

CAUSAL ANALYSIS ON THE RIGHTS TO ETHICAL ABORTIONS

ENG W231: HONORARY MENTION

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Abstract

Ethical abortions are essential in order to preserve laws, health, careers, as well as human rights. Any individual can receive an abortion, no matter their age, ethnicity, gender, career, political stance, or financial stability. However, not every abortion is performed ethically, as with the recent restrictions and bans on abortion rights, individuals may have to travel to a certain part of the world in order to receive an abortion, or individuals may have to resort to using unsafe and unethical abortion methods. Abortion restrictions and bans can increase the chances for unneeded pregnancies to be carried out, or for unethical abortions to be performed, both increasing the chances of fatal complications, physical and mental dysfunction, hospitalization, financial insecurity, withdrawal of careers or future plans, as well as potential unneeded travel time. Restrictions on safe, ethical and accessible abortion practice prevent individuals from receiving needed medical care, prevent doctors from performing their jobs ethically, as well as restrict human rights.

Introduction

An abortion is generally the termination of a fetus, either through surgical removal, which involves a suction device to remove contents from the uterus, or through medications (Britannica, 2022).

However, this does not mean every abortion is ethical, safe, or accessible, and due to the recent bans on abortion, it is even more difficult for individuals to receive ethical, accessible and safe abortion care. Before the overturn of *Roe v. Wade* in the summer of 2022, abortion was already a restrictive process due to location, time and cost. However, with the new restrictions on abortion, individuals are forced to deal with even more difficult decisions as a means to have an abortion, much more likely at the cost of travel, at the risk of facing medical complications, or even dealing with legal issues. Abortion is a medical practice that needs to be properly performed and should not be a restrictive process for anyone to obtain.

There are many reasons for individuals to have abortions. In some cases, the fetus or a carrier becomes severely sick and threatens each other's lives. In some cases, carriers have a lack of finances to care for a child. In some cases, individuals live in unsafe environments or around unsafe individuals that may harm the carrier or their child. In some cases, the carrier's pregnancy was caused by rape. In some cases, individuals do not want to have children. Regardless of the reason, or how many reasons there may be, abortions should and need to always be available for the safety of others. I will specifically be addressing:

- If abortions are banned, what will individuals do as a means to have an abortion, or to seek abortion-like care?
- What will happen to doctors and their patients if they are not able to perform or seek safe abortion care?
- How is safe, accessible and legal abortion denied, restricted or completely blocked in parts of the world, yet it is technically against the law to deny an individual their right to privacy and anatomy?
- Why was abortion overturned when over half of the adult population agrees to safe, accessible, and legal abortion, no matter their gender, age, religion, or political views?

A Means of an Abortion

What Does This Actually Look Like? Abortions are vital in order to keep individuals alive. However, if individuals do not have safe nor accessible abortion care, they may resort to dangerous and unethical methods as a means to have an abortion, which are generally under unsafe practices and unprofessional assistance. With abortion restrictions and bans, having to carry to full term can cause life-threatening conditions upon a carrier, such as severe preeclampsia, uterine infections, and types of cancers that require specific treatments. These life-threatening conditions can also affect the fetus, such as causing a low heart rate, as well as disabilities or disorders after being born (Nichols, 2022). Individuals who are often denied legal abortions or have to receive abortions through unsafe practices are generally individuals who receive a low income, are refugees or migrants, are indigenous women, are lesbian or bisexual women, are transgender men, intersex individuals, gender non-conforming individuals, as well as our youth (Amnesty International, 2022).

Abortion for Africa. Ninety-seven percent unsafe abortion procedures occur within underdeveloped countries, such as countries within Africa (Stevenson, 2019, p. 83). Before Europe colonized Africa, abortion was seen as a private procedure within Africa. However, when Europe passed anti-abortion laws, they affected the countries they occupied within Africa. Unfortunately, many of these laws are still in effect. For example, in Nigeria, the practice of abortion can cause imprisonment of a carrier as well as the individual who performed the abortion on the carrier (Stevenson, 2019, p. 84). In most cases, after an unethical abortion is performed, many do not seek treatment for their complications, and live with serious health issues for the rest of their lives. Forty-seven thousand carriers die from unethical abortion complications annually, with a carrier dying from complications every eight minutes, leaving two hundred twenty thousand children without a parent annually (Stevenson, 2019, p. 83).

Abortion in Argentina. In 2020, abortion bans went into effect within Argentina. A new law was passed to ban abortion after 14 weeks, but if an unwanted pregnancy was a result of rape or was a physical threat to a carrier, exceptions were allowed under the Criminal Code. However, even with these “exceptions,” abortions are still hard to receive because facilities lack proper medical and surgical supplies for treatments, abortion access depends on residency, an individual’s funds to pay for the treatment are often limited, healthcare workers are often judgmental, and there can be a delay in receiving an abortion with the poor communication of the referral system (Vivanco, 2020).

Abortion in the United States. Banning abortions could increase 21% of total deaths within the U.S., with a 33% increase of death among African American women (Nichols, 2022). Unsurprisingly, the states with the most rigid and dangerous laws for reproductive health also have a lack of protection in health for women and children (Stevenson, 2019, p. 57). Within the states of Idaho, Arkansas, Wisconsin, South Dakota, Oklahoma and Mississippi, ethical abortion is illegal unless it is to prevent the death of the carrier. Within the state of Alabama, ethical abortion is illegal unless it is to prevent the death of the carrier or to prevent severe physical impairment over a bodily function of the carrier. Within West Virginia, ethical abortion is illegal unless it is to prevent life-threatening physical impairments over bodily functions. Within the states of Kentucky and Louisiana, ethical abortion is illegal unless it is to prevent serious or permanent dysfunction over a carrier’s essential organ. Within the state of Tennessee, ethical abortion is illegal unless it has been proven that the use of abortion is to prevent the death of the carrier or to prevent further deterioration over essential bodily function. Within the state of Texas, abortion is illegal unless a carrier, specifically, a carrier who is a cisgender woman, has a critical condition that has been caused or affected by their pregnancy and can affect an essential bodily function or potentially cause death if an abortion is not conducted (Fox, 2023, p. 1070).

Missouri's Overturn. Within the state of Missouri, ethical abortion is illegal unless it has been proven that the use of abortion is to prevent the death of the carrier or to prevent potential deterioration or impairment over an essential bodily function (Fox, 2023, p. 1070). Michele Landeau, the board president of the Missouri Abortion Fund, mentioned that in 2021, of the 1,800 abortions that were funded, only two procedures were funded within the state of Missouri. This means that abortion was rarely accessed within the state of Missouri since the laws were already restrictive. Landeau also mentioned that if individuals from Missouri seek abortion in safe and legal states, individuals will have to wait longer to receive an abortion due to wait times, abortion treatment and procedures will get more expensive the more individuals need to seek them, and the more individuals will have to travel as a means to have a safe, accessible and legal abortion (Krisberg, 2022).

Doctors, Clinicians & OB/GYN's

How Banning Abortion Affects Doctors. Banning abortions puts health care workers at risk of losing their jobs, where they are unable to provide safe abortions with a lack of medical supplies, a lack of proper practice, a lack of support, and individuals who resort to using unsafe practices of abortions may be at risk for post-abortion care, prosecution, and possible imprisonment (Amnesty International, 2022). Doctors are now facing attorney fees if doctors need to terminate a pregnancy in order to save a carrier's life, in which, malpractice insurance does not cover criminal defense, as well as potentially losing their license and facing imprisonment if they violate the law. Along with doctors and their patients, abortion facilities are also at risk of potentially shutting down (Fox, 2023, p. 1769).

Justice Medical Staff. Despite restrictions or complete abortion bans before and during the 21st century, many individuals provided abortion care, medication, and procedures for individuals

who needed them.

Ann Trow Lohman. In the 1800's, Ann Trow Lohman openly advertised types of abortion procedures in New York City. Although she was not medically trained, she did sell contraception, remedies that according to folklore contained ailments that could cause an abortion, and also offered surgical abortion if the remedies did not work. Her work was not disturbed until abortion bans began to take into effect, where she was arrested and later committed suicide in 1878 (Stevenson, 2019, p. 20).

Dorthea Palmer. Dorthera Palmer, a social worker, was arrested in 1936 for providing contraceptive information, but mentioned, "I may get a few months in prison for it. In view of the desperate conditions I have seen in the homes I've visited, I would most certainly do the same thing again the moment I was liberated" (Stevenson, 2019, p. 21).

Jane Hodgson. Jane Hodgson was one of the few women who worked as an OB/GYN in the 1960's. In 1970, Nancy Widmyer, a married mother of three children, was seeking an abortion after she had been diagnosed with a form of measles, which could have seriously affected the fetus, had she carried any longer. She sought out Jane Hodgson for help, and together, they went to Minnesota's federal court to change the anti-abortion laws. However, the law did not change, so Jane Hodgson personally performed an abortion on Nancy. These actions led to Jane getting arrested. However, her charges were eventually dropped, and she continued to be an activist for women's reproductive rights (Stevenson, 2019, p. 40).

Willie Parker. Willie Parker, chair of the board of Physicians for Reproductive Health, leader of the Religious Coalition for Reproductive Choice and an African American doctor, grew up within a Christian community that publicly shamed and dismissed individuals who had abortions, so when he started his medical career, he refused to perform abortions (Stevenson, 2019, p. 124). However,

as discrimination and restrictions over rights became more apparent, he started to agree that individuals deserve the right to choose to have an abortion (Stevenson, 2019, p. 123). In 2002, while Parker was working at a clinic in Hawaii, the administrator of the clinic announced that they were no longer going to offer abortion services, restricting abortion services to those who could only afford a private physician. Parker mentioned that “it wasn’t acceptable to deny them a safe and legal procedure” (Stevenson, 2019, p. 124). In revolt, he started to learn how to perform proper abortions within the states of Georgia, Alabama and Mississippi. He made the comment, “As an African American man descended from slaves in the South, it is too easy for me to imagine what it’s like to have no control over your body, your destiny, your life ... I believe as an abortion provider I am doing God’s work. Performing abortions, and speaking out on the behalf of the women who want abortions, is my calling. It’s my life’s work” (Stevenson, 2019, p. 125).

Henry Morgentaler. Henry Morgentaler, a Polish man from Canada, as well as a Holocaust survivor, graduated from a medical school in Montreal and became a family doctor. He publicly agreed that carriers deserved to have the right to access safe and legal abortion procedures, which prompted many women to seek him out for assistance. At first, he refused to perform abortions out of fear of losing his job, but when many Montreal women risked their lives in order to have an abortion, in 1968, he started to perform illegal abortions in order to oppose the anti-abortion laws. By 1973, he had performed 5,000 abortions. He eventually was arrested and was tried three times within the provincial court of Quebec, where every time, he was found not guilty by the court, as he defended his case by acknowledging that his job was to serve his patients with the best of care, with some of his former patients testifying for his case (Stevenson, 2019, p. 45). Despite his defense, his non-guilty charges, the jury’s approval, as well as his patients’ testimonies, he was sentenced to 18 months in prison. Morgentaler only served 10 months,

but his sentencing caused him to suffer from a heart attack and to deal with a large amount of debt due to the legal battles (Stevenson, 2019, p. 47).

Morgentaler's Clinics: In May 1983, Henry Morgentaler opened an abortion clinic in Winnipeg, but within a month, police raided the clinic, where they arrested Morgentaler and seven other individuals (Stevenson, 2019, p. 51). In July 1983, Morgentaler connected with the Canadian Association for the Repeal of the Abortion Law and with the Ontario Coalition for Abortion Clinics to open an abortion clinic within Toronto. However, only after three weeks of the clinic being open, the government charged Morgentaler, Dr. Robert Scott and Dr. Leslie Smoling for violating the law, where the police confiscated their files and medical equipment, but the clinic remained open. The three doctors were found not guilty by the jury, despite the fact that Morgentaler admitted himself to going against the law by performing abortions. In 1985, the Ontario Court of Appeal retried the 1983 case, arguing that there was unfairness within the jury, but Morgentaler appealed to the Supreme Court of Canada. While he was awaiting the decision of the Supreme Court, he was arrested once again on September 24th, 1986, along with Dr. Robert Scott and Nicki Colondy, an individual who worked with abortion services (Stevenson, 2019, p. 52). In 1992, Morgentaler's abortion clinic was bombed (Stevenson, 2019, p. 60).

Clinic 554. In Fredericton, New Brunswick, a private abortion clinic called the Morgentaler Abortion Clinic was closed after Morgentaler's death, leaving residents within the area to have to travel hours to receive an abortion within other areas (Stevenson, 2019, p. 135). However, the building was reopened and renamed Clinic 554, where doctors who previously worked with Morgentaler came to work for the clinic (Stevenson, 2019, p. 136).

Abortion Counseling Service of Women's Liberation. From 1969 to 1973, over 100 women from Chicago joined this group, where

they provided advice and offered money in order to cover the cost of an abortion procedure. However, when the members learned that the carriers were being scammed and horribly mistreated by some of the doctors, who were sometimes drunk, medically uneducated, or even demanded sex as a form of payment, the members sought to learn how to perform proper abortion procedures themselves. The abortions the members performed were similar to that of our medically performed abortions today, while providing a safe and accessible environment (Stevenson, 2019, p. 35).

The Deaths of Abortion Doctors. Some religious and political individuals believe that abortion practice ends the life of the fetus, therefore, it is considered to be murder. However, do they take into the fact that multiple well-known doctors have lost their lives for trying to serve their patients ethically? During the 1980's, anti-abortionists started to vandalize abortion clinics, threatened clinic staff and doctors, and attacked individuals who came to these clinics. As these groups grew, the more violent they became, killing doctors and even bombing abortion clinics (Stevenson, 2019, p. 59).

Barnett Slepian. In 1998, abortion provider Barnett Slepian was shot and unfortunately died at his home in Buffalo, New York. Slepian's murderer was not only charged for Slepian's death, but also for a shooting in Canada, and is suspected of being responsible for other shootings (Stevenson, 2019, p. 60).

Dr. George Tiller. Dr. George Tiller, who had already survived the bombing of his clinic in 1986 and being shot at in 1993, was tragically murdered by an anti-abortion extremist, while Tiller was serving as an usher for his church within the state of Kansas (Stevenson, 2019, p. 60).

Dr. Garson Romalis. Dr. Garson Romalis, a Canadian physician and abortion provider, dealt with and survived many dangerous attacks. In 1994, after studying and practicing medicine for 30 years, he was shot in his home, where he dealt with critical conditions. After two

years of rehabilitation, he continued to practice medicine and provided abortions. However, six years later, he was stabbed at a clinic, but fortunately only suffered minor injuries. After months of healing, he came back to work, still providing abortions despite restricted policies. He mentioned, "It is hard for me to understand how someone could think I should be killed for helping women get safe abortions...These acts of terrorist violence have affected virtually every aspect of...my family's life" (Stevenson, 2019, p. 60). Despite the severe hardships, he continued to provide abortion procedures until he died of an illness at the age of 76 in 2014 (Stevenson, 2019, p. 60).

Dr. David Gunn. In 1993, Dr. Gunn, who provided abortion services, was murdered by an anti-abortion extremist (Stevenson, 2019, p. 59). In 1993, the Medical Students for Choice was started in honor of Dr. Gunn and other doctors who had lost their lives to anti-abortion violence. This organization also provides abortion information and training to medical students. This organization has over 10,000 members in over 200 medical schools across the world (Stevenson, 2019, p. 62).

Our Future Doctors. Physicians and applicants are at risk by state legislatures restricting proper physician and patient services with procedures and information on abortion. This has affected the number of applicants in residency. In 2023, the amount of senior medical students that applied for medical residency declined by 7.4% within states that have enforced abortion-ban restrictions or have complete blockage on abortion. According to the Association of American Medical Colleges Research and Action Institute's 2023 study, OB/GYN residency program applicants dropped 10.5% within states that have a complete ban on abortion. These declines are due to a lack of proper relationships between patients and physicians who do not feel safe to train or perform safe abortions within banned abortion states (Huffstetler, 2023).

Abortion Law

Roe v. Wade—1973. The case of *Roe v. Wade* comes from two distinct individuals: Jane Roe, also known as Norma Leach McCorvey, a woman in her early twenties who represented every carrier not able to obtain abortions legally, and Henry Wade, known as the Texas attorney who criminalized abortion. In 1973, Roe won with the Supreme Court recognizing that every individual has a right to privacy, which allowed every individual their choice of receiving an abortion without any interference (Stevenson, 2019, p. 41). However, the court also allowed for every state to have a choice on restrictions, which specifically affect women of color and poor women (Stevenson, 2019, p. 42). *Roe v. Wade* agreed that the U.S. Constitution was meant to protect the choice of the carriers' to terminate their pregnancies. The court ruled that proper abortion treatment cannot be seen as a crime, and abortions needed to be safe and accessible within procedural guidelines. This ruling was granted based on the 14th Amendment, which is the right to privacy, but personal privacy is only considered as a fundamental right by the Court, meaning that states differ with their own limitations. The Court agrees that the use of professional abortion is no more dangerous than other risky conditions, but also agrees that early abortion is meant to protect the carrier from potential harm, which is why states may enforce abortion restrictions. "In 1973, the U.S. Supreme Court concluded in *Roe v. Wade* that the U.S. Constitution protects a woman's decision to terminate her pregnancy. In a companion decision, *Doe v. Bolton*, the Court found that a state may not ... prohibit or substantially limit access to the procedure" (Shimabukuro, 2018, p. 2).

Parental Consent. In 1979, the Supreme Court allowed for states to choose if minors had to receive parental consent or if minors had to testify for a judge to be granted an abortion procedure (Stevenson, 2019, p. 64). Many states require parents or guardians to be notified if their child is receiving an abortion, or for parental consent to be given by one or both of the parental figures if the individual

receiving an abortion is under the age of 18 (Stevenson, 2019, p. 67). However, generally the younger the individual is, the more likely they are to confide in their parents or guardians of their pregnancy. Individuals who do not confide in their parents or guardians generally fear that the reaction may result in abuse, removal from their home, serious conflict, disagreement or even the forbidding of receiving an abortion (Stevenson, 2019, p. 68). Minors who do not want or cannot have parental notice or involvement in their abortion, may have the chance to go to a judge for a judicial bypass. After receiving evidence to not involve the minor's parental or guardian figures, a judge may give the minor the right to an abortion (Stevenson, 2019, pg. 69). Unsurprisingly, it seems that states that do not require parental notice or involvement are generally states that do not have restrictions over abortion laws, whereas states that do have abortion restrictions, usually require parental notice or involvement, potentially restricting the chances of an abortion procedure even more. Over 400,000 teenagers become pregnant annually, and a third of teen pregnancies end within an abortion procedure (Stevenson, 2019, p. 67). These restrictions are unneeded as teenagers will still seek abortion information and procedures.

Former President Trump's Attempts. In 2017, former President Trump believed that individuals who receive abortions deserve to be "punished," and former Vice-President Mike Pence pushed severe anti-abortion laws, one where Catholic hospitals had the right to refuse an abortion procedure even for individuals who were in critical need of an abortion, and another where it would have required burials for fetal tissue. During his term, Trump "promised" to overturn *Roe v. Wade* while he was in office, where he appointed conservative judges who, with the push from his own administration, completely banned abortion access (Stevenson, 2019, p. 79).

The Global Gag Act. One of Trump's acts was that he reinstated what is known as the Global Gag Act, which threatens

the closure over abortion clinics, eliminates needed information on abortion, limits decisions making for individuals in need of abortions, as well as risks a higher rate of death among individuals in need of receiving an abortion (Stevenson, 2019, p. 89). This also affects nongovernmental organizations that originally received funding from the United States government, that are now no longer allowed to push for safe abortion access, assist individuals in need of an abortion, recommend individuals to abortion services, nor provide abortion procedures (Stevenson, 2019, p. 87).

Education as a Vaccine. Before being reinstated, the Global Gag Act was in effect until 2008. In 2002, in revolt of this law, Fadekemi Akinfaderin-Agarau, a student of Columbia University, created the organization, Education as a Vaccine. Her organization discusses helpful reproductive information, teenage pregnancy, safe abortion procedures, amongst other important topics (Stevenson, 2019, p. 90). In 2016, Education as a Vaccine was granted the opportunity to partner with a large U.S. organization that would have offered them more money for salaries, as well as provided more service for treatment both in person and online. However, because Trump signed the Global Gag Rule, it would have ultimately limited the amount of information the organization could have provided to individuals, as well as potentially limited the amount of support they could offer to other safe abortion organizations (Stevenson, 2019, p. 92). In order to protect their organization, and to protect the many individuals in need of their continuous assistance, the organization had to decline the request to partner (Stevenson, 2019, p. 93).

Women's Health Protection Act. On June 8th, 2021, the Women's Health Protection Act was introduced, and if enforced, guarantees health care providers to provide abortion care, as well as forbids any state anti-abortion law that tries to take away this right. The Women's Health Protection Act was passed by the House on September 21st, 2021 (Shimabukuro, 2018, p. 27).

Freedom of Reproductive Choice Act. In January 2022, New Jersey's Governor, Phil Murphy, signed the Freedom of Reproductive Choice Act, which systemized the right to abortion. Months prior to this act, New Jersey's Board of Medical Examiners voted to diminish targeted ruling over strict abortion, which was able to expand to a number of doctors to properly perform abortions (Krisberg, 2022).

Reproductive Health Equality Act. In April 2022, Colorado's Governor, Jared Polis, signed the Reproductive Health Equality Act, which blocks any sort of potential restriction or ban on abortion, allowing every individual their right of choice to an abortion (Krisberg, 2022).

Emergency Medical Treatment & Labor Act. In July 2022, President Biden's U.S. Department of Health and Human Services clarified that the Emergency Medical Treatment and Labor Act protects abortion facilities to terminate unsafe pregnancies, even if states have a complete blockage over abortion. This allows doctors and physicians to determine their regulations on how they go about supporting their patients if they are in need of immediate abortion care (Fox, 2023, p. 1769).

Views on Abortion

The Truth. Despite the overturn of *Roe v. Wade*, many individuals actually believe that abortions should be legal, safe and accessible in most to all circumstances. No matter the gender, race, political views nor religion, many believe that views should not determine the right to an abortion. Only a small handful of specific religious and political groups, who are against abortion, use their political and religious views as a way to justify the ban of abortion. About every six in ten Americans, or 61%, agree that abortion should be legal in most to all cases, with 37% believing that abortion should be illegal in most to all cases. Since the mid 1990's, these results have barely shifted over the years (PEW RESEARCH CENTER, 2022).

Clergy Consultation Service on Abortion. In 1967, Howard Moody, a Baptist minister within a New York church, made an announcement that a group of Protestants and Jewish religious leaders would provide safe abortion procedures for those in need. This caused the Clergy Consultation Service on Abortion to grow, which was one of the strongest groups to stand against anti-abortion laws (Stevenson, 2019, p. 31). By 1973, over 1,400 members of the Clergy had assisted and provided safe and accessible, yet also illegal abortions for many individuals. During those six years, 14 states started to disband their anti-abortion laws and provided accessible and legal abortions (Stevenson, 2019, p. 33).

Feminist Organizations. Feminist activists started to share their experiences from having no choice but to have children to receiving illegal abortions, and these were known as “speak-outs.” The first speak-out was on March 21st, 1969, in New York’s West Village. This created a wave of speak-outs to occur, which caused many women to speak against anti-abortion laws. In 1969, legislators within New York held a hearing on what to do with abortion laws, and instead of men giving their opinions, feminist activists took to the stand, with one of the activist telling the legislative committee, “We are the real experts, the only experts, ...who’ve had abortions” (Stevenson, 2019, p. 34).

NPR Study. In May 2022, a NPR study found that 64% of Americans did not want *Roe v. Wade* to be overturned, 75% did not want abortion to be seen as a criminal act if performed by doctors, and 63% agreed that time should not be seen as a restriction to not receive an abortion (Krisberg, 2022).

Carrier Point of View. How individuals feel on what the carrier should do if the pregnancy was caused out of harm or the pregnancy would cause harm:

- Sixty-nine percent agree that individuals have a right to an abortion if it was out of rape.
- Seventy-three percent of U.S. adults agree that abortion

should be legal if it threatens a carrier's life.

- Fifty-three percent of adults agree that abortion should be legal if a sort of disability or other life-altering complication is suspected (Pew Research Center, 2022).

Gender Point of View: How different genders consider their views and how they think abortion should be seen:

Women:

- In May 2022, 61% of women considered themselves to be pro-choice, which rose 9% from 2021, when only 52% of women considered themselves to be pro-choice.
- In May 2022, 59% of women agreed that abortion should be legal in most to all cases, which rose 8% from 2021, when only 51% of women agreed abortion should be legal in most to all cases (Saad, 2022).

Men:

- In May 2022, 48% of men considered themselves pro-choice, which rose 3% from 2021, when only 45% of men considered themselves pro-choice.
- In May 2022, 45% of men agreed that abortion should be legal in most to all cases, which rose 5% from 2021, when only 40% of men agreed abortion should be legal in most to all cases (Saad, 2022).

Political Point Of View: How different political parties consider their views and how they think abortion should be seen:

Republicans:

- In May 2022, 23% of Republicans considered themselves to be pro-choice, which rose 1% from 2021.
- In May 2022, 25% of Republicans agreed abortion should be legal in most to all circumstances, which rose 2% from 2021 (Saad, 2022).

Democrats:

- In May 2022, 88% of Democrats considered themselves to

be pro-choice, which rose 18% percent from 2021, when only 70% of Democrats considered themselves to be pro-choice.

- In May 2022, 82% of Democrats agreed that abortion should be legal in most to all circumstances, which rose 13% from 2021, when only 69% of Democrats agreed that abortion should be legal in most to all circumstances (Saad, 2022).

Religious Point Of View: How religious groups view abortions and how they think abortion should be seen:

Atheists:

- Atheists are the largest group to stand by abortions at 97% (Pew Research Center, 2022):

Catholics:

- Every six in ten Catholics agree that abortion should be legal in most to all cases (Blazina, 2022).

Protestants:

- Forty-eight percent of Protestants agree that abortion should be legal in most to all cases. 81% of African American Protestants, and 71% of non-evangelical white Protestants agree that abortion should be legal in most to all cases (Blazina, 2022).

White-Evangelicals:

- White evangelicals are the largest group to oppose abortion at 74% (Pew Research Center, 2022).
- Seventy-three percent of white evangelicals believe abortions should be illegal in most to all cases, as 72% of white evangelicals believe that ending a fetus's life goes against the fetus's right (Blazina, 2022).

Lawful Point Of View: How individuals view abortion depending on the laws of abortion:

- Twenty-five percent agree that abortion should be legal in

all cases, but 6% believe there should be some exceptions if the law states that abortion has legal repercussions (Pew Research Center, 2022).

Conclusion

Safe and accessible abortions need to be legal in order to keep individuals alive, to keep medical professionals employed, and with relevance of data, many agree that abortion should be legal. Before the recent abortion bans, abortion was already hard to access for individuals who needed them, but with these new bans, individuals may choose to revert back to using unethical and unsafe methods as a way to have an abortion. No one wants to have an abortion, even for individuals that do not want the child they are carrying, and regardless, it is not right for people to judge others on their reason to receive an abortion. Some individuals have to have an abortion because they do not have the financial stability to support a child. Some individuals have to have an abortion because they live in unsafe locations or are in unsafe relationships that can negatively affect a child or the individual themselves. Some individuals have to have an abortion because they are taken advantage of into having children they do not want. Some individuals have to have an abortion because they become ill while pregnant, and the illness may affect the fetus. There are so many reasons why individuals have abortions, but none of that matters in the end, because at the end of it all, safe and accessible abortions need to be legal without any exceptions. Fortunately, there are different ways to combat anti-abortion restrictions:

Guidance: Doctors, OB/GYN's and abortion clinicians can seek guidance on laws and protection from prosecution by turning to the Abortion Defense Network, the Legal Alliance for Reproductive Rights, the American College of Obstetricians and Gynecologists, as well as the Society for Maternal-Fetal Medicine (Fox, 2023, p. 1071).

Judicial Bypass: Minors, who can not have parental notice

or involvement within their abortion, can go to a judge for a judicial bypass, and by providing evidence to not involve the minor's parental or guardian figures, a judge can grant the minor the right to an abortion (Stevenson, 2019, p. 69).

Women On Web: Women on Web, an international website that provides information on abortion, as well as provides access to contraception and abortions for individuals in Asia, Africa, Poland, Ireland, the Middle East and South America. The website works by sending medication for an abortion procedure within countries that have restricted abortion access (Stevenson. 2019, p. 109).

Education as a Vaccine: This organization discusses helpful reproductive information, teenage pregnancy, safe abortion procedures, and other important topics (Stevenson, 2019, p. 90).

My Question: In correlation with Education as a Vaccine, the My Question service is a provided hotline of call, text, or email for teenagers to ask questions on sexual health, unwanted pregnancies, complications of unethical abortions, or to confirm services they are in need of, such as having access to contraceptives (Stevenson, 2019, p. 91).

Planned Parenthood: One of the most well-known abortion facilities is Planned Parenthood. Depending on a state's laws for abortion, it is recommended to contact the nearest Planned Parenthood, who can confirm whether or not your state has restricted or abortion banned laws, and if so, Planned Parenthood is able to provide individuals with needed information and resources with out-of-state providers. Planned Parenthood also provides multiple different resources on their website, such as financial assistance, information on different types of abortions, locations on abortion clinics, the process after booking an abortion appointment, as well as information on medication, such as birth control and the Morning-After Pill (Planned Parenthood, 2020).

Women On Waves: Only one area in the world forbids

the government to block abortion, and it is considered to be the International Waters. Almost fourteen miles away from the country's coastline, the laws do not apply. Rebecca Gompert, the founder and director for Women on Waves, as well as a physician and women's rights activist in the Netherlands, owns a boat that individuals can receive safe and legal abortions on (Stevenson, 2019, p. 104). Women on Waves also has a hotline for individuals to receive information on safe abortions through activist groups in Peru, Chile, Argentina, Venezuela (Stevenson, 2019, p. 108), Kenya, Poland, Morocco, Thailand, Pakistan, and Indonesia (Stevenson, 2019, p. 109). ■

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Appendix

Mifegymiso: In 1998, France licensed Mifegymiso, an abortion medication, where it was approved for the United States in 2000. However, only recently did the medication become available within Canada, and not many doctors have made it accessible for individuals to obtain (Stevenson, 2019, p. 126). Executive director of Action Canada for Sexual Health and Rights, Sandeep Prasad, noticed and mentioned that Mifegymiso seemed to only be available within abortion clinics, and not for family doctors, which is generally where individuals start before they seek further professional help, making information on the medication limited (Stevenson, 2019, p. 127).

First Reproductive Laws: In the 1850's, laws started passing that restricted abortion and contraceptive access, and this was due to white male lawmakers wanting to remain superior, which not only caused them to create abortion restrictions and bans, but also created racist immigrant policies that unfairly restricted who could enter certain parts of the world (Stevenson, 2019, p. 16).

Slavery & Abortion: In 1662, the first law on reproduction was instituted that even if a carrier was enslaved, their child would have their rights, causing many children to be born into slavery and sold away from their families, specifically away from their mothers. In 1807, the Act of Prohibiting Importation of Slaves was enforced, but with slave holders who wanted future slaves, this caused many innocent and young enslaved women to be raped and forced to conceive children. However, enslaved women did find ways to have abortions and to protect themselves during these dangerous times, where they shared information on types of contraceptives, and some midwives performed secret abortions (Stevenson, 2019, p. 18).

A Downfall of a Justice Bill: In 1967, Pierre Trudeau, a former justice minister, brought up the bill that would not only legalize abortion, but it would also legalize contraceptives, as well as

decriminalize homosexuality. This law was passed in 1969. However, although this law was a service to doctors so they could keep their jobs without fear of prosecution, sadly, this law was a disservice to women. Abortion requests could only be guaranteed if three doctors gave permission to the procedure, and abortion access was restricted within small hospitals, as large hospitals usually had approval by the Therapeutic Abortion Committee, which approved of abortions if a carrier's health or life was at risk (Stevenson, 2019, p. 43), but these approvals often took months to guarantee, decreasing the chance for carrier's to receive an abortion on time (Stevenson, 2019, p. 45).

Planned Parenthood of Southeastern Pennsylvania v. Casey
case: The case *Planned Parenthood of Southeastern Pennsylvania v. Casey* determined if abortion restrictions were allowed, and if the carrier had a choice to terminate their pregnancy. A carrier has the choice to an abortion as long as the fetus is not detected, but the state declared that once a fetus is detected, they have the right to restrict abortion access. This declares a twenty-four hour waiting period, where consent must be given from guardians, consent must be granted by husbands, in order to keep women safe from potential domestic violence, and it must be reported that the treatment of an abortion does not cause any sort of difficulty. However, despite this, the state's motives were and are sadly quite clear: "... a State is permitted to enact persuasive measures which favor childbirth over abortion even if those measures do not further a health interest" (Shimabukuro, 2018, p. 8).
