

## ABORTION FACT SHEET

### STATISTICS

Forty percent of the world's women of childbearing age (15-44) live in countries with highly restrictive laws that prohibit abortion altogether, or allow the procedure only to save a woman's life, or protect her physical or mental health. The number of worldwide abortions fell from an estimated 45.5 million in 1995 to 41.6 million in 2003. Of those, approximately 19.7 million are estimated to be illegal abortions occurring mostly in developing countries, putting the total of legal, worldwide abortions at 21.9 million. Although the rate of safe, legal abortions dropped between 1995-2003 to 15 per 1,000 women aged 15-44, the unsafe abortion rate only dropped from 15 to 14 per 1,000. Almost all illegal, unsafe abortions occurred in developing countries.<sup>i</sup>

Throughout the 1990s, the number of abortions performed in the United States declined each year, and the U.S. abortion rate from 2007 shows that the abortion rate is at its lowest since 1974 at 19.5 abortions per 1,000 women. In 2007, there were **1,210,000** legal abortions in the U.S., down from 1.6 million in 1990.<sup>ii</sup> The number of abortions reported by the Indiana State Department of Health for 2007 is **10,887**, compared to 12,272 in 2000.<sup>iii</sup>

Nationwide, the number of **abortion providers** remained stable between 2005 (1,787) and 2008 (1,793).<sup>iv</sup> Eighty-seven percent of all U.S. counties lacked an abortion provider in 2008, and these counties were home to 35% of women.<sup>v</sup> There are no reported abortion providers in 95% of Indiana counties, leaving 66% of all women in Indiana living in a county with no abortion provider.<sup>vi</sup>

In 2007, the percentage of abortions for each age group was as follows:<sup>ii,iii</sup>

Age	Under 15	15-19	20-24	25-29	30-34	35-39	40+
<b>% of all abortions—IN</b>	<b>0.50%</b>	<b>16.4%</b>	<b>33.0%</b>	<b>23.6%</b>	<b>14.3%</b>	<b>8.5%</b>	<b>2.7%</b>
<b>% of all abortions—U.S.</b>	<b>0.50%</b>	<b>17.9%</b>	<b>32.7%</b>	<b>23.0%</b>	<b>14.5%</b>	<b>8.4%</b>	<b>2.8%</b>

**Race/Ethnicity.** In 2008, non-Hispanic white women accounted for 36% of abortions, non-Hispanic black women for 30%, Hispanic women for 25%, and non-Hispanic women of other races for 9%. The abortion rate for black women in the U.S. in 2008 was 33.5 abortions per 1,000 women aged 15-44.<sup>vii</sup> In Indiana in 2007, 63.9% of women who had an abortion were white, 29.1% were black, 2.8% were other races, and 4.2% were unknown. 82% were non-Hispanic, 7.9% were Hispanic, and 10.2% were unknown.<sup>iii</sup>

**Gestation/Procedure.** In 2006, 61.8% of all abortions in the United States were performed before the ninth week of pregnancy and 88% of abortions occurred in the first 12 weeks of pregnancy.<sup>iv</sup> In 2007, 60.3% of abortions performed in Indiana occurred before the ninth week of gestation, 31.8% between

weeks 9-12, and 3.8% occur after 12 weeks. Ninety-one percent of all abortions in Indiana occur in the first trimester. <sup>iii</sup>

Because abortions are typically performed so early in pregnancy, an overwhelming majority are performed by cutterage. In 2008, this method accounted for 75.9% of all abortions in the U.S. in 1999 <sup>vii</sup>, and for 87.6% of all abortions in Indiana in 2007. <sup>iii</sup>

Mifepristone, the early abortion pill, received FDA approval to be marketed in the United States as an alternative to surgical abortion in September 2000. <sup>iv</sup> In 2008, 17% of all non-hospital abortions were medical, or induced by a drug, rather than surgical and 59% of abortion providers provided one or more early medication abortions. <sup>iv</sup> The use of early medical abortion has increased approximately 300% from 2001 to 2008. <sup>vii</sup>

**Marital Status.** Most abortion patients in the United States are not married. In 2008, 85% of women who had an abortion were not married, including 29% who were cohabitating, and over 15% of women were married. <sup>viii</sup> In Indiana in 2007, 82.2% were not married, 16.5% were married, and the marital status for 1% was unknown. <sup>iii</sup>

## Education Level.

**Percent of Abortions by Educational Level, 2008**<sup>iii, viii</sup>

EDUCATIONAL LEVEL	NOT H.S. GRAD	H.S. GRAD/GED	SOME COLLEGE	COLLEGE GRAD
% OF ABORTIONS-IN*	17%	54%	22%**	
% OF ABORTIONS-US	12.3%	28.3%	39.5%	19.9%

\*Indiana has an unknown rate of >1%

\*\*Includes all educational levels higher than graduated from high school.

**Mortality.** In 1965, 193 deaths from illegal abortion were reported in the United States. Because abortion was illegal nationwide at that time, the actual number was probably higher. <sup>ix</sup> The risk of death from a legal induced abortion increases with the length of pregnancy, from one death for every one million abortions at or before eight weeks to one per 29,000 at 16-20 weeks and one per 11,000 at 21 or more weeks. <sup>iv</sup>

**Emotional Effects.** Scientific studies of legal abortions in the United States indicate that severe negative psychological reactions are rare. An August, 2008 report by the American Psychological Association Task Force on Mental Health and Abortion concludes that “the best scientific evidence indicates that the relative risk of mental health problems among adult women who have an unplanned pregnancy is no greater if they have an elective first-trimester abortion than if they deliver the pregnancy.” Another review of the scientific literature conducted in 2008 by researchers at Johns Hopkins University found that “the highest-quality research available does not support the hypothesis that abortion leads to long-term mental health problems. Lingering post-abortion feelings of sadness, guilt, regret, and depression appear to occur in only a minority of women.”<sup>x</sup>

**Public Support.** A May 2009 Gallup poll found that for the first time since Gallup began asking Americans if they identified as pro-life or pro-choice in 1995 that a majority of Americans identify themselves as pro-life. Of 1,015 Americans polled, 51% identified as pro-life, and 44% identified as pro-choice (with 95% confidence that the maximum margin of sampling error is ±3 percentage points). A

statistically significant shift was seen in individuals who identified as Republicans or Republican-leaning independents with the number rising 10 points over the past year from 60% to 70% while there has been no change in the views of Democrats and Democrat-leaning independents. In their report, Gallup suggests that with the election of the first pro-choice president in eight years, Americans, Republicans in particular, seem to be shifting from their pro-choice position.<sup>xi</sup>

## LAWS-Timeline of Court Cases

***Griswold v. Connecticut*** (1965)<sup>xii</sup>: This decision invalidated an 1879 Connecticut law prohibiting the counseling and use of contraceptives. The Supreme Court ruled that the Bill of Rights guarantees married couples a right to privacy which the government cannot violate without good reason. The 7-2 decision laid the groundwork for future decisions upholding the right to privacy in sexual health and reproductive choices.

***Roe v. Wade*** (1972)<sup>xiii</sup>: This court case challenged a Texas law prohibiting abortion except when a woman's life is in danger. The Court ruled that women had the right to privacy in their decision to terminate their pregnancy. The 7-2 decision balanced the rights of women with the states' interest in protecting maternal health and potential life of the fetus:

- First trimester: States cannot interfere with a woman's right to abortion.
- Second trimester: States can regulate abortion in order to protect a woman's health.
- Third trimester (and after fetal viability): States can prohibit abortion except when the procedure is required in order to preserve a woman's health or life.

***Webster v. Reproductive Health Services*** (1989): In this decision, the Supreme Court upheld a Missouri statute that banned the use of public employees and public facilities for abortions, except when necessary to save a woman's life. Even if no public funds are being used, public buildings still cannot be used. The 5-4 ruling also upheld a requirement that physicians test for fetal viability at 20 weeks gestational age or more.

***Hodgson v. Minnesota*** (1990)<sup>xiv xv</sup>: This case questioned the constitutionality of a Minnesota statute that required all physicians to notify both parents of un-emancipated minors at least 48 hours before performing an abortion. In a close decision, the Supreme Court declared the requirement of notifying two parents before an abortion was unconstitutional unless there is also an option for judicial bypass. On the same day, the outcome of *Ohio v. Akron Center for Reproductive Health* was to uphold a statute requiring notification of one parent, opening the possibility that a statute requiring notification of a single parent may not require any judicial bypass. These decisions limited the reproductive rights of minors.

***Planned Parenthood v. Casey*** (1992)<sup>xvi</sup>: This case challenged a Pennsylvania abortion law. There were a number of provisions in the law, most of which were upheld as they did not present an "undue burden" for the woman seeking an abortion. The "undue burden" rule became the new

test for pre-viability abortions and the trimester system established in *Roe* was thrown out. The Pennsylvania requirements that were upheld by the Court were:

- State-scripted counseling about health risks, age of the fetus, and fetal development must be given to the woman seeking an abortion.
- Following the state-scripted counseling, the woman must endure a 24 hour waiting period before the procedure.
- Women under the age of 18 require the consent of one parent before an abortion.
- All physicians must submit detailed reports to the states regarding any abortion performed.

The only provision rejected was on requiring a woman to present a signed statement from her husband stating he was aware of her intention to have an abortion. The significance of this case is that it is the current standard for the Court in ruling on laws restricting abortion and has enabled more restrictions.

***Gonzalez v. Carhart*** (2007)<sup>xvii xviii</sup>. This case challenged a federal partial-birth abortion ban because it did not include an exception for preserving the health of a woman. In a 5-4 decision the Supreme Court upheld the law citing the interest in potential life. This partial birth abortion ban only prohibited the dilation and extraction method. This case essentially reversed the precedent established in the 2000 case, *Stenberg v. Carhart*, where a similar Nebraska law was struck down by the Court. The ruling also opened the door to further abortion restrictions without health exception.

### **Abortion Laws in Indiana.**

All abortions must be performed by a licensed physician, and all abortions must be performed prior to 20 weeks post-fertilization unless there is a threat to the woman's physical health. Abortions must be performed in a hospital at 20 weeks post-fertilization and a second physician must also participate.

Indiana law prohibits so-called "partial-birth" abortions unless a physician reasonably believes that it is necessary to save the woman's life and no other medical procedure is sufficient to save her life. The pregnant woman must give her voluntary and informed consent before receiving an abortion and the pregnant woman must receive mandatory counseling orally and in writing that includes potential danger of infertility, age of the fetus, information about fetal pain, and the availability of an ultrasound image.

**Funding and Insurance.** No state funds can be used for an abortion except in the case of a threat to the physical health of the pregnant woman. Health insurance policies offered in the new state exchange established under health-care reform may not include abortion coverage, with exceptions only to save a woman's life, avert substantial and irreversible impairment of a major bodily function, or if the pregnancy is the result of rape or incest.

**Refusal.** Any physician, nurse, or hospital employee can refuse to perform an abortion if that individual objects to the procedure for moral or religious reasons. No hospital can discriminate against any employee for moral or religious beliefs concerning abortion.

**Waiting Period.** There is an 18 hour waiting period after the woman receives mandatory counseling.

**Minors.** A woman under the age of 18 must have written consent from at least one parent or guardian in order to have an abortion or must receive a judicial bypass where she goes before a judge and petitions to have parental consent for the abortion waived.<sup>xix</sup>

## **PLANNED PARENTHOOD ABORTION SERVICES AND POLICIES**

Abortion must always be a matter of personal choice. Planned Parenthood endeavors to ensure that women have the right to seek and obtain safe, legal abortions under dignified conditions and at a reasonable cost. No one should be denied abortion services solely because of economic or social circumstances or because of age. Nor should there be any coercion in connection with a patient's decision about continuing or terminating a pregnancy. Abortion services must include information on the nature, consequences, and risks of the procedure, and counseling on the alternatives available to the woman, to assure an informed decision.<sup>xx</sup>

Planned Parenthood of Indiana offers in-clinic and pill abortion services in Bloomington, Merrillville, and Indianapolis and offers pill abortion services in Lafayette. There were a total of 5,250 abortions (in-clinic and pill) performed at Planned Parenthood of Indiana health centers from June 1, 2010 to July 31, 2011.<sup>xxi</sup>

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## SOURCES

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