



TWO SIDES  
OF THE SAME COIN:

**Integrating Economic and  
Reproductive Justice**

# EXECUTIVE SUMMARY

Access to comprehensive reproductive health care, including abortion, is essential to women’s economic security. Yet many progressive politicians and advocates often ignore this important connection. This report delineates the many links between these topics—including that family planning increases women’s economic opportunity, lack of supports for pregnant and parenting women interferes with their economic stability, and there is an unfulfilled potential for reproductive health care to help create economic security—and the need to integrate both issues into any proactive policy agenda to achieve equality for women.

The report also draws on critical new data from a longitudinal study conducted by Advancing New Standards in Reproductive Health (ANSIRH) at University of California, San Francisco. That study, known as the Turnaway Study, tracks what happens to women who seek but are “turned away” from the abortion care they need. We then analyze the study’s key findings—including the impact on the subjects’ economic status, health, and relationships—as well as other data to develop a rich picture of the interplay between women’s access to reproductive health care and their economic security.

Highlights related to abortion access and economic security include:

## 1 Most women who seek abortion are already struggling financially.

Over two-thirds of women (69 percent) obtaining abortions have incomes below 200 percent of (*i.e.*, twice) the federal poverty level (FPL), according to the Guttmacher Institute. The Turnaway Study found even more striking results: Among the women in the study who reported their household income, **two-thirds were poor**, meaning they lived below 100 percent FPL.

## 2 The most commonly cited reasons for seeking an abortion are financial concerns.

The most common theme that arose in the Turnaway Study was women not feeling financially prepared to have a baby (40 percent), meaning that they had general financial concerns, were unemployed or underemployed, were uninsured or could not get welfare, or did not want government assistance. In other words, **they could not afford to have a child.**

### **3 Women denied an abortion are more likely to be in poverty two years later.**

At the time they presented at a clinic, the women turned away from the abortion care they sought were on similar socio-economic footing with the women who obtained abortions. However, two years later, according to preliminary analysis, women denied an abortion had **three times greater odds of ending up below the federal poverty line**, adjusting for any previous differences between the two groups.

### **4 Many women cannot afford the cost of an abortion.**

The median price of an abortion in the Turnaway Study ranged from \$450 for a first trimester abortion to \$1750 for an abortion at 20 weeks or beyond. Total out-of-pocket costs for abortion paid by women and their family and friends ranged from \$0 to \$3,700. For more than half the women who had an abortion, out-of-pocket costs for the procedure and travel were equivalent to **more than one-third of their monthly personal income**.

### **5 Insurance bans create additional financial hardships.**

Restrictions on insurance coverage of abortion—both public (*i.e.*, Medicaid) and private—make it difficult for women to afford the cost of the procedure. When public or private insurance was not available, **median costs** to women obtaining abortions in the Turnaway Study **amounted to \$575**.

### **6 Women often make great sacrifices to obtain the money needed for an abortion.**

Many women **divert funds from necessities** like food, electricity, or rent in order to pay for the unexpected costs of an abortion.

### **7 Economic barriers delay abortion care.**

More than half the women (54 percent) who had an abortion in the Turnaway Study said that **raising money** for their abortion **delayed them in obtaining care**, which raises the cost and complexity of the procedure. Being nonwhite and having a pregnancy at a later gestational age were associated with higher odds of cost being a reason for delay in obtaining an abortion. Not having Medicaid or private insurance coverage also was associated with citing cost as a reason for delay.

### **8 Later abortion poses a higher financial burden.**

**As a pregnancy progresses, the cost of an abortion rises**, which leads to a phenomenon sometimes called “chasing the money.” And the social and economic barriers that surround early abortion care are further compounded when seeking later abortion care. Women needing such care often must travel longer distances and face increased travel costs.

### **9 Financial barriers can be a complete obstacle to abortion care for some women.**

Approximately **one in four poor women** who would have an abortion if Medicaid funding were available instead **carry their pregnancy to term** because they cannot secure the needed funds. More than one in five turnaways said they considered having an abortion elsewhere but never obtained one. Among this group, **85.4 percent reported procedure and travel costs** as the reason they were not able to obtain an abortion somewhere else.

The implications of these findings for the economic well-being of women and their children are not insignificant given that approximately one in three women in the U.S. will have an abortion in her lifetime and nearly two in three women are already mothers when they have an abortion.

The inescapable conclusion is that those developing strategies to keep women out of poverty cannot overlook access to abortion care, along with other reproductive health services such as contraception, prenatal care, and screening and treatment for reproductive cancers, HIV, and sexually transmitted infections.

At the same time, these findings should come as no surprise. It has been well-established that a woman's capacity to manage her fertility and determine whether and when to have children is intimately tied to her ability to pursue her life goals and take care of herself and her family. Because a woman's reproductive years directly overlap with her time in school and the workforce, she must be able to prevent unintended pregnancy in order to complete her education, maintain employment, and achieve economic security.

For instance:

- The annual cost of raising a child can range from \$9000 to more than \$25,000.
- Families living below the poverty line spend **30 percent of their monthly income** on child care.
- In a survey of individuals filing for bankruptcy conducted by then-Proffessor Elizabeth Warren and colleagues, 7 percent of respondents identified the birth of a child as a reason for their bankruptcy.
- Women saved approximately **\$483 million on birth control pills** in 2013 due to the Affordable Care Act's (ACA) guarantee of no-cost coverage of contraception.
- The birth control pill is estimated to be responsible **for nearly one-third (31 percent) of the narrowing of the gender wage gap** witnessed in the 1990s.
- Studies have shown that when women can plan their families, their children have better outcomes with regard to education and wages.

According to the *Shriver Report: A Woman's Nation Pushes Back from the Brink*, 42 million women—and the 28 million children who depend on them—are “living one single incident—a doc-

tor's bill, a late paycheck, or a broken-down car—away from economic ruin.” **The Turnaway Study demonstrates that a birth resulting from an unintended pregnancy is another such incident that can upend the financial security of a woman and her family.**

Moreover, voters recognize that any women's economic empowerment agenda is incomplete without policies that further access to comprehensive reproductive health care. Surveys conducted by the National Institute for Reproductive Health (NIRH) in New York, Pennsylvania, and Virginia found that “voters intuitively recognize links between control over one's reproductive decision-making—including access to abortion—and financial stability and equal opportunities.”

Put simply, the anti-poverty agenda—affordable housing, health insurance, education, supplemental nutrition, a living wage, paid sick and family leave, child care and reliable public transportation—is incomplete without affordable, comprehensive reproductive health care, including contraception to prevent unintended pregnancies and abortion care to end such pregnancies when that is what a woman has determined is the best course under her circumstances. After all, the woman struggling to pay for contraception or abortion services is also the woman trying to find a job, pay her bills, and feed her children.

The policy solutions are quite clear: ensure access to contraception, remove barriers to abortion care, and provide economic supports for women who choose to carry their pregnancies to term.

Policies targeting poor women have led to a tattered and torn safety net. But progressives can work to repair it by advocating for economic and reproductive justice together, by standing up to the constant attacks on abortion and contraception, and by developing proactive measures that promote a vision of poor women's self-determination alongside their self-sufficiency. The economic and reproductive rights of all women will never be secure until we do.

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