

Reducing Necessity for Abortion in the United States

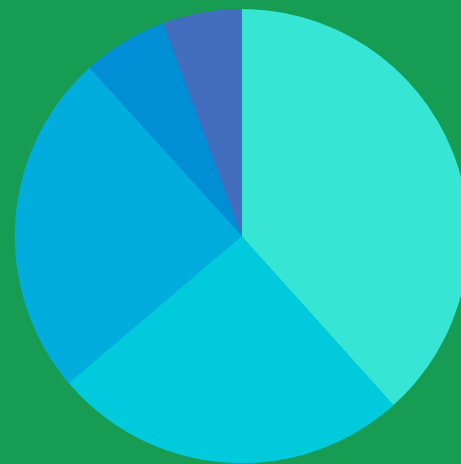
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While not considered a cause of death, there were over 900,000 abortions in the United States in 2014 (U.S. Rate Continues to Decline, Hits Historic Low, 2017). The leading cause of death in the U.S., heart disease, killed a little over 600,000 (Heart Disease Facts, 2017). This graph illustrates the large amount of abortions that cause a financial burden upon the U.S. taxpayers. The three defining court cases below outline the laws and rules governing abortions.

Number of Abortions vs. Leading Causes of Death

Chronic Lower Respiratory Diseases
(147,101)
6.1%

Malignant Neoplasms
(591,700)
24.5%



Abortion
(926,200)
38.3%

Heart Disease
(614,384)
25.4%

Roe v. Wade

In 1973, the court held that "... a woman's right to an abortion fell within the right to privacy ... protected by the Fourteenth Amendment. The decision gave a woman total autonomy over the pregnancy during the first trimester and defined different levels of state interest for the second and third trimesters" (Roe v. Wade, 1973). This case intensified the debate over abortion, prompting a large pro-life (anti-abortion) pushback.

Planned Parenthood v. Casey

In a bitter decision, the Court again reaffirmed Roe, but it upheld most of the Pennsylvania provisions. For the first time, the justices imposed a new standard to determine the validity of laws restricting abortions. The new standard asks whether a state abortion regulation has the purpose or effect of imposing an "undue burden," which is defined as a "substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability" (Planned Parenthood v. Casey, 1992).

Doe v. Bolton

In conjunction with this Roe v. Wade, Doe v. Bolton was decided in 1973 in order to establish and define standards of health concerns that would allow for a mother to receive an abortion "late-term" (after the first trimester) (Doe v. Bolton, 1973). This case was decided to preserve the limitations on abortion in order to not verge on the life of the child late into the pregnancy.



ACCESS TO AFFORDABLE CONTRACEPTIVES



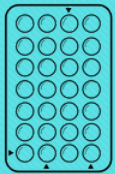
Unplanned Pregnancy

A majority of the reasons that women choose to have an abortion is due to the fact that the child was unplanned; the parent(s) cannot afford a child or the child would dramatically interfere with work, school, etc. (Finer et al., 2005). Due to pregnancies being unplanned, there is a high rate of abortions. If we reduce the number of unplanned pregnancies, we could lower the abortion rate.

One way to reduce the number of abortions, so that facilities and the government do not have to bear the cost of abortions, is to reduce the number of unplanned/unwanted pregnancies.

Socioeconomic Disadvantage leads to Higher Abortion Rates

Socioeconomic studies done by the Guttmacher Institute and many others shows that economically disadvantaged individuals have significantly larger rates of abortion than those above the poverty level (Jones, 2002). Lowering the cost of contraceptives would decrease the rate of abortion in this sector of the population.



Access to Affordable Contraceptives



A study in St. Louis, M.O. found that the implementation of free birth control reduces the amount of abortions that occur (Peipert et al., 2012). The CHOICE Project allowed participants to choose between birth control methods, the pills or an Intrauterine Device (IUD) (Peipert et al., 2012). Implementing a program to provide either affordable or free contraceptives would greatly reduce the amount of unwanted/unplanned pregnancies, which would then reduce the rate of abortion within the United States.

Critics to this idea cite the major cost associated with implementing a similar program to that in St. Louis, but the U.S. tax payers pay around \$11 billion in response of unwanted pregnancies annually (Peipert et al., 2012). This program, in the long term, would reduce financial burden on the taxpayers.

Works Cited Page

“Birth Control, Birth Control Pills, Contraception, Control, Pills, Tablets Icon.” Icon Finder, https://www.iconfinder.com/icons/1137628/birth_control_birth_control_pills_contraception_control_pills_tablets_icon.

Finer, Lawrence B., et al. “Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives.” *Perspectives on Sexual and Reproductive Health*, vol. 33, no. 7, Sept. 2005, pp. 110–18, <https://www.guttmacher.org/journals/psrh/2005/reasons-us-women-have-abortions-quantitative-and-qualitative-perspectives>.

“Heart Disease Facts.” Centers for Disease Control and Prevention, 28 Nov. 2017, <https://www.cdc.gov/heartdisease/facts.htm>.

Huang, Vanessa. “What You Should Know about Intrauterine Devices (IUDs).” University of Waterloo, 1 Nov. 2017, <https://uwaterloo.read101.ca/1117-iuds/>.

Jones, Rachel K., et al. “Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000–2001.” *Perspectives on Sexual and Reproductive Health*, vol. 34, no. 5, 2002, pp. 226–35, https://www.guttmacher.org/sites/default/files/article_files/3422602.pdf.

Peipert, Jeffrey F et al. “Preventing unintended pregnancies by providing no-cost contraception” *Obstetrics and gynecology* vol. 120,6 (2012): 1291-7.

“Pregnancy Related Deaths.” Centers for Disease Control and Prevention, 26 Feb. 2019, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>.

“U.S. Abortion Rate Continues to Decline, Hits Historic Low.” Guttmacher Institute, 17 Jan. 2017, <https://www.guttmacher.org/news-release/2017/us-abortion-rate-continues-decline-hits-historic-low>.