

Women's Reproductive Rights In History

by Sue Lynn

Whether women should have the right to control their own reproduction, either through contraception or abortion, has been a highly controversial issue over the last two hundred years. In order to understand why this is so, it is helpful to view the issue in historical context, outlining how women's lives changed as a result of broad economic shifts. Changing economic roles for women brought reproductive issues to the forefront.

Human societies have regulated births over thousands of years so the population wouldn't outgrow the food supply.

Population control was accomplished in a number of ways, by delaying marriage, creating rules against premarital sexuality, and through using various herbs as forms of contraception or abortion. In most settled agricultural societies, though, having more children was a good strategy, since children would work on the farm and help the family produce food surpluses, which could be traded for other goods. Those children would also take care of their parents in old age.

Two broad changes challenged this pattern during the last two hundred years: the shift from self sufficient agriculture based on family labor, to more commercial forms of agriculture, and the development of industrialization. As commercialization and industrialization occurred, smaller families began to make more sense.

Fewer children were needed on farms, and in urban areas more education was needed to prepare children for the labor market. Since education is expensive, and also delays the age at which children can make a significant financial contribution, having smaller families became more desirable.

We can see the results of this shift in falling birth rates. In the US, for instance, women would bear, on average, slightly over 7 live births in 1800 (they often had several additional pregnancies that didn't come to term or resulted in stillborn children); in 1900 that number had dropped to slightly under 4, and by 2000 to just over 2. How did families obtain this shift? Many methods had been used for centuries, including the rhythm method (periodic abstinence), contraceptive herbs, male withdrawal, and condoms (made originally of membranes from animal intestines before the 19th century, then in the 1880s rubber was adapted to this purpose). Diaphragms became available in the 19th century. When prevention failed to prevent pregnancy, as a last resort many people used various remedies suggested for abortion. In the first three quarters of the 19th century in the US, abortion was legal before "quickenings", the point at which the mother could feel the fetus move in her womb.

As the birth rate dropped in the US and Europe and contraception and abortion became

more widespread among married couples, population decline began to alarm some doctors and politicians. Many of these professionals viewed women in traditional terms; their role should be that of mothers, and prevention of pregnancy was a personal indulgence and a betrayal of that role. As a result, there were efforts to criminalize contraceptive and abortion information and devices. In 1873 the Comstock Law made the passage of contraceptive information and devices through the US mails illegal in the US; similar laws passed in European countries.

For women, increasingly caught up in the paid labor force, these changes created a major problem. Married women in the labor force could not help support their families economically while at the same time having many children. As a result, in the early 20th century, feminist movements in

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the US and Europe began to fight these restrictions and work to legalize contraception and abortion. Margaret Sanger pioneered that effort in the

US, starting a contraceptive clinic in a working-class immigrant neighborhood in New York in 1916. Although Sanger was motivated in part by compassion for women seeking birth control information, this effort contained a racist tinge, with Sanger referring at times to those "unfit" to reproduce. One result of this racist thinking was a US government policy of offering free sterilization to women in Puerto Rico, with little access to contraception. After a long political and legal fight, contraceptive methods became legal in many US states in the 1930s and 1940s, and by 1965 all states had legalized contraception. Similar changes occurred in Europe.

Abortion continued to be illegal much longer than contraception. The Soviet Union legalized

abortion in the 1920s, followed by legalization in Eastern European countries and China in the 1950s. It wasn't until the 1960s that a movement developed to promote legalized abortion in the US and Europe. The US Supreme Court decision *Roe v. Wade* legalized abortion in 1973, with France, West Germany and Italy following suit in the same decade, with other countries following in the next few decades. Yet today almost 40% of the world's population continues to live in countries where abortion is still illegal, mostly in the developing world.

The movement for women's reproductive rights, including access to both contraception and abortion, has been based on at least two major premises. One is that women themselves should be able to choose when and how often to have children. Women's extensive involvement in the labor force makes that a critical economic necessity for most families. Second, women's health must be preserved, and social policies should be designed to further that aim.

The issue of preserving women's health has major ramifications for the debate over abortion policies. The reality is that women will resort to abortion whether or not it is legal. A recent study of abortion rates and trends worldwide since 1995, produced by the World Health Organization

(WHO) and the Guttmacher Institute, indicates that rates of abortion do not drop simply because abortion is illegal. In South America, where abortion is largely illegal, the rate of abortions is 33 per 1000 women; in North America, where it is legal, the rate is lower at 21 per thousand. Criminalization of abortion does not so much keep women from having abortions, as affect how safe abortions are. When South Africa made abortion more readily available in 1997, maternal deaths from unsafe abortions dropped by 90%. This study concludes that approximately half of all abortions worldwide are unsafe, and 13% of maternal deaths are due to unsafe abortions, coupled with large numbers of serious medical complications, mostly in the developing world.

The other major finding of this WHO study is that the only factor likely to lower the rate of abortion is access to contraception. In Eastern Europe when contraception became more available after 1995, the rate of abortion was cut in more than half (from 90 per thousand to 44 per thousand). In the US, where increasing numbers of state laws make it harder for women to access abortion, the drop in abortion has been small. As religious conservatives became more politically powerful in the US after 1980, political pressure increased to restrict access to abortions. At the same time, the religious right pushed to limit the availability of contraception to unmarried people, arguing for "abstinence only" sex education. As a result, US federal support for providing contraception to low-income women has declined by 61% since 1980.

Clearly, the arguments recommending abstinence-only sex education, limited support for contraception and restricted access to abortion, in hopes that women will only have sex within marriage and not resort to abortion, are

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based on fantasy, not reality. The underlying realities of women's lives; that most married women must work to help

provide for their families, and that many single women are sole supporters of their young children suggests access to contraceptives for heterosexually active women should be available. If government policy limits information about and access to contraception, a higher abortion rate will result. If legal abortion is difficult to obtain, women are more likely to have illegal abortions, and to face physical complications or death.

In order to support women's reproductive rights and preserve women's health, our government should develop policies that make contraception widely available to sexually active people, and support access to medically safe abortions. The US government should also support such policies worldwide, where a much higher level of unsafe abortions occurs. As the history of declaring contraception illegal in the late 19th century and alcohol illegal in the early 20th century illustrates, to make abortion illegal will not make it disappear. It simply drives abortion underground, causing grave damage to women's health. To decrease the number of abortions that are needed in our society, expansion of access to contraceptive information and devices should be promoted.