STARS

The Pegasus Review: UCF Undergraduate Research Journal

Volume 14 | Issue 1 Article 1

2021

An Examination of Oppression Via Anti-Abortion Legislation

Saphronia P. Carson
University of Central Florida, scarson1@knights.ucf.edu

Vol. 14.1: 1-12

URJ

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

Published
May 19th, 2021

An Examination of Oppression Via Anti-Abortion Legislation

By: Saphronia Carson
Faculty Mentor: Dr. Kenicia Wright
UCF Department of Political Science

ABSTRACT: Significant disparities in reproductive health care access and outcomes exist along race, ethnicity, and income lines. One of the starkest examples of this is the dramatic reduction in abortion access over the past 45 years that disproportionately affects minority and low-income women. While existing literature has exposed these disparities and potential reasons for them, there is less attention to the ways reduced access to reproductive health care, specifically abortion, can coerce, exploit, and systematically oppress women of color and low-income women. This research uses a reproductive justice framework to discuss the impact of anti-abortion legislation and the anti-abortion movement on minority women and low-income women. I argue that reducing abortion access is systematically oppressive by connecting limited abortion access to three specific sites of oppression: broader systems of oppression in history and today that are seemingly unrelated to reproductive rights; social-level coercion towards sterilization among minority women; and the US family welfare system that oppresses and exploits those it purports to help. This research examines contemporary abortion policies using an intersectional, reproductive justice lens. It concludes with promising directions for future research on minority and low-income women's reproductive healthcare related experiences in the US. Lastly, it is important to highlight the privileges that white women of all incomes have compared to women of color. This research recognizes this systemic privilege and thus spends the most time discussing the disparities that exist along racial lines. However, it is also important to recognize the impact that income level and class have on abortion access, and so with that in mind this research frequently discusses race and income simultaneously.

KEYWORDS: abortion; anti-abortion legislation; reproductive justice; women of color; poverty

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

INTRODUCTION

Recent legislation reducing access to abortion disproportionately impacts women of color and low-income women. The Guttmacher Institute considers 29 states to be hostile towards abortion. This means that 58% of reproductive age women live in states with multiple pieces of abortion-hostile legislation and therefore have limited access to abortion (State Abortion Policy Landscape, 2019). Importantly, 61% of Native American women and 69% of Black women live in abortion hostile states, however 53% of Latinas and 69% of Asian American/Pacific Islander women live in states that are protective of abortion (US Census Bureau, 2017). This suggests that Black women and Native American women feel the effects of anti-abortion legislation more harshly simply because of where most of them live. Women of color and low-income women also have higher rates of abortion than white women and higher income women, suggesting that they feel the effects of anti-abortion legislation more immediately (Dehlendorf, Harris, & Weitz, 2013; Population Association, 2016; Urban Indian Health Institute, 2010). Finally, limited access to abortion disproportionately affects low-income women because they have fewer financial resources to pay for the procedure (Margo et al., 2016; Jones, Upadhyay, & Weitz, 2013). This suggests that reduced access to abortion disproportionately affects women of color and low-income women.

Here, I argue that reduced access to abortion in the US acts as reproductive oppression for women of color and low-income women. My assessment of three areas provides support for this argument. First, there is a clear connection between systems of reproductive oppression and broader systems of oppression. For example, the common practice of raping women enslaved on Southern plantations and then selling the resultant child into slavery was reproductively oppressive because, among other reasons, it violated the enslaved woman's autonomy and used her reproductive capacities for the plantation owner's gain (Bush, 2010, Ross, 1998, Soomer, 2000). Thus, the connection between anti-abortion legislation and broader systems of oppression suggest that anti-abortion legislation is oppressive.

Second, reduced access to abortion (and reduced access to other forms of birth control) contributes to higher rates of sterilization and sterilization regret in minority groups. For example, a study found that women of color increasingly see their sterilization as preventing them from having desired children (Shreffler et al., 2015). Importantly, scholars have shown a connection between reduced access to abortion and birth control, and sterilization regret (Gurr, 2011). This social-level form of coercion towards sterilization reduces women of color's reproductive autonomy and therefore functions as reproductive oppression.

Finally, anti-abortion legislation in states where public opinion is strongly against abortion perpetuates cycles of poverty among low-income women, particularly among low-income women of color. For example, anti-abortion legislation in abortion-hostile states targets women on welfare, incentivizing childbirth over abortion for low-income women (Hussey, 2010, 2011). By encouraging childbirth over abortion, these states "introduce" low-income women, who are disproportionately women of color, to a family welfare program that is exploitative and oppressive (Bowie & Dopwell, 2013).

I expound on these points to support my argument that the disproportionate effect reduced access to abortion has on low-income women and women of color is a form of reproductive oppression. Part I examines the historical context of reproductive oppression and its connection to anti-abortion legislation. Larger systems of oppression historically utilize reproductive oppression to further their broader agenda. Connections between reduced abortion access and contemporary systems of oppression therefore qualify reduced abortion access as reproductive oppression. Part II explores how reduced access to abortion encourages minority women towards sterilization, therefore limiting their reproductive autonomy. Part III examines the connections between reduced abortion access, family welfare, and the racial feminization of poverty. I suggest that reduced abortion access is oppressive for women of color because it keeps them trapped in poverty via an exploitative family welfare program. I conclude by offering some suggestions for resistance against these oppressive systems, and areas for further research.

PART I: REPRODUCTIVE OPPRESSION IN HISTORICAL CONTEXT

Reproductive oppression historically connects to broader systems of oppression including colonization and slavery. Reproductive oppression describes the idea that controlling, exploiting, or suppressing anyone, but specifically women and girls', bodies, sexuality, labor, and/or reproduction for others' gain is oppressive (Manes,

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

2017). For example, European colonizers manipulated and suppressed the reproduction and cultural reproductive systems of Native American women as part of their larger project of settler colonialism (Smith, 2005). Prior to colonization, Native American cultures considered women autonomous persons; women held positions of power and esteem and often led matriarchal societies (Ralstin-Lewis, 2005).

Christian colonization disrupted much of the gender equality in Indigenous communities by introducing patriarchy and attempting to force Indigenous family structures to conform to Western structures that emphasized male-domination (Ralstin-Lewis, 2005). As the project of settling the American West became an important political goal in the nineteenth century, new legislation encouraged reproduction among white settlers while actively discouraging Indigenous reproduction (Jacobs, 2017). For example, the 1850 Oregon Donation Land Act allowed white married couples to claim twice as much land as a single white male settler thus encouraging marriage, and inevitably reproduction, among white settlers. Conversely, the 1887 Dawes Act severely decreased the amount of land available to Native peoples. This, combined with unreliable government support for Native Americans on reservations, led to rampant malnutrition and disease leading to a steep decline in the Indigenous population (Jacobs, 2017). The manipulation of Indigenous reproductive systems served a larger purpose – by controlling and manipulating Indigenous bodies and gender constructions European settler colonizers were able to justify and achieve colonial domination of the Americas (Cremer, 2008). This example demonstrates the broader connection between reproductive oppression and general oppression by clearly showing how controlling reproduction is a necessary aspect of institutionalized oppression (Ross & Solinger, 2017).

Rampant reproductive oppression also characterized institutionalized slavery in the US. The American slave trade stripped African mothers of their role as mother, destroyed African family structures, and reduced African women to laborers and reproductive machines. In many places and cultures in Africa such as Benin, Senegal, and the Yoruba religion, mothers were important members of their communities, transmitting knowledge, culture, and values to their children (Bush, 2010). The slave trade reduced and commodified this role. For example, African mothers were usually stripped of their important religious belongings before being transported across the ocean and were therefore unable to perform many of the rituals associated with childbirth (Bush, 2010). Thus, the slave trade reduced African women's abilities to fully connect with the role of mother by alienating them from their communities and limiting their ability to participate in their traditions of motherhood.

Slave traders were simultaneously commodifying the reproductive capacities of African women. Women often comprised much of the enslaved population due to their ability to bear children (Soomer, 2000). Enslavers dehumanized enslaved women, characterizing them as hypersexual and animalistic (Collins, 2004). This dehumanization justified the rampant practice of rape; the children of those unions were frequently sold into slavery (Soomer, 2000). Enslaved women would sometimes abort their pregnancies in a simultaneous act of mercy for their unborn child and rebellion against their designated role as breeder (Schiebinger, 2005). Thus, plantation owners sought to restrict enslaved women's knowledge about birth control and abortion in order to avoid this rebellion and maximize their profits (Ross, 1998). These are just a few examples of the ways in which the slave trade manipulated and commodified enslaved women's reproductive capacities for its own gain, but they demonstrate the important role of reproductive oppression in the broader system of slavery.

The historical relationship between reproductive oppression and oppression more broadly unveils a key component of my argument: modern forms of domination are using reduced access to abortion to maintain control in a similar fashion to historical systems of oppression. In other words, I argue that reduced access to abortion is a form of reproductive oppression because it aligns with the historical patterns of reproductive oppression set by colonization and slavery in the US.

Two recent examples demonstrate how contemporary systems of oppression follow the pattern of the historical examples described above by using reduced access to abortion to reinforce systemic dominance and marginalization. Although the specific goals of contemporary systems of oppression may look different than those of historic systems of oppression, the ultimate outcome is the same: a reduction in women of color's autonomy and social mobility.

First, some scholars link the war on drugs with the anti-abortion movement and anti-abortion legislation. At a superficial level, there are many similarities between

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

the anti-abortion movement and the war on drugs. For example, Ferraiolo (2014) argues that marijuana usage and abortion are both "morality policy" issues used to garner support for one political party or alternatively to malign the other political party. Paltrow (2001) finds eight distinctive similarities between the war on drugs and what she calls the "war on abortion": control and punishment justified by illegality, restrictions on speech, limited access, the language of "epidemics", lack of education surrounding both sex and drugs, "choice" rhetoric, child protection as justification for illegality, and disproportionate harm for African American women (Paltrow, 2001). These similarities indicate a broader political agenda that acts to reduce civil liberties and social mobility for women and people of color and suggest that the anti-abortion movement may overlap with the war on drugs. Most relevant here, this example aligns with my argument that reduced access to abortion functions as reproductive oppression because of its relationship with broader systems of oppression.

The political agendas of the war on drugs and the anti-abortion movement actively reinforce one another. For example, the anti-abortion argument for giving fetuses rights actively supported, and was supported by, efforts to imprison Black women. For example, the "crack baby epidemic" in the late 1980s and early 1990s helped to support the anti-abortion argument for fetal rights while simultaneously supporting racist stereotypes about Black mothers as drug addicts lacking maternal instincts (Dubow, 2011, p.141-142). In other words, the rhetoric that pregnant Black women were dosing their unborn children with cocaine symbolically supported both the anti-abortion movement's push to define viable fetuses as humans with rights, and the war on drugs' argument that Black women were all drug addicts without maternal instincts.

The interaction between the two movements was more than symbolic and extended to physically imprisoning mothers who used crack cocaine during their pregnancy (Dubow, 2011). For example, many South Carolina hospitals tested babies and pregnant women for cocaine when they entered the hospital and would report any positive findings to law enforcement (Dubow, 2011, pp. 145-146). The charges varied depending on the specific circumstances from drug possession, delivering drugs to a minor, child neglect, and, in an extreme case, homicide, but often ended in incarceration for the mother, who was usually Black (Dubow, 2011). This is despite evidence that suggests that cocaine has few adverse health effects on children exposed in the womb via their mother, especially when compared to the effects of more common substances such as tobacco and alcohol (Chavkin, 2001). While higher courts have fortunately overturned many of the cases prosecuting these women, South Carolina still defines a viable fetus as a person and has recently introduced a bill to ban abortion when a fetal heartbeat is detected (SC Fetal Heartbeat Protection from Abortion Act, 2019). Thus, the anti-abortion movement contributed to the oppression of women of color within the war on drugs.

Finally, there is a recent connection between reduced access to abortion and the policing of immigrant women and Latinas. Women in the Rio Grande Valley in Texas face extremely limited access to abortion – this area is classified as a "medically underserved area", highlighting the limited primary healthcare options (Gomez, 2015, p. 98). Latina immigrants in this area must either travel to the nearest US abortion clinic on highways riddled with immigration enforcement checkpoints or go to Mexico for their abortion and risk being denied access back into the US (Gomez, 2015). This limits their physical movement, literally confining them to a small area of Texas that is lacking in necessary healthcare services. Abortion restrictions also harm Latina immigrant farm workers – high rates of sexual assault mean that these women potentially have a higher need for abortions, however miniscule wages and little, if any, access to health insurance make the cost of abortion a burden (Galarneau, 2013). Finally, *The Washington Post* reported in June 2019 that the Trump administration instituted a ban on abortion for minors detained in immigration custody. Fortunately, an injunction on the policy allowed all affected women to proceed with their abortions, but the effort highlights the continuing struggle that pregnant immigrant women face (Marimow, 2019).

These connections between the anti-abortion movement, anti-abortion legislation, and larger systems of racial oppression support my argument that current systems of domination use reduced access to abortion as a method of control. Historically, scholars classify manipulation of women's reproduction within larger systems of oppression such as colonization and slavery as reproductive oppression (Ross and Solinger, 2017). Thus, I argue that reduced access to abortion functions as a form of reproductive oppression because of its relationship with larger systems of oppression such as the war on drugs and anti-immigration policy enforcement.

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

A potential counterargument would be that many systems of racial oppression historically worked to *stop* people of color from reproducing. For example, European colonizers in the Americas discouraged reproduction among Indigenous peoples (Jacobs, 2017) and the eugenics movement in the 20th century carried out mass sterilizations of people of color (Mass, 1977). Conversely, reducing access to abortion would seemingly be a sign that contemporary oppressive movements such as the war on drugs and the anti-immigration movement want to *encourage* rather than inhibit childbirth among women of color. In other words, these movements would be breaking from the historical pattern. However, as Part II argues, reducing access to abortion *can* discourage women of color from reproducing by "encouraging" them towards sterilization.

Current Abortion Access for Women of Color and Low-Income Women in the US

Contrary to the notion that abortion is a "white woman's issue", recent anti-abortion legislation limits access to abortion in a manner that disproportionately affects women of color and low-income women. There are several reasons for this disproportionate effect. First, issues associated with institutional racism and sexism such as lower college enrollment rates (National Center for Education Statistics, 2020), higher rates of rape (Tjaden & Thoennes, 2006), and less access to and effective use of birth control (Murray Horwitz, Pace, & Ross-Degnan, 2018, Gurr, 2011) mean that women of color and low-income women have a greater demand for abortion services than white women and higher income women. Therefore, generally, women of color and low-income women have higher rates of abortion than white women and higher income women (Dehlendorf et al., 2013, Urban Indian Health Institute, 2010, Population Association, 2016). This means that the burden of anti-abortion legislation that makes getting an abortion more difficult and expensive will fall disproportionately on women of color and low-income women. I argue, therefore, that restricting access to abortion has a greater impact on minority women because they have a greater demand for, and are the primary users of, abortion services.

Second, abortions are expensive. Notably, anti-abortion legislation such as the Hyde Amendment, which allows states to refuse to fund abortions through Medicaid, specifically affects low-income and impoverished women. This has a disproportionate impact on women of color because women of color have higher rates of poverty than white women (Patrick, 2017). Additionally, qualitative studies find that many women frequently cite paying for their abortions as a major challenge because insurance did not cover any of the procedures (Margo et al., 2016). They often resorted to borrowing funds from family and friends and utilized clinic discounts whenever possible (Margo et al., 2016, p. 205). Quantitative data concurs, finding that a majority of participants not using health insurance to pay for their abortions found it somewhat or very difficult to pay for their procedures, which ranged in price from $485-$3,500 (Jones, Upadhyay & Weitz, 2013, p. 175).

Finally, studies find that anti-abortion measures disproportionately affect women of color. For example, the participants in Jones et al.'s (2013) study were mostly women of color, with 73% of the study participants identifying as Black, Hispanic, or "other" (p. 176). Additionally, women who are seeking abortion but are nearing or past the gestational age limits for abortion in their state are more likely to be multiracial or some race other than white (Upadhyay, Weitz, Jones, Barar, & Foster, 2014, p. 1689). This was generally due to broader systemic issues associated with institutional racism such as poor sex education and ineffective governmental support systems for childcare (Upadhyay et al., 2014, p. 1689). Altogether, this evidence indicates that legislation that restricts access to abortion disproportionately affects women of color and low-income women.

PART II: STERILIZATION

There is a historic pattern of minority communities experiencing sterilization abuse. While blatant sterilization abuse, such as state laws legalizing the compulsory sterilization of "degenerates" (Carlson, 2011), is uncommon today, reduced access to abortion and birth control contribute to higher rates of sterilization and sterilization regret in minority communities. This would qualify reduced access to abortion and birth control as a form of subtle coercion (Clarke, 1994, discussed below) which I argue is oppressive because it restricts women's ability to make autonomous decisions regarding reproduction.

Eugenic sterilization programs in the mid-20th century led to thousands of sterilizations of Black and Indigenous women and Latinas, and that trend continues today. Estimates indicate that up to 70,000 Native American women (out of 100,000-150,000 women of childbearing

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

age) underwent coerced sterilization from the early to mid-1960s to 1976 (Ralstin-Lewis, 2005, p. 71-72). Puerto Rico's aggressive population control policies resulted in the sterilization of roughly one third of women of child-bearing age by 1965 (Mass, 1977). Social Darwinism and eugenics politics heavily influenced these high rates of coerced sterilization among women of color (Mass, 1977, Ralstin-Lewis, 2005, Shreffler, McQuillan, Greil & Johnson, 2015). This historical trend has impacts on current sterilization trends.

Today, women are less likely to experience coercion when getting sterilized, but women of color and low-income women still have the highest rates of sterilization and importantly sterilization regret (Shreffler et al., 2015). Regret is important to note here because it means that these women see their sterilizations as keeping them from having desired children, which suggests that they would have preferred other birth control options had they been available. Black and Indigenous women are more likely to have undergone sterilization than non-Hispanic white women (Volscho, 2010). This remains true for Black women even when controlling for partner vasectomy status (Borrero et al., 2009). Hispanic women are less likely to undergo surgical sterilization when controlling for socioeconomic status, however they, along with Native American women, are *more* likely to see their sterilization as preventing them from having desired children (Shreffler et al., 2015, p. 14-15). Black women are also likely to regret their sterilization (Eeckhaut et al., 2018). Ultimately, this suggests that the historically high rates of sterilization for Black, Hispanic, and Indigenous women continues today, and that many women eventually regret their procedure.

Reduced access to impermanent birth control methods and abortion partially explains women of color's higher rates of sterilization. This functions through a process which Clarke (1994) calls 'subtle coercion', defined in relation to sterilization as, "situations in which a woman or man *legally consents* to sterilization, but the *social conditions* in which they do so are abusive – the conditions of their lives constrain their capacity to exercise genuine reproductive choice and autonomy" (p. 341, emphasis in original). For example, Gurr (2011) argues that the high rates of sterilization on Native American reservations are a result of limited birth control options and lack of access to abortion. The IHS dispenses birth control pills to Native American women living on reservations only once a month, frequently from facilities that are difficult to reach, access to emergency contraception is patchy, and the Hyde Amendment limits abortion access (Gurr, 2011, p. 72-80). Conversely, less effective birth control options such as condoms, and long-term birth control options such as Depo-Provera, Norplant, and sterilization are more easily available and more widely promoted (Gurr, 2011, p. 74-77).

There is a significant history of the IHS using Depo-Provera and Norplant to control Indigenous people's fertility without their fully informed consent. Depo-Provera was a controversial method of contraception when first released – the FDA did not approve it for use as birth control until 1992 due to concerns that it caused cancer (Ralstin-Lewis, 2005). Despite this, IHS physicians prescribed it to some Indigenous women, including some with cognitive disabilities, for nearly two decades before it was approved (Ralstin-Lewis, 2005, Smith, 2002). Both Dep-Provera and Norplant have significant side-effects such as depression, osteoporosis, sterility, headaches, and heavy and irregular bleeding, the last of which can disrupt certain traditional Indigenous ceremonies (Ralstin-Lewis, 2005, Smith, 2002). Significantly, IHS physicians did not always fully inform birth control users of these side-effects (Ralstin-Lewis, 2005, Smith, 2002, Gurr, 2011). The questionable ethics surrounding the historical use of these long-term contraceptive options raises concern regarding their availability in Indigenous communities. While use of long-term contraceptives can represent a genuine choice, the lack of availability of more flexible birth control methods and abortion in this particular historical context suggests a subtly coercive situation.

In fact, many minority women have reduced access to impermanent birth control and abortion. Despite an overall increase in the number of young women using sexual and reproductive health (SRH) services, Black and Hispanic women are still less likely to effectively use contraception (Murray Horwitz et al., 2018). However, they are just as likely as white women to use long-acting reversable contraceptives (LARCs) and condoms, in similar fashion to the Native American women discussed above (Murray Horwitz et al., 2018). These low rates of contraception use, combined with women of color's higher rates of sterilization, suggest that social conditions wherein birth control and abortion are difficult to access contribute to increased usage of permanent birth control methods.

This becomes problematic when women begin to regret their sterilizations. Sterilization regret rose 41% between

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

1995-2010, from 18% to 25% (Eeckhaut et al., 2018). This suggests that had these women had better access to impermanent birth control options, such as abortion, prior to sterilization they might have been able to delay or avoid the procedure which they now regret. Since women of color have higher rates of sterilization regret and have less access to abortion, I suggest that reduced access to abortion is oppressive to these women – it limits their reproductive options, subtly coerces them into getting sterilized, and prevents them from having children that they want later in life.

PART III: POVERTY

Reduced abortion access is a contributing factor to the feminization of poverty. The feminization of poverty thesis argues that women and their children are disproportionately represented in the population of individuals in poverty (Elmelech & Lu, 2004). In the 1980s, scholars revised the feminization of poverty thesis to focus on the *racialized* feminization of poverty (Elmelech & Lu, 2004). The issue continues today – women were 38% more likely than men to live in poverty in 2016 (Patrick, 2017). The picture is worse for women of color and women with disabilities as these sub-groups of women are more likely than white women to be in poverty: while 9.7% of white, non-Hispanic women were in poverty in 2016, the poverty rates for Asian, Latina, Black, and Native American women are 10.7%, 18.7%, 21.4%, and 22.8%, respectively; 31% of women with disabilities were in poverty in 2016 (Patrick, 2017). This trend persists even though there are negligible differences in human capital and positive work ethic attributes between white women and women of color (Ezeala-Harrison, 2010, p. 149). This suggests that high rates of poverty have little to do with labor market reasons and have more to do with institutional sources of inequality (Ezeala-Harrison, 2010). Reduced access to abortion is one of those institutional sources.

Abortion is expensive in states that are hostile to abortion, especially for women in poverty who are disproportionately women of color. Women frequently cite cost as one of the most difficult aspects of obtaining an abortion (Margo et al., 2016). A single mother working for minimum wage could potentially have to spend a month's wages or divert money from rent, food, or bills to pay for her abortion (Boonstra, 2013). While clinics frequently offer financial support to women, they often have limited resources and thus cannot completely remove the financial burden. The high cost of abortion forces an unfair choice on women in poverty with unwanted pregnancies; they can either get an expensive abortion that could potentially remove their access to food, housing, or basic utilities such as water, or have a child they cannot afford thereby necessitating government assistance, usually Temporary Assistance for Needy Families (TANF).

TANF provides time-limited financial assistance to low-income families and is the primary financial welfare system covering women in poverty with children. TANF proclaims that it works, "to prevent and reduce the incidence of out-of-wedlock marriages" and encourage two-parent homes (HHS.gov, 2012). Welfare reform in the 90s focused heavily on getting rid of "welfare queens": single, Black mothers who supposedly took advantage of welfare (Sparks, 2003). Since TANF is a product of that 1996 welfare reform (Falk & Tauber, 2001), its insistence on two-parent families is indicative of its connection with racist "welfare queen" rhetoric and active hostility towards single mothers of color. A work-first ideology characterizes TANF and penalties, financial sanctions, and restrictive eligibility enforce this ideology (Bowie & Dopwell, 2013, p. 178). TANF also enforces a five-year lifetime maximum limit for financial assistance, with several states stiffening limits to four, three, or two-year maximums (Bowie & Dopwell, 2013, p. 178). It is within this context that low-income women and especially low-income women of color face a multitude of barriers to upward mobility.

Women of color have historically been exploited for their reproductive labor which has made creating wealth difficult. Glenn (1992) and Duffy (2007) argue that *reproductive labor* – defined as work that sustains everyday life such as cooking, cleaning, and kin care – is historically divided along gender and racial lines. Women of color have a history of being confined to the service sector, first in the homes of wealthy whites, and now in institutional settings in the public sphere (Duffy, 2007). The changing needs of the capitalist market motivated this shift, demonstrating how capitalist forces have varying effects depending on a woman's intersecting identities (Glenn, 1992). This capitalist exploitation of women of color's reproductive labor is ongoing and contributes to their higher rates of poverty (Rousseau, 2009).

TANF as it is currently designed, especially in pro-life states, is oppressive because it encourages mothers of color into low-wage reproductive labor that has few prospects for advancement, effectively trapping minority mothers

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

in poverty. Many states have historically used welfare as a tool to maintain this systemic confinement of women of color to the service sector (Boling, 2015). Current examples suggest that this historic trend continues today. Bowie and Dopwell (2013) argue that TANF overlooks and disregards the various metastressors women in poverty, specifically women of color in poverty, face. The harsh time limits, penalties, and emphasis on a work-first ideology compound the already intense life stressors – such as physical/mental health issues, housing issues, and interpersonal violence – many of these women face, making it even more difficult for them to rise out of poverty (Bowie & Dopwell, 2013). Data demonstrates that TANF recipients disproportionately work in low-wage, unstable, and temporary jobs, and recidivism is worse for Black welfare leavers than for whites (Banerjee & Ridzi, 2008). Harsh penalties compel women of color to comply with TANF guidelines so that eventually these women find themselves in low-wage jobs that do not cover basic financial needs and have little or no options for advancement (Banerjee & Ridzi, 2008). As one woman put it, "It's creating a workforce of slave laborers" (qtd. in Banerjee & Ridzi, 2008, p. 106).

This process involves "encouraging" women in poverty to avoid abortion. Hussey (2010, 2011) found that welfare recipients were less likely to utilize abortion services in pro-life states. This was evident independently from other factors which might influence the abortion decision, such as women's sensitivity to the cost of abortion (Hussey, 2011). This suggests that pro-life state legislators promote childbirth and discourage abortion indirectly via non-abortion related state programs such as welfare. Women with children are then eligible for TANF, since TANF is in general only available for parents. Thus, pro-life states that encourage women of color in poverty to have children are effectively funneling these women into jobs with no upward mobility through participation in TANF. I argue that this is exploitative and oppressive because it uses minority women for their labor while keeping them trapped in poverty with few routes to upward mobility.

RECOMMENDATIONS

This research heavily relies on a Marxist theory of oppression and feminist theories of oppression and privilege that stem from Marilyn Frye's *The Politics of Reality* (1983). A critique of these frameworks is that they are, "discouraging [and] demoralizing" (Lugones, 1990, p. 502) because they are not liberating. To remedy this, Lugones (1990) proposes a theoretical framework that positions oppressed individuals, those who feel their intersecting identities most viscerally, as most capable of liberation. Their positions in the liminal spaces of society and their ability to cross back and forth between being both oppressor and oppressed, grant them epistemological insight into structures of power (Lugones, 1990). This insight aids in collective struggle and can result in imaginative solutions to complex problems.

It is important to note that women of color and women in states that are hostile to abortion are frequently central actors in reproductive justice advocacy. Despite the oppression they face, we should take care not to view women of color as passive (Roberts, 1999). To this point, I conclude with a discussion of several contemporary organizations and their efforts at reducing the reproductive oppression disadvantaged women face. "SisterSong" is a coalitional education and awareness organization that focuses on reproductive justice issues for women of color. They have headquarters in Atlanta, Georgia, a long-time anti-abortion state. They formed in 1997 when 16 smaller organizations for Native American, African American, Latina, and Asian American women joined forces. They take a broad view of reproductive justice and focus on issues most pertinent to women of color, including but not limited to abortion access (SisterSong, 2019).

Choices Memphis Center for Reproductive Rights is more narrowly focused on issues of abortion, but also centers its work on the needs of underserved populations, specifically women of color and low-income women. Choices is an abortion clinic in Tennessee that aims to avoid getting shut down by TRAP laws by diversifying their services. By providing services such as transgender healthcare, adoption referrals, and midwifery care and births along with abortion they hope to avoid shutting down completely when adjusting to new TRAP laws. These additional services ensure a revenue stream during adjustment periods which allows the clinic to continue providing reproductive healthcare and restart abortion services more quickly than at clinics that focus simply on abortion (Memphis Choices, 2019). These two examples demonstrate how women at the margins use their place of liminality and epistemological insight to come up with creative solutions and resistance methods to anti-abortion measures.

On a broader scale, federal legislators should redesign family welfare, in particular TANF and Medicaid, in a

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

way that supports women of color and single mothers. A social safety net is an important part of reducing poverty and increasing economic wellbeing (Tach & Edin, 2017). But TANF as it is currently designed punishes its unemployed recipients for being unemployed despite evidence that such punishment is counterproductive to economic growth and the wellbeing of people of color, women, children, and families (Tach & Edin, 2017). New iterations of family welfare should eliminate strict eligibility requirements that incentivize low-wage, unstable employment, and instead provide greater assistance with gaining stable employment or higher education alongside no-strings-attached financial assistance. The Hyde Amendment should be abolished, thus allowing Medicaid to pay for abortions. These two changes would allow women in poverty who are disproportionately women of color more freedom when making choices about their reproductive health. They would eliminate the financial stress of getting an abortion and would allow women to decide whether they genuinely *want* a child without having to consider if they can *afford* a child. These changes are necessary first steps to help women of color achieve reproductive justice.

CONCLUSION

This research expands the current discussion surrounding abortion access by arguing that reduced access to abortion is oppressive rather than simply coincidental or even discriminatory. I make three major claims which suggest that the effects of reduced access to abortion for low-income women and women of color are oppressive. First, I argue that the anti-abortion movement and anti-abortion ideology and legislation support current systems of oppression, namely, the war on drugs and militaristic immigration enforcement. Second, I argue that reduced access to abortion and birth control contribute to higher rates of sterilization and sterilization regret in minority populations. Finally, I argue that welfare in pro-life states encourages childbirth and thus participation in a family welfare system that is exploitative and oppressive. All three of these claims involve women of color and low-income women, thus suggesting that race and class influence the form of reproductive oppression described here. In other words, reduced access to abortion is specifically oppressive to minority women.

There are several promising directions for future research related to this topic. One major area of research involves discovering the most effective ways to combat the systems of oppression described here. Research questions in this area include: what are the effects of increased numbers of women of color in government on abortion policy? What is the impact of public opinion on the abortion policy that a state adopts? How can we empower marginalized groups, such as Native American women, who traditionally have very little political and social power? What effect would empowering those groups have on abortion policy? Future research should also investigate the specific ways that reduced access to abortion impacts the LGBTQ+ community, in particular transgender men. Although these questions are just the tip of the iceberg, it is my hope that new strategies can develop to assist minority women and low-income women fight for, and ultimately attain, reproductive justice.

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

WORKS CITED

Banerjee, P., & Ridzi, F. (2008). Indian IT workers and Black TANF clients in the new economy: A comparative analysis of the racialization of immigration and welfare policies in the U.S. R*ace, Gender & Class*, *15*(1/2), 98-114.

Boling, P. (2015). *The politics of work–family policies: Comparing Japan, France, Germany and the United States*. Cambridge, England: Cambridge University Press.

Boonstra, H.D. (2013). Insurance coverage of abortion: Beyond the exceptions for life endangerment, rape and incest. *Guttmacher Policy Review*, *16*(3), 2-8.

Borrero, S., Schwarz, E.B., Reeves, M.F., Bost, J.E., Creinin, M.D., & Ibrahim, S.A. (2009). Does vasectomy explain the difference in tubal sterilization rates between Black and white women? *Fertility and Sterility*, *91*(5), 1642-645. https://doi.org/10.1016/j.fertnstert.2008.01.103

Bowie, S.L., & Dopwell, D.M. (2013). Metastressors as barriers to self-sufficiency among TANF-reliant African Americans and Latina women. *Affilia: Journal of Women & Social Work*, *28*(2), 177-93. https://doi.org/10.1177/0886109913484693

Bush, B. (2010). African Caribbean slave mothers and children: Traumas of dislocation and enslavement across the Atlantic world. *Caribbean Quarterly*, *56*(1/2), 69-94.

Carlson, E.A. (2008). The Hoosier connection: Compulsory sterilization as moral hygiene. Lombardo, P.A. (Ed.). *Century of eugenics in America: From the Indiana experiment to the human genome era*. (pp. 11-25). Retrieved from https://ebookcentral.proquest.com

Chavkin, W. (2001). Cocaine and pregnancy—time to look at the evidence. *JAMA: Journal of the American Medical Association*, *285*(12), 1626-628. https://doi.org/10.1001/jama.285.12.1626

Choices: Memphis Center for Reproductive Health. (2019). Homepage. Retrieved from https://memphischoices.org/

Clarke, A. (1994). Subtle forms of sterilization abuse: A reproductive rights analysis. In Jagger, A.M. (Ed.), *Living with contradictions: Controversies in feminist social ethics* (pp. 339-348). Boulder: Westview Press.

Collins, P.H. (2004). *Black Sexual Politics*. New York, NY: Routledge.

Cremer, A. R. (2008). Possession: Indian bodies, cultural control, and colonialism in the Pequot War. *Early American Studies, An Interdisciplinary Journal*, *6*(2), 295-345.

Dehlendorf, C., Harris, L.H., & Weitz, T.A. (2013). Disparities in abortion rates: A public health approach. *American Journal of Public Health*, *103*(10), 1772-779. https://doi.org/10.2105/AJPH.2013.301339

Dubow, S. (2011). *Ourselves unborn: A history of the fetus in modern America*. Oxford, England: Oxford University Press.

Duffy, M. (2007). Doing the dirty work: Gender, race, and reproductive labor in historical perspective. *Gender and Society*, *21*(3), 313-36. https://doi.org/10.1177/0891243207300764

Eeckhaut, M.C.W., Sweeney, M.M., & Feng, L. (n.d.). Desire for sterilization reversal among US females: Increasing inequalities by educational level. *Perspectives on Sexual and Reproductive Health*, *50*(3), 139-45. https://doi.org/10.1363/psrh.12076

Elmelech, Y., & Lu, H.-H. (2004). Race, ethnicity, and the gender poverty gap. *Social Science Research*, *33*(1), 158-82. https://doi.org/10.1016/S0049-089X(03)00044-9

Ezeala-Harrison, F. (2010). Black feminization of poverty: Evidence from the U.S. cross-regional data. *Journal of Developing Areas*, *44*(1), 149-66.

Falk, G., & Tauber, J. (2001). Welfare reform: TANF provisions related to marriage and two-parent families: RL31170. *Congressional Research Service: Report*, 1-35.

Ferraiolo, K. (2014). Morality framing in U.S. drug control policy: An example from marijuana decriminalization. *World Medical & Health Policy*, *6*(4), 347-74. https://doi.org/10.1002/wmh3.114

Frye, M. (1983). *The politics of reality: Essays in feminist theory*. Freedom, CA: The Crossing Press.

Galarneau, C. (2013). Farm labor, reproductive justice:

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

Migrant women farmworkers in the US. *Health and Human Rights*, *15*(1), 144-60.

Glenn, E.N. (1992). From servitude to service work: Historical continuities in the racial division of paid reproductive labor. *Signs*, *18*(1), 1-43.

Gomez, M.M. (2015). Intersections at the border: Immigration enforcement, reproductive oppression, and the policing of Latina bodies in the Rio Grande Valley. *Columbia Journal of Gender and Law*, *30*(1), 84-118.

Gurr, B. (2011). Mothering in the borderlands: Policing Native American women's reproductive healthcare. *International Journal of Sociology of the Family*, *37*(1), 69-84.

Guttmacher Institute. (2019). *State abortion policy landscape: From hostile to supportive*. https://www.guttmacher.org/article/2019/08/state-abortion-policy-landscape-hostile-supportive

Hussey, L.S. (2010). Welfare generosity, abortion access, and abortion rates: A comparison of state policy tools. *Social Science Quarterly*, *91*(1), 266-83.

Hussey, L.S. (2011). Is welfare pro-life? Assistance programs, abortion, and the moderating role of states. *Social Service Review*, *85*(1), 75-107.

Jacobs, M.D. (2017). Reproducing white settlers and eliminating Natives: Settler colonialism, gender, and family history in the American west. *Journal of the West*, *56*(4), 13-24.

Jones, R.K., Upadhyay, U.D., & Weitz, T.A. (2013). At what cost? Payment for abortion care by US women. *Women's Health Issues*, *23*(3), E173-E178. https://doi.org/10.1016/j.whi.2013.03.001

Lugones, M.C. (1990). Structure/antistructure and agency under oppression. *The Journal of Philosophy*, *87*(10), 500-507. https://www.jstor.org/stable/2026867.

Manes, A. (2017). *Reproductive justice and violence against women: Understanding the intersections*. https://vawnet.org/sc/reproductive-justice-violence-against-women-understanding-intersections

Margo, J., McCloskey, L., Gupte, G., Zurek, M., Bhakta, S., & Feinberg, E. (2016). Women's pathways to abortion care in South Carolina: A qualitative study of obstacles and supports. *Perspectives on Sexual & Reproductive Health*, *48*(4), 199-207. https://doi.org/10.1363/psrh.12006

Marimow, A.E. (2019, June 14). *Trump administration cannot block abortions for immigrant teens in custody, court rules*. The Washington Post. https://beta.washingtonpost.com/local/legal-issues/trump-administration-cannot-block-abortions-for-immigrant-teens-in-custody-court-rules/2019/06/14/5ad50812-8eb9-11e9-adf3-f70f78c156e8_story.html

Mass, B. (1977). Puerto Rico: A case study of population control. *Latin American Perspectives*, *4*(4), 66-82.

Murray Horwitz, M.E., Pace, L.E., & Ross-Degnan, D. (2018). Trends and disparities in sexual and reproductive health behaviors and service use among young adult women (aged 18-25 years) in the United States, 2002-2015. *American Journal of Public Health*, *108*, S336-S343. https://doi.org/10.2105/AJPH.2018.304556

National Center for Education Statistics. (2020). *College enrollment rates*. https://nces.ed.gov/programs/coe/indicator_cpb.asp.

Paltrow, L.M. (2002). The war on drugs and the war on abortion: Some initial thoughts on the connections, intersections and effects. *Reproductive Health Matters*, *10*(19), 162-70. https://doi.org/10.1016/S0968-8080(02)00013-7

Patrick, K. (2017). *National snapshot: Poverty among women & families, 2016*. https://nwlc.org/wp-content/uploads/2017/09/Poverty-Snapshot-Factsheet-2017.pdf

Population Association. (2016). *Assessing the use of abortion services in Asian populations in New York City, 2008-2015*. http://paa2019.populationassociation.org/uploads/191790

Ralstin-Lewis, D.M. (2005). The continuing struggle against genocide: Indigenous women's reproductive rights. *Wicazo Sa Review*, *20*(1), 71-95.

Ross, L., & Solinger, R. (2017). *Reproductive Justice: An Introduction*. Oakland, California: University of California Press. http://www.jstor.org/stable/10.1525/j.ctv1wxsth.

Ross, L.J. (1998). African American women and

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

14.1: 1-12

abortion. In R. Solinger (Ed), *Abortion wars: A half century of struggle 1950-2000*, pp. 161-207. Berkeley and Los Angeles, CA: University of California Press.

Rousseau, N. (2009). *Black women's burden: Commodifying Black reproduction*. New York, NY: Palgrave MacMillan.

Schiebinger, L. (2005). Agnotology and exotic abortifacients: The cultural production of ignorance in eighteenth-century Atlantic world. *Proceedings of the American Philosophical Society*, *149*(3), 316-43.

Shreffler, K., McQuillan, J., Greil, A.L., & Johnson, D.R. (2015). Surgical sterilization, regret, and race: Contemporary patterns. *Social Science Research*, *50* (March), 31-45.

Sister Song Women of Color Reproductive Justice Collective. (2019). Homepage. Retrieved from https://www.sistersong.net/.

Smith, A. (2005). *Conquest: Sexual violence and American Indian genocide*. Cambridge, MA: South End Press.

Smith, A. (2002). Better dead than pregnant: The colonization of Native Women's reproductive health. In J. Silliman & A. Bhattacharjee (Eds.), *Policing the National Body: Race, Gender, and Criminalization*, pp. 123-146. Cambridge, MA: South End Press.

Soomer, J. (2000). The manipulation of the production and reproduction of African women in the Caribbean during slavery. *Negro History Bulletin*, *63*(1/4), 3-7. https://www.jstor.org/stable/44985759

South Carolina Fetal Heartbeat Protection from Abortion Act. (2019, April 24). https://www.scstatehouse.gov/sess123_2019-2020/bills/3020.htm

Sparks, H. (2003). Queens, teens, and model mothers: Race, gender, and the discourse of welfare reform. In Schram, S.F., Soss, J.B., & Fording, R.C. (Eds.). *Race and the politics of welfare reform*, pp. 171-95. Retrieved from https://ebookcentral.proquest.com

Tach, L., & Edin, K. (2017). The social safety net after welfare reform: Recent developments and consequences for household dynamics. *Annual Review of Sociology*, *43*(1), 541-61. https://www.annualreviews.org/doi/pdf/10.1146/annurev-soc-060116-053300.

Tjaden, P.G., & Thoennes, N. (2006). *Extent, nature, and consequences of rap victimization: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. https://stacks.cdc.gov/view/cdc/21950/#?.

Upadhyay, U.D., Weitz, T.A., Jones, R.K., Barar, R.E., & Foster, D.G. (2014). Denial of abortion because of provider gestational age limits in the United States. *American Journal of Public Health*, *104*(9), 1687-694. https://doi.org/10.2105/AJPH.2013.301378

Urban Indian Health Institute. (2010). *Reproductive health of urban American Indian and Alaska Native Women: Examining unintended pregnancy, contraception, sexual history and behavior, and non-voluntary sexual intercourse*. https://mchb.hrsa.gov/research/documents/finalreports/forquera_r40_mc_08954_final_report.pdf

U.S. Census Bureau. (2017). *Annual estimates of the resident population by sex, age, race, and Hispanic origin for the United States and states: April 1, 2010 to July 1, 2017*. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

U.S. Department of Health and Human Services. (2012). *What is TANF?*. https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.html

Volscho, T.W. (2010). Sterilization racism and pan-ethnic disparities of the past decade: The continued encroachment on reproductive rights. *Wicazo Sa Review*, *25*(1), 17-31.