 guttmacher.org/pubs/gpr/17/4/gpr170414.html
- 6 nejm.org/doi/full/10.1056/NEJMoa1400506?query=TOC&&#t=articleMethods
- 7 trustblackwomen.org/our-work/what-is-reproductive-justice/9-what-is-reproductive-justice
- 8 protectchoice.org/section.php?id=28
- 9 nwlc.org/sites/default/files/pdfs/final_2013_nwlc_povertyreport.pdf
- 10 kff.org/disparities-policy/issue-brief/health-coverage-by-race-and-ethnicity-the-potential-impact-of-the-affordable-care-act/
- 11 sentencingproject.org/doc/publications/rd_Changing%20Racial%20Dynamics%202013.pdf
- 12 jstor.org/stable/4120980?seq=1#page_scan_tab_contents
- 13 onlinelibrary.wiley.com/doi/10.1525/si.2010.33.1.41/abstract
- 14 <http://www.annualreviews.org/doi/abs/10.1146/annurev.soc.26.1.611>
- 15 cdc.gov/nchs/data/databriefs/db173.pdf
- 16 guttmacher.org/statecenter/spibs/spib_PIMA.pdf
- 17 plannedparenthood.org/learn/abortion/parental-consent-notification-laws
- 18 brookings.edu/research/papers/2015/02/26-class-gaps-in-unintended-childbearing-reeves
- 19 nytimes.com/2010/02/06/us/06abortion.html?_r=0
- 20 rhrefactcheck.org/article/2010/03/23/real-danger-black-communities-maternal-infant-mortality/
- 21 nativeshop.org/images/pdf/2014-OTC-Survey-Flyer.pdf
- 22 www.guttmacher.org/pubs/journals/4304111.pdf
- 23 bloombergview.com/quicktake/abortion-and-the-decline-of-clinics
- 24 worldabortionlaws.com/
- 25 who.int/reproductivehealth/topics/unsafe_abortion/magnitude/en/
- 26 guttmacher.org/pubs/gpr/18/1/gpr1802115.html
- 27 nwlc.org/sites/default/files/pdfs/march_act_factsheet_6.3.pdf
- 28 pewresearch.org/fact-tank/2015/08/05/contraception-mandate-questions/
- 29 aclu.org/issues/reproductive-freedom/abortion/abortion-and-insurance
- 30 familyplanning.uchicago.edu/policy/publications-resources/Access%20to%20Abortion%20for%20Incarcerated%20Women%20FINAL.pdf
- 31 lsrj.org/documents/factsheets/11_RJ_in_the_Prison_System.pdf
- 32 pbs.org/wnet/supremecourt/rights/landmark_griswold.html
- 33 pbs.org/wnet/supremecourt/rights/landmark_roe.html
- 34 chicagotribune.com/news/local/breaking/ct-wheaton-college-ends-student-insurance-met-20150728-story.html#page=1
- 35 cnn.com/2014/06/30/politics/scotus-obamacare-contraception/
- 36 guttmacher.org/media/inthenews/2015/07/01/
- 37 feminist.org/rrights/pdf/2014NCAPsurvey.pdf
- 38 prochoiceamerica.org/media/fact-sheets/abortion-anti-choice-violence.pdf
- 39 acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co612.pdf?dmc=1&ts=20141229T0718001154
- 40 bigstory.ap.org/article/0aae4e73500142e5b8745d681c7de270/ap-exclusive-abortions-declining-nearly-all-states
- 41 uic.edu/orgs/cwluherstory/CWLUArchive/abortionrights.html
- 42 telesurtv.net/english/opinion/Why-Is-Birth-Control-Still-So-Controversial-20140807-0028.html
- 43 plannedparenthood.org/files/2613/9611/6275/History_of_BC_Methods.pdf
- 44 pewforum.org/2013/01/16/a-history-of-key-abortion-rulings-of-the-us-supreme-court/
- 45 ohchr.org/Documents/Publications/NHRIHandbook.pdf
- 46 apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1