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Abortion and the Politics of Prevention

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On November 7, voters in South Dakota voted to defeat a referendum whether to adopt the state's draconian law banning abortion. Reproductive rights activists from all over the country converged on the state to help mobilize pro-choice voters in an impressive grassroots effort. The stakes for women's health and human rights were very high indeed.

In the corridors of power, however, the liberal conversation about abortion has taken a different turn. In order to woo anti-abortion voters to the Democratic Party, prominent democrats like Hillary Clinton are engaged in re-framing the abortion debate in terms of prevention. Clinton and Senate Minority Leader Harry Reid, an opponent of abortion, collaborated together on the Putting Prevention First Act. The act's central premise is that most unintended pregnancies and abortions can be prevented if we eliminate barriers that prevent women from having access to affordable and effective contraception. According to Clinton, abortion is "a sad, even tragic choice to many, many women."

What is wrong with the abortion prevention framework?

Clearly, women should have access to affordable and effective contraception. But when you add women's health, safety and rights into the equation, abortion remains vital to the exercise of real contraceptive choices. It's not about preventing abortion, but instead about ensuring that abortion services are widely available and accessible.

For example, when used with the backup of legal abortion, barrier methods of contraception such as the condom, diaphragm and cervical cap, are the safest by far of all reversible contraceptives. They do not cause any delay in or risk to fertility and they help protect against sexually transmitted diseases and cervical cancer. They do not raise your risk of cancer or circulatory problems, or cause the so-called "minor" side effects of many hormonal methods – weight gain, loss of libido, depression. Many women might choose to use barrier methods as their main form of birth control over so-called more effective methods with substantial side effects – the IUD, Depo-Provera, implants, the patch – if they knew they could get an abortion without difficulty in case they got pregnant. Access to emergency contraception (EC) is clearly vital too, but EC is only useful when you know you are at immediate risk of pregnancy and take action right away.

We need to return abortion to its status as a birth control method rather than as a tragic, traumatic event laden with guilt. Surgical abortion is one of the safest types of medical procedures; less than one percent of all women having legal abortions in the U.S. experience a major complication. We have to challenge American exceptionalism when it comes to the politics of abortion. In most other countries where abortion is legal, it is a question not only of women's rights, but also of public health.

Women have had abortions throughout history and will continue to have them. Today, almost a quarter of pregnancies worldwide end in abortion. The question is not about the morality of abortion, but its safety. Illegal and unsafe abortions claim the lives of nearly 70,000 women worldwide every year and leads to untold medical complications. Don't get me wrong – this does not mean abortion should be the only or main form of birth control, as was the case in the former Soviet Union where the state neglected women's need for contraceptive methods. But we need to move away from abortion as the last line of defense against unwanted pregnancy and view it as a necessary component of contraceptive choice.

In the U.S., the increasing lack of access to abortion because of restrictive laws provides shortages, with expenses putting pressure on family planning providers to push the most effective contraceptives in terms of preventing pregnancy. The primary targets are young and poor women. The scarcity of abortion services, thus, skews the contraceptive calculus and encourages a cavalier attitude toward side effects and safety.

As the injectable Depo Provera loses favor because of its links to bone density loss and possible connection to an increased risk of acquiring HIV/AIDS, providers are starting to turn to other methods like the IUD. Locally, we are hearing reports of college students being prescribed the IUD even though it is contraindicated for young, sexually active women who have not have children because it is associated with a greater risk of pelvic inflammatory disease and future infertility.

Meanwhile, contraceptive manufacturers, eager to market their products, are waging a low intensity war against condoms as a form of birth control. For example, the former distributor of Depo Provera, Pharmacia Corporation put out promotional materials suggesting that it was irresponsible for women only to use condoms since they are less effective than Depo in preventing pregnancy. Drug companies are also pushing a perverse notion of 'pharma-spontaneity' on young women. The message is that it is wonderful and liberating for young women not to worry about birth control when they have sex -- why negotiate with your partner to put on a condom when you can get a shot or implant in your arm, an IUD in your uterus, or even a hormonal method that lets you miss your periods.

This notion of sexual spontaneity is disastrous in terms of women taking action to protect themselves against sexually transmitted diseases. By contrast, we need to say condoms and other barrier methods are a good, safe contraceptive choice, and even more so in combination with access to EC and abortion.

We also need to acknowledge that sometimes we are not all good girls. When we screw, we sometimes screw up, or at least our partner does, and thank God for EC and abortion, and please, Hillary Clinton, don't make us feel guilty for failing to be perfect. We should put women's health and safety first, and that means defending abortion not only as a fundamental woman's right, but as an important tool of contraceptive choice. We need to challenge the discourse of prevention with a positive, proactive language of our own.

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