

Overturing Roe disproportionately burdens marginalized groups

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When the Supreme Court overturned *Roe v. Wade* last week, not only did it abolish the constitutional right to an abortion, but it also triggered restrictions in 13 states, more than half of which are in the Southern

United States.

It's a part of the country Penn sociologist Regina Baker knows well; she's originally from Georgia and has spent her academic career studying poverty and inequality, especially within the context of the American South. In that region, "marginalized groups are disproportionately impacted by poverty and are dealing with the consequences of systemic racism," says Baker, an assistant professor in the Department of Sociology. "It took so long to get where we are today—and yet we still see enduring [racial gaps](#) such as gaps in poverty and income."

The Dobbs v. Jackson Supreme Court decision will only make matters worse, she says. "We take one step forward, then five steps back. There are so many layers here."

Each year in the United States, hundreds of thousands of abortions occur. Exact estimates vary, with numbers from the CDC lower than those from the reproductive rights think tank Guttmacher Institute, for example. But it is well-established that anywhere from a quarter to a third of people who receive an abortion annually are Black, and the majority are low income.

Lack of access to safe abortions for these groups, according to Baker and Penn sociologist Courtney Boen, will have ramifications far beyond an acute inability to terminate a pregnancy. In some circumstances, carrying a pregnancy to term can endanger the pregnant person's life, disrupt educational plans, and change someone's career trajectory, compounding disadvantages for already marginalized groups.

"It's this feedback loop," Boen says, "where reproductive rights and autonomy are tied to financial and economic security and justice."

Health-related factors

Boen studies the social and economic determinants of health, as well as patterns of population health inequality. When she heard the news about Roe, she was devastated but not surprised. "It was like this slow-moving wreck that you could see coming from a distance," she says.

"Reproductive justice advocates have been talking about it for decades."

Part of Boen's response stems from what she knows about [maternal mortality](#) in the United States: Rates are exceptionally high compared to most other developed nations. In 2020, the U.S. maternal mortality rate was 23.8 deaths per 100,000 live births, with a rate of 55.3—more than double—for Black mothers. (For comparison, maternal mortality in Australia and Canada in 2020 was 4.7 and 8.4 deaths per 100,000 live births, respectively.)

"Pregnancy can be dangerous, and I don't think some people realize just how dangerous it can be. Pregnancy risks declined in the past half century in the U.S. in part because people had increased access to safe abortions and contraception," Boen says.

Abortion bans will undisputedly increase maternal mortality, she adds, referencing research from Amanda Stevenson of the University of Colorado Boulder. "Stevenson estimated what would happen to pregnancy-related mortality in the context of a total abortion ban. She found it would increase dramatically and those increases would be worse for Black people," says Boen.

Specifically, Stevenson's [Demography](#) paper showed that the first year following such a ban, pregnancy-related deaths would increase by about 7%. In subsequent years, that would jump by 21% overall and by 33% for Black people. Stevenson found this to be true even without an uptick in unsafe abortions, which tracks for Boen, who says that the risk from such abortions represents just one factor jeopardizing the lives of pregnant people.

There are also ectopic pregnancies, which happen outside the uterus and can become life-threatening; infection risk from fetal tissue remaining after a miscarriage; and unviable pregnancies that, for a variety of reasons, carry their own dangers. There's also the possibility that, fearing legal retribution, providers may now hesitate to abort a pregnancy to save someone's life, even if that abortion would've met the qualifications as "protected."

"For me, it's not just about the increase in unsafe abortions, but also the delayed, denied, and foregone care for all sorts of things that are necessary for women and birthing people," Boen says. "I think about it beyond the acute health events that occur during pregnancy, about what it also means for that person's life chances."

Economic factors

Baker says she thinks about that aspect of the fallout from Roe, too. "If you have these laws in place, and someone is forced to have a pregnancy that they wouldn't have had otherwise, what does that mean in terms of their outcomes?" Baker says. "I think about the ripple effect this could have."

When she heard about the Supreme Court decision, she says it stopped her in her tracks. "It was definitely one of those loss-for-words moments."

As news trickled in about the state trigger laws—local anti-abortion laws that are now enforceable under the Dobbs decision—Baker started more closely analyzing the map. She noticed that most of the places enacting abortion bans have persistent poverty and inaccessible or ineffective health care systems. What's more, she knew from recent research she'd conducted that these factors don't affect all populations equally.

In a recent paper published in the [*American Journal of Sociology*](#), Baker showed that historical racism worsens poverty today for Black populations in southern states. A wider poverty gap between Black and white populations in these places also exists. "Some gaps have narrowed over time, but gaps in wealth have gotten wider over the past decade," says Baker. "Issues like this will make the problem worse."

That's because banning abortion in a state doesn't change how many people there may need or want one each year. Rather, it forces those people to seek other solutions, including traveling to places where abortions are still legal, Baker says. For some, she adds, that's simply cost prohibitive.

"Where these new laws are happening, these enduring disparities will continue," she says. "Systematic issues of the past are very present today in their long-term consequences, and these laws will simply compound the disadvantage. This is especially the case for Black, Latino, and Indigenous populations, as well as rural populations, for whom poverty rates are already higher."

Remaining hopeful

Neither Baker nor Boen pretends there's a silver lining to the *Dobbs v. Jackson* decision.

"Reproductive justice organizers tell us that this isn't the end," Boen says. "The legal precedent to me is just as scary as what happened under the decision. Access to contraception, the rights of folks in same-sex marriages, the protections offered to transgendered individuals—if these rights and protections didn't already feel like they were under threat, it now feels like they need our acute protection."

Yet both sociologists say they hold out hope there's a way to restore

these reproductive rights. "What keeps me going is that the majority of people in the U.S. support [abortion](#) rights," Boen says.

In fact, the [Pew Research Center](#) reports that 61% of Americans believe abortions should be legal in all or most cases. "When this decision was announced last week, I felt the collective resistance," Boen says. "This is going against the collective will of the country."

Conversations around reproductive rights and justice have been happening for decades, she adds. She points to work from scholars like Penn's Dorothy Roberts, whose 1998 book "Killing the Black Body" laid out the case that structural racism led to [reproductive rights](#) policies that have disproportionately harmed Black women.

Baker says she hopes the recent Supreme Court decision spurs people to act now, to "exercise their political rights to help preserve their human rights," she says. "We see them slipping away, and I hope this lights a fire."

Provided by University of Pennsylvania

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