

ARGUMENT

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What Happens When Women Can't Get Legal Abortions

Examples from around the world show that restrictions can actually lead to more, not fewer, abortions.

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In a 5-4 decision late Wednesday night, the Supreme Court of the United States refused to block a Texas law banning most abortions after six weeks, which is before many women even know they're pregnant. Known as Senate Bill 8, the law does not allow exceptions for pregnancies resulting from rape or incest, making it the harshest abortion restriction in the country. The law sets the stage for a battle over the future of *Roe v. Wade*, the landmark 1973 Supreme Court decision, which states that the Constitution protects a pregnant woman's right to choose to have an abortion without excessive government restriction.

Reduced abortion access in the United States could have catastrophic results. In countries around the world with limited or no access to safe, affordable abortion, people are either forced to keep unwanted pregnancies or dismembered or even killed by unsafe abortions each day.

Evidence suggests that abortion restrictions actually lead to more abortions. During President George W. Bush's administration, the U.S. government barred foreign nonprofits from receiving American federal funding if they provided any abortion services, under what was dubbed the Mexico City Policy. Abortions, particularly those using unsafe procedures, were 40 percent higher under the policy than when the policy was not in place in the sub-Saharan African countries most affected. A July 2020 study in the Lancet found that abortion rates increased by 12 percent from the 1990s to the 2010s in countries where access to the procedure is restricted, while in countries where it is broadly legal, the rate declined significantly. "Research has shown time and again that countries most impacted by the

global gag rule ... saw rises in abortion rates, many of them unsafe,” said Seema Jalan, executive director of the Universal Access Project.

Lessons can be learned by examining how restrictive laws affect women and girls in other countries, such as Kenya and Uganda, where abortion services are severely limited. Most Kenyan and Ugandan women and girls cannot afford to travel abroad to countries like South Africa, where abortion restrictions are less stringent. This leaves them desperate and with very few options.

In these cases, women may be forced to keep unwanted pregnancies without being willing or able to care for those children. That was true of Sarah, a 30-year-old sex worker from a slum in Nairobi who requested her name be changed to protect her privacy. Sarah picked up a client on a cool evening three years ago, and the man—whom she described as a “terrorist”—beat her, held a gun to her head, and raped her for hours. “He refused to use a condom. In fact, he never even paid me for that night,” Sarah said.

“It took me some months, like four months,” Sarah remembered, “for me to realize that I was pregnant,” because she was taking contraceptive pills. Sarah did not have enough money to visit a proper clinic. Even if she had, she would have been prevented from terminating her pregnancy due to Kenya’s restrictive laws. She sought advice from friends, who suggested she visit a nearby pharmacy where unsafe procedures were performed by fake physicians. The front of the pharmacy was clean, but the back, “where the sin is happening,” was filthy, Sarah said. The place stank like dead rats.

The supposed doctor was unavailable, but his assistant injected Sarah three times in her thigh, back, and hand, and sent her home. “The bleeding was very painful,” Sarah said. “I was tired. I was scared. I thought I was going to die.” But the procedure failed. Still pregnant, Sarah visited a different clinic, where she was given some pills to take. These, too, failed to terminate her pregnancy.

A month later, Sarah’s son, Kelvin, was born. “I wanted to leave the baby there,” she recalled. “What was in my mind was if this [midwife] left, I would walk away and leave the baby there.” Sarah felt obligated to keep Kelvin due to the cultural stigma against putting up babies for adoption in Kenya. When she looks at him, she still sees the face of her rapist. “Until now I have never accepted the child,” she said. “He lives with my parents. I kept on beating him up.”

Research shows that unintended pregnancy is one of the earliest identifiable risk factors for child mistreatment and neglect. While many mothers who are forced to keep unwanted pregnancies will immediately or eventually love their children, others, like Sarah, will not. This creates conditions that leave children vulnerable to the type of abuse and neglect that Kelvin experienced.

Furthermore, there's little reason to be optimistic that abortion-restricting governments will do much to help pregnant women and mothers, even while forcing them to keep unwanted pregnancies. Although Kenya and Texas are worlds apart, they both have extremely limited social safety nets to protect and help pregnant people and parents.

A 2019 investigation titled "The extraordinary danger of being pregnant and uninsured in Texas" conducted by *Vox*, *ProPublica*, and the *Texas Tribune* found, "The picture that emerges is of a system of staggering complexity, riddled with obstacles and cracks, that prioritizes babies over mothers, thwarts women at every turn, frustrates doctors and midwives, and incentivizes substandard care."

According to the investigation, "Texas has the highest rate of uninsured women of reproductive age in the country; a third were without health coverage in 2018, according to a State Health Services survey. In some counties, mainly along the Mexico border, that estimate approaches 40 percent."

Far too often, these pregnant women and new mothers die. In cases where women do get access to pregnancy Medicaid, the investigation found that "roughly two months after delivery, pregnancy Medicaid comes to an end, and the safety net gives way to a cliff. For many new mothers, the result is a medical, emotional, and financial disaster."

The contexts are vastly different, but the outcomes are the same: The poorest women in both Kenya and Texas who want to terminate their pregnancies lack the means to travel out-of-country or out-of-state to obtain safe abortion services. With limited legal options available, these women could be forced to keep children they don't want, but they will receive little help from the governments in providing for and raising their children.

In other cases, they will go to extraordinary and dangerous lengths to abort. Women desperate to terminate their pregnancies may turn to unsafe abortion options. That's what Vicky, a short-haired, dynamic woman from a

slum in Nairobi who also asked to use a pseudonym, did. After a pregnancy scare in 2015, she had originally taken the emergency contraception pill. “I just continued with my daily routine because I took the pill, and I knew I was safe,” she says.

Three months later, Vicky started feeling nauseous and tired. She rushed to the hospital, worried she might have contracted malaria or another illness. Instead, the doctors informed her that the emergency pill had failed, and Vicky was pregnant. “I didn’t know where to start because I didn’t have money. I didn’t want any other kid. I already have two kids,” she told *Foreign Policy*.

Unable to get a safe, legal abortion due to Kenya’s laws, Vicky turned to a local abortion provider who said he would charge her only \$80. He injected something into her thigh, gave her some pills, and told her that the fetus would “come out” when she got home. “The first feeling I had was relief, because I knew that this guy was going to help me, and I knew now if I get rid of the pregnancy, I’ll be fine and able to go back to work,” she said.

The following day, Vicky began bleeding, and her body expelled half the fetus. “It was the most horrible thing one would ever imagine,” she said. “People say giving birth is painful, but this was the worst thing in my life. I was feeling pain in my hair, fingernails. Back pain, lower abdominal pain, shaking.”

Vicky did not realize that the other half was still inside her body. After three days, she started turning pale. The color of her eyes changed. Her body began emitting a foul odor, and her children kept asking her why she smelled.

She rushed to the hospital. The doctors told her they had to remove her uterus or she would die. “[If I could have had a safe abortion], I would still have my uterus with me. I would still be able to give birth to other kids. I would still be happy,” she said tearfully.

Vicky survived, but far too many women in countries where abortion is illegal end up dying from unsafe procedures. They use knitting needles or hangers. They drink bleach, crushed glass, and local herbs. They are willing to take on extreme risk to terminate their pregnancies.

In Kenya, the issue of unsafe abortion is so problematic that in 2013, the health ministry conducted a study to determine the impact of maternal mortality due to unsafe abortions on the population. Those stories include

ones like that of an 18-year-old whose body was found on her bedroom floor next to the bloody knitting needle the supposed doctor used to terminate her unwanted pregnancy.

In Uganda, as of 2015, 343 women died per 100,000 live births, and unsafe abortions contributed to around 26 percent of these maternal deaths. And in Texas, the maternal death rate in 2015 was 18.1 per 100,000 births.

These numbers are astronomically different. But lessons learned from around the world show that the introduction of new, restrictive anti-abortion laws could result not in fewer abortions, as the lawmakers intend, but rather in more unsafe abortions that result in more women dying.

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TAGS: AFRICA, KENYA, UNITED STATES, WOMEN'S RIGHTS
