

Abortionomics:  
When Choice is a Necessity  
The Impact of Recession on Abortion  
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## Introduction

As the economic downturn continues, abortion rates – especially among poor<sup>1</sup> women – are rising. Birth rates are falling, and demand for contraceptive services, including vasectomies, is increasing. Currently available research and data support the explanation that lower incomes and rising unemployment are affecting Americans' choices about pregnancies. This is consistent with research showing that financial circumstances have always been a major determinant of women's choices regarding unintended pregnancy. Poor women are more likely to terminate unintended pregnancies than their more well-to-do counterparts. As more women and families fall below the poverty line and are otherwise constrained by financial circumstances, abortion rates can be expected to rise.

Furthermore, as the economy worsens, women are more likely to want to prevent pregnancy, yet face far more challenges in accessing safe and affordable birth control. This, in turn, increases the likelihood of unintended pregnancy. As funding for social services declines, more women may be expected to determine that economic constraints make abortion the only viable option in this situation. Many women state this assessment, regardless of whether the procedure is legal. If economic and political conditions increase women's risk of unintended pregnancy, heighten their sense that abortion is the only reasonable response to unintended pregnancy, and decrease access to safe and legal abortion, women may be more likely to choose illegal abortion procedures. This would likely lead to an increase not only in abortion but in abortion-related deaths.

<sup>1</sup> Sources used for this report generally applied the federal poverty threshold or up to twice the poverty thresholds to define "poor" or "low income." Some sources used these terms without defining a threshold.

Although the relationship between financial circumstances and abortion choice has been established in several studies, what this means in terms of policy has largely been absent from political debate. As the recession and debate regarding affordable, accessible health care continue, responsible policy development must acknowledge how these factors will affect decisions regarding family planning and unintended pregnancy. This report summarizes previous research done of this topic and implications for the current political context.

## **RESEARCH METHODOLOGY**

In preparing this report, the author reviewed recent scientific and journalistic reports as well as seminal studies conducted by Choices Women's Medical Center in New York in collaboration with Adelphi University. The author also reviewed articles on relationships between economic indicators and family planning in the U.S., with emphasis on possible effects of the recent economic downturn.

### **Increases in Abortion Service Utilization**

Research conducted since the Supreme Court's 1973 *Roe v. Wade* decision making abortion legal in the United States has consistently shown a woman's economic circumstances to be central to choosing abortion. Economic declines would be expected to predict increases in abortion demand. Currently available data indicate that the recent recession has led to increased abortion demand in many communities.

In an analysis of state abortion rate data collected between 1974 and 1988, Blank, George & London (1996) found, "The effect of changes in demographic and economic variables over time is typically small, *although a rise in unemployment has consistently positive effects on abortion rates* (emphasis added)." Recent research suggests this relationship holds during the current recession.

Yoshino (2009) reports, "As the economy worsens, some Planned Parenthood clinics are reporting a record number of abortions...Those who field phone calls for assistance say many

pregnant women tell them they are taking a hard look at the costs of raising a child." Abortion providers who participated in Crary and Welte's 2009 journalistic study of the economic impact on abortion and birth control report that abortion demand has increased as the economy has worsened. For example:

- Oakland ACCESS (which serves only low-income clients) reported that 60% of all calls received in 2008 were from women seeking abortion services, increasing to 72% of all calls in 2009.
- In January 2009, Planned Parenthood of Illinois clinics performed an all-time high number of abortions, with many women reporting economic concerns as a factor in their decision.
- Until 2008, abortion demand had been steadily decreasing at Planned Parenthood St. Louis, Mo, area clinics. Between 2008 and 2009, the frequency increased 7%. The CEO, who oversees six clinics, said the recession "clearly was a factor" behind the increase.
- Calls to the National Network of Abortion Funds helpline nearly quadrupled between 2008 and 2009.
- Choices Women's Medical Center in New York City reports that demand for abortion services increased 4% between 2008 and 2009; applications for services from poor women increased 8%.

Providers report that economics is a major reason for this. Stephanie Poggi of the National Network of Abortion Funds, which provides financial support to women who cannot afford abortions, said, "A lot of women who never thought they'd need help are turning to us. They're telling us, 'I've already put off paying my rent, my electric bill; I'm cutting back on my food.' They've run through all the options. (Crary & Welte, 2009)" A 23-year-old cosmetology student and mother of a toddler said her reaction to discovering she was pregnant was, "I totally cannot afford another child. I knew immediately what I had to do (Crary & Welte, 2009)."

According to the director of counseling at Choices Women's Medical Center, many women indicate finances as the reason for their abortion. Among explanations: "At this time I am not working and neither is my partner....We are unable to support a child under our present circumstances." "I have no one to take care of the baby if I decide to keep it...I work, my husband works and my other children are old enough that they go to school."

### **Abortion is Increasing Among Poor Women**

Data on the relationship between economic circumstances and abortion reveal that women who get abortions are disproportionately poor. And as the economy results in more women being low-income, higher proportions of low-income women are choosing abortion.

A study by Jones, Finer & Singh of the Guttmacher Institute found that 69% of women having abortions in 2008 were living at incomes lower than 200% of the federal poverty line, compared with 35% of women in the general population. Furthermore, the concentration of poverty among abortion patients is increasing. Jones, Finer & Singh (2010) also found that in 2000, 27% of abortion patients lived below the federal poverty line, increasing to 42% in 2008.

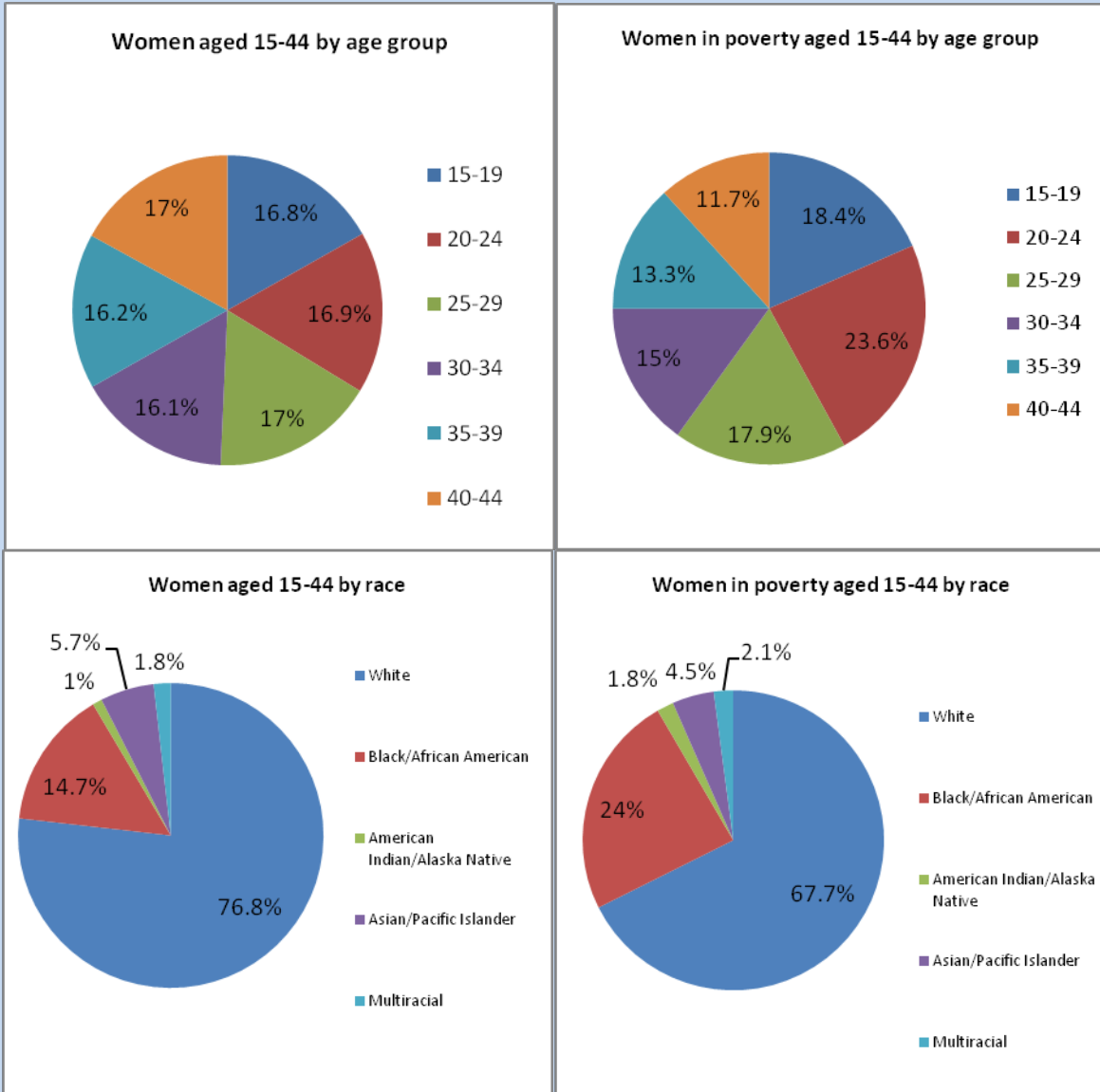
Several researchers report that, while abortion rates generally have declined over the last 20 years, including among disproportionately represented groups such as black and teen women, rates have increased among low-income women. Jones, Darroch & Henshaw (2002) analyzed Guttmacher Institute data and found that economically disadvantaged women were the only group whose abortion rate increased substantially between 1994 and 2000. Finer and Zolna (2011) also documented an increase in abortion rates among poor women between 2002 and 2008. Finer and Henshaw (2006) reported, "...the rate of [unintended pregnancy] among women whose income was below the federal poverty line was three times that of women whose income was at least double the poverty line. These inequalities were manifested in rates of both abortion and unintended births (p.90)." In this sample, likelihood of abortion decreased as income level increased. Boonstra et al. (2006) analyzed Guttmacher data to calculate that abortion rates were nearly four times as high among women living below the federal poverty line (112 in 1,000 women ages 15-44) than among women living at least twice the poverty

threshold (29 in 1,000 women ages 15-44). The rate for women living between the poverty line and 199% of the threshold was 81 in 1,000 women of childbearing age, showing a steady increase in likelihood of abortion as income level declined.

Difficulties with accessing preventive birth control are one reason unintended pregnancy is higher among low-income women. Research shows lower income women are more likely to have unprotected intercourse and to experience contraception failure (Finer & Henshaw, 2006). Results of The Gallup Organization's 2009 survey for Organization for the American College of Obstetricians and Gynecologists (ACOG) indicate that low income women often have difficulty affording preventive contraception and sometimes address this problem by reducing frequency or dosage use, thereby increasing the risk of unintended pregnancy in the group most likely to decide they are unable to afford to support an additional dependent.

## Demographics of Women in Poverty

The demographics of women in poverty are different from those of the general population of women ages 15-44. Black and Native American women and women in their early 20s are disproportionately represented among women in poverty. Women in these groups may be more likely to experience consequences and risks associated with poverty.



Data Source: U.S. Census Current Population Survey, Annual Social and Economic Supplement 2009-2011

## **Economic Factors in Family Planning Decisions**

Costs of pregnancy and child-rearing affect all decisions regarding contraception choices and whether and when to have a child, not just choice regarding abortion. The Pew Research Center's most recent demographic research demonstrates an overall decrease in birth rates since the beginning of the current recession (Livingston, 2011). Other recent research shows that demand for long-term contraception and vasectomies increases when people determine that they are financially unable to support more dependents. These findings suggest that in the current economy many women and families feel unequipped to support more children and need access to resources that will support their choices to avoid unintended pregnancy.

In a 2005 survey conducted by Finer et al. (2006), a total of 74% of women who had had abortions reported that having a baby would interfere with their education, work, and/or ability to care for dependents. A total of 73% reported that they could not afford a baby right now. Economic stability was a primary factor in women's decisions. The authors conclude, "The fact that many women cited financial limitations as a reason for ending a pregnancy suggest that further restrictions on public assistance to families could contribute to a continued increase in abortions among the most disadvantaged women (p.117)."

Following the most recent economic downturn, Los Angeles County Planned Parenthood reported their overall caseload increased 15% between 2008 and 2009, with more requests for long-term contraception (Yoshino, 2009). According to a 2009 survey conducted by the Gallup ACOG, 14% (one in seven) of women reported that the economy has affected their family planning. One in 11 married women reported that the economy was a factor in deciding to postpone pregnancy. One in 10 women using birth control worried that they would not be able to continue to afford it. Women who report being most affected by the economy are twice as likely as others to report deciding to limit the size of their family. ACOG President Douglas Kirkpatrick observed, "While almost all Americans are feeling the pinch, the survey findings clearly indicate that women are feeling the impact in the most personal and intimate areas of



their life (sic). Decisions about sex and family planning are at the core of a woman's well-being and will have lasting repercussions over her entire lifespan."

Providers who offer vasectomies also reported a rise in demand between 2008 and 2009 (Gardner, 2009; Crary & Welte, 2009). Doctors reporting results said the increased demand appears to be due to patients' concerns about the costs of raising children. Patients are also concerned that they may lose their jobs and health insurance coverage and want to get the procedure done first. A University of Miami School of Medicine urologist reported observing a similar increase during the 1991 economic downturn.

Current findings are consistent with earlier research on the relationships between economics and family planning choices. In a study conducted by Adelphi University with Choices patients in 1981, 28% of participants said finances were a major factor in their decision to have an abortion. Nearly half (45%) of this sample reported they would risk having an abortion even if it were illegal. Studies conducted by Choices Women's Medical Center in collaboration with Adelphia University in 1982 and 1989 produced similar results. The 1989 sample was nearly two-thirds (64%) single mothers, 77% of whom earned under \$20,000 annually. While many had previously held reservations regarding the procedure, 21% reported that financial pressures changed their minds. The majority of participants in the sample (57%) reported that they would choose the procedure even if it were illegal.

#### Costs of Raising Children

Recent data (Lino, 2007) on the costs of raising children show that U.S. families spend substantial proportions of their household incomes on supporting children. According to this study:

- Families making under \$45,000 annually (before taxes) spend an average total of \$148,320 or \$8,240 annually raising a child from birth to 18 years.
- Families with annual incomes between \$45,800 and \$77,100 spend an average total of \$204,060 or \$11,337 annually to raise a child from birth to 18 years.
- Families with annual household incomes over \$77,100 spend an average total of \$298,680 or an annual average of \$16,593 to raise a child to age 18.

## Availability of Family Planning Services

Barriers to reproductive health services, including abortion, increased dramatically in 2011. According to a January 2012 Guttmacher Institute report, “reproductive health and rights at the state level received unprecedented attention in 2011.” State legislators introduced more than 1,100 reproductive health- and rights-related provisions in 2011, up sharply from the 950 introduced in 2010. Of these, 135 provisions were enacted in 2011, up from 89 in 2010, and 77 in 2009. The report also found that 68% of the provisions—92 in 24 states—restrict access to abortion services, far greater than the previous record of 34 of 78 provisions adopted in 2005.

While many of the provisions were introduced as being in the interest of women’s health, pro-choice advocates are concerned that the sheer number of new provisions indicates that the battle over women’s reproductive rights is firmly planted in the states.

Family planning services and providers faced “significant cuts to funding levels, as well as attempts to disqualify some providers for funding because of their association with abortion,” according to the Guttmacher Institute 2012 report. Nine states sustained deep cuts in family planning service funding, with one state eliminating such funding entirely. Six states also moved to disqualify or bar certain types of providers from receiving state family planning funds. The Guttmacher report did note, however, that 24 states have expanded Medicaid eligibility for family planning based solely on income.

Abortion restrictions take many forms. For example:

- Twenty-six states mandate an extended waiting period between counseling and the procedure, and nine states require that the counseling be done in person, requiring two separate trips to the abortion facility, which could constitute a hardship for many women.
- Six states mandate ultrasounds prior to abortion, even though ultrasounds are not medically indicated for first-trimester abortions and can significantly increase the cost of an abortion. (North Carolina and Texas also adopted provisions that would have

required providers to show and describe the ultrasound image to the woman prior to abortion. These laws were immediately enjoined by federal district court

- Eight states now prohibit all private insurance policies from covering abortion, except in cases of life endangerment (individuals are permitted to purchase supplemental coverage at their own expense). Sixteen states also restrict abortion coverage available through their state insurance exchanges.

Furthermore, earlier studies have shown that as demand for contraception and abortion services increased, access to these services already had been declining. This is especially true of the number of abortion providers. In 2008, 87% of U.S. counties lacked an abortion provider, and 35% of women of reproductive age lived in those counties, according to a March 2011 Guttmacher Institute report. The report also indicated that 69% of metropolitan counties and 97 % of non-metropolitan counties lacked an abortion provider. Further, findings of a 2004 survey of U.S. OB/GYN training programs found that 51% of program directors reported routine instruction in elective abortion, 39% offered optional training, and 10% offered no training (Eastwood KL, Kacmar JE, Steinauer J, Weitzen S, Boardman LA. *Am J Obstet Gynecol* 2006; 108:303-8).

One reason for the decline in providers is violence and harassment directed toward medical facilities that offer abortion services. According to a 2009 study by the National Abortion Federation, more than 6,100 acts of violence have been reported against abortion providers in the U.S. and Canada since 1977, including bombings, arson, death threats, murders, kidnappings and assaults, as well as more than 156,000 acts of disruption, including bomb threats and harassing calls. Another study, conducted by Rand Corporation (Jacobson & Royer, in press), reports over 300 attacks between 1973 and 2003, making this one of the most common forms of domestic terrorism. In 2005, nearly one-fourth of clinics lost staff as a result of harassment and intimidation.

Women responding to Gallup's survey for ACOG (2009) report that delays in obtaining abortion funding have resulted in later and more expensive abortions. This was underscored by a

Guttmacher Institute study of women seeking second-trimester abortions released in December 2011. That study found that “removing the many existing barriers to early abortion services could reduce the number of second-trimester abortions.” The report continues that “growing restrictions on public and private insurance coverage for abortion may paradoxically increase the need for second-trimester abortions by further delaying women’s access to services in early pregnancy, while also reducing access to second-trimester abortion services for poor and low-income women who need them.”

Providers and patients consistently indicated that increased access to affordable, comprehensive health care would facilitate consistent preventive birth control, thereby reducing rates of unintended pregnancy. In addition, such services would improve the health of mothers and the babies they choose to have as well as community health generally, counteracting trends in the general population to delay preventive care or lower or cease prescription drug use to save money (Kaiser Family Foundation, cited by ACOG, 2009).

## **Conclusions**

Patients and providers both indicate that economics is the most common factor that leads women to feel compelled to terminate unintended pregnancies. This is true even among many women who previously have been opposed to abortion. Over the past two years, many family planning service providers have reported increases in demand for abortion and long-term contraception. Both patients and providers link these increases to the economic recession, unemployment, job insecurity, insufficient finances to support additional dependents, and difficulty affording reliable preventive contraception.

Poor and low-income women are especially adversely affected by economic conditions and are the one group for whom abortion rates are rising after decades of overall decreasing trends. In addition to being least able to afford the high cost of supporting dependents, lower income women are most likely to be uninsured, and to have difficulty affording preventive contraception. This puts them at greater risk for unintended pregnancy and causes increased economic pressure in making decisions regarding pregnancy.

Given the consistent findings that economics are a critical component in choices regarding abortion, the most effective approach to decreasing abortion rates will involve increased access to comprehensive health care and expanded opportunities for employment and economic stability. Barring this, as the economy declines, demand for abortion can be expected to increase. Available data suggest demand is increasing and access is declining. Many women report that they believe economics would force them to choose abortion, regardless of whether it is legal. *Roe v. Wade* resulted in a dramatic 90% reduction of abortion-related deaths between 1965 and 1975, with the low rate remaining stable since. The combination of a declining economy, decreased access to preventive birth control, and diminished access to safe and legal abortion services could well lead to a reversal of this trend. Responsible decision-making regarding health care, abortion, and economic policy must consider how these issues ultimately will impact the reproductive choices, including abortion – legal or not – that individuals must make.

### **About the Report**

**Abortionomics, *When Choice is a Necessity*** was produced in partnership with Choices Women’s Medical Center. The report is a follow-up to a 1980s study on abortionomics conducted by Choices with Adelphia University. Faced with strong anecdotal information from patients that the current economic downturn was affecting their decisions to have abortions, Choices founder Merle Hoffman sought an independent researcher to summarize recent research regarding the effects of economic factors and financial concerns on reproductive options—especially for low-income women. To ensure impartial data, Choices’ role was solely to provide anecdotal information, and neither Choices nor Hoffman were involved in the report’s design, analysis or findings.

### **Report Limitations**

Certain limits in the data should be considered. The most recent national trend data published by the Guttmacher Institute were collected before the economic downturn of 2009. Thus, nationally representative data are not available for analysis of the relationship between recent economic changes and abortion rates. Available data may not represent national trends. Available studies do not systematically test models of the observed relationship and how these variables may relate to other factors. These limits must be considered in interpreting findings. However, the most recent available data consistently suggest that the declining economy is likely to lead to increases in abortion demand. Different types of data collected using different methods in clinics from several geographic regions all supported this conclusion. Further, several women directly stated that economic constraints were a primary factor in their decisions. Therefore, while there are notable limitations in the data reviewed in this report, available data all point to the same conclusion.

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