

STUDIES ON THE BEST WAYS TO REDUCE ABORTIONS

PURPOSE

My starting hypothesis for this paper is: “**banning abortions may not be the best way to reduce abortions.**”

This paper was written to help me clarify my own understanding of various abortion-reduction suggestions, ranging from “abolish all abortions” to “use social changes that might lower the number of women who choose abortion.”

A secondary purpose is to provide the reader with a compilation of information about the topic of abortion-reduction strategies.

This isn’t meant to be a scholastic paper; I write these papers for my own purposes as I work through topics, and with the added hope that it will benefit others who follow a similar pathway themselves. Nonetheless, I attempt to be rigorous and clear and to provide sources for whatever I present. I find that I do my best thinking when researching and writing something that others may read, as it forces such rigor and clarity. With that said, I do not claim this to be an exhaustive or unbiased paper. It will naturally have a specific bias because I reached some specific conclusions in the course of my research and writing, so it is not intended to be purely abstract or to give equal weight to all sides of the topic. Also, some amount of bias is probably inevitable in the sources I select and quote, and it’s apparent to me that this topic is especially prone to biased studies and reporting anyway.

My intent is not to persuade anyone about the morality of abortion. That question is settled in my mind already, as I similarly documented in a different paper which you can find on my blog as linked in the first footnote.¹

This present paper moves beyond my previous conclusions about the morality of abortion, and toward the more politically-complex process of understanding what might be the best way to address reducing abortion in our complex, pluralistic, and religiously-diverse society.

Portions of this paper will be inherently focused on responding to the pro-life position of certain religious and conservative groups. The pro-life movement is the source of most of the political pressure towards the complete abolition of abortion, and drives many of the suggested anti-abortion proposals. I don’t believe it’s possible to consider the topic without specifically responding to that pressure and the various methodologies wrapped up in it.

CONTENTS

This paper has five sections:

- Section 1: Setting the Stage: background information on the idea of simply outlawing all abortion, why abortions occur, and the downsides of governmental micromanaging of women’s reproductive lives.
- Section 2: The Current Abortion Situation in the United States: what’s going on in America right now, and relevant trends over the last 50 years, especially medicinal abortions and the end of Roe v. Wade.
- Section 3: What Doesn’t Seem to Work: considering some approaches that haven’t proven to work so far.
- Section 4: How to Effectively Lower the Abortion Rate: based on the background and current information, recommendations for what might actually work

¹ <https://crucibleofthought.com/abortion-framework/>

- Section 5: Conclusions: wrapping up the discussion, and challenging pro-life churches and voters to think differently.

SECTION 1: SETTING THE STAGE

I grew up deeply invested in the pro-life world view. I volunteered and donated clothing and baby goods and money at pregnancy care centers, and helped with their annual fundraising banquets. I was fully onboard with the mantra about overturning Roe v. Wade. Abortion was a significant factor in my voting for many years. I know – and I often used – all the pro-life arguments. However:

I no longer believe that being prototypically conservative pro-life is truly the best way to address the topic of lowering the number of abortions performed in America.

This is true for several reasons:

- 1) I no longer believe some of the underlying theology used to argue that the fetus is fully a person from the moment of conception (see footnote 1).
- 2) I have come to understand that the anti-abortion rhetoric and political tactics are harmful to society and to women in difficult and deeply personal pregnancy situations.

And most importantly, the point to be discussed in this paper (I'm giving away my conclusions right up front):

- 3) I don't believe that the pro-life methodology actually reduces the number of abortions in America.

My Position on Abortion Reduction

Before anything else, I'll clearly state my position: **I personally want to see the number of abortions go down.** There are definitely too many abortions happening in America today. However, I also don't believe that the approach being taken by pro-life, anti-abortion, and abortion-abolition activists is either helpful or effective; in fact, I believe it's overall harmful and actually has dramatically increased both the rate of abortions AND the negative impact to women and children and families.

I will also state my general stance on abortion (as further detailed in the paper from footnote 1): following significant and prayerful study of the matter, given the overall balance of moral considerations, and my conclusions about the nature of ensoulment and when a fetus becomes fully human, **I have concluded that that abortion is not inherently a sin**, although I find it convincing that after about the 24th week of gestation a fetus is in fact an individual human being, and as such, **a third-trimester fetus is worthy of as much protection as reasonably possible.** But I nonetheless concluded that abortion in those later months is still subject to the overall morality of a very complex and painful decision that should be **left up to the family and the doctors** and not the government or church.

“Pro-Life” Is Not the Opposite of “Pro-Abortion”

First, I want be quite clear about something: The opposite of "pro-life" is NOT "pro-abortion."

For emphasis, I'm going to restate that.

The opposite of "pro-life" is NOT "pro-abortion."

Nearly all rational and compassionate humans want fewer abortions, no matter whether pro-life or pro-choice. I've never met a single pro-choice person who actually wanted to increase the abortion rate, or wanted to kill babies. Even doctors who perform abortion procedures are largely interested more in helping the women involved at reproductive care clinics than merely profiting from the procedure; most doctors involved in abortion-related medicine took up that practice because of a personal conviction that it truly helps women and families.² Unfortunately, the propagandistic claim leveled at pro-choice activists by conservatives is that they want more abortions. This is a fallacy,^{3 4 5 6 7} and using this argument generates significant hatred between the two camps which prevents useful discussion about how to meet one mutual goal of both sides: lowering the abortion rate. This invective and finger-pointing should stop.

Why Abortion is Sought

A good first step to reducing abortions is understanding why women get abortions, so that we can find ways to address their reasons in a meaningful way in order to decrease their real or perceived need for abortion.

The reasons for abortion are highly varied. As shown in Table 1, National Institutes of Health study in 2013 found that the major themes and reasons women gave for seeking abortion were:⁸

Table 1: Reasons for Abortion

(Reason)	(Percent)
Not financially prepared	40%
Not the right time for a baby	36%
Partner related reasons	31%
Need to focus on other children	29%
Interferes with future opportunities	20%
Not emotionally or mentally prepared	19%
Health related reasons	12%
Want a better life for the baby than she could provide	12%
Not independent or mature enough for a baby	7%
Influences from family or friends	5%
Don't want a baby or place baby for adoption	4%
Other	1%

(Note: Respondents gave reasons under multiple themes and subthemes. Totals > 100%.)

What should be obvious from looking at this list is that a huge percentage of the reasons are (1) unplanned pregnancies and (2) perceived resource constraints (general finances, other children, health).

² <https://journals.sagepub.com/doi/10.1177/17455057241233124>

³ <https://www.nytimes.com/2023/09/20/us/politics/nara-name-change.html>

⁴ <https://www.npr.org/2019/06/07/730183531/poll-majority-want-to-keep-abortion-legal-but-they-also-want-restrictions>

⁵ <https://hersmartchoice.com/blog/pro-life-and-pro-choice-perspectives-on-abortion/>

⁶ <https://nymag.com/intelligencer/2023/02/majority-americans-pro-choice-red-states.html>

⁷ <https://www.arcc-cdac.ca/pro-choice-is-not-pro-abortion/>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3729671/>

So an obvious approach to dramatically reducing abortions would be addressing those factors, by

- helping women to become more financially stable,
- providing easier access to child care resources,
- better health care for women of child-bearing age and their children,
- providing access to more effective and less expensive birth control,
- education in reproductive health and human sexuality,

and so forth. The effectiveness of these topics will be discussed below.

And these are exactly the goals of many liberal activists and politicians.

The problem is that many pro-life conservatives are also often strongly opposed to any of the social safety nets that would meet these needs, and the specific education that would inform better decision making by women. At play is a strong conservative push towards personal independence, emphasizing personal responsibility instead of societal care for women and children. The conservative argument is that individuals need to make their own way, and it's inappropriate for the government to be involved in meeting these needs directly. But the data indicates that this form of "keep the government out of people's business" leads to higher abortion rates, as will be documented below.

Marital Status and Abortion

Data illustrated in Figure 1 shows that the vast majority of American abortions are for single women, by a 10-to-1 ratio compared to married women.⁹ "Single" includes cohabiting women, who have the highest rate of abortions.¹⁰ This is perhaps unsurprising, since married women typically have much better support systems, often have access to their working husband's health care plan, and are often interested in growing a family. Not surprisingly, "the prospect of single parenthood was the strongest determinant for choosing abortion independent of age and parity."¹¹

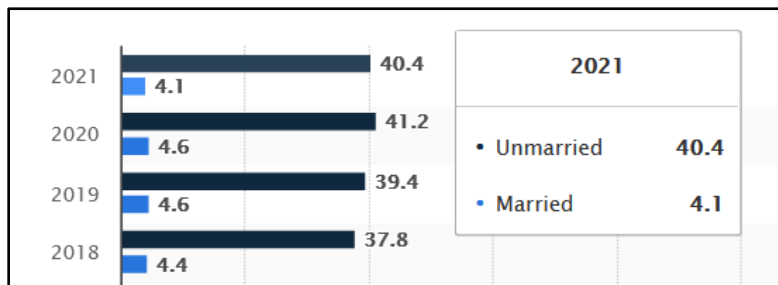


Figure 1: Married vs Unmarried Abortion Rates

Cohabiting women typically have abortions at half the rate of single women,¹² likely due to their confidence in having a partner for parenting. However, there are significantly greater incidences of partner violence and homicide towards cohabiting pregnant women, often by partners who do not wish to become parents.¹³

⁹ <https://www.statista.com/statistics/185325/number-of-legal-abortions-by-marital-status-in-the-us-since-1973/>

¹⁰ <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304042>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/8122509/>

¹² https://www.gutmacher.org/sites/default/files/article_files/3422602.pdf

The Late-Term Abortion Emotional Argument

A critical and oft-cited argument about abortion is “we have to ban abortion, because it’s legal to abort a baby during the full term of pregnancy.” This is no longer true in many states, but the threat of this possibility is frequently used by opponents.

According to the CDC data from 2015, before Dobbs overturned Roe v. Wade in 2022, 98.7 percent of abortions are performed during the first 20 weeks, before the “quickening” and generally before the fetus is viable. Figure 2¹⁴ shows the percentage by week of pregnancy.¹⁵

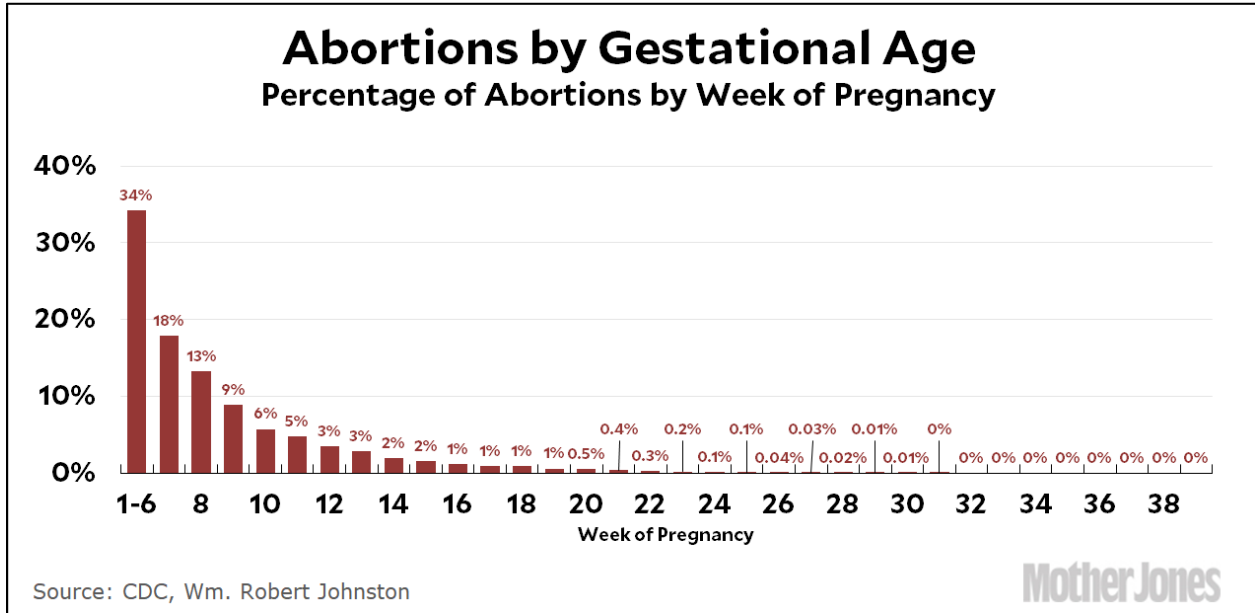


Figure 2: Abortions by Gestational Age

Even worse than the false claim of frequent full-term abortions is the false claim that it’s routine for doctors to birth a baby up to its neck and then kill it before the head is born. Specifically, prior to 2003 “partial-birth” abortions (known medically as “dilation and extraction” or “DNX” abortions) comprised about 2,000 per year, or about 0.2% of total abortions. Most of these were performed before fetal viability in the second trimester; vanishingly few were performed at full birth age.¹⁶ The alternative to such abortions (which are usually medically necessary to save the life of the mother, or because of severe fetal anomaly) is Cesarean section delivery or abortion, which has significantly higher medical risks.¹⁷

In any case, because of public pressure the DNX procedure was effectively banned nationwide in 2003 and the ban was upheld by the Supreme Court in 2007; partial-birth abortion is no longer an issue and this argument should not be used in any debate over abortions.

¹³ <https://ifstudies.org/blog/marriage-as-a-protective-factor-against-intimate-partner-violence-evidence-from-latin-america>

¹⁴ <https://www.motherjones.com/kevin-drum/2019/04/raw-data-abortion-by-week-of-pregnancy/>

¹⁵ <https://www.cdc.gov/mmwr/volumes/67/ss/ss6713a1.htm>

¹⁶ <https://www.npr.org/2006/02/21/5168163/partial-birth-abortion-separating-fact-from-spin>

¹⁷ Ibid.

So the facts don't support the accuracy of either of these claims. As such, these claims are emotionally powerful, but inaccurate, strawman arguments.

Why is this important?

Clearly the percentages of abortions still conducted as "late-term" are a small problem (1.4% all abortions beyond 21 weeks,¹⁸ and less than 1% in the third trimester after 24 weeks¹⁹) and can be shown to be almost exclusively due to medical emergencies, LONG after women have typically decided to keep their pregnancies.

Reasons for third-trimester abortions include:^{20 21 22}

- Late-pregnancy maternal emergency, such as preeclampsia, placental separation, blood pressure, when the healthy fetus is not yet viable
- Fetal abnormality results that cannot detect certain issues earlier in development
- Fetal abnormality tests done late due to social and financial factors
- Abortion restrictions preventing earlier abortion despite medical necessity
- Mistaken date of conception diagnosis, leading to more advanced fetal age than expected
- Very late awareness of pregnancy (as odd as that may seem)

It should be clear that the majority of late-term abortions are very much unexpected and thus absolutely devastating to the families involved. Making those families a political pawn is morally repugnant.

Certainly not ALL second and third-trimester abortions (about 4,000 per year in the US) are performed for purely medical reasons. However, one of the primary causes of these later abortions post-Dobbs are explicitly because of the difficulty obtaining abortions earlier in states where they are now forbidden altogether. As such, it's worth understanding that the new restrictions on abortion are causing increased suffering for people who WILL find a way to get an abortion, and significantly increasing the health risk to those mothers, because the risk to the mother due to later abortion rises significantly.²³

¹⁸ <https://www.cdc.gov/mmwr/volumes/67/ss/ss6713a1.htm>

¹⁹ <https://theconversation.com/less-than-1-of-abortions-take-place-in-the-third-trimester-heres-why-people-get-them-182580>

²⁰ <https://onlinelibrary.wiley.com/doi/10.1363/psrh.12190>

²¹ <https://pubmed.ncbi.nlm.nih.gov/10426234/>

²² <https://www.washingtonpost.com/us-policy/2019/02/06/tough-questions-answers-late-term-abortions-law-women-who-get-them/>

²³ <https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/>

The causes for these delayed abortions vary, as shown in Figure 3.

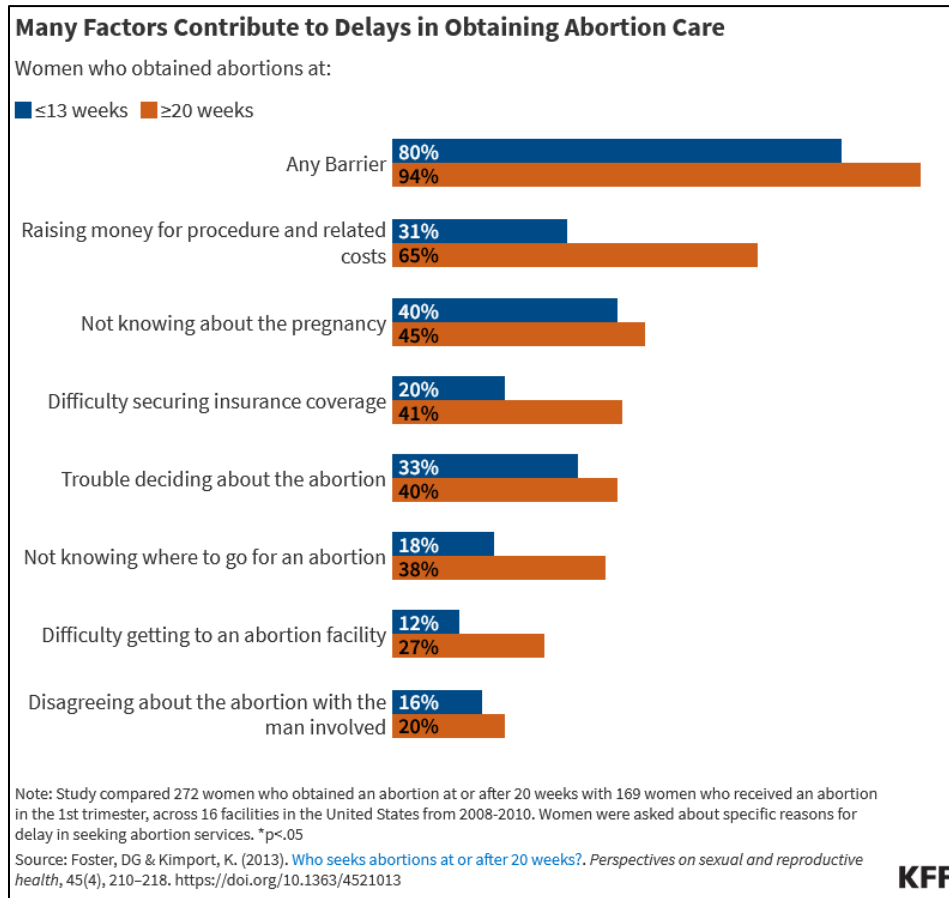


Figure 3: Factors Contributing to Delays in Obtaining Abortion Care

It’s critical to understand that a large number of the late abortions are beyond the control of doctors or mothers. When the mother needs an abortion for fetal non-viability or severe defect, and at this late stage of pregnancy, lack of access to legal and safe abortions simply delays the procedure and increases its risk and cost, putting substantial burdens on the woman and her family. (In other words, abortion restrictions cause these fetal anomaly abortions to happen even later. Less restrictive policies ease the suffering of the women and allow the inevitable abortions to occur before the fetal brain develops awareness.)

“Abortion abolitionists” (who wish to ban all abortions for any reason whatsoever)²⁴ argue that women should not abort babies for reasons of fetal anomaly, arguing that it puts man in place of God’s authority over life. However, this is a distinctly religious posture, and furthermore one which favors a particular segment of Christianity; it is not universal among either Christians or different faiths.²⁵ ²⁶ Requiring all American women to abide by this specific dogmatic position is unacceptable in a pluralistic society. And it’s worth noting that many people make a moral decision: choosing not to bring to term a fetus that will only suffer and die painfully, or will grow up severely

²⁴ <https://www.nytimes.com/2022/07/01/us/abortion-abolitionists.html>

²⁵ <https://religionunplugged.com/news/2023/6/30/the-bible-doesnt-say-life-begins-at-conception>

²⁶ <https://christiancitizen.us/when-does-life-begin-reckoning-with-surprising-answers-in-scripture/>

handicapped, is what many people consider the proper moral decision, and imposing the values of a particular sect of Christianity is unacceptable.

Addressing the Reasons and Timing

For all of these reasons, then, if activists want to reduce the number of abortions, putting their energy and their credibility and their “social karma” into the late-term abortion problem is entirely misguided. Rather, the problem ought to be addressed where it is largest: the first 9 weeks, when roughly 75 percent of abortions happen.

And given that most states that have not passed complete abortion abolition laws still do allow early abortions up to six or eight or twelve weeks, in view of the fact that our pluralistic society has settled on allowing early abortions in most states, the way that activists ought to address the problem is NOT the abolition of abortion, but instead the problem of unwanted pregnancies and the factors which cause women to choose abortion.

Ensuring access to birth control – and providing it for free, perhaps – is perhaps the single most effective way to do this, as will be discussed in detail later.

And an essential aspect of the Democrat Party’s platform has been the Affordable Care Act, which promised (but not quite always delivers) free birth control to all qualified women and children on the plan (basically, income less than four times the federal poverty level, about \$50,000/year in 2020).^{27 28}

However, conservatives, evangelical churches, and Catholic churches have aligned themselves strongly against the Affordable Care Act, for various reasons but in particular the idea that the government should not be involved in providing health care – and this partly out of a possibly-selfish desire to avoid losing their own choice of premium health care plans.²⁹ So these parties must answer a moral question: are they more interested in preventing the government from ensuring health care for all, or in stopping abortion?

The Risks of Micromanaging Abortion Care

Numerous states, in a post-Dobbs attempt to completely shut down abortions, have placed fairly draconian limits and guidelines about acceptable abortion care, including requiring strict reporting, and significant oversight of the medical practitioners’ decisions by governmental boards.³⁰

The immediate impact of these laws and policies has been extremely chilling on healthcare for women, even those not choosing abortions. By shutting down reproductive care clinics and chasing doctors out of state, the quality of care for all women suffers, and especially in cases of medically-necessary procedures including miscarriage and ectopic pregnancy, have already resulted in significant and tangible harm to many women, just since late 2022 when the Dobbs decision was issued by the Supreme Court.^{31 32 33}

²⁷ <https://www.healthline.com/health/birth-control/affordable-care-act-birth-control>

²⁸ <https://www.npr.org/sections/health-shots/2021/07/21/1018483557/contraception-is-free-to-women-except-when-its-not>

²⁹ <https://divinity.uchicago.edu/sightings/articles/three-reasons-white-evangelicals-hate-obamacare>

³⁰ <https://news.unchealthcare.org/2024/01/researchers-document-health-provider-impacts-from-post-dobbs-abortion-bans/>

³¹ <https://www.cnn.com/2022/12/14/health/maternal-infant-death-abortion-access/index.html>

³² <https://www.gutmacher.org/2024/05/clear-and-growing-evidence-dobbs-harming-reproductive-health-and-freedom>

³³ <https://www.apainc.org/programs-2/disparities-to-reproductive-health/post-dobbs-research-maternal-mortality-and-morbidity/>

Abortion restriction results even extend to an increase in violence against pregnant women by their partners.³⁴

As documented in a PBS story, “long before the Supreme Court’s decision to end *Roe v. Wade* a year ago, researchers have noticed a link between abortion access and a reduced risk for being the target of violence from men. More recently, advocates for reproductive health, social support and legal services have cautioned that the revocation of abortion rights would bear direct and indirect consequences, including the likely increase of this form of domestic abuse. Preliminary data and anecdotal evidence suggest that this prediction is starting to materialize.”³⁵

After the *Dobbs* decision reversed *Roe v. Wade*, “National Domestic Violence Hotline is a nearly 100 percent increase in these calls about reproductive coercion alone. The experts there also told me that they have seen more than 20,000 calls related to nonconsensual sex.”³⁶

“Researchers examined state laws that restrict access to abortion and trends in intimate partner violence-related murder among women and girls ages 10 to 44 from 2014 to 2020. The study found that enforcement of one targeted regulation of abortion providers (TRAP) law was associated with a 3.4% increase in the rate of intimate partner violence-related homicide.”³⁷

Furthermore, “researchers said pregnancy itself was a risk factor for fatal violence.” When abortion is prevented, it’s more likely that abusive partners will kill the pregnant women rather than allow the birth.³⁸

This is a very real unintended consequence of outlawing abortion outright.

Unsafe Abortion Prevention

Data from around the world shows that women who want to end their pregnancy generally will find a way – even if it involves the proverbial bloody coat hanger in a public restroom. But the consequences of this determination are grave and cannot be ignored.

“Those who oppose abortion in all or most circumstances generally think the best way to reduce the number of abortions is to make it illegal. By eliminating legal availability, they believe abortion will cease to exist. They hold this view despite undeniable evidence that women continue to have abortions in countries where it is outlawed, under illegal and unsafe conditions that often result in terrible tragedy.”

Worldwide, “close to 70,000 women a year die from unsafe abortion and numerous others suffer grave injuries, including infection, hemorrhaging, and infertility.”³⁹

“Unsafe abortion is one of the main causes of maternal mortality and severe morbidity in countries with restrictive abortion laws.”⁴⁰

³⁴ <https://www.neim.org/doi/full/10.1056/NEJMp2209696>

³⁵ <https://www.pbs.org/newshour/health/why-post-ro-roe-abortion-restrictions-worry-domestic-violence-experts>

³⁶ <https://www.pbs.org/newshour/show/the-link-between-a-lack-of-reproductive-rights-and-domestic-violence>

³⁷ <https://www.newsnationnow.com/politics/abortion/anti-abortion-laws-domestic-violence-deaths/>

³⁸ Ibid.

³⁹ <https://www.americanprogress.org/article/the-right-way-to-reduce-abortion/>

“When a woman with an unplanned and unwanted pregnancy has made the decision to terminate that pregnancy, she will go forward with that intention at any cost. In this situation, the only way to prevent an unsafe abortion is to provide safe services for termination of pregnancy.”⁴¹ This becomes literally a lifesaving choice in such cases.

In nations with more restrictive abortion laws, “These risks are heightened for adolescent girls and can lead to long-term adverse health impacts and death.”⁴²

Abortion Reduction Programs Around the World

America, of course, is hardly the only nation where abortion is debated, and many international examples exist, with varying levels of success, at trying to reduce abortions without banning it, or by banning it. The results are instructive.

From the example of Mexico’s recent legalization of abortion in 2007, we see that women willingly reduce their unplanned pregnancy rate when given the option. “After legalization, pregnancy termination became part of regular public health care. Women are offered counseling in family planning and contraceptive methods after abortion, thus reducing the need for repeat abortion and decreasing the general abortion rate. The example of Mexico City illustrates this. During 2007, the year of liberalization of the law, only 4.0% of women consulting for postabortion complications received contraception before discharge from hospital. In 2008, 52% of women who underwent legal termination of pregnancy received postabortion contraception; the proportion rose to 71.9% in 2009.”⁴³

In a study spanning 162 nations, “Abortion-related maternal deaths are higher in countries with the most restrictive abortion laws.” Each nation was given a score relating to its flexibility for obtaining an abortion. There was a strong correlation with lower maternal mortality for countries with greater access to abortion.⁴⁴

A study of Nigerian young women found that those attending public universities had greater access to sex education, used fewer contraceptives, but had corresponding lower rates of both pregnancy and abortions, when compared to students in private universities. This implies that sex education lowered both pregnancy and abortion rates, despite lower adoption of contraception practices.⁴⁵

A study in Finland found that as the rate of sex education increased, the number of induced abortions dropped, and concluded that “it is important to ensure that all women, whatever their educational status, have easy access to affordable family planning services and know how to use contraceptives efficiently. Furthermore, use of long-lasting reversible contraceptive methods may help some women avoid unwanted pregnancies because these eliminate contraceptive failure caused by user error.”⁴⁶

⁴⁰ <https://obgyn.onlinelibrary.wiley.com/doi/10.1016/j.ijgo.2012.03.021>

⁴¹ <https://obgyn.onlinelibrary.wiley.com/doi/10.1016/j.ijgo.2012.03.021>

⁴² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10585784/>

⁴³ <https://obgyn.onlinelibrary.wiley.com/doi/10.1016/j.ijgo.2012.03.021>

⁴⁴ <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-018-0705-y>

⁴⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9488856/>

⁴⁶ <https://ncbi.nlm.nih.gov/pmc/articles/PMC4950447/>

Discussing sub-Saharan Africa, UNESCO noted that “Sexuality education leads to learners delaying the age of sexual initiation, increasing the use of condoms and other contraceptives when they are sexually active, increasing their knowledge about their bodies and relationships, decreasing their risk-taking, and decreasing the frequency of unprotected sex. Programmes that promote abstinence as the only option have been found to be ineffective in delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners. To achieve positive change and reduce early or unintended pregnancies, education about sexuality, reproductive health and contraception must be wide-ranging.”⁴⁷

A study of post-Soviet-Union nations who were freed to create their own abortion laws found that “sex education is a factor that reduces the rates in otherwise similar countries,” “even basic sex education results in fewer abortions than no sex education or abstinence-based sex education,” and “the higher the quality of sex education or PACC, the fewer abortions in the artificial population.”⁴⁸

The End of Roe v. Wade

The “elephant in the room” in any current discussion of abortion is the 2022 Supreme Court’s Dobbs decision striking down Roe v. Wade after nearly 50 years. The Dobbs v. Jackson decision “states that the Constitution does not confer a right to abortion; and, the authority to regulate abortion is ‘returned to the people and their elected representatives.’”⁴⁹

The basic implication of this decision is “now that abortion is not awarded the status of a fundamental right, rational-basis review is the standard used when looking at state abortion regulations that undergo a constitutional challenge. Essentially, States may regulate abortion ‘for legitimate reasons’ and if those laws are challenged under the Constitution, they are entitled to ‘a strong presumption of validity.’”⁵⁰

This means that states are now free to individually regulate abortion according to the votes of their own populations, which turns the abortion landscape into a patchwork of varied regulations, with different levels of prohibition or protection, from completely outlawing any form of abortion to full protection of abortion rights.

⁴⁷ <https://www.unesco.org/en/health-education/cse>

⁴⁸ <https://embryo.asu.edu/pages/dissertation-reducing-abortion-rates-without-restricting-legal-access-abortion-evidence>

⁴⁹ https://www.law.cornell.edu/wex/dobbs_v._jackson_women%27s_health_organization_%282022%29

⁵⁰ Ibid.

An overview of state positions is shown in Figure 4, as of August 2024.⁵¹

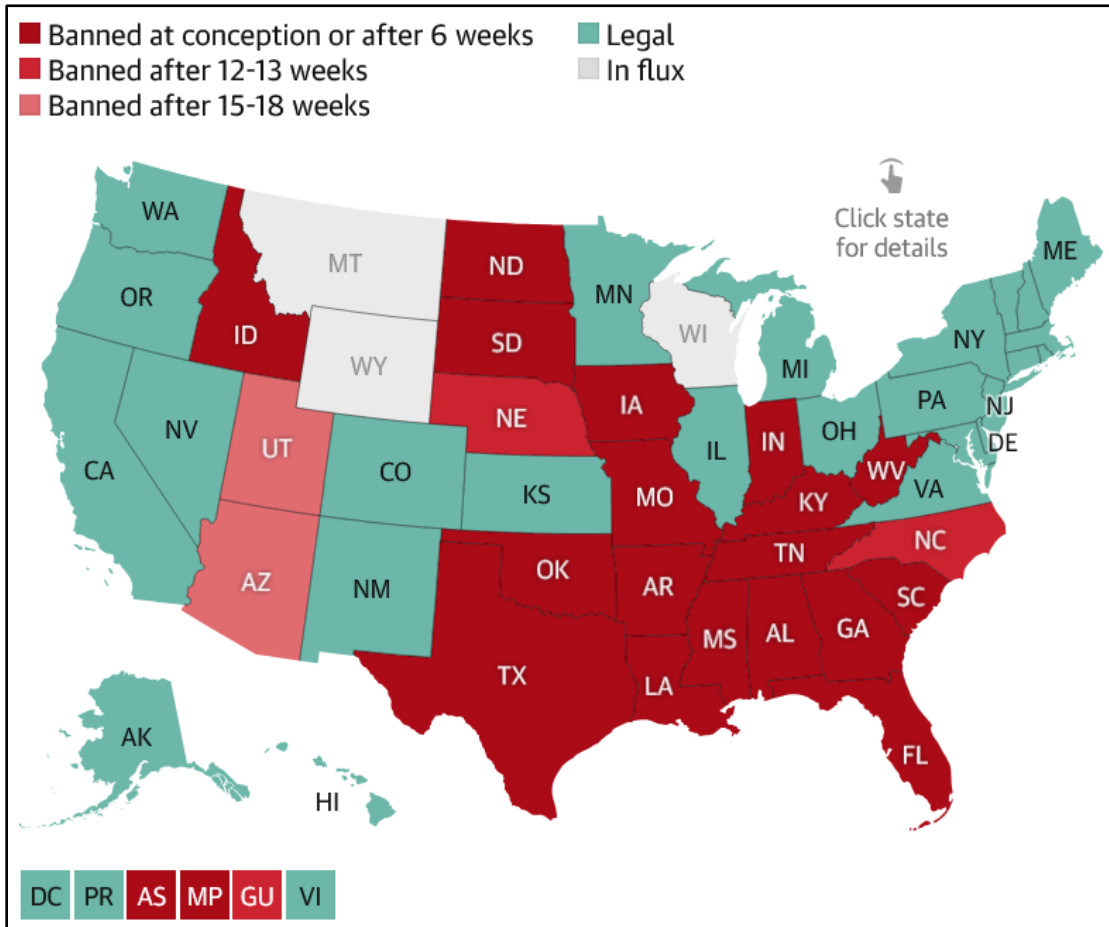


Figure 4: State Abortion Laws as of August 2024

This map is very closely aligned with general political trends, with red states on this map closely matched to politically-conservative states, and the teal states closely matched to politically-liberal states.

“While all 20 states with abortion bans or early gestational limits have exceptions for when the pregnant person’s life is in danger, six states do not have exceptions for when the pregnant person’s health is at risk, 10 states have no rape/incest exceptions, and 13 states have no fatal fetal anomaly exceptions.”⁵²

“National polls have consistently found that the majority of the public did not want to see *Roe v. Wade* overturned and that most people feel that abortion is a personal medical decision. Most of the public now supports access to abortions for patients who are experiencing pregnancy-related emergencies (86%), a patient’s right to travel for abortion care (79%) and protecting doctors who perform abortions from legal penalties (67%). About one third (32%) support laws banning the use of mifepristone, also known as medication abortion.”⁵³

⁵¹ <https://www.theguardian.com/us-news/ng-interactive/2024/jul/29/abortion-laws-bans-by-state>

⁵² Ibid.

⁵³ Ibid.

One side effect of the Dobbs decision is increased activism for pro-choice causes and candidates, as more women see the threat to determining their own reproductive care threatened. “Voters in six states have weighed in on constitutional amendments regarding abortion, and in each state since the Dobbs decision the side favoring abortion access has prevailed. This November, up to 11 states could have abortion measures on their ballots, seeking either to affirm that their state constitution protects the right to abortion or that nothing in the state constitution provides that right. As of June 20, 2024, 4 states—Colorado, Florida, Maryland and South Dakota—have confirmed they will have measures on their ballots for the November 2024 election. Over half (53%) of Democratic women voters living in states with confirmed or potential abortion-related ballot initiatives say that they are more motivated to vote during this year’s election compared to 43% of Democratic women in states without abortion-related ballot initiatives.”⁵⁴

Of grave concern to many women, “the Dobbs decision brought increased attention at the state and federal levels to protect the legal right to contraception, in part due to Justice Thomas’ concurring opinion that, in future cases, the Court should overturn *Griswold v. Connecticut*, the Court’s 1965 landmark decision recognizing the right to obtain contraceptives.”⁵⁵ Since contraception is vital to reducing abortions, as will be discussed below, this seems like an extremely dangerous suggestion by a Supreme Court Justice.

Nor is Justice Thomas alone in this suggestion: some very vocal conservative activists also agree, on the premise that contraceptives caused the explosion in abortion rates starting in 1973 by freeing women from automatic pregnancy if they did not abide by strict conservative principles governing sexual expression. One conservative writer opined that “by far the gravest travesty inflicted by the *Griswold* decision, though, has been legalized infanticide. In 1973, the Court overruled two centuries of American and two millennia of Christian tradition to invent a right to an abortion. The entire case relied expressly on the argument of *Griswold*. The finding was reaffirmed in *Planned Parenthood v. Casey* in 1992: the right to privacy includes a right to kill your kids.”⁵⁶ Of course this view springs from a religious conviction that a fertilized egg is a full person with full human rights – which is neither legally the case, nor a religiously universal understanding. (In particular, it directly violates Jewish teaching.⁵⁷)

Overturing *Griswold* would return the issue to the states, and as with the Dobbs decision, the result would almost certainly be a number of individual conservative states rescinding the right to certain kinds of contraception⁵⁸ – specifically intrauterine devices (IUDs) which prevent implantation of fertilized eggs as a primary means of contraception, as well as “emergency contraception” which allows women who have a contraceptive failure to take what amounts to an abortifacient the next day, preventing implantation of any fertilized egg.⁵⁹

IUDs are important because they are one of the least likely contraceptive methods to fail for failure to comply; it’s impossible to forget before sex, or to misuse, or to leak, like it is for other daily or per-use contraceptive methods

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ <https://www.theamericanconservative.com/overturn-griswold-v-connecticut/>

⁵⁷ <https://www.myjewishlearning.com/article/abortion-in-jewish-thought/>

⁵⁸ <https://marketrealist.com/p/what-happens-if-griswold-is-overturned/>

⁵⁹ <https://www.popsugar.com/fitness/griswold-v-connecticut-roe-v-wade-ruling-48866375>

such as the pill or condom or spermicide.⁶⁰ Studies show that contraceptive misuse is one of the main reasons for unexpected pregnancies, 41% of all cases.⁶¹

When coupled with states eliminating the right to abortion, cutting off access to some or all contraceptives would be a horrible combination for women and families.

Contraceptives as an anti-abortion strategy are discussed in more detail in Section 4 below.

⁶⁰ <https://www.guttmacher.org/fact-sheet/contraceptive-effectiveness-united-states>

⁶¹ <https://unplannedpregnancy.com/facing-an-unplanned-pregnancy/facts-about-unplanned-pregnancy/causes-of-unplanned-pregnancy/>

SECTION 2: THE CURRENT ABORTION SITUATION IN THE UNITED STATES

The Abortion Rate Over Time

What’s actually happening to abortion rates in the United States?

It’s instructive to look at the number of abortions in the US in the last 30 years. The graph in Figure 5 is initially from the Guttmacher Institute (a research arm of Planned Parenthood, but the data are trustworthy), and I’ve modified the 2023 data point with actual data and extended it with data from the first four months of 2024 (extrapolated to a full year).⁶²

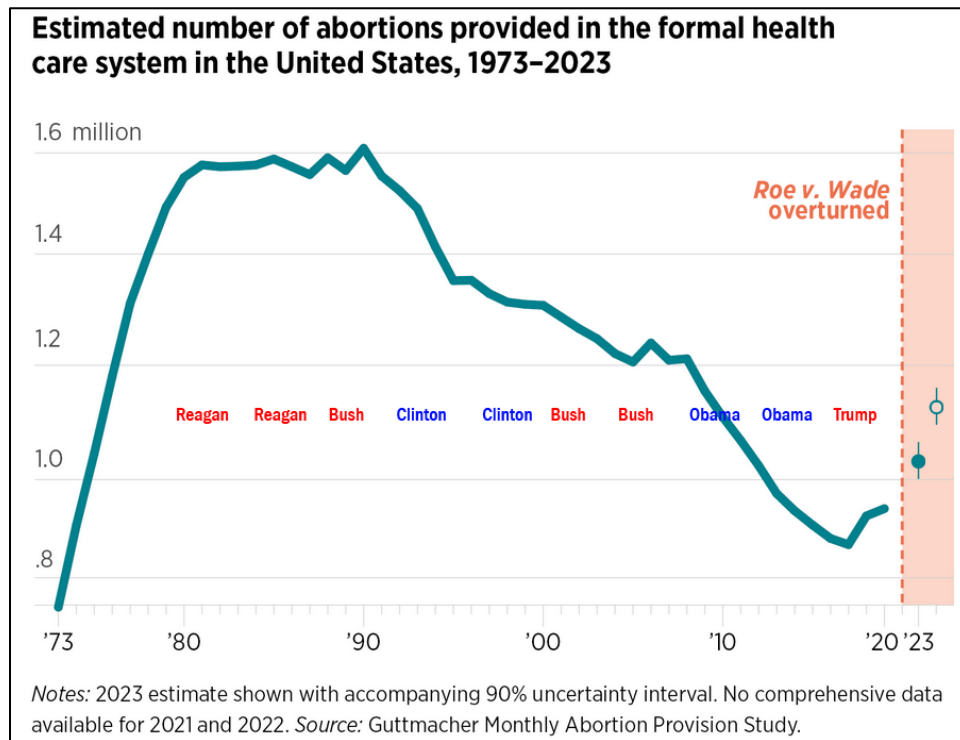


Figure 5: Abortions Per Year in the United States

After 30 years of consistent declines, the rate started seriously climbing in 2018 when President Donald Trump was in office. Note that the sharpest falls in abortion rate happened during Democrat administrations, when women’s access to reproductive health care and supporting families were essential focuses. The rate began to rise significantly for the first time under Trump, and began to shoot up when Roe v. Wade was overturned after President Joe Biden took office.

At the peak in 1990 about 33% of pregnancies were aborted in the US; at its low in 2017, about 18% were aborted – about half the number from 1990.⁶³

⁶² <https://www.guttmacher.org/2024/03/despite-bans-number-abortions-united-states-increased-2023>

⁶³ <https://www.statista.com/statistics/185286/legal-abortions-per-100-live-births-in-the-us-since-2000/>

Reasons for the Climb Starting in 2018

What led to this sharp rise starting in 2018 and rocketing up in 2023-2024?

Analysts who consider this topic from a politically-agnostic position identify several important factors:^{64 65 66}

- Post-Dobbs, easier access to abortions allowed more women to obtain abortions in states where abortion restrictions were fully ended by pro-choice legislatures following the Supreme Court ruling.
- The window of FDA-approved use of the abortion drug pair mifepristone and misoprostol for non-surgical abortions was expanded in 2016 from 49 to 70 days (many women do not realize they are pregnant until after 49 days (7 weeks); average gestational age at first awareness of pregnancy is 39 days).⁶⁷
- “Shield laws” allowed women even living in states that outlawed abortion following Dobbs to nonetheless obtain the drugs.⁶⁸
- “Sanctuary cities” and states allowed women to obtain abortions even though they lived in locations where abortion was outlawed.⁶⁹
- The stress of the post-COVID world and deep concern over the future of America led many more women to choose not to bear a child. But this determination did not stop sexuality and resulting pregnancies.^{70 71}
- The quality of abortion data reporting is actually increased by access to abortion drugs which require a prescription, while surgical abortions may not be reported; some estimates suggest that as much as 30 percent of nationwide abortions are not reported.
- Also, it is possible that post-Dobbs changes to state laws in some anti-abortion states which mandate better reporting may actually be causing more surgical abortions to appear in reporting, not necessarily a change in actual abortion numbers.

A 2019 New York Times article interestingly observes that “there is also suggestive evidence from Texas, where a law (since overturned) temporarily imposed strict abortion restrictions. In-clinic abortion rates declined statewide, but fell more sharply close to the Mexican border. It’s an indication, researchers said, that people were probably buying pills in Mexico or ones brought across the border instead of driving hundreds of miles to a clinic.”⁷²

This highlights some interesting factors: women in crisis will find a way to obtain an abortion, and tracking actual abortion rates is complex and fraught with possible errors.

⁶⁴ <https://www.vox.com/2024/3/20/24106109/dobbs-roe-abortion-reproductive-rights>

⁶⁵ <https://www.nbcnews.com/health/health-news/abortions-may-be-inching-u-s-after-decades-decline-cdc-n1284584>

⁶⁶ <https://stacks.cdc.gov/view/cdc/43985>

⁶⁷ <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>

⁶⁸ <https://evidence.neim.org/doi/full/10.1056/EVIDra2200280>

⁶⁹ <https://www.theguardian.com/world/2024/apr/19/california-abortion-sanctuary-arizona-ban>

⁷⁰ <https://www.visionmonday.com/business/research-and-stats/article/more-young-women-are-saying-no-to-having-children/>

⁷¹ <https://www.brookings.edu/articles/us-births-are-down-again-after-the-covid-baby-bust-and-rebound/>

⁷² <https://www.nytimes.com/2019/09/20/upshot/abortion-pills-rising-use.html>

Finally worth noting, in states where abortion was completely outlawed after Dobbs, abortion essentially fell to zero (as intended by lawmakers) yet the overall rate shot up nationwide. The obvious implication is that those same women are still obtaining abortions – just not in their states, and not a manner that the anti-abortion states have been able to control without being overturned by the courts for violating patient privacy and women’s Constitutional right to interstate travel and commerce.⁷³

Drug-Induced Abortions

It’s obvious from this data that, under the current no-longer-guaranteed circumstances, more women are taking advantage of easy access to drug-induced abortion – even if it means skirting local laws, or even getting drugs from outside the United States.

There would be two obvious responses to this increase:

- Outlaw the drugs so thoroughly, and enforce it so strictly, that women don’t have any way to get them
- or
- Understand and address the conditions which cause women to want an abortion (ignoring the medically-necessary cases)

When the Supreme Court struck down Dobbs, many analysts observed that this spike in abortion would be a very likely result, as more liberal states would naturally eliminate restrictions, even though conservative states would crack down.

Given the patchwork of state laws that now exist, national laws permitting free trade across state borders, and privacy laws over medical care, the interstate access to drugs cannot be effectively shut down as long as they are legal according to the FDA, so a national change would be required to make a tangible difference. However, the Supreme Court’s decision makes that difficult, and any concerted effort towards a national ban by Congress would be short-lived until a more liberal administration overturned it, because it’s pretty clear that a majority of Americans actually don’t want such a ban. There certainly is not enough consensus to enact a constitutional change, and so any law by Congress would not be permanent.

The FDA is under substantial pressure to rescind permission for the drugs mifepristone and misoprostol for abortion purposes, but so far the Supreme Court has upheld the availability for various reasons. In particular, the drugs have been clearly shown to be safe (more on this below) and to provide for medically important purposes other than elective abortions, including miscarriage and stillbirth care.⁷⁴

That leaves us with the second response: understanding and addressing the conditions which lead women to choose abortion, as discussed above.

⁷³ <https://thehill.com/policy/healthcare/4816373-us-abortion-trends-roe-v-wade/>

⁷⁴ <https://www.factcheck.org/2023/04/scicheck-qampa-on-the-medication-abortion-court-rulings/>

Teen Pregnancies

A significant part of the fall in abortion rates was the corresponding fall in teen pregnancy rates. The teen live-birth rate for women ages 15-19 was nearly 62 per 1,000 in 1991, roughly 520,000 births. As shown in Figure 6, by 2022 it was down to about 1/4 of that.⁷⁵

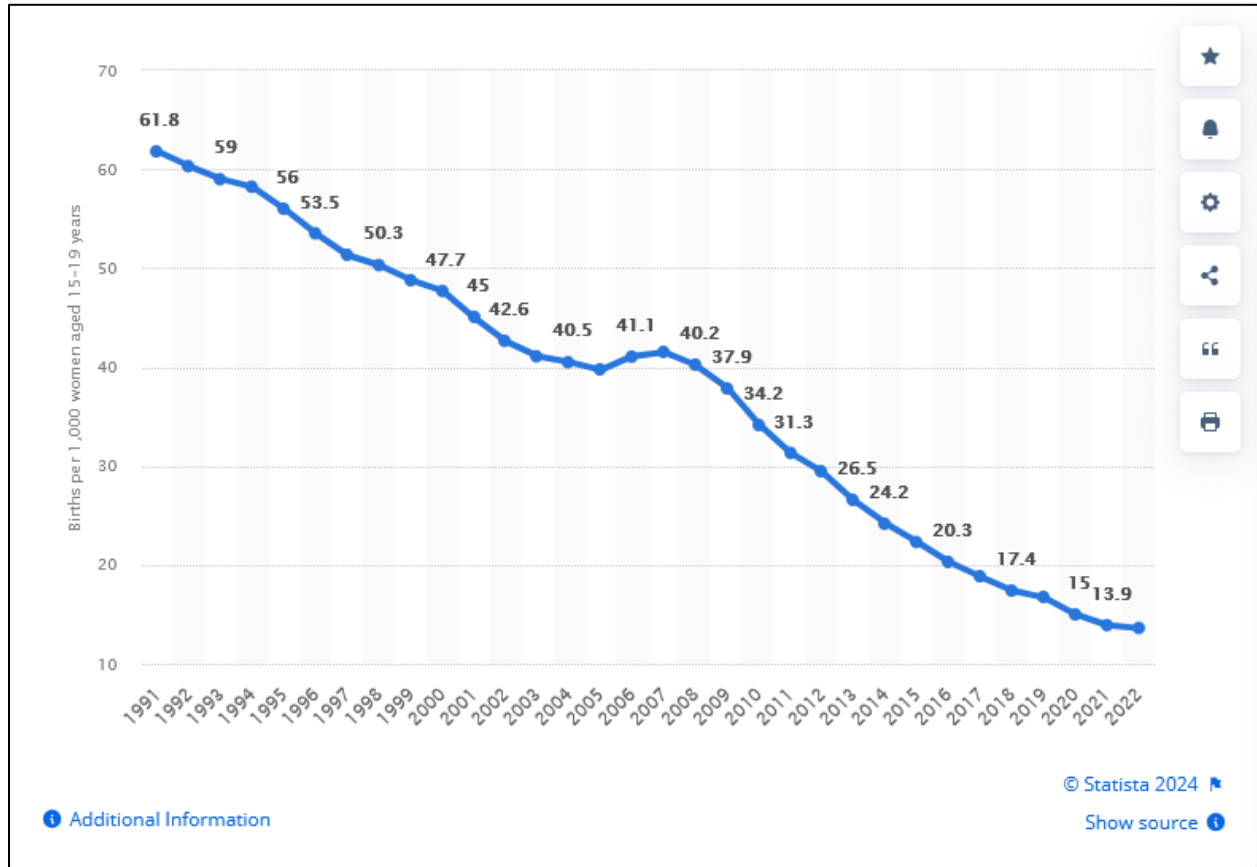


Figure 6: Teen Pregnancy Rates Per Year

From 2012 to 2021, abortions by 15-19 year olds dropped by a third, from 12.3% to 8.2%. In the same time frame, the number of abortions by 20-25 year olds declined by 4% (32.8% to 28.5%) and 25-29 year olds INCREASED from 25.3% to 28.7%.

Nationwide among all age ranges, there were roughly 4,111,000 births among all ages in 2012; in 2022 there were about 3,668,000 births. This 11% birth rate decrease is far too small to explain the 78% decrease in teen abortions.^{76 77}

In 2021, abortion ratios were highest among teen women, and declined the most from 2012 to 2021 (which agrees with the chart shown above).⁷⁸

⁷⁵ <https://www.statista.com/statistics/259518/birth-rate-among-us-teenagers/>

⁷⁶ <https://www.cdc.gov/nchs/data-visualization/teen-births/index.htm>

⁷⁷ <https://www.cdc.gov/nchs/data/databriefs/db477.pdf>

The NIH noted that “We found a robust association between teen birth and abortion rates and distance to the nearest abortion provider.” The article points out that teens are less mobile and thus obtaining an abortion before Roe was difficult; thus it’s not surprising that shorter distances made it easier. Similarly, the access to drug-induced abortion eliminated that restriction.⁷⁹

The Proven Safety of Abortion

A common argument made against abortion by pro-life advocates is that abortion is dangerous to women.

(Of course the parallel argument is that abortion is 100% fatal for the fetus. That is not in dispute, although there is substantial disagreement in our society and even among religious groups whether a fetus is morally and legally a full person. This is discussed fully in my other paper.⁸⁰)

I don’t find that abortion safety is a significant concern.

First of all, numerous trustworthy studies show that an early-pregnancy abortion is far safer than giving birth. “The rate of complications with a first-trimester abortion, most of them not serious, is less than 1%. Even the most common abortion complication — needing an additional procedure” (to ensure complete removal of fetal and placental tissue) — “happens to fewer than 3% of people, with no lasting damage to your body.” The mortality rate from abortions is about 0.45 per 100,000 births.⁸¹

By contrast, the rate of pregnancy complications is high. In 2021 alone, 1,205 maternal deaths were recorded related to a pregnancy. “An estimated 8% of pregnancies involve complications that could pose a risk to the mother and/or child if left untreated.” In some demographics (especially non-Hispanic Black women, who more typically lack access to quality health care) the mortality rate is as high as 69.9 deaths per 100,000 births – well over a hundred times more risky than the abortion. And risk climbs sharply with age.^{82 83}

As to drug-induced abortion safety, the serious complication rate is about twice that of a surgical abortion, but still less than a third of the complication rate of childbirth, based on a review of 101 studies covering 124,000 medication abortions. Since the medication abortion was FDA-approved, from 2000-2023, a total of just 28 maternal deaths have occurred out of 5.6 million uses, and some of those may have been from other causes. “In 2020, the most recent year for which PMSS data were reviewed for pregnancy-related deaths, just six women died as a result of complications from legal induced abortion.”^{84 85}

It’s clear that non-surgical abortion is the most prevalent. From “In 2021, the highest percentage of abortions were performed by early medication abortion at ≤9 weeks' gestation (53.0%), followed by surgical abortion at ≤13 weeks'

⁷⁸ <https://pubmed.ncbi.nlm.nih.gov/37992038/>

⁷⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3791164/>

⁸⁰ <https://crucibleofthought.com/abortion-framework/>

⁸¹ <https://mcpress.mayoclinic.org/women-health/how-safe-are-abortions/>

⁸² <https://www.ama-assn.org/delivering-care/population-care/what-s-behind-spike-us-maternal-mortality>

⁸³ <https://www.forbes.com/health/womens-health/pregnancy/pregnancy-statistics/>

⁸⁴ <https://pubmed.ncbi.nlm.nih.gov/37992038/>

⁸⁵ <https://www.nytimes.com/interactive/2023/04/01/health/abortion-pill-safety.html>

gestation (37.6%), surgical abortion at >13 weeks' gestation (6.4%), and medication abortion at >9 weeks' gestation (3.0%); all other methods were uncommon (<0.1%).”⁸⁶

It’s instructive to compare these rates to other kinds of surgical procedures. Over eight years from 2013-2020, there were only 34 deaths reported to women obtaining legal abortions, an average of less than four per year, roughly 1 in every 222,000 abortions. By contrast, the case fatality rate for breast implant surgery is approximately 1:72,000; the case fatality rate for liposuction is roughly 1:38,500. In other words, abortion is vastly safer for the pregnant woman than even fairly routine cosmetic surgery.⁸⁷

From these statistics, I conclude that the “safe” part of “safe, legal, and rare” has truly been achieved – at least when adequate reproductive health care is actually made available.

The DNC Abortion Van Stunt

The Democrat Party, in light of the above considerations, has made a significant part of its platform the idea of ready and safe access to abortion care for women who need it. In pursuit of making this point unambiguously, a mobile clinic offering free abortions was stationed outside the 2024 Democratic National Convention in Chicago. Right-wing influencers and news organizations claimed that the DNC itself was providing these health services, but in fact it was an independent effort by a local Planned Parenthood clinic.⁸⁸ Nonetheless, the connection in people’s minds between the DNC and the “free abortion van” was clear, for better or worse.

While the optics of that stunt were really poor among conservatives, the point was NOT to do the equivalent of passing out crack or candy to kids, or to invite undecided pregnant women to abort their pregnancies. Any such assertion is simply silly; no woman takes a step like that lightly, walking past such a van and deciding, “hey, I’ll abort my pregnancy on a whim.” Anyone suggesting this is unserious.

Instead, it was a studied response to the fact that many thousands of women would be attending the DNC, many of whom were traveling from states where abortion was now outlawed, and there was a desire to give them a legal and safe option they would otherwise lack. As such, this was considered a good thing for the health and safety and finances of those women and their families, making a statement about that aspect of the Democrat platform lobbying for safe access to reproductive care. And it is arguable that there was no net change in the number of abortions; it was simply relocating their occurrence from unsafe or illegal locations.

⁸⁶ <https://pubmed.ncbi.nlm.nih.gov/37992038/>

⁸⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7572219/>

⁸⁸ <https://www.pbs.org/newshour/politics/fact-check-is-the-dnc-offering-free-abortions-to-attendees>

SECTION 3: WHAT DOESN'T SEEM TO WORK

Before discussing approaches that might effectively reduce abortions, it's worth considering approaches that have been tried that don't actually seem to work.

Outlawing Abortion

The obvious solution might be: "let's just outlaw all abortion." If we want fewer abortions, why not simply do that?

It is clear that the "abortion abolitionist" position is the preference of many evangelical Christians and Catholics: the idea that the best solution to abortion is to simply outlaw it, completely, with nearly zero exceptions. In this view, there should be no elective abortions, whatsoever, and in most concepts, the only exceptions would be for absolute medical emergencies, and in some concepts, exceptions for rape or incest.⁸⁹

However, data collected worldwide for many decades shows clearly that more restrictive abortion policies do not, in fact, lower abortion rates. In fact, the more restrictive the policies, the more unintended pregnancies occur, leading to more overall abortions per given pregnancy, more than offsetting any reduction due to policy or law. This trend has held true worldwide for the nearly 30 years covered by one study. "We found that unintended pregnancy rates were generally higher in settings where abortion is restricted than in settings where it is broadly legal. Where abortion is restricted, the annual average unintended pregnancy rate was 73 per 1000 women in 2015–19. The abortion rate for countries where abortion is restricted was 36, and the abortion rate was similar regardless of the type of legal restriction. For countries where abortion is broadly legal, the rates were 58 for unintended pregnancy and 40 for abortion. The unintended pregnancy rate was 50 and the abortion rate was 26 for countries where abortion is broadly legal, excluding India and China."^{90 91}

In other words, excluding India and China (where data are problematic for reasons explained in those papers), **countries with broadly legal abortion have nearly 1/4 less abortions.**

Furthermore, what undeniably DOES change in locations with more restrictive abortion policy is that many more women are harmed or killed by unsafe abortion and complications from illegal abortions done in unsanitary or unsafe situations. Pregnancy-related deaths are higher by an estimated 21% among all women. Safe abortions, as discussed below, are much less risky than pregnancy. And these death and injury results flow down to the women's families and result in widespread harm.

(Also, it's worth noting that due to healthcare disparity in the US, the burden of such a ban would be disproportionately borne by non-Hispanic Black women. Their pregnancy-related deaths would rise by an estimated 33%.)^{92 93}

To simplify this information, the data clearly shows that women who want to end their pregnancy will usually find a way to do so, even if it is more risky or ultimately harmful, and the net result is more abortions plus far worse

⁸⁹ <https://fbcjax.com/marked-by-grace/whats-the-difference-between-pro-life-and-abolitionists/>

⁹⁰ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30315-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30315-6/fulltext)

⁹¹ <https://www.dw.com/en/fact-check-does-criminalization-prevent-abortions/a-62318962>

⁹² <https://osf.io/preprints/socarxiv/sb5f2>

⁹³ <https://www.colorado.edu/asmagazine/2021/09/22/study-shows-abortion-ban-may-lead-21-increase-pregnancy-related-deaths>

outcomes for women's reproductive and even overall health for a lifetime. And of course this strongly impacts many, many families, either resulting in loss of a mother, or inability to have future wanted children.

A likely rebuttal by antiabortion activists would be that the rate of women's deaths would be far lower than the number of fetal lives saved, and besides, that anyone who is harmed by an illegal abortion would only be getting the justice she deserved by attempting to kill her baby. In their view, this should naturally drive people to adopt less risky sexual behaviors. But the data do not show this to be true. And I address the topic of overall harm in my paper cited in footnote 1, and would generally respond that the harm to society is far worse than the loss of one woman's life; unwanted children cause vast problems for our society already, including emotional and physical harm to the children and the mother. This harm must be factored into the overall situation; I previously concluded that the aggregate harm of forcing women to bear their baby was too high to accept.

Eliminating abortion also has significant effects on young pregnant women, that ripple down through generations. A sociologist notes that "we can see the effect that teen pregnancy, for example, has on a woman's education. Thirty percent of all teenage girls who drop out of school cite pregnancy and parenthood as key reasons. Only 40 percent of teen mothers finish high school. Fewer than 2 percent finish college by age 30. Educational achievement, in turn, affects the lifetime income of teen mothers. Two-thirds of families started by teens are poor, and nearly 1 in 4 will depend on welfare within three years of a child's birth. Many children will not escape this cycle of poverty. Only about two-thirds of children born to teen mothers earn a high school diploma, compared to 81 percent of their peers with older parents."⁹⁴

Furthermore, I reject the idea that in our pluralistic society, no one group should be able to force their moral values on all citizens. In this particular case, that is true especially when a very large fraction – as high as 85%, including many non-evangelical Christians – reject the idea that abortion is inherently sinful. For those people, forcing childbirth and consigning so many women and families to significant harm is a far, far worse sin than ending a pregnancy before fetal viability. As such, outlawing abortion is morally repugnant to many Americans, and outright abolition is therefore unacceptable to our pluralistic society.^{95 96 97}

In other words, it's not that pro-choice people want more abortions: they truly do believe that laws against abortion are on balance very deeply harmful, just as strongly as anti-abortion activists believe abortions are murder. This is why abortion-rights protesters are so vociferous: they feel morally obligated to stop the anti-abortion activism – not because they want to kill fetuses, but because they're extremely convinced that the balance of harm is unacceptable and thus immoral.

Thus, I reject the idea that the best way to stop abortions is to simply outlaw them. Based on what I find, all that a ban would do is increase the rate of harm to women and their children.

Instead, if we wish to lower the abortion rate, we must find some other way than an outright ban. It just won't work; it never has.

⁹⁴ <https://www.yesmagazine.org/social-justice/2018/07/11/how-roe-v-wade-changed-motherhood-and-marriage>

⁹⁵ <https://www.pewresearch.org/religion/2022/05/06/americas-abortion-quandary/>

⁹⁶ <https://www.pewresearch.org/religious-landscape-study/database/views-about-abortion/>

⁹⁷ <https://www.vox.com/policy-and-politics/23167397/abortion-public-opinion-polls-americans>

The Hyde Amendment

The Hyde Amendment was first passed in 1976, and it effectively eliminates federal funding for most abortions, such as via Medicare and Medicaid. Since the Supreme Court affirmed the Hyde Amendment in 1980, it has been a factor in federal funding nearly every budget year since. It does not prevent state welfare systems from funding abortions, so government funding for some abortions is still available in pro-choice states.⁹⁸

Various studies indicate that the Hyde Amendment effectively prevents approximately 60,000 abortions per year⁹⁹ – non-trivial but under 10% of total abortions in the US. In that sense it is effective¹⁰⁰, although it's not possible to drive change further than that with government funding withholding, other than at the state level.

The real problem with the Hyde Amendment is its disproportionate effect on poor families.^{101 102} Studies show that the birth rate among families on Medicaid rose approximately 13% with the Hyde Amendment.¹⁰³ While that rise in birth rate does correlate to lower abortions, and is celebrated by pro-life activists, it hides a very negative effect. Well-to-do families can afford to pay for a desired or needed abortion, but the cost is prohibitive or devastating for poor families. With cost approaching \$1000 for a medication abortion¹⁰⁴ and up to three times that for surgical abortions¹⁰⁵ - up to a quarter of a poverty-level annual budget – obtaining an abortion can devastate the finances of many poor families, to say nothing of the costs of bearing and raising a child if an abortion is not obtained. This simply increases the downward spiral of poverty, and given the statistics shown above about why women choose abortion, actually increases the chance of abortions in the future for those families.

In other words, the Hyde Amendment works fine for middle- and upper-class families, but for poor families it is devastating and may in fact increase abortions.

Reforming Welfare

Many conservatives argue that cuts to welfare benefits, and reforming welfare (to dis-incentivize bad sexual behavior leading to additional unwanted conception) will lower the abortion rate.

The argument is that “there is a concern that the welfare system itself induces undesirable behavior; in particular, the claim is that it induces women to have children when they cannot afford them and out of wedlock.”¹⁰⁶ As such, by this logic, reducing welfare benefits ought to lead women to make better reproductive choices.

However, the data shows this not to be the case. Rather than reforming their sexual behavior, women who depend on welfare will simply obtain abortions at higher rates (unsurprisingly, people just want to have sex, and birth control is not free and is often beyond the budget of low-income families). As a result, “cutting welfare payments or

⁹⁸ <https://aclj.org/pro-life/four-things-you-need-to-know-about-the-hyde-amendment-federally-funded-abortion>

⁹⁹ <https://www.washingtonexaminer.com/opinion/2615355/the-hyde-amendment-is-saving-mostly-nonwhite-lives/>

¹⁰⁰ <https://www.sciencedirect.com/science/article/abs/pii/S0033350624002555>

¹⁰¹ <https://www.nytimes.com/2019/06/07/us/politics/what-is-the-hyde-amendment.html>

¹⁰² <https://www.americanprogress.org/article/the-hyde-amendment-has-perpetuated-inequality-in-abortion-access-for-40-years/>

¹⁰³ <https://lozierinstitute.org/hydeat40/>

¹⁰⁴ <https://www.lwv.org/blog/hyde-amendment-abortion-barrier-hiding-plain-sight>

¹⁰⁵ <https://www.plannedparenthood.org/planned-parenthood-south-atlantic/patients/health-care-services/abortion-services/abortion-types>

¹⁰⁶ <https://www.ncbi.nlm.nih.gov/books/NBK230345/>

radically restructuring the welfare system—in the words of President Clinton, ‘ending welfare as we know it’—will cut the number of children born to poor unmarried women. As we discuss in detail below, one way that this decline in the number of children could occur would be that women would not change their sexual behavior or their contraceptive behavior, but once they found themselves pregnant—and realizing that welfare would not support them and their child as it had previously—they would choose to abort the pregnancy. In net, fewer children would be born and fewer children would be on the welfare rolls.”¹⁰⁷ This is borne out by various studies, showing that welfare cuts do result in fewer children being born into welfare families.¹⁰⁸ But it’s not because women on welfare are making better sexual choices; it’s because they’re aborting more pregnancies. This goes right back to the “why women get abortions” data, and should not be surprising.

A study in Maryland hypothesized that “welfare is pro-life, reducing abortion by improving poor women’s economic capacity to choose childbirth. The results provide evidence for this hypothesis, but that evidence is found only in states where public opinion, policy choices, and a scarcity of abortion providers signal a preference for birth over abortion. In other words, the state abortion rights climate moderates the relation between welfare and pregnancy decision making.”¹⁰⁹ Furthermore, these results are confounded by the observation that “levels of abortion reporting are lower among pro-life women than among others, and they may be more likely to reside in pro-life states.”¹¹⁰ Thus, the authors found it impossible to make a useful correlation between welfare cuts and pro-life results.

A meta-study reviewing the effect of 68 studies found contradictory outcomes of various forms of welfare on abortion rates. “Klerman reviewed six studies that used state-level data on welfare benefits and abortions to examine their relationship (with various methods for correcting for unobserved factors potentially affecting both abortion rates and AFDC generosity). The studies showed mixed results. Two found that higher AFDC benefits are associated with *higher* abortion rates, not lower, implying that welfare generosity indeed figures in the decisions (Matthews et al., 1995; Blank et al., 1994). But the size and significance of effects are dependent on model specification, and other well-designed studies have found no effect of AFDC generosity on abortions (e.g., Argus et al., 1997).”¹¹¹

If anything is clear from this data, it is that reforming welfare has very complex effects and is simply not a panacea to solve the abortion problem.

Promoting Marriage

Conservatives mourn the decline of the two-parent “nuclear” family and point to the dramatic correlation between the drop in traditional families and the rise in abortion rate, and claim a success against abortion from the Hyde Amendment and the welfare reform changes in the 1990s.¹¹² There are valid correlations, but asserting that the abortion rise is a consequence of what they call the “breakdown” in the family is inappropriate; it is only proven as a correlation, not necessarily a causal relationship. The correlation can be due to many other things, including a general and concomitant decline in adherence to Christian principles which would affect both sexuality AND family

¹⁰⁷ Ibid.

¹⁰⁸ <https://www.subr.edu/assets/subr/COBJournal/WelfareReformAbortionPaper16May2016.pdf>

¹⁰⁹ <https://www.journals.uchicago.edu/doi/10.1086/659227>

¹¹⁰ Ibid.

¹¹¹ <https://www.ncbi.nlm.nih.gov/books/NBK230115/>

¹¹² <https://www.heritage.org/welfare/report/marriage-abortion-and-welfare>

structure. It also doesn't account for the increasing availability of abortion (both medical and especially medicinal), a change away from the staunch pro-life position as people leave churches at faster and faster rates, and so forth. There are too many simultaneous cultural changes to pin the abortion rate on the simple answer of "marriage is breaking down," or to pin the drop in abortions purely on the Hyde Amendment or welfare reform.

Nonetheless, the data are clear that single and cohabiting women have significantly higher abortion rates (ten times higher, as noted above). Thus, this seems a fair target for lowering abortion rates.

The problem with using this correlation to assert that fixing the American family would largely correct the abortion problem is that it's not possible to legislatively force people back into a religious box they have chosen to leave. American politics are deliberately structured to avoid the negative effects of a state religion. Some incentives may be offered politically, such as the "married filing jointly" tax break, but that is about the proper limit of direct government influence.

What churches and Christians (and others who believe in strong marriage, of other faiths or no faith) can do is to model a lifestyle of faithful marriages and abstinence instead of unrestrained sexuality. Over time, perhaps people will be won to this point of view and make better sexuality choices leading to fewer unplanned pregnancies. However, a countering problem in evidence today is that many non-Christians are observing the ways in which they sense that Christians in particular care more about a few specific moral issues (especially abortion) and fighting those issues in harsh and damaging ways, than they do about truly caring for hurting and needy people.¹¹³ Their moral sense tells them that opposing abortion, and the way this opposition plays out in relationships and social situations, is ultimately more damaging to people, and thus the net effect is to chase such people further from the church rather than woo them back.¹¹⁴ The problem is exacerbated by the accurate perception that many anti-abortion activists play loose with statistics, either intentionally or with willful ignorance; this further drives people away from organized Christianity.¹¹⁵ Further adding fuel to the fire, the "abolition" term is deeply problematic and it is noted that many of the techniques used by abortion abolitionists harken back to the time of American slavery.¹¹⁶ This further sours the impression of Christians among especially the young people.

For these reasons, I do not find it convincing that trying to legislate family values and strong marriages is a useful tool, at least in the short or medium term.

¹¹³ <https://penncapital-star.com/commentary/anti-abortion-rhetoric-is-reproductive-coercion-opinion/>

¹¹⁴ <https://www.deciphergrey.com/post/why-the-anti-abortion-rhetoric-of-evangelical-americans-is-not-just-about-valuing-human-life>

¹¹⁵ <https://now.org/blog/pews-to-politics-how-american-christian-antiabortionists-have-influenced-abortion-and-reproductive-care-in-the-united-states/>

¹¹⁶ <https://coloradonewsline.com/2023/09/01/anti-abortion-abolitionists-take-slavery-rhetoric-to-the-next-level/>

SECTION 4: HOW TO EFFECTIVELY LOWER THE ABORTION RATE

If outright abortion bans are ineffective or even counter-effective, if promoting marriage is too slow and depends on legislating morality, if reforming welfare doesn't seem to work reliably, and if preventing government funding for abortions has only limited effect and is highly biased against disadvantaged families, what can be done that might effectively reduce abortion rates and be fair and just for all citizens?

Focus on the Pregnancies, Not the Abortions

Rather than focusing on the abortions, a critical first step is to focus on the pregnancies – by avoiding pregnancies in the first place, and secondarily to be explicitly welcoming of unexpected babies, both emotionally and with full social support systems.

Addressing teen pregnancy is absolutely critical. In most situations, especially with proximity to conservative Christians, teen pregnancy is heavily stigmatized, leading pregnant teens to conclude that they have no reasonable option to keep the pregnancy, and that the perceived sin of abortion is much less important than not losing one's place in the tribe.

Destigmatizing unwed and teen mothers, and providing greater social support for such young women, would therefore do a lot to decrease abortion rates among this high-risk demographic. If conservative voters want to convince teens to keep unexpected pregnancies, the best way is to stop shunning them and instead give them hope for a flourishing future even with the unexpected baby. If their entire community actively doesn't want the baby, and treats them so poorly for being pregnant in the first place, why would THEY want to continue the pregnancy?

This is a place for religious communities to actively get involved. Most of the reason for this (correct) perception that the community will not support the crisis pregnancy teen comes from purity culture and a religious insistence that unwed pregnancy, especially by teens, is a stigma of permanent shame on a young woman, marking her for life as nearly untouchable by any men associated with her tribe. While the goal of this shunning and shaming is to try to deter girls from having sex outside of marriage, it's obvious that it isn't working as intended, and the actual consequence is instead to drive those girls towards abortion. So the church needs to decide: **which is worse, unwed mothers or abortions?**

Aside from teen pregnancies, addressing women's social safety net is also critical. From an NIH data set in 2021, the abortion ratio among unmarried women was roughly 10 times higher than among married women (404 versus 41). Also from that data set, abortions of first-time pregnancies were 39.3% of all abortions, and first-time abortion patients were 57.3% of all abortions. These statistics indicate that young, unmarried, never-pregnant-before women are a particularly important group to address. These women choose to abort because they recognize their own inability to support a child.¹¹⁷

This too is a place where religious communities could make significant impacts: for Christians, by doing the works of Jesus from the Sermon on the Mount: caring deeply for each other, especially the poor and downtrodden and oppressed and widows and divorcees. If women are clearly choosing abortion because they cannot afford children, the church once again needs to make a choice: **which is worse, spending resources on unwed and poor mothers and families, or abortions?**

¹¹⁷ <https://pubmed.ncbi.nlm.nih.gov/37992038/>

Unfortunately, the exhibited answer to these two “which is worse” questions indicate that conservative Republican voters and politicians love to TALK about abortion as a primary value, but not actually DO anything tangible about it. Their preference is to try to drive the government into a particular legal solution, which takes decades and aside from a single victory in the Supreme Court which resulted in an ironic reversal in abortion declines, has not worked so far, while ignoring the immediate and accessible answer of “loving and accepting and caring for teens and women and their families.”

Such matters are exactly why liberal activists often complain that conservatives are not actually pro-life, but they’re merely pro-birth. They consistently and loudly make a big deal about outlawing abortion, but are unwilling to do anything to support women and the non-aborted children in tangible ways, either in ways that reduce abortions up front, or to support them after they give birth to an unwanted child because abortion is illegal.^{118 119}

I find this argument persuasive. The data clearly show that abortion rates are directly tied to how safe and protected women and children actually are, and how they perceive their safety among their peers and their religious communities.

Based on the data here, it would appear that pro-life conservatives have fundamental choices to make: What matters most?

Reducing abortion, or how taxes are spent?

Reducing abortion, or caring for unwed and poor mothers?

Contraceptive Access is Critical

As should be quite clear, “just stop getting pregnant” is the conservative and religious answer to statistics about who is getting abortions. Surely, if women stop getting pregnant by not having sex in situations where they do not want children, there will be no need for elective abortions, right?

Not necessarily.

First, this presumes that all women subscribe to the religious values inherent in those statements. It’s functionally impossible to force women to abide by conservative religious values, aside perhaps from trying to implement a Taliban-level religious fascism. Instead, if we are going to address abortion as a free democratic and pluralistic society, we have to address it with a pluralistic methodology, recognizing that many women disagree with the idea that having sex outside marriage is a sin, and disagree that abortion is problematic.

As such, the only answer would be authoritarian control over abortion – which this pluralistic society doesn’t agree is appropriate, and according to plenty of polls and also election results where abortion was on the ballot recently, is unwilling to allow.¹²⁰ Instead, any effective anti-abortion arguments or solutions must appeal to something other than explicitly-Christian morals.

¹¹⁸ <https://jaxtoday.org/2022/05/09/opinion-pro-birth-is-not-the-same-as-pro-life/>

¹¹⁹ <https://southdakotasearchlight.com/2023/03/26/a-state-thats-pro-birth-should-also-be-truly-pro-life/>

¹²⁰ <https://www.nbcnews.com/politics/elections/abortion-rights-won-every-election-roe-v-wade-overturned-rcna99031>

Second, even when women try to avoid pregnancy, it doesn't always work. For example, contraceptive failure accounted for roughly 10%¹²¹ of the roughly 6 million pregnancies in 2010¹²² – thus approximately 600,000 unexpected pregnancies solely due to contraceptive failure.

Or consider rape; in an 18-month window from July 2022 to December 2023, approximately 64,000 pregnancies were caused by rape, JUST in the 14 states with a total abortion ban (nine of which do not allow exceptions for rape).¹²³ Completely ignoring the question of whether forcing a rape survivor to bear her rapist's child is morally acceptable, this demonstrates that women do not in fact have complete control.^{124 125 126}

There are also issues with religious convictions around birth control. Catholics, as just one example, reject birth control (and also many contraceptive methods). In patriarchal or abusive households, the woman may have no access to birth control and thus no chance to affect her ability to avoid pregnancy. And marital rape is definitely a real problem. Various estimates of marital rape indicate between 10 and 34 percent of women have experienced abusive sexual violence, and up to 43 percent of women accepted coercive sex because they believed it was their duty, resulting in many unwanted pregnancies.¹²⁷

As such, one cannot simply ignore the fraction of abortions that many thoughtful and moral, even Christian, individuals believe to be absolutely morally necessary (such as rape or incest).

Third, “just stop getting pregnant” does nothing to address the non-elective abortions. One cannot wave away the few percent of abortions that turn out to be absolutely medically necessary.

Unsurprisingly, “a study from Washington University School of Medicine shows that providing free birth control to women reduces unplanned pregnancies and abortions.” The reduction was dramatic: 62 to 78 percent over the 2008-2010 study.¹²⁸

As illustrated in Figure 7, “To prevent such pregnancies, the CHOICE project enrolled over 9,000 women between 2007 and 2011 to receive free contraceptive counseling and the contraception of their choice for two to three years. The researchers found that from 2006 to 2010, teen study participants had an average annual abortion rate of 9.7 per 1,000 teens — significantly lower than the 41.5 abortions per 1,000 sexually active teens nationwide in 2008.”¹²⁹

¹²¹ <https://onlinelibrary.wiley.com/doi/full/10.1363/psrh.12017>

¹²² https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2023/20230412.htm

¹²³ <https://www.scientificamerican.com/article/64-000-pregnancies-caused-by-rape-have-occurred-in-states-with-a-total-abortion-ban-new-study-estimates/>

¹²⁴ <https://www.washingtonpost.com/lifestyle/2022/07/14/10-year-old-abortion/>

¹²⁵ <https://journals.publishing.umich.edu/jpe/article/id/4621/>

¹²⁶ <https://www.newyorker.com/magazine/2022/12/12/an-anti-abortion-activists-quest-to-end-the-rape-exception>

¹²⁷ <https://www.womenslaw.org/about-abuse/forms-abuse/sexual-abuse-and-exploitation/marital-partner-rape/basic-info-about-2>

¹²⁸ <https://medicine.wustl.edu/news/access-to-free-birth-control-reduces-abortion-rates/>

¹²⁹ https://www.huffpost.com/entry/reducing-abortion-rates-policy_n_589b8ea5e4b09bd304bfd920

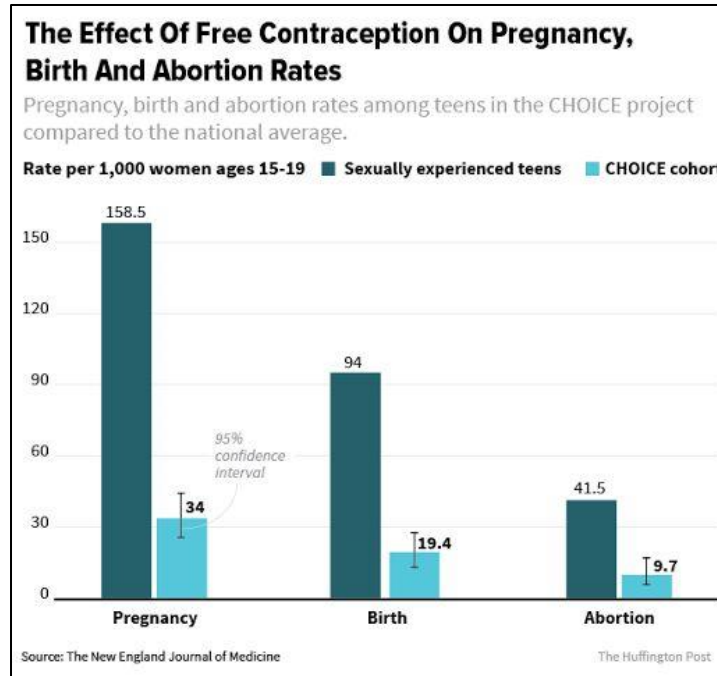


Figure 7: The Effects of Free Contraception

With this dramatic reduction in mind, it should be obvious that contraceptive access is an absolutely critical step to practical, realistic efforts towards reducing abortions.

In 2024, the very first over-the-counter, non-prescription contraceptive pill was authorized by the FDA and released for sale. The Catholic Church and other religious groups oppose this pill, along with other contraceptives, on moral grounds that it causes abortion of not-yet-implanted but fertilized eggs.¹³⁰

As noted above, Justice Clarence Thomas, in a concurring opinion on the Dobbs decision overturning Roe v. Wade, suggested that the right to contraception enshrined in the Griswold v. Connecticut decision should be reconsidered.¹³¹ This is clearly extremely dangerous, given the statistics on the reduction in abortion due to contraception. Unfortunately, efforts to create national legislation to ensure access were blocked in the House by Republicans, who called it a stunt.¹³²

Also unfortunately, there is an increasing chorus of voices opposing contraception, similar to the Catholic Church. “Republican lawmakers in Missouri blocked a bill to widen access to birth-control pills by falsely claiming they induce abortions. An antiabortion group in Louisiana killed legislation to enshrine a right to birth control by inaccurately equating emergency contraception with abortion drugs. An Idaho think tank focused on ‘biblical activism’ is pushing state legislators to ban access to emergency contraception and intrauterine devices (IUDs) by mislabeling them as ‘abortifacients.’”¹³³

¹³⁰ <https://www.thepillotc.org/opposition>

¹³¹ <https://thehill.com/regulation/court-battles/3535841-thomas-calls-for-overturning-precedents-on-contraceptives-lgbtq-rights/>

¹³² <https://apnews.com/article/contraception-senate-abortion-biden-trump-reproductive-rights-3f9e8546624a3acf8e64d1138fcb84b1>

¹³³ <https://www.washingtonpost.com/health/2024/06/05/birth-control-access-abortion-ban/>

Clearly, this opposition to contraception would sharply increase the number of unwanted and unplanned pregnancies, and result in vastly higher rates of abortion in the United States. As with other topics above such as welfare, antiabortion activists need to carefully consider which they believe is worse: abortion, or contraception. The answer simply cannot be “we should ban both”; they are fundamentally opposed.

Sex-Ed Programs

Conservative parents tend to strongly oppose sex-ed programs in public school systems. They generally insist that it is their right to reserve such education for the home. However, the sad fact is that the more strongly this attitude is exhibited in a given state, the worse that state’s outcomes for teen pregnancy and birth^{134 135 136} – and from the data presented elsewhere in this paper, also the highest abortion rates.

One reason for this divergence is that parents in strict religious situations demonstrably do a fairly poor job of sex education, especially in homes where “purity culture” is strongly valued.¹³⁷ The parental messaging is generally limited to “just don’t do it” and often doesn’t include detailed information on the mechanisms of sexuality and reproduction. Numerous women from evangelical and fundamentalist homes report that they didn’t know most of the details about their own sex organs – the strong sense of shame around sexuality generally discourages any conversation about the matter. As a result, women frequently find themselves pregnant with no idea why.^{138 139}

“States that emphasize abstinence-only programs have the highest rates of teen pregnancy and teen birth. And while research also shows that students who go through abstinence-only programs or take virginity pledges appear to have fewer sexual partners and be sexually active for less time, they still have the same rates of STD infection as their non-pledging peers — possibly because they are less likely to use condoms at first, or get tested for STDs.”¹⁴⁰

“California is one example of how states have adjusted when it becomes clear that abstinence-only education isn’t working. In 1992, the state’s teen pregnancy rate was 157 per 1,000 teens aged 15 to 19 — the highest rate in the nation. To combat the problem, the state launched a three-year abstinence-only sex education effort, only to cancel the program in 1995 when it had absolutely no effect on teens’ decisions to start having sex. In 2003, lawmakers instead passed the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, explains Heather D. Boonstra in a 2010 article for the Guttmacher Policy Review.”¹⁴¹

“The law, Boonstra explained, forbade classes from promoting religious doctrine or bias against people, and said that all sex education programs had to be medically accurate, age-appropriate and comprehensive. By 2005,

¹³⁴ <https://www.scientificamerican.com/article/graphic-many-states-that-restrict-or-ban-abortion-dont-teach-kids-about-sex-and-pregnancy/>

¹³⁵ <https://www.augustachronicle.com/story/opinion/2022/02/06/beyond-pro-life-and-pro-choice-sex-education-can-reduce-abortions/6653945001/>

¹³⁶ <https://www.ramapo.edu/law-journal/the-relationship-between-reproductive-rights-and-abortion/>

¹³⁷ <https://scholarsforsociety.org/the-lack-of-comprehensive-sex-education/>

¹³⁸ <https://www.scarleteen.com/read/culture/impurity-culture/impurity-culture-pregnancy-and-fear>

¹³⁹ <https://fisherpub.sjf.edu/ur/vol15/iss1/5/>

¹⁴⁰ https://www.huffpost.com/entry/reducing-abortion-rates-policy_n_589b8ea5e4b09bd304bfd920

¹⁴¹ Ibid.

California’s teen pregnancy rate was 75 per 1,000 teens — a more than 50 percent decline that dwarfed the corresponding national decline of 37 percent.”¹⁴²

One study found that “federal funding for more comprehensive sex education ... reduced the overall rate of teen births at the county level by more than 3%.”¹⁴³

The benefits of sex-ed programs are well-documented.

“Half of all pregnancies in this country are unintended, and, of those, half end in abortion. Unintended pregnancy could be reduced significantly if we showed true commitment to: 1) comprehensive sexuality education that includes medically accurate information about abstinence and contraception; 2) insurance coverage of and public funding for family planning services; 3) greater access to emergency contraception (which prevents pregnancy and does not cause abortion); and 4) programs that curb domestic violence and sexual abuse. Clearly, women who are able to avoid unintended pregnancy do not have to make the difficult decision of whether to have an abortion.”¹⁴⁴

A meta-study (reviewing numerous other studies) considered various methods to reduce pregnancies. It found that “Interventions focused on delaying sexual debut were generally ineffective, improving one out of ten outcomes in two review studies.” In other words, trying to convince adolescents to delay sexual activity was highly ineffective. “Interventions focused on abstinence were generally effective, improving four out of five outcomes in three studies.” This is encouraging – teaching young women that abstinence prevents pregnancy is (unsurprisingly) effective at helping them avoid pregnancy. “Interventions focused on parenting exposure were generally ineffective, improving one out of three outcomes in one study.” This implies that the young women must be directly taught about pregnancy and contraception – which may clash with parent rights advocates.¹⁴⁵

¹⁴² Ibid.

¹⁴³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8872707/>

¹⁴⁴ <https://www.americanprogress.org/article/the-right-way-to-reduce-abortion/>

¹⁴⁵ <https://embryo.asu.edu/pages/dissertation-reducing-abortion-rates-without-restricting-legal-access-abortion-evidence>

SECTION 5: CONCLUSIONS

The Church's Choice

I would observe that the Bible presents its moral code as a framework for the people of God to follow, not to impose on people outside the faith. Attempting to mandate a behavioral code on non-Christians and even on non-evangelicals is thus biblically problematic, and furthermore does not have a good historical track record of providing the desired outcome. In short, we cannot legislate morality. Non-Christians – and non-evangelical Christians, too – will continue to live and believe differently than evangelicals wish they lived and believed.

What every Christian, however, CAN do is to demonstrate the deep and accepting love of Christ and to correct their own personal behavior – demonstrate a moral way of living that doesn't result in unwanted pregnancies or abortions – and pray that their witness will cause people to desire to come into the Kingdom and change their own behavior as prompted by the Holy Spirit, not by forced compliance.

Summary

Abortion is a thorny issue. Reducing abortion is a goal for almost everyone involved in the discussion, even though the rhetoric from pro-life activists tries to paint pro-choice people as “pro-abortion” or “pro-death.” But regardless of rhetoric, it's obvious that the problem is not going to be solved by simple bans or promoting family values or reforming welfare. It doesn't appear, based on world-wide experience, that it is possible to eliminate abortion. As a result, it seems necessary to focus on what will work BEST, starting in the short term, and with an eye towards the long term as well.

The working hypothesis of this paper proposed that “banning abortions may not be the best way to reduce abortions.” Following the work done to prepare this paper, I am convinced that the hypothesis is true, and I would state my overall conclusion as follows: “**banning abortions IS NOT the best way to reduce abortions.**”

Instead, I suggest that the following steps would be the most effective:

- Destigmatize and stop shunning unwed mothers and pregnant teens.
- Destigmatize rape and spousal abuse victims.
- Work towards universal and free contraception.
- Guarantee access to contraception for all women in all states.
- End the micromanaging of abortion providers and OBGYN providers. Let the doctors do their hard and sometimes agonizing work free of the fear of prosecution.
- Get the government out of the business of making complex moral and medical decisions, and let the doctors and families make those absolutely life-changing, gut-wrenching decisions.
- Provide better social safety nets for underprivileged women and families, so that the choice between another baby and feeding the existing children is not required.
- For people of faith, model healthy marriages and families that support all women and children, including those young women who find themselves in crisis pregnancies, so that more people eventually adopt pro-family, pro-life, chaste lifestyles that limit the number of out-of-wedlock conceptions.

I'm keenly aware that some of these suggestions would require the evangelical church and Catholic Church and their members and issue-driven voters to abandon some of their long-held, most dearly-held positions on what they consider socialized health care, and on shaming and punishing women for sin. However, if the church truly wishes to reduce abortions, I do not see any reasonable choice that stands much chance of actually having that effect.

Attempts to completely outlaw abortion are universally shown to have no significant effect, while instead resulting in very significant harm and death to women and their families.

To conclude, I wish to see fewer abortions in America, and that very desire leads me to leave medical decisions up to doctors and families, to stop using purity culture to shame young women for unwanted pregnancies, to leave reproductive doctors alone to best decide how to assist their patients, and to work to ensure free universal reproductive healthcare and contraception at least for the disadvantaged and poor families in our nation.