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## **Mad at Birth Control?**

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*Most people understand that if you want to reduce the likelihood of unwanted and unplanned pregnancies, people should have access to and use birth control. It's basic biology most of us learned in high school. However, many people in the antiabortion movement seemed to have missed classes that day because they have widened their attacks on abortion rights to include attacks on birth control, including emergency contraception and conscience refusals by pharmacists. The war on abortion + the war on contraception = a war on women.*

In a report released by the Guttmacher Institute in March 2006, the *Washington Post* reported that growing rates of unplanned pregnancies nationwide can be linked to several laws that reduce funding for family planning services and restrict access to contraception. The report, which is the first to survey all 50 states, stated that three million of the six million annual pregnancies in the U.S. are unplanned and half of those pregnancies end in abortion. According to Sharon Camp, CEO of Guttmacher Institute, 21 out of 1,000 women ages 15 to 44 obtained an abortion in 2002 – the lowest rate of abortions since 1974. The abortion rate decline makes Camp worried that policymakers are not concerned with the primary cause of unplanned pregnancies. The *Post* also reported that reproductive health barriers like lack of education and money, as well as access to birth control predominately affect the nation's estimated 17 million adolescent girls and low-income women. The study reports that California, Alaska, South Carolina, Alabama and New York ranked top five for states "serving women in need of contraceptive services, allocate public funding to family planning and adopt laws and policies that promote access to contraceptive information and services." Alabama, Alaska and South Carolina, in particular, have taken steps to make family planning services available to low-income women. Nebraska, Utah, Ohio, Indiana and North Dakota, however, ranked at the bottom of the survey primarily because of lack of access to reproductive health clinics. Camp said, "When effective contraceptive use rises, abortion rates go down."

In a related story, in March 2006, the Missouri House of Representatives banned state funding of contraceptives and prohibited state-funded programs from referring women to other programs, reported the *Kansas City Star*. Rep. Susan Phillips of Kansas City, the amendment's sponsor, stated, "If doctors want to give contraception privately or personally, they, can. But we don't need to pay for contraception with taxpayer funds." The ban calls for the elimination of infertility treatments and contraception. It also restricted how state agencies can spend \$9.23 million earmarked for public health programs, which are primarily for low income people. Rep. Melba Curls (D) responded to Phillips' amendment by stating, "Not all the low income women who will get pregnant will have abortions." She continued, "If you have the baby, you're still low-income. And if you're poor and you have a baby, who takes care of the baby? The State of Missouri. You're setting up poor women once more not to have services." Rep. Kate Meiners (D) is an abortion opponent who said Phillips' amendment was meant to be a statement against abortion, but will, instead, create more unplanned pregnancies. Phillips, however, cites that the support

of Missouri Right to Life and the Missouri Catholic Conference makes her satisfied with the contraceptive ban.

We in the reproductive justice movement cannot let these attacks on our lives go unchallenged. Our most vulnerable are young women and poor women who need access to contraception and abortion in order to be self-determining about their lives. First we are accused of being irresponsible for having “too” many babies and now they want to deny us the contraceptives and abortion services that women need to be actually responsible for their lives. Do contraception and abortion opponents really care about babies or controlling our sexual behavior? You decide.