

CONNECTING THE DOTS

REPRODUCTIVE RIGHTS

Abortion bans. TRAP laws. Clinic closures. Birth control restrictions. Conservative lawmakers are fixated on stripping reproductive rights and these efforts hurt the most for marginalized communities. When we unpack the necessity of reproductive healthcare, it is vital that we move beyond conversations about the importance of *legal* reproductive care to address what *safe* and *accessible* reproductive care looks like through the lens of class, immigration status, race, gender expression, and sexuality.

Below we connect the dots between how barriers to *safe, legal, and accessible* abortion impacts how different communities!



Accessible Reproductive Care

Abortion access looks different for every community. **Overall, access to abortion largely boils down to economics.** Without insurance, the cost of an abortion for the first trimester is around \$500, and the cost can reach up to \$2,000 during the second trimester. This figure does not include the cost of travel and childcare: paying out of pocket for an abortion might not be an option. **This cost stings for low-income women who accounted for 75% of U.S. abortions in 2014.** Below we break down how reproductive healthcare access impacts different communities:

- As of 2017, women living in rural counties in Montana, Texas, Wyoming, North Dakota, South Dakota, Nebraska and Kansas **had to travel more than 180 miles for abortion care.**
- According to Planned Parenthood, **39% of Black women ages 18 to 44 can only afford \$10 or less on birth control today.**
- According to the Guttmacher Institute, for undocumented women who are barred from enrolling in Medicaid, limited pathways to insurance coverage removes access to reproductive care, **48% of non-citizen or undocumented women in poverty are uninsured.**
- Birth control affordability is of particular concern for many Latinas. One-fifth of Latinas live in poverty, and research shows **57% of Latinas ages 18 to 34 have struggled to afford birth control.**
- Of the 4.2 million people served by federally funded family planning programs, 92% are women and more than 20% are black women.
- **Planned Parenthood is the second largest provider of transgender hormone therapy services.** As lawmakers continue push to defund Planned Parenthood, the trans and gender non-conforming communities could be left without critical care.

Safe Reproductive Care

In our tumultuous political climate, safe reproductive care is of the utmost importance. From clinic protesters to cultural norms that create barriers to reproductive care, safe reproductive services are a necessary facet of healthcare. “Safety” in this context looks different for every community.

- In 2017, funding for the Title X program, which funds low-cost, confidential family planning services, is **61% lower today than it was in 1980**. Family planning and access to affordable contraceptives are part of reproductive safety.
- In October 2017, “Jane Doe,” a 17 year old undocumented woman, was barred from receiving an abortion. In the state of Texas a minor cannot get an abortion without parental consent or permission from a judge. She filed a lawsuit on October 13 in the D.C. District Court and judge ordered the government to facilitate the procedure. Fortunately, Jane Doe was granted access to constitutionally protected reproductive care, but the process she had to endure was despicable.
- **Black women are 243% more likely to die from pregnancy or childbirth-related causes.** Pregnancy and maternal mortality are critical reproductive care issues.
- In Texas, where 96% of counties have no abortion provider, **between 100,000 and 240,000 women from the ages of 18 and 49 have attempted to self-induce an abortion.**



Legal Reproductive Care

Since landmark cases like *Griswold V. Connecticut* and *Roe V. Wade*, activists have fought to preserve the constitutional right to legal abortion and contraception. On federal and state levels, lawmakers have worked to erode these rights through arbitrary and unconstitutional bans.

- **Targeted Regulation of Abortion Provider Laws (TRAP)** are medically unnecessary restrictions made with the goal of closing abortion clinics. These regulations can be so costly and burdensome that clinics are forced to close their doors. As clinics continue to close, women are forced to live and operate in **reproductive care deserts**, and this can have a serious and lasting impact.
- As of February 2018, **six states have only one abortion provider**. These include: Kentucky, West Virginia, Mississippi, North Dakota, South Dakota, and Wyoming.

Conclusion

Connecting the dots between accessible, safe, and legal reproductive care emphasizes the barriers different communities face to receive necessary healthcare. As activists, when we advocate for reproductive justice, we must advocate for the needs of these communities!

Sources

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