This year marks the 30th anniversary of Roe v. Wade – the landmark Supreme Court decision to legalize abortion. In the three decades since the decision, Roe v. Wade has had far-reaching effects on women’s health and economic well-being. Today, however, a number of political efforts threaten to overturn the basic tenets of the decision.

With the adoption of the 1996 Platform for Action generated at the U.N. Fourth Conference on Women the following standards were set: “reproductive health includes the opportunity to have a safe, satisfying sex life, to reproduce, and to decide, if, when and how often to do so” (U.N. 4th World Conference on Women, 1996). The United States was among 189 countries that adopted these standards, yet domestic threats to the legal status of abortion today challenge them.

Health Benefits of Access to Legal Abortion

History suggests that women will seek abortions whether they are legal or not. Prior to legalization in 1973, an estimated 200,000 to 1.2 million abortions were performed in the United States yearly (Cates and Rochat 1976). The rate of death due to illegal abortion in 1972 has been estimated at between 30 and 40 per 100,000 (Cates and Rochat 1976, Teitze1975). Legal abortion, on the other hand, is one of the safest surgical procedures available, and is ten times safer than childbirth (Alan Guttmacher Institute 2000). Today, a woman’s risk of dying from complications related to a legally obtained abortion in this country (when performed before eight weeks’ gestation) is significantly lower than her risk of dying as the result of pregnancy or childbirth (AGI 2003). By 1985, the risk of dying from a legal abortion had decreased from 3.4 deaths per 100,000 legal abortions to 0.4 deaths per 100,000 procedures. The risk of death as a result of childbirth is estimated at approximately seven deaths per 100,000 live births (AGI 1990). The Centers for Disease Control and Prevention (CDC) report that in 1998, nine maternal deaths were determined to be related to legal induced abortion (CDC 2002).

Economic Benefits of Abortion Access

Access to reproductive services including abortion is essential to the economic well being of women and girls. Roe v. Wade has made a significant contribution to the changing role of women in society and to improving the economic opportunities available to women since the 1970’s. In the 1992 Planned Parenthood v. Casey decision, the Supreme Court acknowledged that “the ability of women
to participate equally in the economic and social life of the Nation has been facilitated by their ability
to control their reproductive lives” (Planned Parenthood v. Casey, 1992). Access to abortion and
effective methods of birth control provide women with important freedoms in setting professional
goals for themselves and making educational and career plans. Since teen childbearing influences
educational attainment and employment options, an increased capacity to plan whether and when to
have children and how many children to have may be the critical variable in vulnerable women’s
ability to escape or avoid poverty (Klepinger, Lundberg and Plotnik 1995).

For adolescents, the stakes are even higher. Women who become parents as teenagers, for example,
are at greater risk of social and economic disadvantage throughout their lives than women who delay
childbearing (Hofferth and Reid 2002). Teen mothers are less likely to graduate from high school and
more likely to be poor than women who delay childbirth (Hofferth, Reid and Mott 2001, Klepinger,
Lundberg and Plotnik 1995).

➢ Erosion of Abortion Rights

Roe v. Wade
In the 30 years since Roe v. Wade, the Supreme Court has issued approximately 30 additional
decisions regarding the right to abortion. In these subsequent decisions, the federal government and
individual states were given much latitude in restricting access to abortion care – with a dispropor-
tionate effect on low income women, young women, and women who live in rural areas (Henshaw
1995). Federal funding of abortion, for example, has been restricted in all cases except when the
mother’s life is endangered if she carries to term.

Global Gag Rule
Since taking office, President Bush’s actions have limited women’s rights to reproductive self-deter-
mination both internationally and domestically. President Bush sent a clear message when within the
first few weeks of his administration, he reinstated the global “gag rule” banning federal aid to family
planning clinics overseas that counsel on or provide abortions. The rule, first imposed during Presi-
dent Reagan’s administration, had been revoked by President Clinton. In addition to the global gag
rule, the Administration’s 2002-2003 budget proposal calls for the de-funding of the United Nations
Population Fund (UNFPA).

Restrictions on Mifepristone
In addition, the Administration has taken steps to limit access to abortion in the U.S., at both the
federal and the state level. The President has imposed restrictions on use of the recently approved
medical abortion pill, mifepristone (RU-486). Soon after FDA approval in 2000, President Bush
announced that federal restrictions on the use of Medicaid funds for surgical abortions would be
extended to the administration of mifepristone. The current administration has also given states the
green light to impose other restrictions on the use of the drug, including parental consent for teens,
informed consent, and waiting periods.
**Definition of a Child**

As of November 1, 2002, the Department of Health and Human Services modified the definition of a child for the purposes of administering the State Child Health Insurance Program to include coverage for children from “conception to birth up to age 19” (Federal Register p. 61956, Oct. 2002). Although this rule specifically applies to the provision of prenatal care under the SCHIP program, abortion rights advocates have suggested that this amendment in the definition of a child could later be used to outlaw or restrict abortion further using a fetal rights argument.

**Supreme Court**

The Supreme Court now sits with a 5-4 majority in favor of upholding Roe v. Wade. In the event of a retirement from the bench, the country will look to President Bush for an appointment, and many predict that he will appoint an anti-choice justice if given the opportunity. In addition, appointments being made at the Circuit Court level (regional federal appeals courts) will strongly influence abortion rights and access. It is estimated that in the coming years, over 30% of the federal appeals court seats will become available for lifetime appointments (National Council of Jewish Women 2002).

Without the threat of a veto, members of Congress are proposing an anti-choice agenda including legislation to impose parental consent requirements for family planning services on clinics receiving federal funds, restricting access to mifepristone, and the ban on “partial birth abortion” which passed both the House and the Senate in early 2003.

**State Laws Restricting Abortion Access**

This erosion of reproductive freedoms in the U.S. can be observed at both the national and the state level. Several states and localities have passed laws that limit women’s access to abortion. For example, twenty-two states have mandated waiting periods ranging from one hour following receipt of state materials about abortion (South Carolina) to 48-72 hours (Tennessee). Forty-three states have implemented restrictions on minors’ access to abortion, and 25 states have passed Targeted Regulation of Abortion Provider (TRAP) ordinances applicable in the first trimester, and 27 states have implemented TRAP ordinances applicable in the second trimester. Other measures include restricting funding of abortions for poor women; restricting inclusion of abortion and family planning coverage in insurance packages; allowing non-compliant “conscience” clauses into otherwise sound contraceptive coverage legislation; allowing hospital and health insurance mergers between secular and religious organizations that result in the elimination of abortion, contraception, and fertility services; and passing local regulations designed to make it more difficult and cost-prohibitive for abortion providers to practice medicine.

**Conclusion**

The health and safety risks of abortion are significantly reduced when it is legal. Access to abortion is essential to the economic well-being of women and girls, and the ability of women to control their reproductive lives influences educational and employment options thus impacting their ability to escape or avoid poverty. Since Roe v. Wade, the federal government and individual states have taken steps to restrict abortion by imposing more burdensome requirements. Based on these findings, we must continue to safeguard Roe v. Wade, which has had a revolutionary effect on women’s reproductive, social and economic lives. These efforts should be supplemented by public policies to reduce the number of unintended pregnancies. This can be accomplished in large measure through education and increased access to and use of contraception.
The Institute for Women’s Policy Research is a public policy research organization dedicated to informing and stimulating the debate on public policy issues of critical importance to women and their families. IWPR focuses on issues that affect women’s daily lives, including employment, earnings, and economic change; democracy and society; poverty, welfare, and income security; work and family policies; and health and violence. IWPR also works in affiliation with the George Washington University’s graduate programs in public policy and women’s studies.

Alan Guttmacher Institute. 1990. *Abortion and Women’s Health: A Turning Point for America?*


Centers for Medicare and Medicaid Services, Department of Health and Human Services. “State Children’s Health Insurance Program: Eligibility for Prenatal Care and Other Health Services for Unborn Children,” *Federal Register* 67, no. 191 (2 October 2002).


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