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Abortion Restrictions and Their Impact on Society

Abstract

In the wake of the 2022 United States Supreme Court decision that overturned the long-standing precedent of Roe v. Wade, subsequent anti-abortion legislation has engendered pervasive and lasting consequences throughout society, particularly through harms disproportionately experienced by marginalized individuals and communities. The study draws upon extensive qualitative and quantitative data, synthesized to illustrate the overarching implications of abortion restrictions across communities and state lines. It addresses the classification of abortion as healthcare, the rising number of “maternity deserts”, and the compounding economic strain on individuals already vulnerable to poverty. This paper also surveys existing literature on the often-overlooked impacts of abortion restrictions on men and their opportunities for educational attainment and economic mobility, as well as the intergenerational hardships resulting from limited and increasingly restricted access to abortion care. These findings underscore that ensuring access to safe and legal abortions remains a collective imperative. Abortion bans should not be viewed solely as issues affecting women, but urgent policy crises that have wide-ranging impacts on all sectors and members of society.

In 2022, the United States Supreme Court overturned Roe v. Wade, and the consequences will last for generations. For fifty years, Roe v. Wade guaranteed access to safe and legal abortions under the law. The decision was based on

the Due Process Clause of the 14th Amendment of the United States Constitution, as it protects the right to privacy. This right to privacy served as the foundation for Roe v. Wade, extending to those seeking abortions, women (and people who could become pregnant) often relied on the precedent of Roe v. Wade to ensure access to a vital component of their reproductive health and their overall societal prosperity. However, concurrently with the era of Roe v. Wade, religious institutions created a cultural atmosphere of fervent efforts to legally chip away at Roe v. Wade to collapse it entirely. In 2022, amidst the backdrop of religious pressures, the Supreme Court ultimately ruled that the right to obtain an abortion is not guaranteed by the Constitution, and a five-justice majority overturned the Court’s decision from 1973. This reversal of legal precedent stripped away the right to bodily autonomy for many Americans overnight. Despite common rhetoric claiming abortions are a societal blight and an extreme evil (rhetoric chiefly promulgated by ultra-conservative religious organizations), abortion bans are incredibly harmful to women and families. Such harms include damaging effects on local healthcare systems, adverse outcomes to the physical and mental well-being of individuals, unfavorable setbacks to socioeconomic security, and ingrained and inter-generational cycles of poverty. Therefore, banning access to abortions is not just detrimental to women, but negatively influences all members of society.

Primarily, abortion is a medical procedure and a healthcare issue. Between 2020 and 2021, the number of abortions increased by 5% in the United States and 626,000 abortions were reported in 2021 alone (Harris, 2024). Notably, the term ‘reported’ indicates that this figure may not

account for unreported or self-managed abortions. Given its prevalence, abortion is not only a common medical procedure but also a necessary component of reproductive healthcare. There are two primary methods for administering abortions within a clinical setting: medication or surgical.

According to Jung et al. (2023), medication abortions, which require taking a prescribed dose of mifepristone and misoprostol (that aid in expelling the uterine contents), accounted for 54% of all United States abortions in 2020 (Jung et al., p. 4). Furthermore, Jung et al. detailed the process of a typical procedural abortion and its efficiency:

“The clinician dilates the cervix mechanically, with tapered dilators, and then places a cannula to the uterine fundus. The cannula is then attached to either a manual or an electromechanical suction device and is rotated to empty the contents of the uterus . . . The procedure can be very brief (<5 minutes)”

Surgical abortions can also be effective for treating early pregnancy loss or an incomplete medication abortion (Jung et al., p. 6). Both of these procedures, deemed safe when performed by healthcare professionals, are essential for many women and play a critical role in maintaining their overall reproductive health. Furthermore, the reasons women have for seeking abortions vary but are overall consistent historically. According to a 2009 paper by Kirkman et al., research at that time indicated that decisions to seek abortions were influenced by factors such as personal well-being, timing, material readiness, responsibility to existing children, and the impact on significant others (Kirkman et al., p.13). This research suggests that various factors influence

the decision to seek abortion care, which are specific to individual needs and personal situations. Ultimately, understanding the complexity of these decisions is essential in providing compassionate, supportive care and ensuring that women have access to the healthcare services they need.

Denying access to this critical component of healthcare has dire consequences, chiefly in communities where abortion care is only one component of an overall suite of services a practice may provide. One of the most destructive outcomes on reproductive health clinics was in the form of Targeted Restrictions of Abortion Providers (TRAP). Before the overturn of *Roe v. Wade*, TRAP laws were set in place to purposely overregulate clinics to the point of closure by introducing excessively burdensome alterations to clinics on administrative and structural levels, which often resulted in total clinic closures (Calkin, 2019). When local practices shut down, other healthcare services disappeared alongside them, including testing for sexually transmitted infections (STIs), gynecological care, and critical preventative tests, such as cancer screenings (Watkins-Hayes & Adams-Santos, 2023). In states that severely restrict abortion care, established experts and other reproductive physicians tend to depart from those states. Emerson found that from 2004 to 2014, there was a 10% decrease in available obstetric services in rural areas, and these numbers increased exponentially in the following years (McIntyre & Ward, 2024). Furthermore, new physicians seeking to begin their careers tend not to establish practices in rural areas already lacking key obstetric infrastructure (Calkin, 2019). Restricting access to abortion results in an increasingly arduous task of recruiting and hiring physicians in such counties (Kapadia, 2022).

When reproductive healthcare providers are not present in a given location, women residing in those areas are unable to receive the care they require and often face more barriers to accessing their healthcare than they would otherwise. This drain on medical professionals and infrastructure results in what has become known as “maternity deserts.” According to McIntyre and Ward (2024), a maternity desert:

“a term used to describe the lack of birthing center or hospital and obstetric provider access by county. The larger the distance between a birthing center or hospital with obstetric services, the more impact the maternity desert has on the residents of that county”. (p. 1)

Furthermore, given the lack of physicians and reproductive health resources in regions with severe abortion restrictions, women face few other choices than to seek care outside of their geographic locale. For those compelled to travel out of state for abortion care, the journey can be costly and stressful (Watkins-Hayes & Adams-Santos, 2023). As of 2022, 54% of women in the United States were forced to travel significant distances for their reproductive care (Lenharo, 2022). As of 2019, there were maternity deserts in 27 states, which resulted in women needing to travel over 100 miles to reach the nearest clinic (Rodgers et al., 2021). Additionally, these types of burdens disproportionately affect low-income and other marginalized women who do not have adequate access to time and resources to facilitate out-of-state abortion care (Rodgers, et al., 2021). This overall lack of access to reproductive health—especially in under-resourced states—is a significant barrier to women’s well-being and an undue burden that can result in other deleterious outcomes and a significant decrease in quality of life for women. Denying women access to abortion care causes a notable decline in their mental health.

The psychological effects on women associated with denying abortion care are important to understand. Such effects include increased anxiety, stress, lower self-esteem, and a decreased sense of life centered satisfaction as compared to peers who were able to access abortion care (Worrell, 2023). Women who were already at risk of an adverse mental health condition or those who had previously experienced trauma were at a greater risk of suffering the psychological ramifications of an inability to access abortion care (Tobón et al., 2023). Further-more, Tobón et al. elucidated the societal stigma on women who sought abortions and their anxiety around feeling “looked down upon” (2023, p. 3). These subsequent psychological distresses are a serious issue and can lead to unfavorable out-comes for women’s quality of life. It is important to understand the impact on mental health when considering abortion bans.

One must also consider the physical ramifications to women when restricting access to safe and legal abortions. A statistic from a study in Wisconsin concluded that “91% of physicians believed overturning Roe v. Wade would worsen health care for women” (Kapadia, 2022, p.2). Abortion restrictions could also result in pregnant women seeking more dire measures, including unlawful and unregulated abortion procedures or performing self-managed abortions (Vilda et al., 2021). Furthermore, as pregnancy itself is already a health risk that could result in complications for both mothers and infants, it is important to understand how restricting abortion access can further endanger women. Aside from an increase in other adverse outcomes as a result of being pregnant, the most serious of all risks is death (Lantz et al., 2023). The mortality rate for childbirth in the wake of state-wide abortion bans is expected to increase the mortality rate for pregnant women to 14%, with Black women being the most at risk for

maternal mortality, as they are three times more likely to die from pregnancy and childbirth as compared to their White counterparts (Lantz et al., p. 291). Moreover, women of color, especially Black women, are already susceptible to or living in poverty (Vilda et al., 2021, p.288). The overall consequence of barring access to life saving abortion care, especially given the established risks of pregnancy, is a health crisis.

However, while it is imperative to understand the damage to women's health and well-being, restricting access to abortion also carries additional far-reaching consequences that directly impact other members and components of society. In the wake of abortion restrictions, the economic security of both women and men is at risk. Lantz et al. (2023) described the socio-economic effects of restrictive abortion access on people who are likely to be susceptible to un-wanted pregnancies. This demographic includes people who are less economically solvent, and thus most at risk for unintended pregnancy; access to contraception is not easily obtainable in impoverished communities (Lantz et al., 2023). Again, women of color, especially Black women, are more at risk than other demographics, as are those who are already susceptible to or living in poverty (Vilda et al., 2021, p.288). In a 2022 paper, Everett et al. (2022) expanded on this economic component across demographics by demonstrating that even men are subject to the economic pitfalls of abortion bans. This unique research focused on the impacts on men and the disparate economic prospects and outcomes in the context of abortion bans:

"...Cisgender men may experience the consequences of an unwanted pregnancy in a fundamentally different way than woman as they do not fundamentally different way than women as they do not have to physically carry the pregnancy and are less likely to

become single parents or the primary caretaker of a child. Higher SES [Socio-economic Status] men may be more adept at avoiding the financial or economic consequences of unplanned pregnancy than their lower SES counterparts, including financial resources or support from their parents to help pay for an abortion or childrearing costs. Third, men from advantaged SES backgrounds, in general, are more likely to go on to graduate from high school and college. Multiple studies have shown that parents' education achievement are powerful correlates of their children's SES." (p.14)

Given that men are typically excluded from the discourse surrounding abortion, Everett's research provides a critical highlight to the widespread socioeconomic pitfalls of abortion bans on men as well as women. In low-income families that adhere to traditional gender roles, men may experience more personal and financial strain from the economic consequences of abortion bans.

Additionally, Ruppaner et al. (2021) detailed further economic damages as illustrated by the expenses of childcare and childrearing with a focus on women who were already mothers.

Existing mothers often encounter extant barriers to upward career mobility. Their prosperity in the workforce can also suffer due to a lack of work-life flexibility and other missing benefits such as paid family leave. These barriers can disproportionately affect women from less privileged socioeconomic backgrounds, and their counterparts (mothers with higher degrees of education and more financial freedom) are better adept at managing these barriers given their access to added and robust resources (Ruppaner et al., 2021). This contrast in access to resources is especially striking in states with the strictest abortion laws, which tend to be states with poorer, less educated

demographics, and more traditional gender norms (Ruppaner et al., 2021). Madden et al. (2024) illustrated that “the most restrictive state group also had the highest percentage of reproductive-age women with income less than 200% of the federal poverty line”(p. 3). As the costs of childcare continue to rise, overall economic hardship continues to disproportionately disadvantage underprivileged and low-income mothers.

Moreover, given the established economic pitfalls in states with the most severe abortion restrictions, it may seem reasonable to turn to existing social welfare programs to potentially fill the economic gaps left by abortion bans. Such social welfare programs are essential to helping families in need, such as the popular Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is a vital government program that provides food assistance and other family-related services and is a crucial resource for those who may fall below the poverty line. Programs like WIC and others intend to help those in need however, an argument often put forward by religious conservatives is that these social programs should be the sole support structures for women who are denied access to safe and legal abortions. In a 2023 online article by the National Catholic Register, author Catherine Hadro extolled the virtues of her Christian religion’s idealism for such social safety nets, declaring,

“In states where abortion is illegal or largely banned, lawmakers will need to draft laws that provide more resources for families with unplanned pregnancies. And in states where abortion remains rampant, pro-life lawmakers will need to be creative in how they can save as many lives as possible in a bipartisan way”.

However, such comprehensive social systems are not necessarily a viable solution and fall far short of their idealized reality. For example, scholarly literature illustrates this, especially concerning poorer states and their current welfare programs. Lantz et al.(2023) analyzed data from the Turnaway study and concluded that women who were barred from accessing abortion care were more likely to rely upon support from programs such as Supplemental Nutrition Assisted Program (SNAP), Women, Infants, and Children (WIC), and Temporary Assistance for Needy Families (TANF). Any regular and prolonged reliance on these and other social welfare assistance can put a long-term strain on the programs, particularly in states with strict abortion laws. What is more, poorer states tend to underfund their social programs. Madden et al. (2024) supported this assertion in their analysis using a 3-category rating system for abortion restrictions across the United States. The authors compiled data available from nonpartisan public organizations and sorted the data into three categories; least, moderate, and severe. This method of data collection enabled them to group all 50 states by their abortion policies and compare them to the percentage of the total United States population of reproductive-aged women. This process allowed them to determine how many women were affected by severe abortion restrictions and the state resources available to those who were. They found that in 2020, nearly 32 million women of reproductive capacity resided in the 21 states with the most severe restrictions—states that lacked the most comprehensive public resources (Madden et al., 2024).

Similarly, states with the strictest laws hinder access to contraception, a proven method of preventing unwanted pregnancies. Madden et al. (2024) continued their analysis of state-by-state access to preventative measures, specifically

studying contraceptives. Their research found that states that limit abortion access are far less likely to institute policies that grant pharmacists the ability to prescribe birth control which was at 42.9% versus 82.4% of states with the least restrictive access (Madden et al., 2024, p.8). If public pro-grams that offer affordable and reliable access to contraceptives are not funded in states that already have a poor history of supporting welfare programs, the number of families adversely affected by a lack of access to abortion care will only continue to increase. This reality can be especially detrimental to economically vulnerable mothers and their children who may be unable to escape a subsequent cycle of poverty and overall societal inequity. Poverty is a crisis in the United States that is only worsened by the absence of abortion care. Susceptibility to poverty is particularly common among low-income women who may seek abortion services in the future. Among the number of women who seek abortions, an estimated two-thirds of them already have children (Lantz et al., 2023). A study conducted by the Intergenerational Panel Study of Parents and Children (as cited by Lantz et al.), found that children living in families with the addition of an unwanted child suffer from a lack of important family resources (Lantz et al., 2023). Furthermore, a child born due to a lack of abortion access is “50% more likely to live in poverty,” and these circumstances increase the likelihood of childhood neglect and maltreatment which can impact educational prospects and exacerbate future income inequality (Lantz et al., p. 19). In addition to impoverished upbringings, banning abortion may also increase the likelihood of criminal activity for unwanted children. A 2021 comparative study conducted by Rodgers et al. (2021) concluded that legalized abortion coincided with lower crime rates, and in citing a study by Donohue and Levitt (2001), Rodgers et al. detailed a drop in past crime rates as a result of the now overturned *Roe v.*

Wade. They concluded that before abortions were legal, unwanted children who were born into low-income households in underprivileged communities were predisposed to a greater risk of participating in criminal activities as adults (Rodgers et al. 2021). Legalizing abortion reduced the prevalence of unwanted pregnancy and resulted in a subsequent reduction in crime (Rodgers et al., 2021). Vulnerability to poverty and its adverse outcomes are a key impetus for permitting access to safe and legal abortions. The health and socioeconomic consequences for children who are born to families already at risk of poverty increase the likelihood of perpetuating that social inequality. These consequences can have immediate and damaging results in the lives of these children, which can lead to generational cycles of hardship, poor education outcomes, and a risk of engaging in future criminal activity.

The most conservative states uphold the most restrictive policies surrounding abortion access and social services for their residents (Madden et al., 2024). It is in these states where the crisis of poverty is likely to be exacerbated by abortion bans, which jeopardize the overall futures of women, children, and families. Although restricting abortions affects all those who may be vulnerable to such socioeconomic outcomes, members of marginalized communities, particularly Black women, are at greater risk. Access to safe and legal abortions, as well as ensuring ongoing and equitable access to opportunities for economic upward mobility, should be available to all demographics. States should endeavor to provide their citizens with these basic necessities for life satisfaction and overall health. The need for protecting access to these basic fundamentals is critical, especially in a developed nation such as the United States, and failing to do so can have catastrophic consequences on the lives of women and communities far beyond the scope of an unwanted pregnancy.

Scholarly literature proves that the aftermath of abortion bans has drastic effects on all of society. Access to reproductive care is essential for the health and prosperity of individuals, families, and communities. Although the initial damages of restricting abortions affect mothers, they quickly spread to other interlocking components of society. These damages include a depletion of healthcare services by way of professional drain and clinic closures, which leads to an absence of vital healthcare components for women. Abortion restrictions also hinder economic security and may cripple parents' abilities to complete higher education, seek higher-paying jobs, and capitalize on various other economic opportunities. Social welfare programs are subsequently touted as an economic panacea for women and families who are denied abortion access. However, in states with the highest rates of poverty and the strictest abortion bans, these programs are not capable of shouldering that burden. Lastly, the generational ripples of ensuing poverty and childhood neglect begets a negative socioeconomic cycle that is hard to break and can lead to delinquency and criminality. Preventing all of these outcomes is well within the abilities of electorates and governments, and all should aim to keep the spotlight focused on this issue of reproductive healthcare. It is, therefore, incumbent upon all members of communities to ensure that ongoing, safe and legal access to abortion is available to everyone, otherwise, the aftermath may permeate the very foundations of society as a whole.

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