

# Addressing Access to Reproductive Health Services in the wake of *Dobbs* for Black and Income-Restricted Women

Sophia Howell

Received November 18, 2024

Accepted February 25, 2025

Electronic access March 31, 2025

The historic 1973 *Roe v. Wade* decision allowed millions of women to have the reproductive freedom to make choices about their bodies. In 2022, the *Dobbs v. Jackson Women's Health* decision overturned the framework of *Roe*, leaving the reproductive freedoms of women up to the state in which they live. The growing movement and popularity of abortion rights necessitates an examination of the material and legal impact of the *Dobbs* decision on the populations most disproportionately impacted, Black and financially restricted women. The issue of reproductive health also forged discussion between activists and academia, gave rise to new women's organizations, and inspired philanthropic foundations to reform. This paper details how the *Dobbs* decision has curtailed the availability of reproductive health care, serving as a means of subjugation that disproportionately affects women of color and economically disadvantaged women. Using the examples of Black maternal mortality, divides in access, and regional oppression, this paper applies feminist theories to reproductive health issues to illustrate how these viewpoints might broaden the analytical scope and reveal the intricate root causes of gender oppression. This paper uses a methodology of legal and textual analysis to understand the ways that the *Dobbs* decision has real impacts on different populations of women. I examine two case studies to analyze how *Dobbs*, in overturning *Roe v. Wade*, has impacted women.

**Keywords:** *Dobbs v. Jackson Women's Health*, intersectionality, oppression, reproductive health services, reproductive justice, social movement, women of color

## Introduction

One of the central elements in American politics today is the question of reproductive health care. Our history of reproductive rights starts with the 1973 case of *Roe v. Wade*. The case was named for two people: "Jane Roe," a fictitious name for Norma McCorvey, a native of Texas, and Henry Wade, the district attorney for Dallas County, Texas. Because McCorvey's (Jane Roe) pregnancy did not present a medical risk to her life, she was refused an abortion in 1969. She presented her case in court, arguing on behalf of women who were also legally refused abortions. In the final decision, seven of the nine justices on the Supreme Court determined that the right of an individual to terminate a pregnancy before it reaches viability is guaranteed by the Due Process Clause of the 14th Amendment to the United States Constitution<sup>1</sup>. The Due Process Clause mandates that legal matters must be addressed in accordance with established rules and principles, ensuring that individuals are treated with fairness and equity. The *Roe v. Wade* case is critical to the foundation of this research, as the impact of the *Dobbs* decision is primarily contingent on its reversal of the constitutional ideology that *Roe v. Wade* established. These 14th Amendment rights were curtailed steadily through state legislation prior to the ruling. 44 states banned abortion in 1971, with a few ex-

ceptions made to save a patient's life. Despite this historic case, many states have maneuvered past this protection.

States passed more than 1,336 abortion restrictions between 1973 and 2021<sup>2</sup>. Over 600 laws to restrict access to abortions were introduced in 2021 alone; 108 of those bills were enacted. Almost 49 years after the historic *Roe* decision, on December 1, 2021, the Supreme Court heard arguments in a lawsuit concerning Mississippi's ban on abortions performed before 15 weeks of pregnancy. The Supreme Court considered arguments from both parties in the *Dobbs v. Jackson Women's Health Organization* case, and after nearly five decades of being a fundamental principle in American jurisprudence, the justices determined that the Constitution does not grant abortion rights. The states now have the power to enact their own abortion laws. These laws differ greatly from one another, and there are currently judicial challenges pending in various states against laws that forbid or severely restrict access to abortion<sup>3</sup>. The *Dobbs* decision sent a wave of ambivalence through the nation, with some outraged and some celebratory. The majority of Americans disagree with the historic decision by the U.S. Supreme Court to reverse the *Roe v. Wade* ruling, with 62% believing it should be lawful in all or most circumstances<sup>3</sup>.

Although there have been effects on equity and health, it is equally important to look at the *Dobbs* decision's wider effects

---

on states, healthcare systems, and society at large. Limitations on access to abortion go beyond immediate issues related to reproductive health, and it is critical to fully comprehend the implications of the verdict on both a micro and macro level. It is for these reasons that this paper aims to illuminate the effects of the *Dobbs* decision on minority and financially restricted women by utilizing the theories and data of today. This paper attempts to explore the material and legal impact of the *Dobbs* decision on minority and financially restricted women's access to reproductive health services. It will investigate two specific marginalized groups, minority and financially restricted women, through the examination of leading contemporary theories on feminism, intersectionality and reproductive justice (delete), and the compilation of data detailing the effects of overturning *Roe v. Wade*. The *Dobbs* verdict has had a profound effect on these marginalized populations, eliciting a strong reaction of shock and alarm in its aftermath. The timeline of this paper ranges from the date the U.S. Supreme Court issued its ruling for the *Dobbs* case, June 24, 2022, to the present day.

## Methodology

The aim of this research is to reveal and examine the relationship between the *Dobbs* decision and its impact on Black and income-restricted women. In order to achieve this goal, a uniform data collection procedure was necessary. To find reputable papers and authors for the evidence in this paper, I relied on Google Scholar and JSTOR. Both of these online databases hold countless research papers that were relevant to my own research. By typing in keywords into these databases, such as "*Dobbs v. Jackson Women's Health*", "intersectionality", and "reproductive justice", I was able to discover these helpful resources. Additionally, the authors of the works cited in the Literature Review are well known and respected in this field of study. I was confident that incorporating and highlighting their opinions in my research would add to its credibility. All of the resources I utilized included statistics and links to other trustworthy sources, which I would examine for further inspection and guidance. The methodology of this research paper is consistent with standard humanities methods. For example, Kimberly Crenshaw's research on intersectionality is one of the most well cited research articles in the discipline. It does not contain any figures, charts, or tables. Instead, Crenshaw outlines her thinking by dividing the issues presented in her research into three categories: Part I discusses structural intersectionality, Part II focuses on feminist and anti-racist practices, and Part III elaborates on representational intersectionality. Overall, the approach to this research is limited to the perspectives and concepts in the Literature Review: oppression, intersectionality, and reproductive justice. Therefore, the scope of my research is contained within the feminist theories I present and their stance on the evidence which is outlined.

## Literature Review

The literature reviewed has provided a foundation of theories and knowledge on the topics of feminism, intersectionality, reproduction, and reproductive justice. The authors of these texts formed the backbone of current ideas surrounding gender and race, sparking dialogue about navigating the precarious social location on which women lie. These theories and literature are the lens that this research paper uses to explore the *Dobbs* decision's impact on access to reproductive health care and whether the decision has contributed to these concepts, such as oppression and reproductive justice movements. A note on language, however: "Throughout this commentary we use the term "women" as an inclusive shorthand for all who can become pregnant. This includes nonbinary, intersex, two-spirit, and transgender people who can experience pregnancy"<sup>4</sup>.

Explored in this literature review are theories pertaining to feminism and intersectionality. "Oppression" by Marilyn Frye establishes that women are oppressed, simply because of their gender. The barriers immobilizing a group of people must relate to each other with a common outcome: keep women oppressed and keep the bird in its cage. Each wire of a bird cage does not seem to immobilize the animal, but the connection of these wires keeps the bird locked in.

"It is now possible to grasp one of the reasons why oppression can be hard to see and recognize: one can study the elements of an oppressive structure with great care and some good will without seeing the structure as a whole, and hence without seeing or being able to understand that one is looking at a cage and that there are people who are caged, whose motion and mobility are restricted, whose lives are shaped and reduced"<sup>5</sup>.

*Identity Politics, and Violence against Women of Color* by Kimberle Crenshaw explains how the struggles of women of color are frequently the result of intersecting patterns of racism and sexism, most often with gender and race being addressed separately while ignoring the unanticipated consequences on women of color. The theory of intersectionality illustrates how numerous forms of inequality or disadvantage may accumulate and create barriers that are often overlooked in traditional thinking. Crenshaw details that although racism and sexism intersect in everyday life, they rarely do in feminist and antiracist practices, leaving women of color forgotten on the social axis. "The failure of feminism to interrogate race means that the resistance strategies of feminism will often replicate and reinforce the subordination of people of color, and the failure of antiracism to interrogate patriarchy means that antiracism will frequently reproduce the subordination of women"<sup>6</sup>. These literatures are furthered by additional theories describing reproduction and the increasingly used term 'reproductive justice'.

---

*Killing the Black Body* by Dorothy E. Roberts demonstrates how influences on Black women's reproduction, specifically by the government, affect social and intragroup beliefs. Through a legal lens, Roberts delves into the race-based reproductive laws and policies that aim to diminish Black motherhood and reinforce white supremacy. Chapter 4 of the book is particularly poignant, as it examines the effects of the crack epidemic on poor Black women's reproductive freedom. The increased prosecution of drug-addicted mothers demonstrates the greater state intervention into the lives of pregnant women. "Prosecutors and judges see poor Black women as suitable subjects for these reproductive penalties because society does not view these women as suitable mothers in the first place"<sup>7</sup>. Roberts established that it is race which provided the foundation of hostility toward Black mothers, and allowed the prosecution of Black pregnant women to be permissible. She writes that a study in the *New England Journal of Medicine* found that the rate of positive toxicology results "for white women (15.4 percent) was slightly higher than that for Black women (14.1 percent)...and yet Black women were ten times more likely than whites to be reported to government authorities"<sup>7</sup>. Just as Roberts discusses reproduction rights for Black women, Loretta Ross provides a basis for the framework of reproductive justice for women of color.

"Reproductive Justice as Intersectional Feminist Activism" by Loretta Ross gives context for the formation of the reproductive justice movement and its crucial role in the lives of Black women today. Ross defines reproductive justice as the "interconnected sets of human rights: (1) the right to have a child under the conditions of one's choosing; (2) the right not to have a child using birth control, abortion, or abstinence; and (3) the right to parent children in safe and healthy environments free from violence by individuals or the state"<sup>8</sup>. She connects to the theory of intersectionality, explaining how women of color are often asked to separate their racial and gender identities. However, intersectionality acknowledges that both of these identities concurrently impact the lives of women through reproductive oppression. Similar to intersectionality, reproductive justice was born out of a need to use one's intersecting identities as a source of empowerment in creating political and social change. "Reproductive justice: A radical framework for researching sexual and reproductive issues in psychology" by Tracy Morrison shares this very idea in her work. Morrison writes that "The notion of 'reproductive justice' is the result of the merging of 'reproductive rights' and 'social justice' and was coined by Black and women of color feminists in the USA in the 1990s. The movement originated in Black feminist critiques of mainstream (White) feminism's treatment of 'Women' as a single homogeneous group with essentially common concerns"<sup>9</sup>. Reproductive justice is a movement that encompasses and accounts for race, class, and other axes of identities, shaping reproductive health experiences based upon social location: points where social

identities intersect.

In summary, these literature reviews describe the underpinnings of feminism and the reproductive health movement. "Oppression" by Marilyn Frye details the bird cage metaphor and double bind expectation women experience, establishing that it is on the basis of gender in which women are discriminated against (deleted). "Mapping the Margins" by Kimberle Crenshaw was revolutionary in conceptualizing the experience many women of color face on the social axis. *Killing the Black Body* by Dorothy E. Roberts defines the struggles of Black motherhood and the government's infringement on women's ability to procreate. Lastly, Loretta Ross and Tracy Morrison define the concept of reproductive justice and its contrast to reproductive rights. It should be noted that these authors carry their own biases, and therefore my paper is limited by their inclusion of these biases into the theories I utilize. The theorists' societal backgrounds, experiences in reproductive health care, and cultural perspective are all influences that could contribute to their personal biases. This paper will apply the theories examined in the literature review to the data in the case studies that follow.

### Case Study 1: Women from Racial Minorities

The first case study examines the effects of the *Dobbs* decision on maternal mortality and access to reproductive health services on a specific population: Black women. The government and group organizations have consistently shaped the extensive history Black women have had with reproductive rights, support, and access. It has been two years since *Roe vs. Wade* was overturned in 2022, and the research is only beginning to show the decision's continued impact on minority groups. While the statistics outlined only highlight the factual evidence of the disproportionate gap in access and health, it is important to remember that there are real women behind these numbers. Since the *Dobbs* ruling, women have experienced changes in maternal mortality and access disparities. Founded out of a need to have a movement that recognizes the reproductive needs of their unique social identities, the reproductive justice movement aims to address issues related to the oppression of minority women. The theory is deeply rooted in the belief that one must consider the social, political, geographical, and psychological influences that directly contribute to gender oppression. I conclude this first study by examining the influence of the Reproductive Justice movement on Black women post-*Roe*.

The first issue of concern is Black maternal mortality. Maternal death is defined by the World Health Organization as "deaths from any cause related to or aggravated by pregnancy or its management during pregnancy and childbirth or within forty two days of termination of pregnancy, irrespective of the duration and site of the pregnancy"<sup>10</sup>. Prior to the overturning of *Roe vs. Wade* in 2022, Black women were already more likely to die of pregnancy. Edison writes "Black people who

---

can become pregnant and give birth were dying from pregnancy-related causes at rates more than double the national average before the Supreme Court decided *Dobbs v. Jackson Women's Health*, and the *Dobbs* decision is expected to make America's maternal mortality crisis worse"<sup>10</sup>. The decision has exacerbated the issue by decreasing access to abortion and reproductive health clinics, therefore potentially increasing the likelihood of maternal death. As Kira Edison writes, "Gestational limits on abortion were linked to a 38% increase in maternal death, and reducing the number of Planned Parenthood clinics by 20% was linked to an 8% increase in maternal death"<sup>10</sup>. According to research, maternal mortality increased between 1995 and 2017 in states with stricter abortion laws<sup>11</sup>. The *Dobbs* decision is relatively new, and the larger national trends of Black maternal mortality without the effects of Covid-19 are yet to be seen. In the coming years, future studies may reveal the full impact of the decrease in reproductive health care clinics on Black maternal mortality. As the anti abortion movement continues to wield power at the highest levels of government, there have been suggestions of a nationwide abortion ban.

Currently, there are numerous state abortion bans and restrictions: restriction of insurance coverage for abortion, TRAP (Targeted Regulation of Abortion Providers) laws, abortion bans at specific weeks during pregnancy, mandatory ultrasounds, and biased counselling<sup>1</sup>. Mandatory ultrasound laws are laws that require pregnant people to undergo and view an ultrasound in abortion care contexts because it is believed that it will facilitate fetal-maternal bonding, ultimately with the goal of encouraging women to have the baby<sup>12</sup>. Reilly, a writer for The International Journal of Information, Diversity, Inclusion, states that: "A biased counseling law is a law that mandates the disclosure of information designed to discourage a woman from terminating her pregnancy<sup>12</sup>." These abortion bans, restrictions, and mandatory procedures are expected to increase maternal deaths by an estimated 24%. This increase alone would be devastating for many, but it excessively hurts Black women. A nationwide abortion ban would increase Black maternal death by 39%<sup>10</sup>. Maternal death is expected to increase for a number of reasons, one of them being lack of reproductive health access.

Reproductive health access is critical for pregnant women, as it allows them to monitor fetus health, monitor their health, and be exposed to helpful information by doctors and nurse practitioners. The overall impact has been stark, with Guttmacher writing, "More than 10,000 people were unable to access abortion care at a facility in just the first two months after the decision. Half of states are certain or likely to eventually enact abortion bans now that *Roe v. Wade* has been overturned<sup>13</sup>." Black women have disproportionately less access due to the loss of health care providers, state restrictions, and law enforcement. The *Dobbs* decision has impacted their access to these essential services by decreasing the number of reproductive health clinics nationwide. As of December 2023, a little more than one year

after *Dobbs*, 66 clinics have closed across the nation<sup>14</sup>. Many of the clinics that have closed are Planned Parenthood clinics, an organization dedicated to providing women reproductive care in the form of birth control, abortion, STD treatment, and emergency contraception. Closure of such clinics inherently targets the minority groups they serve. The Guttmacher Institute found that "the number of brick-and-mortar clinics providing abortion care in the United States declined by 5%—a net loss of 42 clinics—between 2020 and March 2024. By contrast, the number of abortion clinics increased by an average of 3% where abortion is not completely banned<sup>15</sup>." This indicates that in states where abortion is banned or severely limited, numerous reproductive health clinics have closed. However, the need for these services still persists and states which do not ban abortions have opened clinics to neutralize the impact. Yet, the Black women who live in these restrictive states now no longer have accessible reproductive health services. They must travel to the nearest clinic which could be across the state or to another state all together. These trips are costly and time consuming, and with 16.6% of all Black women living below the poverty line, finding health care is a challenge.

Additionally, the *Dobbs* decision is deepening access divides for Black women by criminalizing abortion providers. In the wake of *Dobbs*, laws in 13 states now make it illegal for medical professionals to provide abortions. Penalties in Texas and Oklahoma range from \$100,000 in fines to life in prison. Additionally, "aiding or abetting" abortion is illegal in several places, which means that aiding a pregnant person with abortion is illegal whether or not one is a healthcare practitioner<sup>16</sup>. Author Liza Fuentes writes, "people who provide abortions—and potentially those who self-manage an abortion or are suspected of doing so—will be criminalized"<sup>13</sup>. Women who don't have the financial means or resources to travel are more likely to self-manage their abortion and are subsequently targeted by law enforcement. The article further writes, "in a study reviewing cases of pregnant women whose arrest or detainment was at least in part related to their pregnancy outcome, 59% were Black, Latina, Indigenous or Asian, and 71% were represented by public criminal defense designated for those who cannot afford to pay for their own lawyer<sup>13</sup>." With the loss of abortion care providers through criminal charges, Black women are systematically denied access to safe reproductive health services and may use potentially dangerous means to terminate their pregnancy. While there currently isn't a clear-cut solution to addressing these concerns, organizations are working to find new ways to combat this legislation.

SisterSong is a particularly prominent organization because its goal is to alleviate these issues through a reproductive justice lens. "Sister Song's mission is to strengthen and amplify the collective voices of indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights<sup>17</sup>." The SisterSong Women



---

of Color Reproductive Justice Collective was formed in 1997 by women of color with different ethnicities, such as Native American, African American, Latina, and Asian American. The founders recognized the need to tell the reproductive stories and concerns of minority women. Just as the theory of reproductive justice outlines, SisterSong believes that all women have a right to represent their communities and advocate for their reproductive health needs.

Overall, Black women in the post-*Roe* era face many reproductive health care concerns. Black maternal mortality has increased and access to clinics has decreased. With the support of organizations such as SisterSong, Black women will continue advocating for their reproductive rights.

## Case Study 2: Women in Poverty

Studies show that “nearly 10 million women live in deep poverty<sup>18</sup>,” which impacts their experience of pregnancy and reproduction. The likelihood of poverty among American women remains 35 percent higher than that of males, with single moms being most at risk<sup>19</sup>. Single people make up about half of individuals who get abortions<sup>20</sup>. Therefore, single mothers and women who are among the most financially vulnerable populations in the United States, seek the majority of abortions. Reaching reproductive health care clinics was already a challenge for many financially burdened women before *Dobbs*. Most often, women in poverty do not have the money, availability, and resources to travel long distances to receive an abortion or emergency contraceptives. The resources of healthcare professionals have been further strained with the *Dobbs* decision as more women are forced to visit a smaller number of clinics. The Guttmacher Institute found that more than 171,000 patients traveled for an abortion in 2023 and “out-of-state travel for abortions. . . more than doubled in 2023 compared with 2019, and made up nearly a fifth of recorded abortions”<sup>21</sup>. This issue is not equally distributed among all the regions in the United States. Southern states are most heavily restricted through abortion bans, and moreover, “Women living in the South are the most likely to be poor<sup>22</sup>.” Thus, many poor women living in the South are being asked to travel out of state for reproductive health services.

Financially restricted women are facing greater challenges following the *Dobbs* decision. Laura Valle-Gutierrez writes that women living in states where abortion is banned are significantly less likely to be supported with government safety net programs that aid economic well being, and are focused on assisting mothers and their children. Some of these programs include “refundable earned income tax credits, child tax credits, expanded Medicaid, high-quality affordable child care, and universal pre-K<sup>4</sup>.” Furthermore, none of the states restricting abortion provide paid family and medical leave. An abortion can be a costly procedure, with most hovering around \$500.

Enacted in 1977, the Hyde Amendment prevents federal Medicaid funds from covering abortion. Therefore, women seeking abortion often have to pay greater out-of-pocket costs than other types of health care. With the fall of *Roe*, women are being criminalized for having abortions. In South Carolina there is “a \$1,000 fine for women who self-manage abortions<sup>4</sup>.” Laws that criminalize abortion put financially burdened women in a difficult position: they must either choose to have an abortion they can’t afford or have the child and face the future lifetime of costs of raising a child. Valle-Gutierrez writes, “the cost of raising children can be an average of \$13,000 a year over the course of childhood—that’s a total of \$233,000<sup>4</sup>.”

Financial restriction is being impacted by a multitude of other factors, including the gender pay gap, region, and race. Research shows that alongside the gender wage gap, there is a “motherhood wage penalty” that affects working mothers. According to the motherhood wage penalty, “Women’s incomes are reduced by 15 percent per child under the age of 5<sup>4</sup>.” Due to the implementation of these regulations, the result of forced pregnancies will be a generation of children and families who are coerced into poverty. Abortion prohibitions will have dramatic effects on the health and wellness of financially restricted women as well as the economy. Since many financially restricted women are minorities, the impacts of the abortion bans on these women are compounded with a lack of accessibility. Specifically, “Black women account for more than one-quarter (28%) of abortion patients but only 14% of all US women aged 15–44”<sup>13</sup>. As of 2022, the South has the highest concentration of the Black population in the US with 59% living in the region<sup>23</sup>. Therefore, the financially burdened population seeking abortions at the highest rate, are also more likely to live in Southern states that restrict abortion. Lisa Fruntes writes that healthcare professionals discouraged Latina and Black women from having children and advised them to limit their childbearing at a higher percentage than middle-class White women<sup>24</sup>. This not only puts barriers on women to choose to not bear a child but limits their ability to have children if they wish. The intersecting identities of women of color who are financially burdened all shape their access to reproductive health services.

The Women’s Reproductive Rights Assistance Project (WRAP) is one of the leading groups advocating for women who do not have the means or resources to seek reproductive health services. It is the only independent nonprofit 501(c)(3) abortion fund that offers emergency contraception or abortions for individuals in need of financial support<sup>13</sup>. They do this mainly through providing funds and connecting women to abortion clinics and providers. The organization is helping to alleviate a pressing issue, as “approximately 1 in 4 women will have an abortion by the end of their childbearing years, with 49% of women being below the poverty line, and another 25% very close to poverty”<sup>13</sup>. There are now relatively few clinics remaining in several states due to the closure of so many reproductive

---

health institutions in recent years. In fact, Alabama, Mississippi, and Kentucky only have one. Hence, an out of state clinic could potentially be closer to some women. WRRAP provides financial assistance to these women in need, allowing them to travel out of state to receive reproductive health care.

In conclusion, financially restricted women, especially poor women of color, face immense reproductive health challenges. Many women must travel out of state to receive a procedure or obtain abortion pills. Those who cannot travel could potentially self-manage an abortion, which can be dangerous and lead to criminal charges. If these factors cause women to have the baby, they are faced with a lifetime of child care costs at a time of financial hardship. It is the data surrounding this issue that relates to topics of feminism, intersectionality, reproduction, and reproductive justice.

## Synthesis

The feminist theories of oppression, intersectionality and reproductive justice provide greater context and explanations for these troubling statistics. This synthesis aims to communicate how the data supports the literature and demonstrate the real-world application of the theories.

Frye's theory of oppression contextualizes the impact of decreasing access to reproductive health services and the social constructs that impact reproductive autonomy. Frye concludes that women are oppressed on the basis of their gender, through key ideas such as the bird cage metaphor and the double bind theory. When women lack access to reproductive choices, oppressive societal structures may trap them in their metaphorical bird cages, limiting their career advancement. When women have children, whether it be a personal decision or due to inaccessibility to reproductive health services, they face barriers. The Women In Poverty case study references research which states that "Women's incomes are reduced by 15 percent per child under the age of five, controlling for other factors"<sup>4</sup>. This is the motherhood penalty gap, where women who want to get ahead in their career are unable to because of their additional role as a mother. This gap is due to her membership in the identity group of women, rather than her individual choices. This is evident by the fact that fatherhood does not cause a salary disparity for men. Whether women choose to have a child or not, the result produces two unfavorable options. This same mentality can be translated to abortion restriction, where both clinicians and women experience the double bind. Clinicians are caught in a cycle of abortion-related risks: being found guilty of ending a pregnancy that is not dangerous enough to be covered by state abortion prohibitions or facing civil liability for failing to end a pregnancy that is too dangerous. Similarly, abortion restrictions put women in the position of choosing between either bearing risks and costs of having an abortion, or having an undesired pregnancy.

Establishing abortion restrictions and limiting access to reproductive health services is one form of oppression because it goes against two key American values: freedom and equality. Equality means having the same opportunity to attain financial stability just as any other man or person might like to. Freedom means having the ability to make decisions regarding whether to have a child without being coerced to a decision based upon health care accessibility. A lack of access to reproductive health services could impact both of those values, which Frye denotes as oppression on the basis of group membership.

Women of color face further obstacles, which we can understand from Kimberle Crenshaw's theory of intersectionality. This theory is based on the unique social location that women of color experience. It is different from that of White women and men of color. Crenshaw writes that racism and sexism intersect in everyday life. Intersectionality studies how these overlapping identities relate to systems of oppression, domination, and discrimination. The data from the case studies demonstrates the application of intersectionality in the case of Black maternal mortality and regional disparities. Firstly, there was ample evidence to determine that the lack of access to reproductive health services was a form of systematic discrimination against women, but women of color in particular<sup>13</sup>. The second case study states that as of 2022, the South has the highest concentration of the Black population in the US with 59% living in the region<sup>23</sup>. The majority of restrictive laws are in states located in the South, where a large portion of the greatest minority group in the U.S resides. Furthermore, as stressed in both case studies, many women do not have the financial means to pay for out of state abortions and emergency contraception. Data from the 2022 Census states, "the Black population was overrepresented in poverty. The Hispanic population was also overrepresented in poverty (ratio of 1.5)"<sup>25</sup>. The first case study details an increase in Black maternal mortality following the *Dobbs* decision. So, in all its effect, nationwide abortion restrictions have a targeted effect on specific populations. These statistics demonstrate how overlapping identities can result in oppressive structures that prevent women from realizing full reproductive autonomy. Intersectionality, therefore, explains these statistics by revealing that the inequalities of race, gender, and socioeconomic status have been compounded to affect certain populations within the United States. Intersectionality proposes that overlapping identities could account for the greater statistical increase in maternal mortality for Black women and greater impact on income-restricted women living in the South.

Abortion restrictions target certain interesting identities, leading to the further domination of women and their reproductive health choices. The prosecution and criminalization of self-managed abortions and abortion providers leaves women no choice but to pay costly travel prices. Case Study 2 mentions that, "South Carolina directly criminalizes the person who has the abortion, and includes a \$1,000 fine for women who self-

---

manage abortions<sup>4</sup>.” The intersecting patterns of region, race, and gender form the basis of intersectionality that systematically marginalize specific groups of the population. Moreover, mandatory ultrasound laws and biased counseling laws are designed to coercively change women’s perceptions. Mandatory ultrasounds have been proven to not be successful in changing the outcome of a woman’s decision to have a procedure. In fact, in one study women reported the mandatory ultrasounds were emotionally tolling<sup>12</sup>. Biased counseling laws require doctors and health care professionals to spread misinformation and contravene standard medical practice<sup>12</sup>. Mandatory ultrasounds and biased counseling are inherently draconian because they are designed to attack a woman’s intellectual freedom. The intersectionality of being a woman of color living in a region where mandatory ultrasounds and biased counseling are required typically in Southern states – demonstrates the power and selective oppressive forces that drive the need for reform for people with these intersecting identities.

The theory of intersectionality has made an impression on reproductive justice, as the reproductive justice movement encompasses the specific needs of women of color. The reproductive justice framework, akin to several other feminist methods utilized in investigations concerning sexual and reproductive matters, is sensitive to the gendered power structures and socio-political intricacies molding individuals’ reproductive experiences. This lends credence to the idea that the numerous challenges that populations encounter are influenced by these intersecting identities. Loretta Ross defines reproductive justice as the “interconnected sets of human rights: (1) the right to have a child under the conditions of one’s choosing; (2) the right not to have a child using birth control, abortion, or abstinence; and (3) the right to parent children in safe and healthy environments free from violence by individuals or the state”<sup>8</sup>. The theory of reproductive justice hints that social change is necessary to obtain these rights. Women living in states with restrictions on abortion and emergency contraceptives do not have the right to give birth under the conditions of one’s choosing and have a child using birth control or abortion. Women who are coerced into poverty by having a child they cannot support do not have the right to parent children in safe and healthy environments. A feminist paradigm spanning multiple disciplines, reproductive justice is based on intersectionality and human rights concepts. SisterSong has addressed the concerns of minority women by conducting reproductive justice leadership training, unifying Southern reproductive justice organizers, and changing how the media views and treats women of color. WRRAP is funding abortion services for individuals who are unable to pay the cost and connecting women with clinics and healthcare professionals. Both of these organizations are examples of reproductive justice in action because they understand that diverse groups of women have varied needs.

## Conclusion

These studies show that reproductive experiences are not lived in a sociopolitical vacuum, with research revealing the deeply ingrained gendered, racialized, and class-based components of reproductive concerns. The theories of oppression, intersectionality, and reproductive justice provided the foundation of contemporary theories on gender and race and provides an in-depth understanding of the struggles women of color and financially burdened women endure. The findings of this research could lead to potential avenues for future research in determining the correlation between maternal death rates and female presence in the workplace with the *Dobbs* decision, as well as how *Dobbs* has limited or changed the number of women in professional workplaces

Leading organizations, such as Planned Parenthood, SisterSong, and WRRAP, are working to develop solutions to the issue of reproductive health care accessibility. In addition to the actions previously outlined, Planned Parenthood has responded to *Dobbs* by endorsing pro-choice lawmakers, holding protests nationwide, recruiting volunteers, and continuing to support their health care clinics. Similarly, the Center for Reproductive Rights is an international human rights organization made up of attorneys and activists who are working to improve maternal health equity and legally representing women who were denied abortion care. Their objective is to guarantee that women’s and men’s reproductive rights are legally safeguarded as essential human rights<sup>26</sup>. The underlying sentiment between these organizations is to elect representatives and officials that will push the agenda of the pro-choice movement. The anti-abortion movement has followed a similar course of action for their agenda. Both groups see legislative action as the most effective tool to execute their goals.

For that reason, the issue of abortion and reproductive health rights has become particularly politicized. It is the central topic of discussion in many local and national elections, with politician’s views impacting voter’s decisions. According to recent KFF polling, abortion is the most important issue in the 2024 election for 1 in 8 US voters<sup>27</sup>. The policies and laws implemented today could continue to impact future generations of women to come. With the support of grass-root organizations and lawmakers, there may be a path to an equitable and just reproductive health future.

## References

- 1 P. R. V. W. Parenthood, *Behind the Case That Established the Legal Right to Abortion*, <https://www.plannedparenthoodaction.org/issues/abortion/roe-v-wade/roe-v-wade-behind>, Accessed August 13, 2024.
- 2 E. Nash and G. Institute, *For the First Time Ever, U.S. States Enacted More than 100 Abortion Restrictions in a Single Year*, <https://www.gutmacher.org/article/2021/10/first->

- 
- time-ever-us-states-enacted-more-100-a, Accessed August 13, 2024.
- 3 P. R. Team, *Majority of Public Disapproves of Supreme Court's Decision to Overturn Roe V. Wade*, <https://www.pewresearch.org/politics/2022/07/06/majority-of-public-disapproves-of-supr>, Accessed August 13, 2024.
- 4 L. Valle-Gutierrez, *The Dobbs Decision's Cost to Women and Families*, <https://tcf.org/content/commentary/the-dobbs-decisions-cost-to-women-and-families/>, Accessed August 14, 2024.
- 5 M. Frye, *The Politics of Reality: Essays in Feminist Theory*, 1983.
- 6 K. Crenshaw, *Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color*.
- 7 D. Roberts, *Making Reproduction A Crime*.
- 8 L. Ross, *Reproductive Justice as Intersectional Feminist Activism*.
- 9 T. Morrison, *Reproductive justice: A radical framework for researching sexual and reproductive issues in psychology*.
- 10 K. Eidson, *Addressing the Black Maternal Mortality Crisis in the Wake of Dobbs*.
- 11 K. M. Treder, *Abortion Bans Will Exacerbate Already Severe Racial Inequities in Maternal Mortality*.
- 12 H. Reilly, *Abortion Is an Information Issue*, <https://www.jstor.org/stable/48644361?seq=1>, Accessed August 14, 2024.
- 13 L. Fuentes, *Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides*, <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-dee>, Accessed August 13, 2024.
- 14 C. Castronuovo, *Abortion Clinic Closures, Provider Exits Beset States Post-Dobbs*, <https://news.bloomberglaw.com/health-law-and-business/abortion-clinic-closures-provide>, Accessed August 13, 2024.
- 15 R. K. Jones, C. Gibson and J. Philbin, *The Number of Brick-and-Mortar Abortion Clinics Drops, as US Abortion Rate Rises: New Data Underscore the Need for Policies That Support Providers*, <https://www.guttmacher.org/report/abortion-clinics-united-states-2020-2024>, Accessed August 13, 2024.
- 16 *Human Rights Crisis: Abortion in the United States after Dobbs*, <https://www.hrw.org/news/2023/04/18/human-rights-crisis-abortion-united-states-after-do>, Accessed August 13, 2024.
- 17 SisterSong, <https://www.sistersong.net/>, Accessed August 13, 2024.
- 18 R. Bleiweis, D. Boesch and A. C. Gaines, *The Basic Facts about Women in Poverty*, <https://www.americanprogress.org/article/basic-facts-women-poverty/>, Accessed August 13, 2024.
- 19 *Women and Poverty in America*, <https://legalmomentum.org/women-and-poverty-america>, Accessed August 13, 2024.
- 20 M. Sanger-Katz, C. C. Miller and Q. Bui, *Who Gets Abortions in America?*, <https://www.nytimes.com/interactive/2021/12/14/upshot/who-gets-abortions-in-america.h>, Accessed August 13, 2024.
- 21 C. Escobar, A. S. W. Molly, A. McCann, S. Reinhard and H. Rosales, *171,000 Traveled for Abortions Last Year. See Where They Went*, <https://www.nytimes.com/interactive/2024/06/13/us/abortion-state-laws-ban-travel.html?smid=nytcore-ios-share&referringSource=articleShare&sgpr=c-cb>, Accessed August 13, 2024.
- 22 *Poverty and Opportunity*, <https://statusofwomensdata.org/explore-the-data/poverty-opportunity/poverty-and-opportu>, Accessed August 13, 2024.
- 23 M. Moslimani, C. Tamir, A. Budiman, L. Noe-Bustamante, L. Mora and B. P. P. R. Center, *Facts about the U.S.*, <https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/#:~:text=The>, Accessed August 14, 2024.
- 24 L. Mora and B. P. P. R. Center, *Facts about the U.S.*, <https://www.pewresearch.org/social-trends/fact-sheet/facts-about-the-us-black-population/#:~:text=The>, Accessed August 14, 2024.
- 25 E. Shrider, *Poverty Rate for the Black Population Fell below Pre-Pandemic Levels*, <https://www.census.gov/library/stories/2023/09/black-poverty-rate.html#:~:text=For>, Accessed August 14, 2024.
- 26 *Center for Reproductive Rights*, <https://reproductiverights.org/about-us/>, Accessed August 25, 2024.
- 27 S. Schumacher, A. Kirzinger, A. Kearney, I. Valdes and L. Hamel, *KFF Health Tracking Poll March 2024: Abortion in the 2024 Election and beyond*, <https://www.kff.org/womens-health-policy/poll-finding/kff-health-tracking-poll-march-20>.