

**Effective Methods of Reducing Unintended Pregnancy in Response to Abortion Restrictions in the
United States**

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Introduction

The 2022 Supreme Court ruling on *Dobbs v Jackson Women's Health Organization* resulted in overturning two landmark Supreme Court decisions, *Roe v. Wade* (1973) and *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992) that had federally protected against restrictive state regulations on abortions. States now have increased power to impede access to abortion. There are now 14 states where abortion is illegal or heavily restricted and 9 states with laws in place that may lead to bans or significant restrictions (Knight et al., 2022). The additional restrictions being placed on abortion care beg the question of how to best support the health, quality of life, and reproductive rights of people who can become pregnant in consideration of increased barriers.

Abortions are generally sought due to unintended pregnancies. Roughly half of all pregnancies in the United States are unintended and they occur at higher rates for women living in poverty, younger women, and women with lower education levels (Guttmacher Institute, 2019). These groups of women will bear the brunt of the impact of abortion restrictions. Whether or not abortion is restricted, roughly half of all unintended pregnancies worldwide and 42% in the United States, will be terminated by abortion (Bearak et al., 2020; Guttmacher Institute, 2019).

Restricted access to abortion in the United States puts the health, emotional, and economic well-being of people who can become pregnant at severe risk. It can be determined from the worldwide and national data that reducing rates of unintended pregnancies is the best option for reducing need for abortion. Therefore, to best provide immediate support to this populations, clinicians must focus on the critical issue of reducing unintended pregnancy. To do this, we must investigate the most effective interventions for reducing unintended pregnancies.

Global Reproductive Health Data and Abortion Rates

Data from other countries is useful in identifying patterns in abortion rates and for identifying effective methods to reduce rates of abortion in the United States. Information from other countries can be extrapolated to determine what methods for reducing unintended pregnancy have been the most valuable and applicable. It has been demonstrated that abortions will occur even where there are restrictions (Guttmacher Institute, 2022), with 61% of unintended pregnancies being terminated with abortion worldwide (Bearak, 2020). Therefore, ascertaining what has worked in other countries to reduce unintended pregnancies will help to inform interventions in the United States given the increasing barriers to abortion access.

Numbers indicate that in countries with abortion access there tend to be lower rates of unintended pregnancy, likely related to increased access to family planning and contraceptive access, which results in lower numbers of abortions (Guttmacher Institute, 2022). Countries with restrictions to abortion access have higher rates of unintended pregnancy due to lack of access to pregnancy care and family planning services (Bearak et al., 2020; Guttmacher Institute, 2022). Even though the percentage of women in these countries seeking abortion is lower, the rate of abortion is nearly the same as in countries without abortion restrictions due to the higher rates of unintended pregnancies (Guttmacher Institute, 2022).

It is of note to discuss how China and India impact the global abortion numbers. These countries have very large populations, smaller desired family size, and abortion is legal. Because of the smaller desired family size and preference for male children, these two countries combined account for 90% of all female abortions when a pregnancy becomes unwanted due to fetal sex (Cleland, 2020). Due to the large populations of these countries and abortion rates in them, they strongly skew worldwide data on abortion in countries where it is legal. When these

data are removed from calculations, the abortion rates and unintended pregnancies ending in abortion are higher in countries where abortion is restricted (Bearak et al., 2020).

Women's Health and Economic Risks

Women who are unable to obtain abortions through clinics face several risks to their well-being. In Texas, following changes that reduced access to abortion and family planning care, there was an increase in self-abortion attempts, which can result in health complications (Tasset & Harris, 2018). Self-abortion is more common for women living below the federal poverty limit and who have barriers to accessing reproductive health services (Grossman et al., 2018). It is estimated that for every ten abortions one is a self-abortion (Grossman et al., 2018). Women with reduced access to abortion clinics may need to travel further for services, which reduces the ability to seek appropriate aftercare, resulting in increased emergency department use (Thompson et al., 2021). Reduced access to abortion care therefore puts the health of women at risk and increases spending on healthcare.

In addition to the health risks to women, restrictive abortion laws place significant economic risks on women and keep women dependent on public assistance programs. Women seeking abortions often cite financial concerns as one of the main reasons for their decision (Greene et al., 2018). Public service programs in the United States do not make up for lost income from pregnancy or keep women out of poverty when they have another child (Greene et al., 2018). Women denied abortions had higher odds of living in poverty at 6 months and up to 4 years after the birth of a child. They were less likely to work full time and more likely to receive public assistance (Greene et al., 2018). Many women seeking abortion are living at or below the federal poverty level. They report not having the financial ability to pay for housing, for

transportation for medical care for another child, and already had dependents for whom they were caring (Greene et al., 2018).

Finer et al. (2005) explored the main reasons women sought abortions. The top two reasons were that having a baby would dramatically change the life of the mother and the inability to afford a baby. When investigated further, the study found that the dramatic changes to the life of the mother would include impact to work or study, which can translate to financial concerns. It was found that multiple reasons contributed to the decision to have an abortion and the most common factors related to economic concerns, as well as recognizing the challenges of being a parent. In this study, many of the women deciding to have an abortion already had children and did not want to deprive their children of financial, emotional, or time resources.

Abortion Rate Reduction and Social Programs

Restricted access to abortion also comes with restricted access to all reproductive health care. Family planning services that are publicly funded have been found to reduce abortion rates (Guttmacher Institute, 2019). These services also reduce medical costs as they improve the health of women and reduce unintended pregnancy rates. Lack of access to reproductive health care is largely impacting women in poverty and women of color; groups which historically have poor health (Chinn et al., 2021; U.S. Department of Health and Human Services, n.d.). In the United States, lack of access to family planning resources such as limited patient education regarding pregnancy prevention, distance and other barriers to accessing contraceptives, and the cost of contraceptives for underinsured and uninsured individuals all contribute to unintended pregnancy (Smith et al., 2022). The Affordable Care Act (ACA) is an example of a social program that has reduced abortion rates. The ACA required coverage of contraceptives, which thereby increased their use and reduced unintended pregnancy rates (Nash & Dreweke, 2019).

Policies that allow for the full spectrum of pregnancy care options will support health and reduce abortion rates. These policies must include access to effective and affordable contraception, prenatal care, and resources to allow families to grow in size without additional financial hardship (Nash & Dreweke, 2019).

Contraceptives and Abortion Rates

Worldwide, decreases in unintended pregnancy rates are linked to increased use of contraceptives and the increased effectiveness of contraceptive methods (Guttmacher Institute, 2019). Of the unintended pregnancies worldwide in 2017, most were the result of non-use of contraceptives, 74%, with failure of modern or traditional methods of contraception resulting in the remaining 26% of unintended pregnancies (Cleland, 2020). In the United States, 54% of abortions occur after a failure of contraceptives (Cleland, 2020). The main recommendation to reduce rates of abortion is to increase the use of contraceptives. This is accomplished by increasing access to all forms of contraception, including emergency contraception; providing education about use; and ensuring affordability (ESHRE, 2018). The most effective contraceptives are long acting reversible contraceptives (LARC) because they have the highest rate of continuation and lowest rates of human error resulting in unintended pregnancy (Cleland, 2020; ESHRE, 2018).

Barriers to contraceptive use are varied, but often have cultural or religious connections. One obstacle is restricted access to evidence-based reproductive health education and services, such as when schools exclusively provide abstinence-only education, which has been shown to be ineffective at changing sexual behaviors (Santelli et al., 2017). Limited choice of available contraceptives is also a concern due to funding being diverted away from contraceptive research and development. Another significant impediment is cultural and religious opposition to

contraceptives, which can lead to bias on the part of users and providers against their use (ESHRE, 2018). As mentioned in the previous section regarding social programs and abortion rates; publicly funded, evidence-based family planning and education services in community, K-12 education, and college settings would reduce many of these barriers.

Limitations

There are significant challenges to identifying what makes the most impact on rates of abortion. While the data shows that restricting access to abortion does not necessarily decrease rates of abortions, this information is difficult to disentangle from the lack of publicly funded reproductive health services in those same countries. There are also significant differences worldwide in desired family size that make it hard to measure unmet needs for contraceptive use (Cleland, 2020). Abortion rates seem to be the result of a combination of the upper limits of individuals using contraceptives, pregnancies from contraceptive failures, and changes in tolerance to birthing unwanted pregnancies (Cleland, 2020).

Social programs may assist in reducing rates of abortion, for example by increasing access to effective contraceptives (Guttmacher Institute, 2019). However, social programs in the United States aimed at reducing the burden of increased family size for low-income individuals do not seem effective for reducing abortion rates. The current programs are not robust enough for this population to make up for lost income or to stay above the federal poverty level (Greene et al., 2018).

Increased use of contraceptives and social programs are required to be implemented in tandem to make an impact. Information can be extrapolated from other countries that restrictions to abortion access will not reduce abortion rates unless unintended pregnancy rates are also reduced. The most effective way to do this seems to be through contraceptive access and

education and full access to family planning services (Guttmacher Institute, 2022). In the United States, the trend is that states that tend to restrict abortion access are also reluctant to provide contraceptives and family planning services (Smith et al., 2022). Unfortunately, as seen in other countries, this is likely to result in abortion numbers that either remain steady or increase. It has historically been observed that states with increased restrictions on abortion have experienced increased abortion rates. Conversely, 57% of the decline in abortions occurred in states without abortion restrictions (Nash & Dreweke, 2019).

Recommendations

Future recommendations for work to reduce unintended pregnancy involves research into different contraceptive options. For example, there is little to no literature regarding vasectomies and their impact on unintended pregnancy and abortion beyond some anecdotal information that there has been an increase in vasectomy consultations after *Roe v. Wade* was overturned (Ducharme, 2022). Additional and improved contraceptive options would offer methods that are less prone to human error and have reduced side effects (ESHRE, 2018). Aside from improved contraceptive options, it would be ideal if policy makers would work to support women's access to reproductive health services and social norms would support women's ability to control their own reproductive health. It is known that unintended pregnancy has increased health consequences for areas of the world with maternal mortality concerns, such as the United States (ESHRE, 2018). Removing supports preventing unintended pregnancies creates significant financial and health consequences that will increase costs of health care, decrease quality of life, and kill women.

Conclusion

Restricting the full range of reproductive health services does not reduce the rate of abortions. It only keeps women living in poverty and continues the cycles of economic hardship for marginalized populations, such as people of color. Providing publicly funded family planning services with increased access to effective contraceptives and education is the most effective intervention for reducing the rates of abortion and supporting vulnerable populations.

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