

abortion attitudes and availability

by carole joffe and tracy a. weitz

Dr. George Tiller, an abortion provider in Wichita, Kansas and a long time target of antiabortion extremists, is gunned down on a Sunday morning in the lobby of his church where he was serving as an usher. A contentious battle about abortion has the potential to derail Congressional efforts at health care reform. In American popular culture, a positive portrayal of abortion is taboo—even in edgy youth-oriented films like *Juno* and *Knocked Up*. These far-ranging examples illustrate how abortion remains one of the most divisive issues in American society, nearly 40 years after the 1973 *Roe v. Wade* decision legalized the procedure.

Polling data confirm a stark but consistent divide in U.S. public opinion. Between 1976 and 2008, with only small variations resulting from how the question is asked, between 80 to 85 percent of Americans have supported keeping abortion legal. At the same time, the vast majority of these supporters believe the procedure should be legal only in certain circumstances. Follow up questions show that Americans tend to approve of abortion for reasons such as fetal impairment, threat to the health of the pregnant woman, or when the abortion is the result of rape or incest—circumstances that account for only a small number of abortions. (Most abortions are requested because the woman is not ready for a child—or another child—or cannot financially support the child.)

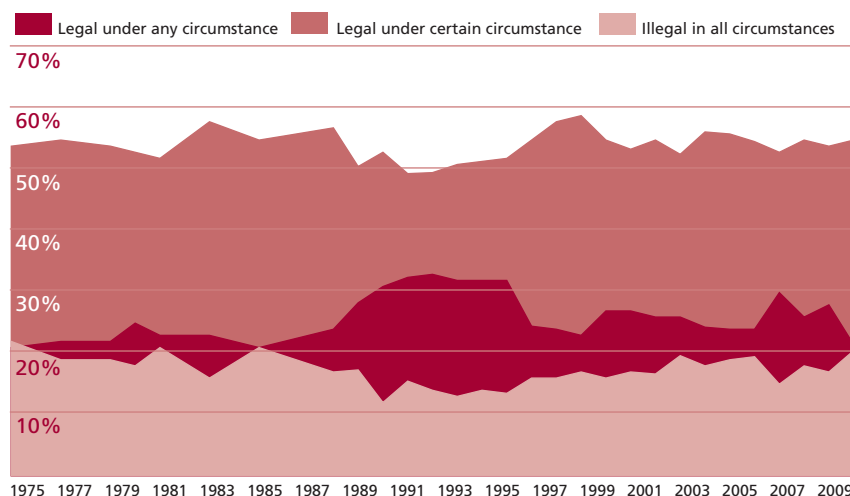
In spite of this attitudinal stability, one thing has changed dramatically over the period: the number of hospitals, clinics, and private medical offices that offer abortion care. As illustrated on the right, the number of legal abortion-providing facilities peaked in 1982 at 2,908. By 2005, the last year for which data is available, the number had dropped to 1,787. In the U.S., 87 percent of counties are now without an abortion

provider, meaning that about one in three American women lives in a county without such services. Access is a particularly acute problem for those living in rural areas. Women needing abortions after the first trimester find their options limited even further since one-quarter of the states have only minimal or no services after the 15th week of pregnancy.

Later abortions (those occurring after 24 weeks) are subject to much misunderstanding and misrepresentation.

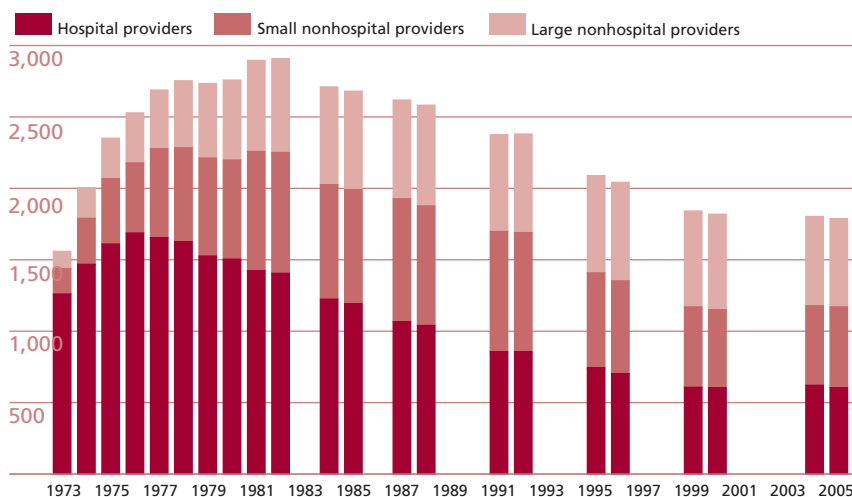
One of the great ironies of the abortion debate is the disconnect between the circumstances under which Americans support abortion (to preserve a woman's health, or because the fetus is severely impaired, such as when a brain stem has not developed), and their opinions about when abortion should be illegal. In most polls respondents consistently show more support for earlier abortions than later ones, with a majority believing abortions in the third trimester should be illegal.

Support for legal status of abortion



Source: Reprinted from <http://www.gallup.com/poll/1576/abortion.aspx#1>

Abortion providers



Source: Trends in Abortion in the United States, 1973-2005, Slide Set #5, Guttmacher Institute, Jan. 2008. Available at <http://www.guttmacher.org/presentations/trends.html>

However, the conditions for which abortion is most supported are likely to predict the need for a later abortion, the very abortions respondents believe should be illegal. (This, it is worth noting, was the subtext of the murder of Dr. Tiller. His clinic was one of the few in the country known to provide abortion services to women in such situations.)

It is tempting to attribute the sharp declines in abortion providers to the violence that has plagued this area of medical practice. Besides Dr. Tiller, seven other members of the abortion providing community have been killed since 1993, and numerous others have been terrorized by fires, anthrax scares, and stalking incidents. Yet violence is only one of several factors that contribute to the declining number of providers.

Another key factor is the medical profession itself. Although the profession has formally supported the legalization of *abortion* since the 1970s, it has remained ambivalent about abortion provision and actual *abortion providers*. In the years following legalization, the medical community did very little to incorporate abortion services into existing health

care institutions. Few hospitals established abortion services, very few medical organizations issued standards for abortion care, and (perhaps most notably) abortion training did not initially become part of the requirements for residency training in obstetrics and gynecology, the field of medicine most associated with abortion care. (Such requirements were adopted in the mid-1990s). One reason for this ambivalence may be that the ravages of illegal and unregulated abortions that left thousands of women dying and injured in the first part of the 20th century created enduring stereotypes of abortion providers as “back alley butchers,” though many competent and decent physicians had provided abortions before *Roe*.

Another factor contributing to mainstream medicine’s reluctance to engage with abortion care was that in 1973, immediately after *Roe v. Wade* legalized abortion, Congress passed the Church amendment which stipulated that no institution that received federal funds could require a physician to perform abortion. This and subsequent measures (such as the 1976 Hyde

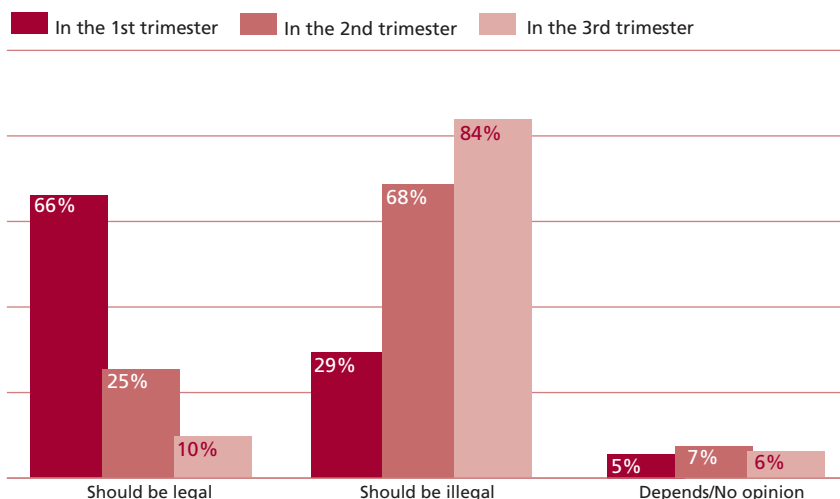
amendment which strictly limited the expenditure of federal funds on abortions for poor women) made clear to American physicians that this area of practice would receive a level of Congressional oversight not true elsewhere in medicine.

Cultural stigmas surrounding abortion also remain an obstacle for health care providers. Recent work by sociologist Lori Freedman reveals that young physicians joining group practices are often asked by senior partners to sign contracts stipulating that they will not perform abortions, even in offsite facilities such as a Planned Parenthood clinic. Moreover, many primary care doctors, who are the focus of recent training in early abortion methods, work in federally-funded health centers which do not permit abortion, or provide malpractice coverage for it. The integration of abortion into mainstream medicine is further complicated by recent mergers of secular hospitals with Catholic ones, subjecting the former to policies which forbid abortions.

In conclusion, while the majority of American physicians and administrators, gatekeepers to abortion care within clinics and hospitals, appear to be sympathetic to legal abortion, the power of the stigma long associated with abortion provision and ever-present concerns about controversy and violence, make abortion access a problem that is not likely to be resolved in the near future.

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Support for abortion, 2003



Source: CNN/USA Today/Gallup Poll, Jan. 10-12, 2003. Available at: <http://www.pollingreport.com/abortion.htm>