

# Abortion Disparities: A Public Health Approach

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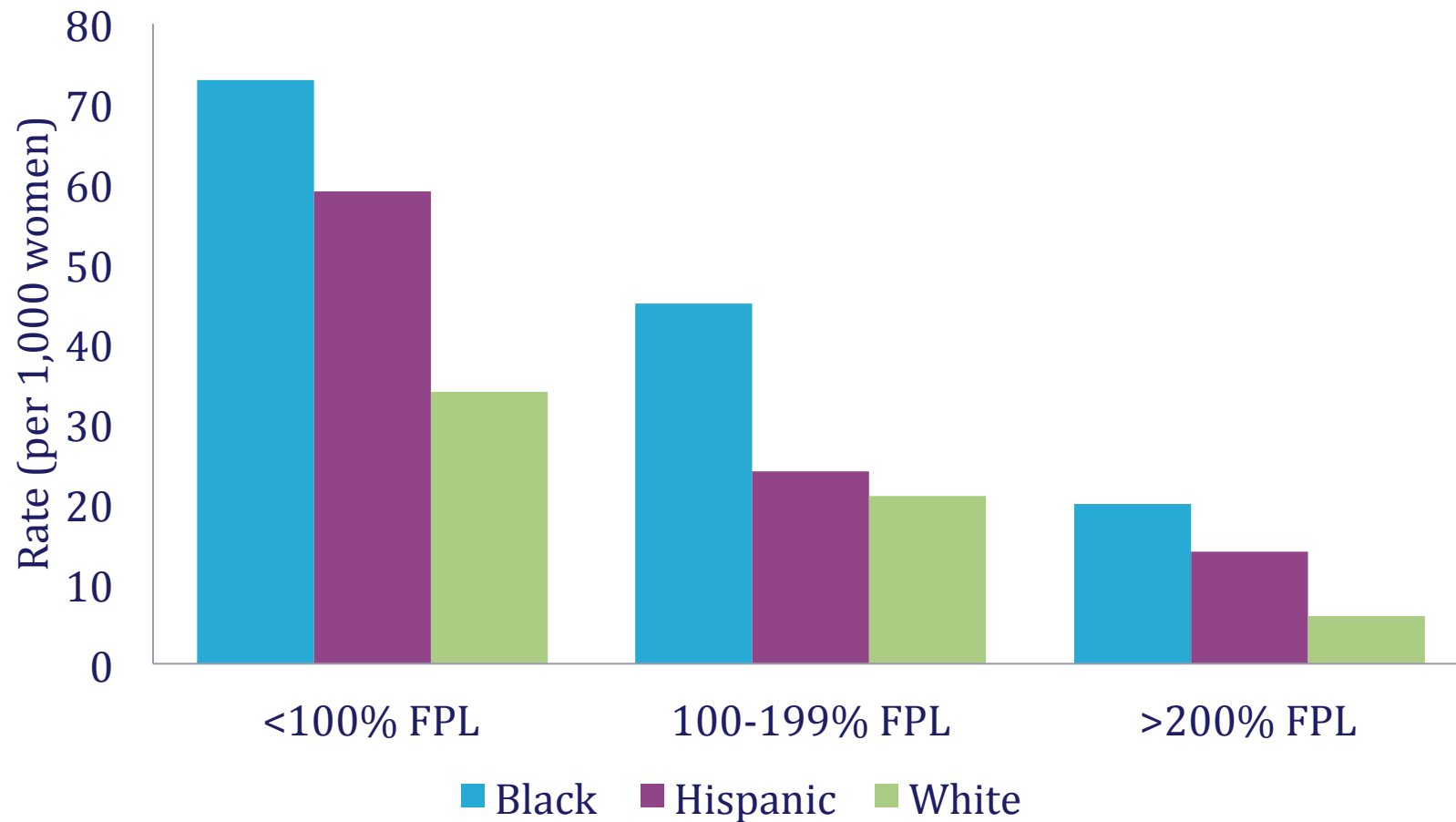


 innovating education  
in reproductive health

# Health Disparities

- In the US, there are pervasive disparities in health by race/ethnicity and socioeconomic status
- Examples include:
  - Life expectancy
  - Infant mortality
  - Cancer incidence

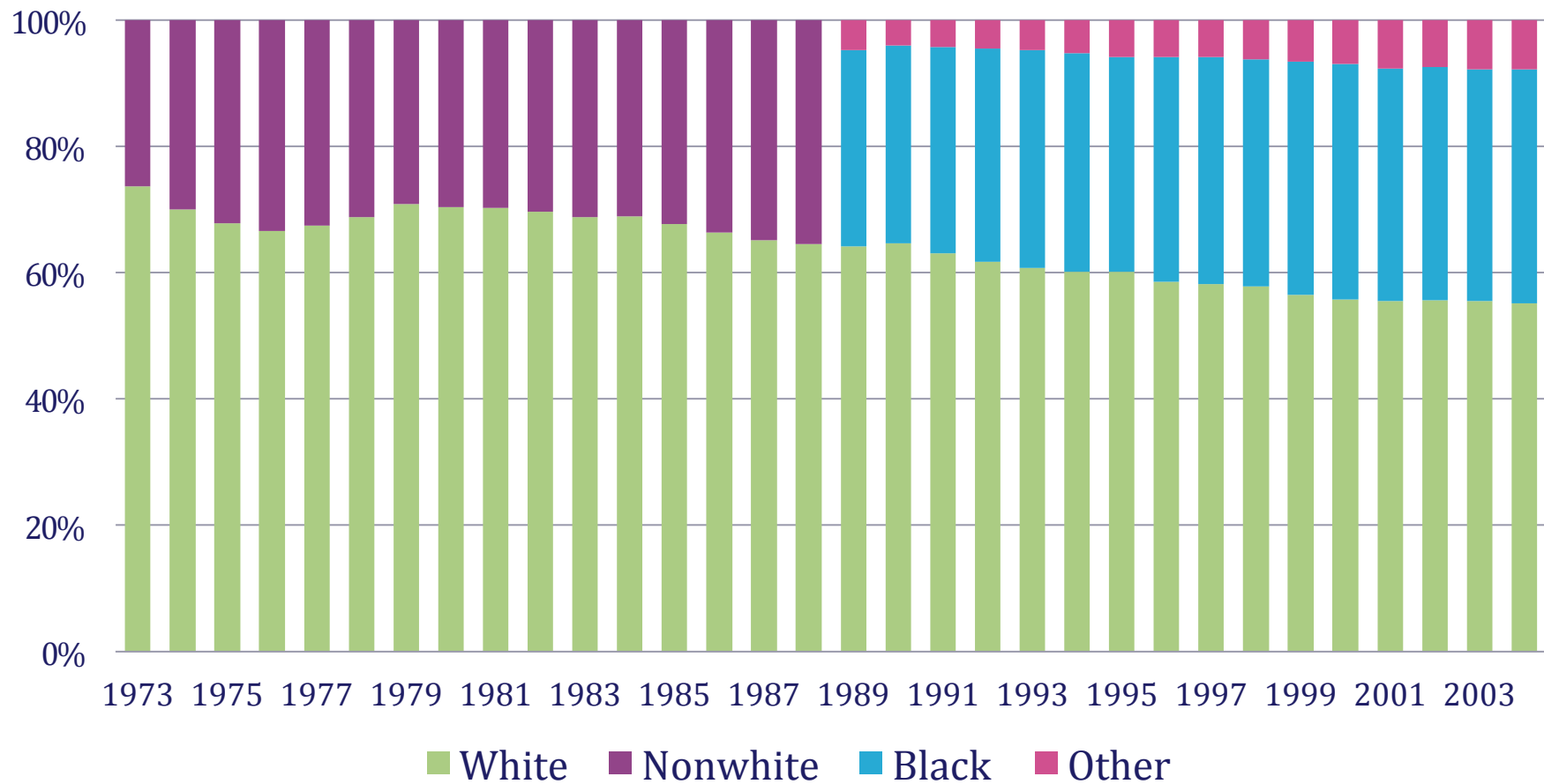
# Abortion by Income and Race/Ethnicity, 2008



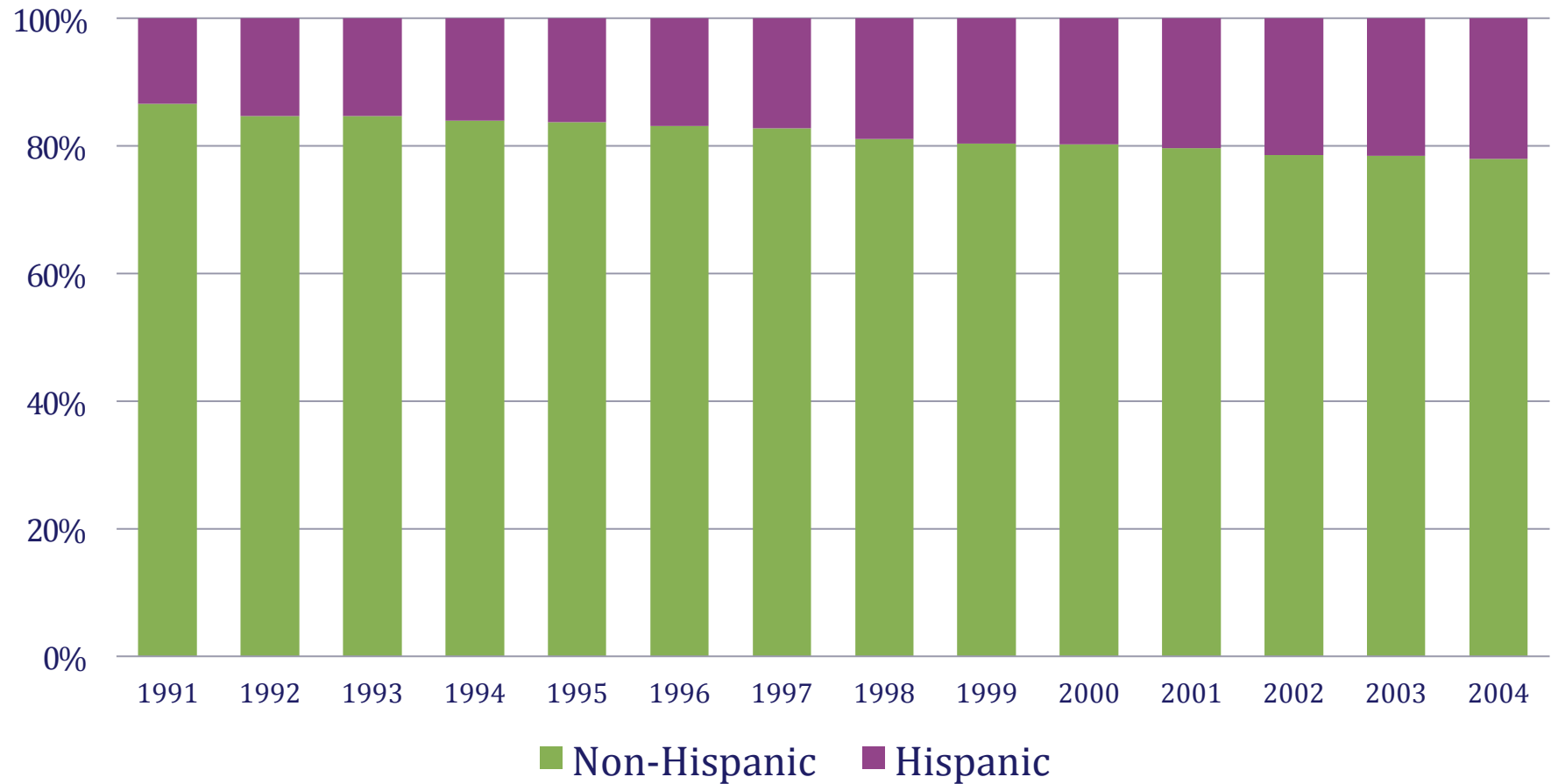
# Disparities are Increasing

- In 2000, 27% of the abortion patients in the U.S. were poor women
- In 2008, 42% of the abortion patients in the US were poor women.
- Rates of abortion are declining more rapidly among white women than among black and Hispanic women

# Abortions by Race, 1973-2004



# Abortions by Ethnicity, 1991-2004



# One Interpretation of these Disparities



“The Black community has not benefited either socially or economically from an atrocity that is enthusiastically promoted by those who make millions of dollars from our dead babies; and by those who seek to entice the Black community to self-genocide through abortion.”

- Abortionfacts.com

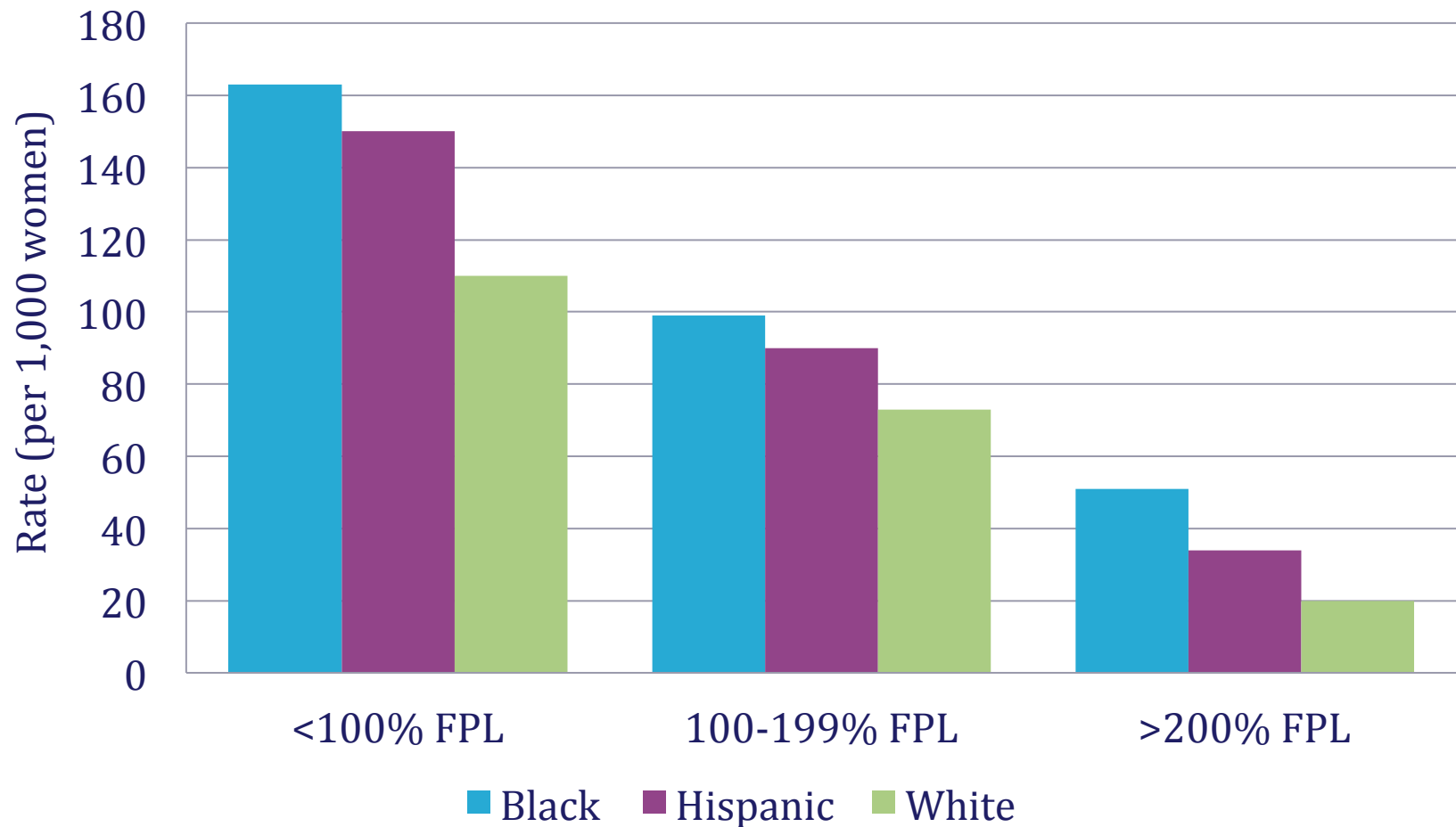
# Problems with this Approach

- Treats abortion as the problem, rather than one means to achieving a women's reproductive goals
  - Motivates limiting abortion → disparities in unplanned childbirth
- Asserts women who have abortions are victims



**What is a public health approach to addressing these disparities?**

# Unintended Pregnancy Rates by Income and Race/Ethnicity, 2008



# Problems with this Approach

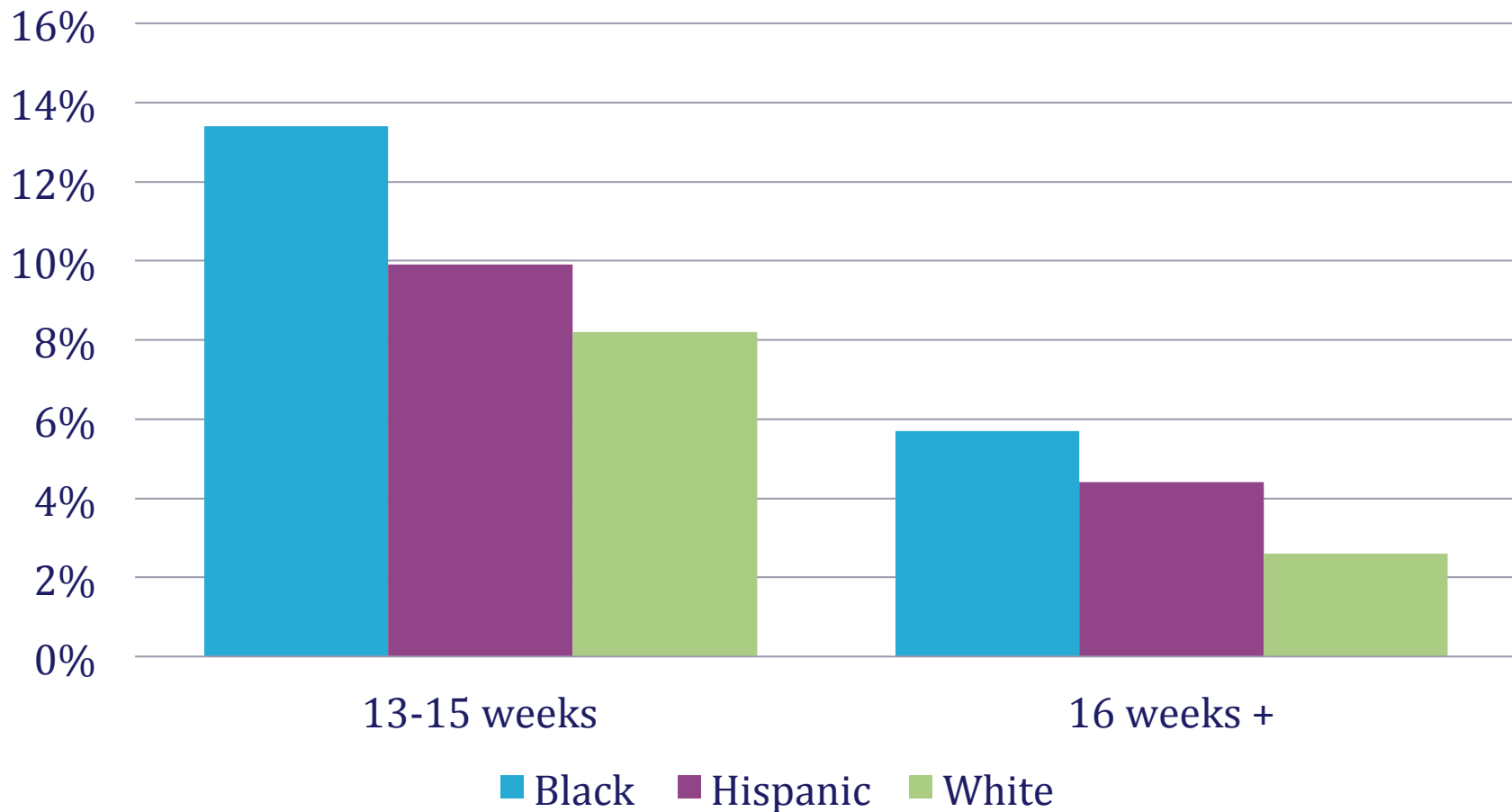
- Tendency to focus on the individual, rather than structural causes, of disparities in unintended pregnancy
- Treats abortion as a problem, rather than one means to achieving a women's reproductive goals

# Let's Think About Diabetes....

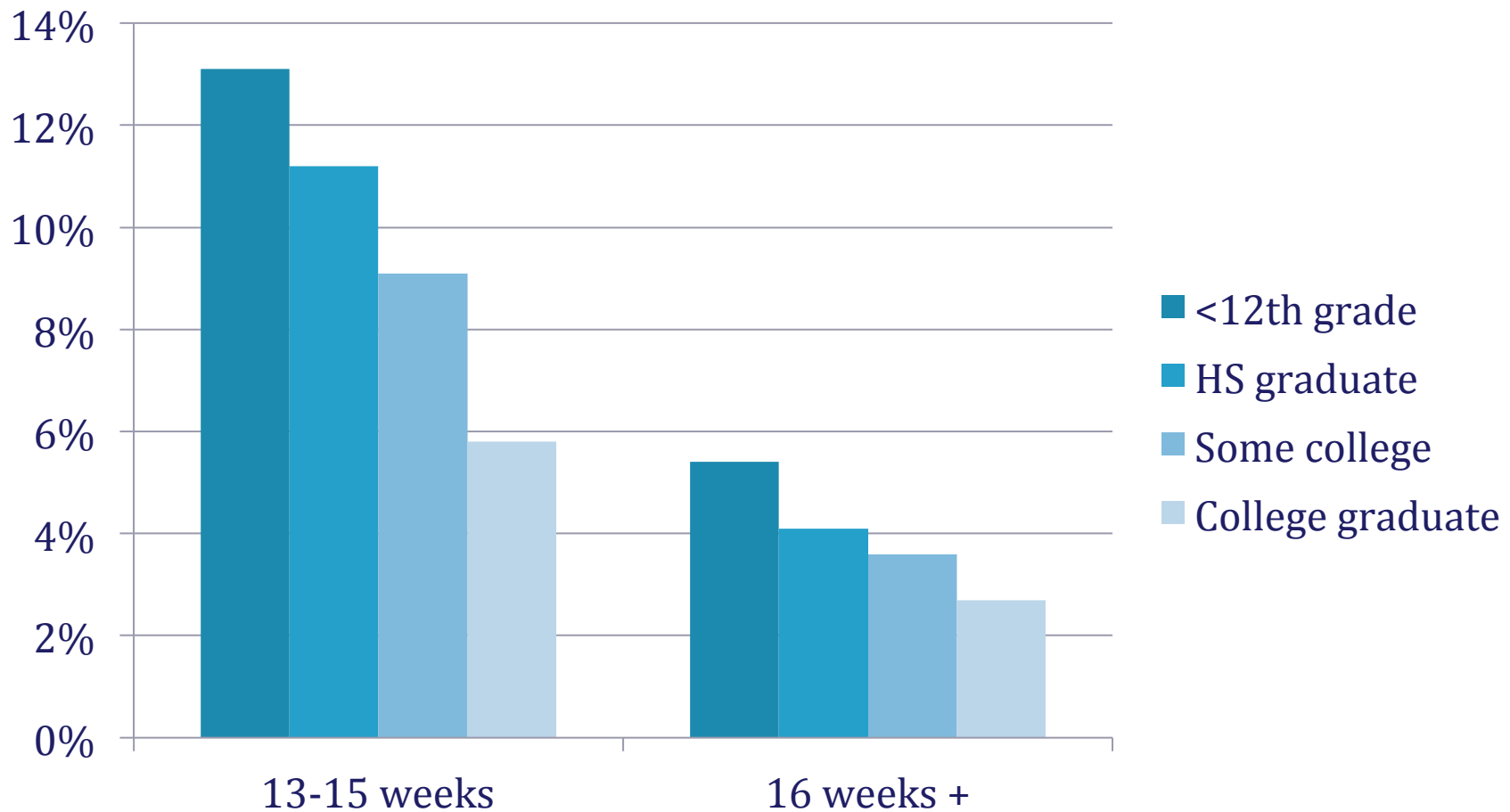
- Primary prevention: Helping patients to not become diabetic
- Secondary prevention: Ensuring patients with diabetes do not have complications



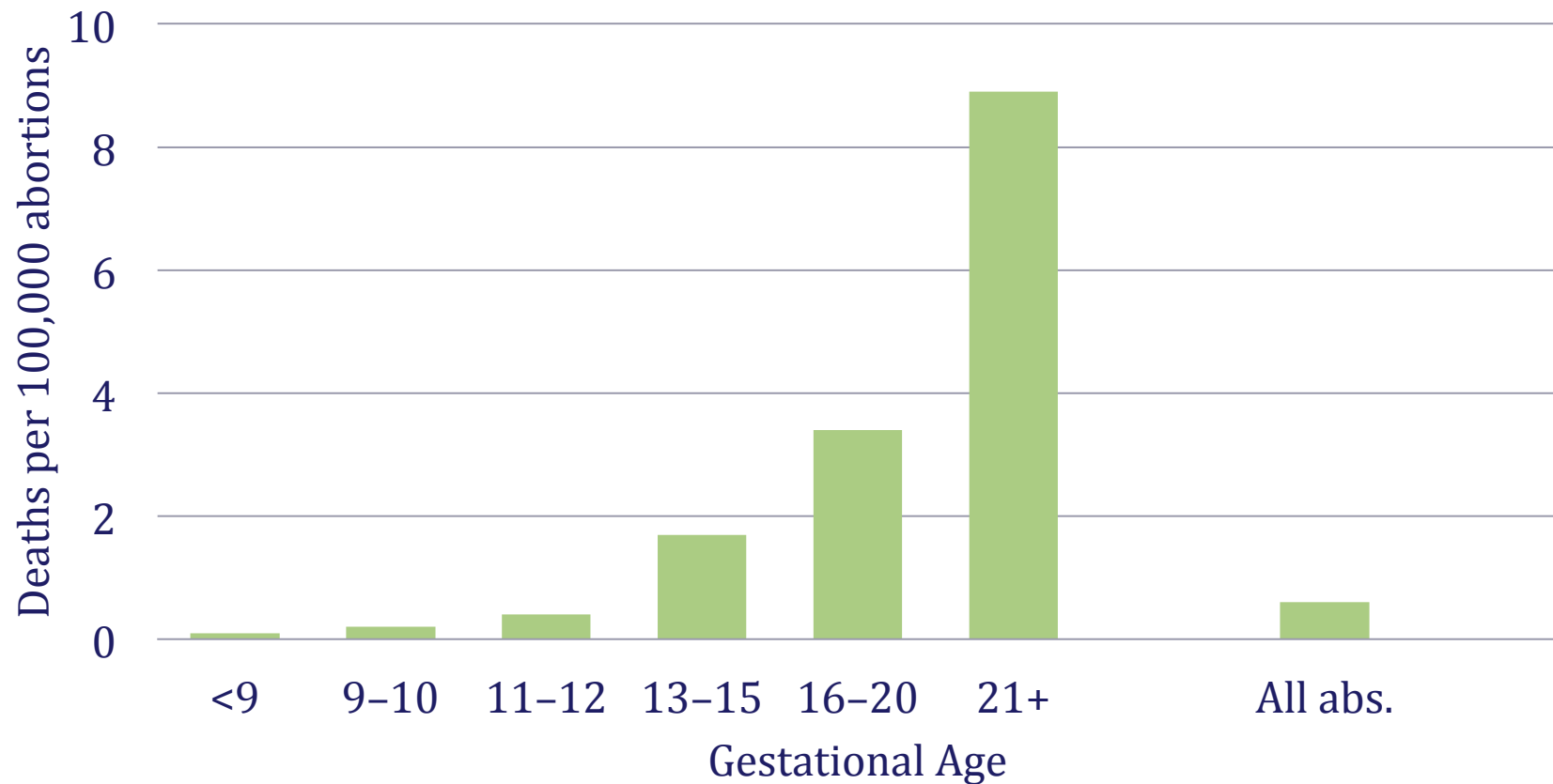
# Timing of Abortion: Differences by Race/Ethnicity, 2008



# Timing of Abortion: Differences by Education, 2008



# Abortion Safety by Gestational Age



# Disparities in women's ability to have an abortion at all

- Lack of public funding for abortion limits access
  - 25% of Medicaid-eligible women who would have an abortion give birth when funding is unavailable
  - Study of variation in funding in North Carolina found this effect most pronounced among Black women





# Public Health Approach to Abortion Disparities

- Address disparities in both need for and access to abortions
- Ensure access to prompt, safe abortion care when needed

# Decreasing Disparities: Primary Prevention

- Work to expand contraceptive use
- Acknowledge and work to address underlying causes of disparities in unintended pregnancy, including:
  - Disparities in opportunities and resources
  - Racism and class discrimination
    - Effect on health care quality
  - Contraceptive safety concerns rooted in history of coercion and mistrust

# Decreasing Disparities: Secondary Prevention

- Address barriers to access that disproportionately affect disadvantaged women include:
  - Lack of insurance coverage
  - Lack of public funding (only 17 states provide)
  - Lack of providers (87% of counties have no abortion provider)
  - Logistical barriers including mandated waiting periods, gestational age limits
- Work to ensure women who wish to continue pregnancy are able to do so

# Conclusion

- Consider abortion disparities in context of disparities in other aspects of reproductive health
  - Contraception
  - Abortion care
  - Pregnancy services
  - Economic supports
- Prioritize optimizing women's health, not the goal of reducing abortion