The Relationship between Reproductive Rights and Abortion

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For many decades, there has been a common belief that having access to reproductive rights, such as contraceptives, birth control, and comprehensive sex education, leads to an increase in sexual activity and abortion rates. Another widespread misconception is the belief that criminalizing abortions can directly lead to a decrease in abortion rates. Although both theories are perfectly logical, they are also false. Access to a full range of reproductive rights might seem like encouragement for young people to engage in sexual activity, which can lead to consequences such as sexually transmitted diseases, unwanted pregnancies, and abortion. However, there are copious amounts of evidence proving that reproductive health services are actually much more effective than programs based on abstinence-only sex education and purity promises. While the common goal of both forms of programs is to prevent the consequences of sexual activity, abstinence-only programs are much more unsuccessful in preventing these negative effects from occurring. Abstinence-only strategies attempt to deter young people from having sex, but there is little to no compelling evidence proving that this is actually effective. In reality, these programs fail to prevent the negative consequences from occurring and often times amplify the consequences of sex.

Pushing abstinence and ignoring the sexual needs of young people is not the right way to lower abortion rates. It is imperative to accept the inherently biological sexual nature of human beings while creating solutions to prevent sexually transmitted diseases, unwanted pregnancies, and abortions. This is why reproductive rights such as contraceptives and comprehensive sex education are necessary as preventive measures. Along with this, efforts to criminalize abortions have been made throughout the course of American history. Abortion was legal in all fifty states of America between 1973 and 2022, but this did not stop constant attempts by politicians, lawmakers, and regular civilians to jeopardize this medical practice. Anti-abortion politicians and lawmakers strive to create statutes that target the accessibility of reproductive rights and abortions, while civilians try to dissuade women from receiving these services by shaming them or imposing their own beliefs. Many abortion opponents believe that banning abortions will lead to a decrease in abortion rates. This, however, could not be any more inaccurate. Criminalizing abortions is not only ineffective, but also extremely dangerous to the health of many women all over the country. Several research studies have found that when abortions are illegal, maternal mortality rates also increase. Although abortion

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rates have reached an all-time low in American history, anti-abortionists strive to ban the medical practice across the board. Contrary to popular belief, access to a full range of reproductive rights actually leads to a decrease in abortions, rather than an increase.

History of abortion in the U.S.

In order to thoroughly demonstrate how access to reproductive rights decreases abortion rates, history must first be taken into account. Societal attitudes and abortion in the United States have had a tumultuous relationship. A few of the most important factors that played a key role in societal perceptions of this medical practice are laws and statutes, the medical community, and most importantly, women. After all, there would be "no history of illegal abortion to tell without the continuing demand for abortion from women, regardless of law" (Reagan, 1997, p. 1).

Prior to *Roe v. Wade*, abortions had been illegal since the early 19th century. Before this, there was a time when the practice was only considered to be an abortion if it was late term or a miscarriage, unlike today. Instead, terms such as "restoring menses" and stating that a pregnancy had "slipped away" were used to describe what we consider to be an abortion today. Contrary to present day beliefs, society did not believe human life existed until the fetus "quickened," which is the idea of the very first movement of the fetus that is felt by the mother (which is approximately four months into the pregnancy). This concept was even believed by the Catholic Church (Reagan, 1997, pp. 2-10).

Once the fetus quickened, a mother was morally obligated to continue the pregnancy and deliver the baby. However, if a woman found out she was pregnant before the fetus quickened, today's "abortion" was considered a simple domestic practice. It was common for women to use herbs and home remedies to induce abortions. Drugs were also sold by doctors and apothecaries, and they could even be mailed. Even in the 18th century, a time that is considered much more primitive than the present day, abortions were legal and easily accessible. This made it possible for a woman to safely control her reproductive system without being punished. The only laws regarding abortion that were ever put into place were ones to protect women's safety and health, such as the regulation of abortion pills to prevent poisoning (Reagan, 1997, pp. 2-10).

Once abortions started becoming more commercialized, physicians became unsatisfied with their accessibility and decided to push towards criminalizing them as an effort to make them an elite practice. Although abortion pills became illegal, they were still advertised and purchased, almost like a business. If the drugs failed, women were still legally allowed to go to a physician for instrumental measures. Due to the fact that women were still able to see midwives, apothecaries, and homeopaths for the procedure, doctors from all over were dissatisfied, and the newly formed American Medical Association (AMA) decided to push to make abortions illegal at every stage of the pregnancy.

Although the main incentives were based on "regular physicians' desire to win professional power, control medical practices, and regulate their competitors" (Reagan, 1997, p. 10), doctors stated that they wanted to prevent "untrained" practitioners from providing this procedure. Instead of openly admitting their intentions, doctors falsely explained that it was dangerous and immoral. By 1910, doctors were successful in making abortions a "physicians only" practice, and all but one state had criminalized abortions. Abortions were only practiced if the pregnancy was life threatening to the woman, and in some cases of rape (Reagan, 1997). Little did the AMA know that their selfish actions would lead to the deaths of many women over the years through unsafe and back-alley abortions.

Although having an abortion was illegal at the time, this did not reduce abortion rates or prevent women from seeking them. Maternal mortality rates were exceptionally high, with estimates reaching as high as 1.2 million deaths per year. Many women would try to self-induce abortions or seek treatment from untrained practitioners, where conditions were primitive and unsanitary. Methods of self-induction included drinking ammonia, enduring physical trauma to the abdomen, bathing in scalding hot water, or using the notoriously historical symbol: the wire coat hanger. While rich women were still able to obtain relatively safer abortions through private doctors, lower class women were not as lucky. Although no physical records were kept, it is an undeniable fact that many women were injured or died because of this over the years (Reagan, 1997).

Liberalizing perspectives

Abortion was not always the political issue that it is today. There was a time in American history when it did not play a role in elections or even reach the Supreme Court. Abortions only became politicized as physicians started challenging traditional thinking and created new meanings of pregnancy and abortion, which is what created the shifting of the meaning of the word "abortion" (Reagan, 1997, p. 81). Although illegal, studies and surveys show that many women turned to abortion, especially during the Great Depression, due to the circumstances of the time. The Catholic Church opposed birth control and abortions, but it did not stop women from various religious backgrounds from seeking abortions. In fact, women's religious background made little difference in abortion rates, but their religiosity made a difference (Reagan, 1997, p. 218). By the 1930s, physicians began specializing in abortion, even though it was a medical and legal gray area. The term "therapeutic" abortions had been coined, which referred to cases of women receiving abortions if their lives were in danger. Hospital boards decided on a case-by-case basis whether or not a woman should receive an abortion (Reagan, 1997, p. 148).

Only hospitals were allowed to provide therapeutic abortions, and anything outside of that was considered a regular abortion. Illegal abortion practitioners had a much higher volume of abortions, and although doctors' practices were at stake, they still performed them because women asked them to. After World War II, structural changes in women's lives made the demand

for abortion increase as more and more women began entering college and the workforce (Reagan, 1997, p. 194). Although abortions were illegal, women came up with tactics to get around the law. With the help of psychiatrists, women began obtaining therapeutic abortions if they found the right doctor and said the right words. For instance, if a woman stated she was undergoing "emotional distress" and experienced "suicidal intentions," the psychiatrist became the gatekeeper to abortion (Reagan, 1997, p. 201).

Some women could not afford a psychiatrist, so illegal abortions continued with the help of private physicians, untrained practitioners, and women themselves. Emergency rooms treated thousands of women who were severely injured from DIY abortions while maternal mortality and abortion rates continued to increase. Most of the women who were able to somehow work around the law were middle-class and white, and the less fortunate ones were generally women of color. From 1951–1962, worsening patterns of maternal mortality increased, and race and class were found to be closely linked with mortality rates for the first time. In fact, women of color were four times more likely to die than white women (Reagan, 1997, p. 211). State surveillance of abortions began to increase, and prosecutors began tracking women who had illegal abortions. Prosecutors brought in healthy women as witnesses, while shaming and exposing women who sought illegal abortions and those who provided them (Reagan, 1997, p. 163).

The demand for abortion only increased with the repressiveness of the system imposed on women and physicians. Preventing women from accessing abortion was not only ineffective but may have even contributed to the opposite of its initial intentions. Not only were abortions still illegal by the 1960's, but birth control was almost impossible to receive unless the woman was married. However, the increase in maternal mortality rates led to the frustration of women and doctors. Feminists found this to be a form of suppression since women were clearly unable to make decisions about their own reproductive health. They believed that growing female independence was perceived as a threat, which is what led to attempts to limit women's freedom and denigrate their moral judgment (Reagan, 1997, p. 216). Abortion cases such as *People v. Belous* (1969) and *Doe v. Scott* (1971) began reaching the Supreme Court from grassroots movements. With the help of doctors and women, they were able to bring their own experiences to the table to start a nationwide discussion of abortion, which ultimately led to *Roe v. Wade,* putting an end to illegal abortions.

Roe v. Wade (1973) decriminalized abortions and made it possible for women to get safe and legal abortions. Jane Roe, a pregnant woman from Texas, sued on behalf of all women of Texas, stating that banning abortions violated a woman's constitutional right to privacy. Roe ultimately won the case in a 7-2 decision by the majority, setting a precedent for all future cases involving abortions until *Dobbs*. Since then, there have been dramatic decreases in pregnancy related injuries and death. Abortion rates have also been at an all-time low since prior to *Roe v. Wade*. Although pro-choice individuals were satisfied with the results of the case and felt the battle was

over, pro-life individuals have been extremely unhappy with the results of the Supreme Court case (NAF).

Since *Roe*, pro-life supporters have been coming up with strategies to push their anti-abortion agenda. They used tactics such as promoting false information regarding abortion, attempting to dissuade women by harassing them in front of abortion clinics, vandalizing places that provide abortions, and more. Anti-abortion violence has also increased over time, with more clinic bombings, physical attacks, and even murders. This created a hostile environment for women as well as abortion providers, making it less accessible to receive a safe abortion. As if this were not enough, abortion opponents work to prevent funding for abortions and create statutes that make it more and more difficult for women to receive an abortion. Although everyone is entitled to her or his own opinion on abortion, it is important to know the history of *why* and *how* abortion became politicized. Since attitudes towards abortion were already becoming liberalized, did conservatives use it as a way to gain political power? There have also been arbitrary laws that have been created specifically targeting places that provide abortions in order to prevent accessibility, called Targeted Regulation of Abortion Providers (TRAP) laws, which will be further discussed.

Maternal mortality

Every year, 42 million women throughout the world choose to get an abortion, and almost half of them are unsafe. Because of this, 68,000 women die each year due to maternal mortality, which is one of the leading causes of death in the world. Although it is difficult to collect data due to the fact that much of it is undocumented, it is still estimated that 5 million women are hospitalized for abortion related complications worldwide (Haddad and Nour, 2009).

When looking at maternal mortality rates, it is important to look at the differences between countries with strict abortion laws and compare them to countries with more lenient abortion laws. Romania, a country that has had a turbulent relationship with abortion laws, can be used as a prime example. Until 1960, abortions were available upon request, and the maternal mortality rate was 20 per 100,000 women. When dictator Nicolae Ceauşescu came into power, abortions were banned, and the maternal mortality rate went as high as 148 per 100,000 women. Within one year after the fall of his regime and overturning the ban, maternal mortality rates fell to 68 per 100,000 in 1989, and reached an all time low of 9 deaths per 100,000 women in 2002 (Haddad and Nour, 2009).

Romania's history can be used as concrete evidence to show how abortion laws impact rates of maternal mortality, which is one of the leading causes of death worldwide. Another example to take a look at would be developing countries that ban abortions, where the maternal mortality rate is 34 deaths per 100,000 women. In comparison, countries that allow abortions have a significantly lower maternal mortality rate, which is less than 1 death per 100,000 women. Another example lies in the history of South Africa, where

abortion became legal in 1997 and maternal mortality rates dropped by 91% from their 1994 level (Haddad and Nour, 2009). This data clearly shows that having access to abortion plays a key role with regard to preventing maternal mortality and unwanted pregnancies.

Unwanted pregnancies are not only more preventable with access to safe abortion, but also with the combination of education and contraceptive access. For instance, abortion is legal and widely accessible in many countries in Europe, and it has some of the lowest abortion rates in the world. Along with access to safe abortion, there is a high amount of contraceptive use. Germany, Belgium, and the Netherlands are countries with high accessibility to contraceptives and abortions, and the abortion rates are 10 out of 1,000 women. In comparison, developing countries such as Africa, the Caribbean, and Latin America have strict abortion laws and extremely high abortion rates, such as 39 out of 1,000 women. Evidently, strict abortion laws do not necessarily decrease abortion rates. In order to prevent unwanted pregnancies in a more effective manner, contraceptive use, sexual education, and safe abortion—which are all facets of reproductive rights—are necessary (Haddad and Nour, 2009).

There is a common, widespread misconception that having access to reproductive rights encourages women to have sex, which can lead to unwanted pregnancies and therefore an increase in abortion rates. Although there is nothing wrong with women embracing their biologically sexual nature, it is important to be responsible and knowledgeable about your sexual and reproductive health. If you do not have access to this knowledge, the results could be detrimental. This is why access to reproductive rights is imperative; it encourages individuals to become educated and provides them with the proper resources in case they decide to engage in sexual activity.

Reproductive rights and societal perspectives

Although reproductive rights are clearly important, they are consistently being attacked from several angles. Haddad and Nour (2009) state: "Both of the primary methods for preventing unsafe abortions—less restrictive abortion laws and greater contraceptive use—face social, religious, and political obstacles …" (p. 123). As previously mentioned, less restrictive abortion laws do not necessarily mean more abortions. In order to decrease abortions, it is more logical to increase access to reproductive services. These services should be regarded as preventative measures that are provided in many clinics that offer services involving family planning and other reproductive services. One of the leading providers of high quality, affordable, and safe abortions in the United States is Planned Parenthood.

Planned Parenthood is a governmentally funded organization that provides not only abortions but also various other services under the umbrella term of reproductive rights. This organization believes in the fundamental right of each individual to manage his or her own fertility, regardless of income, marital status, race, and so on. Their mission statement includes providing reproductive health care in settings that protect an individual's privacy, advocating public policies guaranteeing access to these services, providing

educational programs, and promoting research and advancement of technology in the area of reproductive health care (Planned Parenthood Federation of America).

Planned Parenthood provides many different services for reproductive health care besides abortions. Statistically, only 3% of their services go towards abortions, while the rest go towards STD screenings, breast exams, vaccines, annual check-ups, and more. In 2013, it provided health care for more than 2,840,000 women (and men) in their health care centers. Planned Parenthood believes in the importance of a woman's education on her sexual health, which is why educational programs affiliated with the organization have served 1,100,000 people in one year. Lastly, and most importantly, approximately 515,000 unintended pregnancies have been averted due to Planned Parenthood each year (Planned Parenthood Federation of America). This statistic shows that although it is not their goal, the organization's efforts have prevented unintended pregnancies (and abortions) *just* by offering reproductive services.

Planned Parenthood and other publicly funded family planning organizations are free and accessible to everyone. Since most middle to upper class individuals would generally prefer to see a private physician, not everyone has the means to pay for their healthcare or insurance. For instance, in 2014, 20 million women in the United States were either 250% below the federal poverty level or were under the age of 20. Among these 20 million women, 15.5 million (77%) were poor or low-income adults. 9.8 million were White, 5 million of these women were Hispanic, 3.6 were Black, and 1.6 identified as other. Although White women were the most predominant race to receive publicly funded services, Black and Hispanic women had an increase in attendance of 6% and 9%, respectively, from 2000-2014, whereas White women only had a 2% increase (Guttmacher Institute).

These demographics illustrate why organizations such as Planned Parenthood are necessary. Planned Parenthood and other publicly funded organizations know that if they do not provide these particular women with reproductive healthcare, they are not going to receive it elsewhere because of the lack of accessibility and affordability of these services. This is where the divide between liberals and conservatives comes into play. While liberals are generally supportive of and value these kinds of publicly funded services, conservatives are usually against them. The difference between pro-choice individuals (who mostly identify as liberals) and pro-life individuals (who mostly identify as conservatives) is that pro-choice individuals do not force others to have abortions or receive reproductive healthcare services, whereas pro-life individuals try to prevent others from having abortions or receiving reproductive healthcare services.

Pro-choice individuals allow others to make a choice about their own reproductive health, while pro-life individuals pressure others into making decisions by imposing their own beliefs and values. When people force their own opinions on others, this inhibits them from comfortably making a decision (on their own reproductive health, nonetheless). This takes a turn for the worse when politicians create laws based on their own personal opinions, which

impact millions of people, especially lower socioeconomic status women and families. While theories behind pro-choice beliefs are based on facts, pro-life individuals base their opinions on religious or moral beliefs, which can be subjective.

There are many pro-life organizations that provide several ways people can become involved, such as by protesting, taking action at a local abortion facility, and more. They have websites that focus on promoting anti-abortion activism, which limit women's reproductive freedom. For instance, some advice to become involved according to the Pro-Life Action League organization is to "spend one hour each month in prayer at an abortion clinic, host an anniversary vigil at your local abortion facility, sing Christmas carols at your local abortion facilities," and more (Pro-Life Action League). They also offer various insights to common questions people have about sexual health, which can be biased and focus on the negatives of reproductive rights and abortions to promote their own agenda. This organization accepts donations, offers events, and even has a store. Their website states: "Young people who commit themselves to abstinence—rather than contraceptives or condoms—are safer and healthier" (Pro-Life Action League). Although abstinence is a method that is 100% effective, it is definitely not a realistic one.

Abstinence

If banning abortions and contraceptives does not play an effective role in decreasing abortion rates, what can be done to prevent women from seeking abortions? Conservatives push for strategies that are restrictive towards reproductive rights, while liberals lean towards methods that include increased access to reproductive rights. Conservatives are often supportive of abstinence-only programs and virginity pledges that restrict individuals from having sex overall. Although the mentality behind avoiding engaging in intercourse as a method to decrease abortion rates is perfectly logical, several sources of evidence have proved that this is unfortunately not the reality in many cases.

Contrary to conservatives, liberals are less supportive of strategies that attempt to dissuade individuals from engaging in sexual intercourse and more supportive of ones that allow individuals to have sex safely if they choose to do so. This involves increasing access to contraceptives as well as the promotion of honest, comprehensive sex education in schools. While conservative theories are appealing to one's *pathos* since they are based on religious and moral beliefs, liberals' theories are generally appealing to one's *logos* and are based on previous research and evidence.

Although there are countless studies that have shown the ineffectiveness of abstinence-only programs, this does not stop people from pushing for these programs to spread. In fact, some studies have found that abstinence-only education and virginity pledges have been directly related to unintended pregnancies and abortions. In a study that focused on national data from 2005 from states with public information on sex education laws and policies, researchers found that an "increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates" (Stranger-Hall &

Hall, 2011). Abstinence education does not necessarily cause abstinent behavior, which is why this form of education is not always as effective as promised. Instead of preventing teenage pregnancy, it actually has the potential to do the opposite.

If 95% of Americans have had sex before marriage (Donovan, 1995), isn't it more important to focus on educating them, rather than attempting to prevent and delay the onset of initial sexual experience? According to the Guttmacher Institute, "although a small number of abstinence-only programs have shown limited effectiveness, the weight of scientific research indicates that strategies that solely promote abstinence outside of marriage while withholding information about contraceptives do not stop or even delay sex. To the contrary, abstinence-only programs can actually place young people at risk of pregnancy and STI's once they do become sexually active" (Donovan, 1995). Simply put, abstinence-only strategies do not work. If anything, they put young people more at risk of contracting STDs and becoming pregnant.

Aside from schools and organizations, parents are encouraged to be the primary educators for their children on the topic of sex. However, little is known about the accuracy of their perceptions. A study in Minnesota and Wisconsin was conducted in 2002 based on beliefs about the effectiveness, safety, and usability of contraceptive methods like the birth control pill and condoms. Data was provided through telephone surveys where 1,069 parents of 13-17 year olds were interviewed about their beliefs. The researchers found substantial proportions of parents who underestimated the effectiveness of condoms in protecting against unwanted pregnancies and STDs. Only 47% of parents believed that they were effective for preventing STDs, and 40% believed they were effective for protecting against pregnancy (Eisenberg et al., 2004, p. 50).

Parents also underestimated the effectiveness of the birth control pill in preventing pregnancy and STDs. Specifically, 52% believed the pill prevents pregnancy all the time, while 39% believed the pill is very safe. Approximately 25% of parents believed that teens could use condoms correctly, while 40% believed they could use the pill correctly. It is interesting to see that fathers had more accurate views on condoms, while mothers had more accurate views on birth control pills, and that liberals held more accurate beliefs than conservatives as well (Eisenberg et al., 2004, p. 50). When compared to the actual statistics on the effectiveness of birth control and condoms, parents were not always accurate in their beliefs. This may be due to the fact that they were not properly educated when they were younger, which leads to their children not being properly educated either.

Comprehensive sex education

Opponents of comprehensive sex education often argue that having access to sex education can increase promiscuity and encourage teenagers to have sex. Contrary to this, an article written by researchers from the Guttmacher Institute explains that teens who have had sex education in school are no more or less likely to engage in sexual activity. However, those who do

engage in sexual activity are much more likely to do it in ways that are much safer, such as using birth control methods such as oral contraceptives and protection. In fact, “data from a 1979 survey show that teenage women who have had sex education are somewhat more likely to have practiced contraception at first intercourse” than their counterparts who have not (Zelnik and Kim, 1982). Not only does this source refute the negative stigma associated with sex education and the faulty notion that it prevents sexual intercourse, but it also shows that sex education can be beneficial in preventing unwanted pregnancies and abortions. As previously noted, abstinence only sex education is not the most effective way to prevent teens from having sex, unwanted pregnancies, or abortions. But according to Zelnik and Kim (1982), comprehensive sex education encourages young people to *safely* engage in sex, which can ultimately reduce abortion rates. If discouraging teens from having sex does not work, we must tackle the problem head on rather than turning a blind eye to it.

While sex education is still offered in many public schools across the United States, it is not always told from an honest perspective. Many times, sex education is skewed and only focused on the negative outcomes of engaging in sexual intercourse. Programs emphasize sexually transmitted diseases and pregnancies in an effort to discourage teens from having sex. Another problem is that the different forms of sex are not always explained in depth, which can lead to problems like unwanted pregnancies and the transmission of several forms of STDs. By not providing an honest, wholesome form of sex education, we are doing a huge disservice to our youth by preventing them from learning the truth. Rather than giving them the honest information that they deserve, we are giving them no option but to figure out sex by themselves, which can have consequences that will impact them for the rest of their lives and impact society on a larger scale.

Ultimately, it is imperative to acknowledge the fact that young people, regardless of whether or not they have taken a virginity pledge or had sex education (honest or abstinence based), will have sex. What is important is that we teach our youth to have *safe* sex, which is an essential aspect of preventing unwanted pregnancies, ultimately leading to a decrease in abortion rates. We should not ignore or deny their needs, but find a solution to them. Rather than sweeping the problem under the rug, having access to honest sex education and contraceptives tackles the situation head on and offers a solution to decreasing abortion rates.

Access to contraception

Although honest sex education is a crucial part of preventing unwanted pregnancies and abortions, it is only part of the solution. Having access to contraceptives is just as important as having access to comprehensive sex education. Interestingly, conservatives are not too supportive of contraceptives. If pro-life individuals are against abortions, it is expected that they would be supportive of birth control methods to prevent abortions from occurring. Unfortunately, this is not the case.

Conservatives hold a general attitude against contraceptives based on the same moral reasoning used against sex education. They believe that having access to contraceptives encourages young people to have sex rather than encouraging them to abstain from it. We cannot deny the fact that, naturally, young people are going to want to have sex due to human nature. However, instead of avoiding the problem, we must create solutions. According to findings from several research studies, contraceptives are the solution.

There are several forms of contraceptives, and they can be broken down into different categories: hormonal methods, barrier methods, intrauterine devices (IUDs), natural methods, and emergency contraception. Some forms of hormonal methods used are birth control pills, vaginal rings, and injectables. Barrier methods include male and female condoms, cervical caps, sterilization, and spermicides. IUDs are another form of contraceptive, where a medical object is inserted into the uterus to prevent fertilization. Natural methods include abstinence and withdrawal. Lastly, emergency contraception is a method used after sex to stop a pregnancy from occurring (Options for Sexual Health). This paper focuses on the most popular forms of contraceptives, which include hormonal methods such as oral contraceptives, injectables and vaginal rings, barrier methods such as condoms, and IUDs.

Hormonal methods

The methods discussed in this section include oral birth control (also known as the "pill"), injectables, and vaginal rings, because they are the most popular forms of hormonal birth control used by women. According to T. James Trussell, there are two ways to measure the effectiveness of oral birth control pills. The first one, known as "theoretical effectiveness," includes ideal laboratory conditions where the actual pill's effectiveness is measured. This would involve participants taking the pill under the supervision of a researcher in perfect conditions. The second one, a more realistic measure of effectiveness, includes the concept of "use effectiveness." This is the measure of how reliable the method is when used by a given population (Trussell et al., 1990). When used correctly, the birth control pill is approximately 99% effective. However, in real life, it is only 91% effective because it is not always used exactly as instructed. To paint a more vivid picture, 9 out of 100 women become pregnant each year. It is important to note that even when the pill is used incorrectly, there is a small chance of pregnancy (Planned Parenthood).

When discussing the pill's failure, it can be categorized into three different groups: true method failure, misuse of the method, and risk taking. The true method failure measures the effectiveness of the actual pill, or whether or not the pill works if used properly. Misuse of the method is when an individual does not follow the instructions and inadvertently takes the medicine incorrectly, which is the most common issue with birth control pills. Lastly, risk taking involves a woman *knowingly* not using the method continuously or properly. The birth control pill's effectiveness depends on the motivation of the user as well as how well they follow the directions of the medicine. The more motivated and consistent the woman is, the more effective the pill is. According

to Trussell's research, theoretically, the failure rate of the pill is zero when done in a lab setting. In contrast, the use failure rate is 17 out of 100 women per year (Trussell et al., 1990).

Another study, where a selected group of 991 women attended the same birth control clinic in New York City, found that women had conceived much more rapidly when not using contraception. Their contraception use was documented during their time there, and the researchers stated that "a comparison of pregnancy rates during contraceptive practice with those occurring when no contraceptives were used makes it clear that the use of contraceptives materially reduces pregnancy rates" (Strix and Notestein, 1935, p. 177). It is important to note that this study was performed in 1935, a much less medically developed time period than now. Evidently, birth control pills play an important role in preventing unwanted pregnancies.

Although effective, birth control pills can sometimes be considered a nuisance solely due to the fact that you must take a pill at the same time every day. If a day is skipped, alternative contraceptives must be used, along with the potential to mess up a woman's menstruation cycle. To combat this problem, other forms of hormonal birth control were created to make things more convenient, such as vaginal rings. The vaginal ring is a flexible, transparent ring that is inserted into the vagina and that releases hormones into the body for 24 hours in order to prevent pregnancy from occurring. In a worldwide study, the ring was kept in the body for 90 days and then replaced with a new ring. 1,005 women worldwide participated in the study, and after one year, it was found that the pregnancy rate was 3.7 out of 100 women. This means that out of 1,005 women, only 26 of them became pregnant after one year. Six of the 26 women had intercourse without the ring, which may account for the method's failure for those women (Turner, 1990, p. 75).

Similar to the vaginal ring, the birth control shot is another low-maintenance form of hormonal birth control method, where a woman is only required to receive a shot once a month. A clinical trial found that this method is 100% effective and is preferred by many women. The participants were given a choice between oral birth control or the injectable form and were required to receive treatment for at least one year. More than one thousand women participated, and 782 women chose the injection while 321 chose the pill. At the end of the year, the researchers recorded zero pregnancies with the injection and only two pregnancies with oral contraception. Not only was the injectable method evidently effective, but it was also highly favorable among women. 80% of participants using the injectable method said they liked it, while 90% of them said they would recommend it to a friend (Reiss, 2000, p. 95).

Barrier methods

Although hormonal methods have been proven to be highly effective forms of birth control, not everyone has the resources or accessibility to use them. There are several forms of barrier methods, including condoms, spermicides, diaphragm, and sterilization. Their efficacy levels with perfect use can be reported as 95% (female) and 98% (male), 82%, 94%, 99.5% (female),

and 99.9% (male), respectively. However, with typical use, the percentages for condoms, spermicides, and diaphragms fall significantly to 79% (female) and 82% (male), 72%, and 88%, respectively (Trussell et al., 1990, p. 51).

Although there are several forms of barrier methods, this section will mainly focus on the most accessible one: the condom. Not only is it accessible, but it is also the most popular and convenient form of contraception among younger individuals. Several studies have been published providing information on the efficacy of latex and non-latex male condoms. Typical usage of latex condoms is 85% effective, whereas perfect usage is 98% effective. According to typical use, approximately 15 out of 100 women will end up pregnant. Although this may seem like a high number, it is a much better failure rate than 85 out of 100, which is the number of females that will end up pregnant using no contraceptives (Advocates for Youth).

When used properly, latex condoms have a success rate of 98% (Advocates for Youth). However, latex condoms are not always appropriate, as some people have latex allergies and others experience discomfort. In order to combat this dilemma, polyurethane condoms have been created as an alternative. These are made from a thin type of plastic with oil-based lubricants and are less restrictive than latex condoms. In a study where 805 couples participated for six months, it was found that the pregnancy rate with consistent use of the polyurethane condom was 2.4 out of 100, compared to 1.1 with latex condoms. Although both types of condoms provide almost equal levels of protection, latex was preferred by males. It was also found that polyurethane condoms have a higher frequency of breaking and slipping off, which does not significantly affect pregnancy rates but may offer less STD protection (Frezieres et al., 1999, pp. 81-87).

The male condom can be considered an effective form of barrier contraception, but that cannot necessarily be said for the female condom. In a trial of six months, 377 women from the United States and Latin America were given instructions for the use of the female condom. With perfect use, 10% of the study's Latin American women became pregnant, while 3% of the study's US women became pregnant. Over the course of six months, a total of 39 pregnancies occurred, and 12 of them were due to method failure, while 24 of them were due to user failure (Donovan, 1995, p. 85). This can be attributed to the fact that little is known about the female condom and it can be considered hard to properly assemble even with instructions. However, even though the efficacy rate for female condoms is 85% with typical use (Trussell et al., 1990, p. 66), it still beats the 15% efficacy rate of no contraception at all (Advocates for Youth).

Intrauterine devices (IUD)

While barrier methods are highly effective when used correctly, typical use rates leave room for error, making them less effective than they would be with perfect use. The intrauterine device (IUD) is a contraceptive method with the second highest rate of prevention effectiveness due to the fact that it is surgically inserted by a physician and left in the body over a period of time. It

can be divided into two forms: copper and hormonal. The copper one lasts anywhere from 3-10 years, while the hormonal one lasts anywhere from 3-5 years. Both forms are over 99% effective with typical use and perfect use (Options for Sexual Health).

A study on the promotion of long-acting, reversible contraceptives (LARC) involved 1,404 teenage girls and women enrolled in CHOICE for five years. It found that "teenage girls and women who were provided contraception at no cost and educated about reversible contraception and the benefits of LARC methods had rates of pregnancy, birth, and abortion that were much lower than the national rates for sexually experienced teens" (Secura et al., 2014). This shows how crucial access to contraceptives really is. When people are provided contraceptives, they are much more likely to use them, leading to decreased rates of unwanted pregnancies and abortions.

Conclusion

Ultimately, it is clearly apparent that having access to contraceptives is much more effective than shaming someone or telling them to stay away from sex. All of the previously discussed methods have concrete evidence of the efficacy of contraceptives, whereas abstinence methods do not. When used properly, contraceptives are proven to be extremely effective. In order for people to use contraceptives properly, they must be educated on the matter. In order for people to even use contraceptives *at all,* they must have access to them. The importance of reproductive rights is evident because they allow women to receive these methods of birth control. If contraceptives were accessible and the proper usage of them was common knowledge, it would be much more effective than telling someone "don't have sex." In order to do this, comprehensive and honest sex education must be used together with contraceptives to effectively prevent unwanted pregnancies and abortions.

All of the facets of reproductive rights, such as comprehensive sex education and access to contraceptives, are proven to prevent unwanted pregnancies and abortions. There are multiple sources of compelling research proving this, yet abortion opponents are still not supportive of these rights. Since *Roe v. Wade* and until its reversal, abortion rates have reached an all-time low in U.S. history since the 18th century. When comparing abortion rates over time, it becomes clear that criminalizing them does not lead to a decrease in abortion rates. In fact, it may actually do the opposite.

This raises an important question about the intentions and values of conservatives and pro-life individuals: if reproductive rights are proven to be effective in preventing abortions, why are they so against women receiving these services? If anything, it is much more logical to be supportive of these rights since they are much more effective at preventing abortions than abstinence-only education, virginity, and purity pledges. And, if the goal of anti-abortionists were really to stop abortions based on moral reasoning, wouldn't it make more sense to support access to abortions? Could all of this perhaps be a part of a larger problem in our society, such as an attempt to control a woman's right to make decisions about her own body?

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