

Poverty and Abortion

By Rachel MacNair, Ph.D., Director, Institute for Integrated Social Analysis

"It takes little imagination to see that the unborn Black baby is the real object of many abortionists. Except for the privilege of aborting herself, the Black woman and her family must fight for every other social and economic privilege. This move toward the free application of a non-right (abortion) for those whose real need is equal human rights and opportunities is benumbing the social conscience of America into unquestioningly accepting the 'smoke screen' of abortion. The quality of life for the poor, the Black and the oppressed will not be served by destroying their children."

-- Erma Clardy Craven, social worker, in Hilgers, Thomas W. & Dennis J. Horan, eds. 1972. *Abortion and Social Justice*. New York: Sheed & Ward

"When a sullen black woman of 17 or 18 can decide to have a baby and get welfare and food stamps and become a burden to us all, it's time to stop. In parts of South Los Angeles, having babies for welfare is the only industry the people have."

-- Edward Allred, millionaire abortion doctor, *San Diego Union*, October 12, 1980.

Dr. Allred's aversion to government subsidies did not prevent him from accepting millions of dollars in California tax dollars for his abortion practice.

Poverty Causes Abortions

In those states that do not have Medicaid funding of abortion, the abortion rate is 1.6 times higher for women on Medicaid than for women of higher income – that is, the portion is over half again as many. This figure comes from research arm for Planned Parenthood, which does the

most comprehensive and rigorous surveys of U.S. abortion practice^[1]

Material deprivation is among the more vicious pressures to abort, and is especially exacerbated by people who take the attitude that poor women should not be having children to be a "welfare burden."

Abortions Cause Poverty

(For a longer explanation including references to the studies mentioned below, see <http://www.fnsa.org/v1n3/strahan.html>)

Until the 1960s, most poor families had husbands or other men present. Since then, an increased feminization of poverty coincides remarkably closely to the period of increasingly legalized abortion. Some argued that the availability of abortion should help avoid this trend, with no job loss due to childbirth and no burdens of child care. But with the pattern worsening during the period when there was an upsurge in abortions, abortion has at least been inadequate. Experience suggests abortion may instead actually be a contributing factor. Through an increase in broken relationships, psychological difficulties, and substance abuse, a practice which is done exclusively on women may put them at greater economic disadvantage.

The abortion rate is much higher among the population of women who have already had at least one abortion. Researchers have found that the socioeconomic status of women tends to deteriorate as abortion is repeated. Various studies have shown a weakening of social bonds (particularly with male partners) as abortion is increasingly utilized.

One of the many ways abortion can increase the likelihood of welfare status is by breaking up an existing relationship with a male partner. Evidence from a number of studies shows this to be the case. Abortion can also have a definite adverse effect on existing marriages which may lead to separation or divorce. This has been illustrated in the medical literature and elsewhere.

The fact that the abortion also means that there is not a child whose care requires expense does not necessarily change the situation, because replacement pregnancies are common.

The psychological stability required to work one's way out of an impoverished state is also impaired by abortion, especially repeated abortions. Evidence of denial and isolation is frequently observed among women who repeat abortion.

The well-documented fact that lower-income people are more likely to be philosophically opposed to abortion than those of higher income also means that those who do abort are emotionally harder hit. A study on a group of women who had abortions at an Atlanta hospital found that those who had abortions for financial reasons were among the group with the highest post-abortion grief reactions.

Several studies show that an elevated use of alcohol as well as other drugs stems, in large part, from the effects of the abortion experience.

The many studies that show a correlation between abortion and a reduction in women's economic well-being do not prove a clear causation. Some argue the causation is in the other direction. It is not that the abortions cause the difficulties, but that problems with

unhealthy sexual relations with men, domestic violence, and similar challenges may cause both the abortions and the subsequent problems that are correlated with them.

However, another causal factor must be taken into account: to what extent does the ready accessibility of abortion cause the problems of exploitative sexual attitudes and self-righteous denials of responsibility by men?

Medicaid Funding of Abortion Causes Abortions

We mentioned above women on Medicaid in states which do not fund abortion in their Medicaid programs have an abortion rate 1.6 times that of women of higher income. The same article from the research arm of Planned Parenthood reports that the abortion rate in states with Medicaid funding is 3.9 times higher for women on Medicaid.^[2]

Another piece of evidence that government funding of abortion increases abortions substantially comes from the Hyde amendment, which was federal legislation which stopped Medicaid funding of abortion as a federal mandate. Several states accordingly stopped funding abortions, but others continued to fund abortions for low-income women. This set up an experiment: there were states that had abortion funding one year and did not have it the very next year, with comparison states as a control group that kept abortion funding the same.

The results of the experiment showed that in those states which stopped such funding, both abortions *and* childbirths went down. In other words, the abortions that did not happen because of the lack of funding were not on the whole replaced by women continuing the pregnancies, but by couples

taking more care about becoming pregnant.^[3]

The assumption behind Medicaid funding has been that pregnancies occur whether or not funding is available, so that funding only determines whether those pregnancies continue or not. The impact of funding does not appear to be so neutral, however. This leads to the next point:

Medicaid Funding of Abortion is Government Subsidizing Male Domination in Sexual Relationships

Most of the time, when we engage in behavior that could lead to a need for a medical procedure, we're the one that has to go through the procedure. If I don't brush my teeth, I'm the one who gets cavities. Even if cavity-filling is free of cost in money to me, I'm motivated to avoid it because of the cost in time and unpleasantness. The same applies for a woman who engages in behavior that can lead to pregnancy. Yet it does not apply to the man who engages in the same behavior. He's not the one that has to go through surgery. If he knows the government will take care of the cost in money, then engaging in exploitation is free to him – it's government-subsidized.

Medicaid Funding of Abortion is Government Participation in Pressure and Coercion of Women

Studies show a large portion of women report being pushed by others into abortions they have not decided on for themselves.^[4]

From high school counselors and social workers to family members and the unborn child's father, it is often the case that other

people have decided what is good for her and are not interested in her participation in that conversation. As long as the abortion is government-subsidized, their ability to pressure her or give her insufficient time to think it over becomes all the greater.

We need a holistic approach to reducing and eliminating abortion

Because of the association of abortion with the motivation of those with bigotry against the poor, against other races, against those with disabilities, against women, and necessarily against unborn children, it will take a variety of approaches to establish a respect for the needs of both mother and child. Because these issues are connected, any work against poverty, racism and misogyny – as well as work against other violent dehumanizing practices such as war and the death penalty – will positively impact violence prevention in several other areas at the same time. Direct work to help people understand the horrors and anti-problem-solving nature of abortion will also help to prevent poverty and other forms of violence.

For more on connections of poverty and racism to both abortion and the death penalty, see chapter 7 of [Consistently Opposing Killing: From Abortion to Assisted Suicide, the Death Penalty, and War](#), published by Praeger in 2008, and available at <http://tinyurl.com/cqstr9>

Notes

[1] Heather Boonstra and Adam Sonfield, "Rights Without Access: Revisiting Public Funding of Abortion for Poor Women," The Guttmacher Report on Public Policy, April 2000, Volume 3, Number 2.

[2] Ibid.

[3] P.B. Levine, Amy B. Trainor, and D. J. Zimmerman, "The Effect of Medicaid Abortion Funding Restrictions on Abortions, Pregnancies and Births," *Journal of Health Economics*, Vol. 15, 1995, pp. 555-578.)

[4] For example, see Vince M. Rue, Priscilla K. Coleman, J. J. Rue, and David C. Reardon. "Induced abortion and traumatic stress: A preliminary comparison of American and Russian women." *Medical Science Monitor*, 2004 10(10): SR5-16.

Notes about the author

Rachel MacNair earned her Ph.D. in Psychology and Sociology from the University of Missouri at Kansas City. She is the author of *Perpetration-Induced Traumatic Stress: The Psychological*

Consequences of Killing (Praeger, 2002), *The Psychology of Peace: An Introduction* (Praeger, 2003), *Gaining Mind of Peace: Why Violence Happens and How to Stop It* (Xlibris, 2003) and *Working for Peace: A Handbook of Practical Psychology and Other Tools* (Impact Publishers, 2006).

She is also the co-editor of *Pro-life Feminism: Yesterday & Today* (Expanded 2nd edition, Xlibris, 2006) and *Consistently Opposing Killing: From Abortion to Assisted Suicide, the Death Penalty, and War* (Praeger, 2008).

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Imagine a world where the dignity of each human life is respected, where no one suffers in misery due to the greed of others, where no mother feels she has to end the life of her unborn child because of her circumstances, where no young person feels they must join the military fighting other young people like themselves because he or she can see no economic alternative, where no one is put to death due to being unable to afford good legal representation. Imagine a world where people's needs are met, there is peace, and everyone rejoices at the miracle of new life. We are a network of 200 groups and many individuals. Join us in seeking to make this world a reality.

Our Mission Statement: ***We are committed to the protection of life, which is threatened in today's world by war, abortion, poverty, racism, capital punishment and euthanasia. We believe that these issues are linked under a 'consistent ethic of life'. We challenge those working on all or some of these issues to maintain a cooperative spirit of peace, reconciliation, and respect in protecting the unprotected.***



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