

Black Women and Reproductive Health: Fast Facts

Recent U.S. Supreme Court decisions that upheld the Affordable Care Act and kept open reproductive service clinics in Texas were real and crucial victories for the poor, the disenfranchised and Black women. But in the last few years, several state legislatures have enacted severe restrictions on the availability of safe abortion care.

Black women are especially affected, as they already face greater obstacles than non-Hispanic white women in obtaining sexual and reproductive health services. As a result of these disparities, Black women have higher rates of sexually transmitted infections, reproductive cancers and unintended pregnancy than other women.

In Our Own Voice: National Black Women's Reproductive Justice Agenda was formed to address these inequities. Its goal is to amplify the voices of Black women at national and regional levels in their determination to secure reproductive rights and justice for all women and girls.

Health Statistics

- In 2011, the risk of death from pregnancy complications was nearly three and a half times higher for Black women than for white women.¹
- Unintended pregnancies are highest among the poor, the young and Black women. Black women have more than double the unintended pregnancy rate of white women.²
- Black women are six times as likely as non-Hispanic whites to be diagnosed with chlamydia, 12 times as likely to be diagnosed with gonorrhea, and five and a half times as likely to be diagnosed with primary and secondary syphilis.³
- Black women are twice as likely as non-Hispanic white women to die of cervical cancer.⁴

Health Insurance

- Most private insurance providers cover reproductive health services and abortion care, but Black women are 55 percent more likely to be uninsured than their white counterparts.⁵
- Even if a woman relies on Medicaid or ACA for health care, most states ban the use of government funds for abortions.⁶
- When policymakers severely restrict Medicaid coverage for abortion, one in four poor women is forced to carry an unwanted pregnancy to term.⁷

Barriers to Safe Abortions

- In 2011-12, the median cost of a surgical abortion at 10 weeks' gestation was \$495, while an early abortion by medication cost \$500.⁸

- Anti-abortion state legislators continue to place restrictions on women seeking health care:
 - Requiring ultrasound scans even when not medically indicated;
 - Banning funds for health centers that provide affordable birth control and health care to low-income women if the centers also provide abortions;
 - Banning insurance coverage of abortion for low-income women.
- Low-income women seeking abortions in states with restricted access often struggle to afford the necessary child care, transportation, hotels and travel time off from work.

Perceptions:

- In a 2013 poll⁹ by the Washington DC public opinion research firm Belden and Russonello, 80 percent of Black women agreed that abortion should be legal.
- Eighty-five percent of Black women and men agreed with the statement, “*When it comes to abortion, we should trust Black women to make the important personal decisions that are best for themselves and their families.*”
- More than eight in ten Black women and men said each of the following items are “part of basic health care services for women”:
 - Screenings and treatment for cervical and breast cancers (94 percent);
 - Care for pregnant women (94 percent);
 - Screening and treatment for sexually transmitted diseases and HIV-AIDS (91 percent); and
 - Contraception, such as birth control pills, diaphragms, IUDs, and Depo-Provera shots (86 percent).
- Nine in ten (91 percent) said efforts to prevent unintended pregnancy using sex education and birth control are preferable to making abortion illegal.
- Seven in ten (71 percent) believed some health care professionals should provide abortion in their communities, including 65 percent of those who attend church weekly or more.

In Our Own Voice: National Black Women’s Reproductive Justice Agenda is a collective partnership of five organizations with a focus on the reproductive health and well-being of Black women and girls: Black Women for Wellness, Black Women’s Health Imperative, New Voices Pittsburgh, SisterLove, Inc., and SPARK Reproductive Justice Now.

¹ Centers for Disease Control and Prevention: *Pregnancy Mortality Surveillance System*. U.S. Department of Health and Human Services. Atlanta GA, 2012. <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>. Accessed 7/1/15.

² Finer, Lawrence B., and Zolna, Mia R.: “Shifts in Intended and Unintended Pregnancies in the United States, 2001–2008.” *American Journal of Public Health*, 2014, 104 (S1), S43

³ Centers for Disease Control and Prevention: *Sexually Transmitted Disease Surveillance, 2013*. U.S. Department of Health and Human Services. Atlanta GA, 2013. www.cdc.gov/std/stats13/default.htm. Accessed 3/11/15.

⁴ American Cancer Society: *Cancer Facts and Figures 2015*. www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf. Accessed 3/11/15

⁵ Henry J. Kaiser Family Foundation: *State Health Facts: Uninsured Rates for the Nonelderly by Race/Ethnicity*. 2013. Accessed 7/1/15

⁶ Henshaw, S.K. et al.: *Restrictions on Medicaid Funding for Abortions: A Literature Review*. Guttmacher Institute. New York, June 2009. Accessed 7/1/15

⁷ Henshaw, S.K. et al.: *Restrictions...*

⁸ Guttmacher Institute, “The Cost of Abortion... Remained Stable Between 2011 and 2012.” Press Release. New York. July 2014. <http://www.guttmacher.org/media/nr/2014/07/02/> Accessed 7/1/15

⁹ *African-American Attitudes on Abortion, Contraception, and Teen Sexual Health* (2013). Belden-Russonello Strategists LLC., Washington DC. February 2013. <http://www.blackrj.org/wp-content/uploads/2015/01/media-memo.pdf> Accessed 7/1/15