

Joint Statement | July 13th, 2022

European organizations of public
health residents



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Joint Statement on the abortion ban in the U.S.

The European Network of Medical Residents in Public Health (EuroNet MRPH) and its partners firmly condemn the decision by the U.S. Supreme Court of striking down *Roe v. Wade*, the historical decision which made abortion a Constitutional right in the U.S.A. In so doing, the Supreme Court de facto made abortion illegal for millions of individuals in the country.

Abortion is a fundamental public health measure which *protects* the health of women and other people who can become pregnant, their families and children.

Evidence shows that women who have been denied abortion are 4 times more likely to live in poverty and 3 times more likely to be unemployed, while also having greater odds of remaining bound to an abusive partner (1). Women who have been denied abortion are also less likely to have and accomplish aspirational plans for the future (1).

Denying abortion exposes women to the risks of pregnancy and labor (such as pre-eclampsia, infections and death) in a country, the U.S., which has the highest maternal mortality rate among high-income countries. A recent study estimated that banning abortion in the U.S. would lead to a 21% increase in the number of pregnancy-related deaths overall (2).

These risks fall disproportionately on the shoulders of those who have limited resources to overcome financial and logistic barriers. This includes young people, people with disabilities, non binary and LGBTQI+ people, people with low income and those living in rural areas, as well as Black and Indigenous people, with maternal mortality rates of Black and Indigenous women being 2-3 times that of White women (3).

Preventing women from seeking abortion can also have devastating effects on the health and development of siblings: children of women who were denied abortion are more likely to live under the Federal Poverty Level, and have lower mean developmental scores (1).

For all of these reasons, abortion is a necessary public health measure, one that women across all demographics resort to: in the U.S.A. in 2014, 39% of women seeking abortion identified as White, 28% as Black and 25% as Hispanic. Seventy-five percent were considered poor or with low income, and 62% claimed a religious affiliation. Of the latter, 30% identified as Protestant, 24% as Catholic, and 8% as another religion (4).

It is proven that denying abortion does not prevent unintended pregnancies, nor does it prevent abortion. A recent study examining the incidence of unintended pregnancy and abortion in 166 countries between years 1990 and 2019 found that unintended pregnancy rates were substantially higher in countries where abortion was restricted, and that the

proportion of unintended pregnancies ending in abortion actually increased in countries where abortion was legally restricted (5).

On the other hand, unintended pregnancies and abortion are prevented by access to universal, quality health services for sexual and reproductive health, including gender affirmation, comprehensive sex education, contraception and fully funded family planning: these have been shown to reduce up to 68% of unintended pregnancies (6). Investments in education, wage equality, family leave and housing security would also directly act upon some of the most common correlates of abortion: low educational attainment, economic strain, gender-based violence and lack of autonomy (7).

Data to support abortion as a vital public health measure is there. However, sexual and reproductive health is not only a matter of evidence. It is first and foremost a human right, one that the United Nations Population Fund defines as “A state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so [...]. Every individual has the right to make their own choices about their sexual and reproductive health.” (8)

Before all evidence, we support the universal right of women to exercise bodily autonomy and self-determination, outside of outdated, non-scientific, patriarchal violence, stigma and control.

References

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