

The truth about abortion

When the U.S. Supreme Court took away the constitutional right to abortion in June 2022, Planned Parenthood South Texas was forced to stop providing abortion care indefinitely because Texas outlawed this safe medical procedure.

But this is not the end of the fight. **No one can be free if they cannot control their own bodies.** We will never stop working to restore reproductive freedom in Texas, because everyone deserves access to safe, legal abortion care – free from shame and harassment.

To understand the importance of defending access to this essential health care, we must first understand the facts. Anti-abortion extremists spread misinformation about the procedure in order to scare people and stigmatize abortion and those who seek it. We believe everyone should be able to make decisions about their health care and bodies based on unbiased information and evidence-based science.



Abortion is health care.

Abortion is a safe, common medical procedure that is part of the spectrum of reproductive health care along with birth control, prenatal care and cervical cancer screenings. In fact, according to the [Guttmacher Institute](#), the leading reproductive health care research arm in the country, **1 in 4 women in the United States will get an abortion by age 45** no matter their income, race, level of education, or religious affiliation.

Major mainstream American medical organizations support access to safe, legal abortion, including the [American College of Obstetricians and Gynecologists](#), the [American College of Physicians](#), the [American Academy of Pediatrics](#), and the [American Academy of Family Physicians](#).



Abortion is safe.

Medical experts and researchers agree: abortion is one of the safest medical procedures in the United States. In fact, researchers at the University of California, San Francisco found that [people are more likely to have complications from wisdom teeth removal than from an abortion](#). The [abortion pill is safer than Tylenol and Viagra](#), according to the Association of Reproductive Health Professionals.

- Abortions have few complications, according to a [landmark study](#) by the National Academies of Sciences, Engineering and Medicine. Studies show that over the short term [childbirth is associated with more risks to a pregnant person's health than abortion](#).
- Despite what the opposition claims, organizations including the [American Cancer Society](#), [Susan G. Komen](#) and the [National Cancer Institute](#) state that unbiased, peer-reviewed scientific research has found no link between abortion and breast cancer.
- Studies have found [no link between safe abortion and the ability to get pregnant in the future](#).

Contrary to rhetoric from anti-abortion zealots, having an abortion does not increase the risk of depression, according to a [study of nearly 400,000 women](#) published by the University of Maryland School of Public Health. In fact, *relief* has been shown to be the most common emotion five years after an abortion.

Both the [American Psychiatric Association](#) and the [American Psychological Association](#) recognize and support access to safe, legal abortion.

Texas ranks at the bottom for almost every indicator of child health and wellbeing. Texas has among the highest rates of teen pregnancy and maternal mortality in the nation.

All kinds of people need and deserve access to abortion care

A [study](#) published in the *American Journal of Public Health* found the following characteristics of people who obtained abortions between 2008 and 2014:

- 62% reported a religious affiliation, primarily Protestant or Catholic
- 59% of abortions were obtained by people who already had children
- 45% of people who received abortion care were married or living with their partner
- 60% of patients were in their 20s; 25% were in their 30s; 12% were younger than 20; fewer than 4% were younger than 18
- 39% were white, 28% black, 25% Hispanic, 6% Asian or Pacific Islander, and 3% of other background.

While traditional research has focused on women who seek and obtain abortion care, transgender men and non-binary people who can get pregnant also need resources and access to abortion care.



There are many reasons people have abortions, and they are all valid

- They're not ready to be a parent, they don't want to be a parent, or they want to be the best possible parent to the children they already have.
- They want to finish high school or college, focus on their career, or achieve other goals before having a baby.
- The pregnancy is a result of rape, sexual assault, reproductive coercion, incest, or the patient is in an abusive relationship.
- There are severe fetal diagnoses that mean the fetus won't survive the pregnancy or will suffer after birth, or the pregnancy is dangerous or threatens the patient's health.

Abortion bans are not about protecting a fetus, nor are they about the health and safety of birthing people. If this were the case, the states with the most restrictive abortion laws would also have the most generous child welfare programs, the best foster systems, the most effective programs to combat childhood hunger, well-funded efforts to promote educational attainment, and better access to family planning services.

Yet Texas ranks at the bottom for almost every indicator of child health and wellbeing. Texas has among the highest rates of [teen pregnancy](#) and [maternal mortality](#) in the nation.

Texas' abortion laws are about one thing only: controlling people's bodies and punishing people for having sex for pleasure.

Abortion later in pregnancy is often medically necessary.

According to the [Centers for Disease Control and Prevention](#), 93.1% abortions in 2020 were performed at or before 13 weeks' gestation, and only 0.9% were performed at or more than 21 weeks' gestation. The need for an abortion later in pregnancy may occur due to a severe fetal diagnosis or complications that threaten the patient's health. While some anti-abortion politicians claim that people choose to have abortions up until the actual moment of birth, that's simply not how medical care works.

Many faith communities support abortion access and rights.

While some faith communities have long pushed the narrative that all mainstream religions wholly oppose abortion, this is not true. No religion is monolithic when it comes to the morality of abortion.

A [Pew Research study](#) found that 66% of Black Protestants, 60% of white Protestants who are not evangelical, and 56% of Catholics say abortion should be legal in all or most cases. The nonprofit Catholics for Choice calls reproductive freedom "a Catholic social justice value." Most Jewish leaders agree that the faith's teachings indicate that abortion is permissible; in fact, a Florida synagogue filed a [lawsuit](#) against Florida's 15-week abortion ban in part because it violates religious freedom rights of Jewish people by "imposing the laws of other religions upon Jews."

A study published in the *American Journal of Public Health* found [62% of people who obtained abortions have a religious affiliation](#) – primarily Protestant or Catholic. Faith leaders of various denominations have served on the board of Planned Parenthood South Texas, and

many employees and volunteers are religious.

Attacks on abortion access in the name of religion have a racist history. Abortion bans became a tool of oppression for white evangelicals in the 1970s as a way to [perpetuate racial segregation](#) after great strides in the Civil Rights movement.

As faith leaders from Just Texas, a project of the Texas Freedom Network, wrote in an [open letter](#) to policy makers in 2019:

"We join the world's religious traditions in affirming the sanctity of life. But we acknowledge that there is no moral or theological consensus about when life begins or what constitutes personhood. These are complex questions that theologians and philosophers have argued about for centuries. What's dangerous is when individuals try to write their particular answers to these questions into law and impose them on the rest of us."

State and federal regulations on abortion care disproportionately impact people of color and those with low incomes.

Due to a history of systemic racism, economic injustice, lack of health care access and other factors, people of color are more likely than white people to have higher rates of unintended pregnancy and abortion, and they're more likely to be insured by Medicaid.

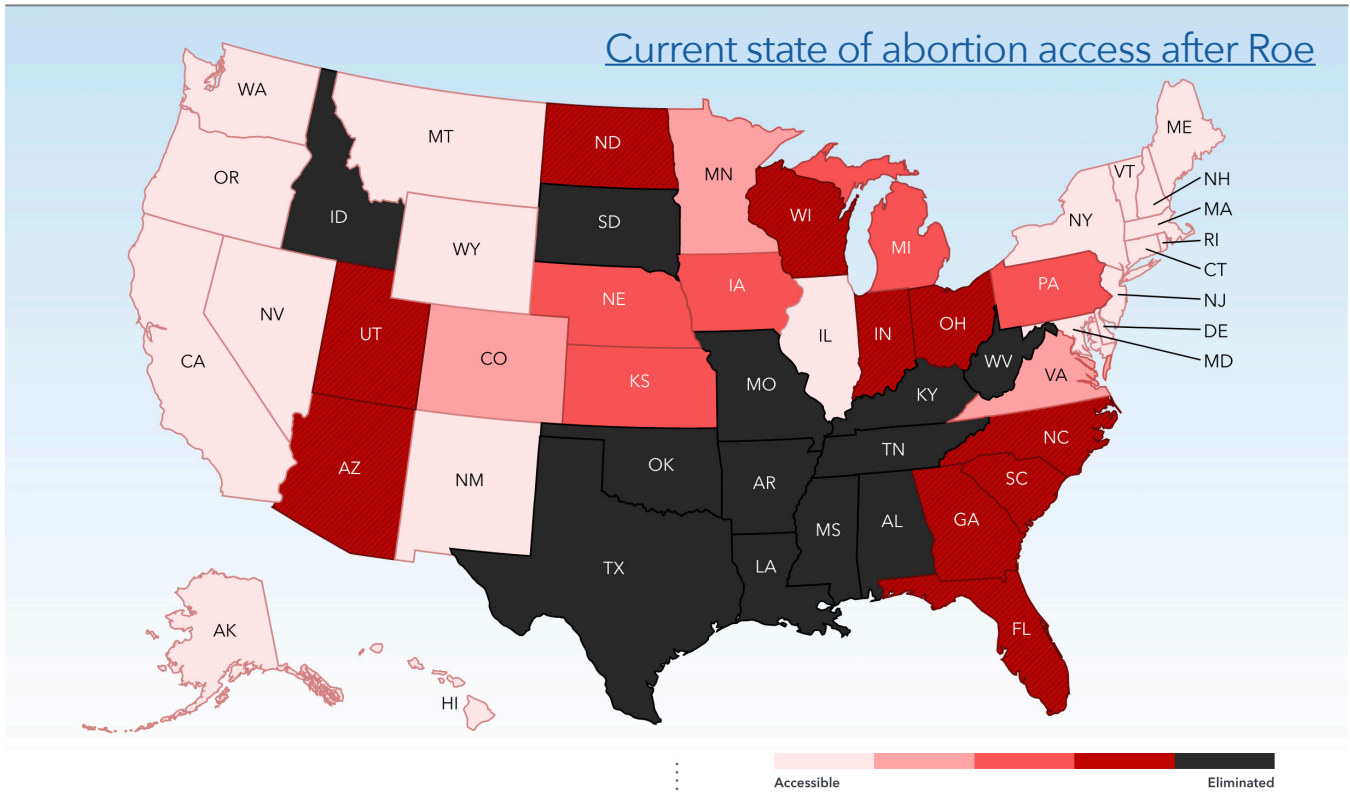
The [Hyde Amendment](#) bars the use of federal funds for abortion except in cases of rape, incest, or if the pregnancy is determined to endanger the patient's life. This cruel amendment means that people who rely on

Medicaid for their health coverage essentially cannot easily access safe and legal abortion.

Paying for abortion care out of pocket, which often include costs associated with transportation, childcare and missing work, is a barrier for people with low incomes. We know access doesn't mean anything if people can't afford the care.

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Current state of abortion access after Roe



Forcing people to continue pregnancies can have devastating consequences.

The [Turnaway Study](#) conducted at the University of California, San Francisco, looked at longitudinal data and found that people experience harm from being denied an abortion that they want. People who are denied abortion are more likely to:

- Experience economic hardship and insecurity, an increase in household poverty and increased debt
- Experience physical violence from their partner involved in the pregnancy and stay in contact with a violent partner
- Raise children alone without family members or partners
- Experience poorer maternal bonding with the child
- Suffer anxiety and loss of self-esteem.

Banning abortion does not end abortion.

When abortion is banned or severely restricted, people often seek abortion care out of state, if they have the



means to do so. Others choose self-managed abortion, which can be medically safe and effective if performed correctly. However, too often people resort to unsafe means to end their pregnancies, such as ingesting dangerous chemicals or seeking unqualified providers. This can lead to health complications, including infertility, and even death.

The decision about abortion is personal, not political.

No matter one's personal feelings about abortion, we can all agree that it is not the place of politicians to make health care decisions for someone else. Each person who is pregnant, ultimately, must be trusted to make whatever decisions are needed while they are pregnant, including decisions about abortion.

Planned Parenthood will never give up fighting for access to safe, legal abortion in Texas. **We will continue to fight for people's right to make decisions about their pregnancies, without interference from politicians who ideologically oppose abortion. This is a promise.**

Note: When applicable, this document uses the language used by authors of cited studies, but Planned Parenthood South Texas recognizes that not all people who can become pregnant identify as women.