

3-5-2020

Pro-Life Ends at Birth: Race as a Primary Driver of State Abortion and Concurrent Natalist Policy

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<https://doi.org/10.15760/honors.839>

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Pro-life ends at birth:
Race as a primary driver of state abortion and concurrent natalist policy

by

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An undergraduate thesis submitted in partial fulfillment of the

requirements for the degree of

Bachelor of Arts

in

University Honors

and

Political Science

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2020

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Abstract

The year 2019 saw the most restrictive state abortion policies introduced and passed since *Roe v Wade*. The same states passing this legislation are often states also cutting funding for policies that improve the health and socio-economic mobility of mothers and children, which disproportionately affects African-American residents of those states. Outside of reproductive justice advocacy, there is scant research on the role that race plays in the introduction and passage of state abortion legislation. I examine and analyze the role of racial prejudice in passing restrictive abortion policy in southern states. Using historical context in southern states, a survey of concurrent state natalist policies, and a backdrop of nationwide disparities, I make the argument that race is a primary driver of recent abortion policy, meant to keep minority groups in subordinate socio-economic positions. I find moderate support that states with restrictive abortion policy also lack support for natalist policies that improve the socio-economic status of low-income African-American citizens with children.

Introduction

“Among Missouri residents, the rate of black or African-American women who undergo abortions is significantly higher, about three and a half times higher, than the rate of white women who undergo abortions. Among Missouri residents, the rate of black or African-American women who undergo repeat abortions is significantly higher, about one and a half times higher, than the rate of white women who undergo repeat abortions.” (MO Legis. Assemb., HB 126, Section 188.038, 4, 2019)

“In the United States Declaration of Independence...the self-evident truth found in natural law, that all humans are equal from creation, was at least one of the bases for the anti-slavery movement...and the American civil rights movement. If those movements had not been able to appeal to the truth of universal human equality, they could not have been successful.” (AL Legis. Assemb., HB 314, Section 2.d, 2019).

These are sections quoted from 2019 state-level bills relating to restrictions on abortion. Alabama and Missouri, along with fifteen other states, mostly in the South and Midwest, passed, in 2019, the most restrictive state policies on abortion since *Roe v Wade*. These house bills use the assumption of equality to assert that lawmakers should restrict or even ban abortion, thereby granting this equality to “unborn citizens.” By including references to black women, the anti-slavery movement and banning abortion on the basis of race, lawmakers attempt to use reasons of racial equality for advancing the restriction on abortion and reproductive rights. Despite this rhetoric, these policies actually increase disparities between majority and minority groups of women. Lawmakers ignore the same argument to advance equality in concurrent state policy for black mothers and their children, which they often oppose. I argue that the racial prejudice of white legislators is the main driver of recent abortion policies in southern states.

White lawmakers of both genders introduce and pass bans or restrictions on abortion in these states. Historical context, the content of concurrent state policy, and nationwide disparities of resource distribution between white majorities and black minorities put race at the center of the most recent policy agendas when it comes to reproductive rights, most specifically the right to choose abortion.

My focus on race in recent state abortion policy is not from the position of a reproductive advocate, but rather to seek coherent explanations as to why lawmakers seek to expand restrictive state abortion policy, mostly concentrated in southern states. Using group position theory and symbolic racism as influences why race is so central to state abortion policy, I will focus on this important missing piece in the overall picture of recent policy changes. I use historical context in those states, analysis of concurrent state natalist policies, with the backdrop of nationwide disparities to elucidate my argument. I will explain my methods for testing my theory in three states with the most restrictive abortion policies and three states with the most expansive abortion policies, as comparison. I will conclude with an analysis and ideas for further study on how race factors into the introduction and passing of state abortion policy.

Abortion policy research has mostly focused on patriarchy and morality politics when analyzing reasons for state support in restricting a woman's reproductive choice. Delineations between different racial groups has rarely been studied in terms of whom state abortion policy restrictions affect or what racial or ethnic groups legislators target in constraining abortion rights. Some research prior to 2000 showed that more women lawmakers caused restrictive abortion laws to decrease (Berkman and O'Connor, 1993; Norrander and Wilcox, 1999). However, in 2019, many of the restrictive state abortion bills introduced were sponsored by white, Republican

women, with many signed into law by white, Republican governors of both genders. White Republican men sponsored the remaining bills. The content of bills placing constraints on abortion, over time, focused less on the rights, safety or well-being of women and more on the purported rights of the fetus, using language such as “unborn children,” “human being,” or “baby.” Some bills relate abortion to genocide or the holocaust and insert associations to the Civil Rights movement and anti-slavery movements, seeking to grant equal protective status under the law to the fetus, using language from the Constitution and Declaration of Independence to state this intent. Contrary to prior abortion bills which contained paternalistic language regarding protecting women from the claimed physical and psychological effects of abortion (Martin, 2016; Stabile, 2015), much of the most recent abortion policy states an intent to protect the rights of the fetus at as early as six weeks of development, often ignoring the rights of the woman carrying the fetus or the rights of other children to which the woman may have already given birth. In the bills from southern states that I analyze, lawmakers legally define the fetus as a person and often confer more rights in the womb than to a child after they are born. Legislation or amendments introduced, often by black lawmakers of both genders, to increase the physical and mental health and socio-economic well-being of women of color and their children already born, fail to pass in the same states where restrictive abortion policies are signed into law.

Literature Review

There is a large amount of literature on reproductive rights, in such wide ranging areas of study as political science, public health, sociology, psychology, history, social work, and gender

or racial studies. Most research on abortion policy focuses on women's equality and the role of patriarchy or misogyny (Solinger, 2001 and 2013; Caron, 2008; Petchesky, 1984), morality and religion (Barkan, 2014; Kreitzer, 2015; OConner and Berkman, 1995), or partisan factors (Medoff and Dennis, 2011) as foundational reasons for the introduction and passing of legislation constraining abortion in various ways. Reducing state control over a woman's body, without mentioning race, was the focus of pro-choice movements leading up to the introduction of oral contraception that became known as "the Pill" and the 1973 Supreme Court decision regarding a woman's right to an abortion, *Roe v Wade*. Other research has concluded that the strength of special interest advocacy groups is the largest influence on state abortion policy (Medoff, 2002). Some researchers have tested intersections of morality and patriarchy, asking the degree to which religious affiliation or identification is directly associated with an increase in patriarchy, which decreases *de facto* women's reproductive freedom (Htun and Weldon, 2010; Forman-Rabinovici and Sommer, 2018). Peters (2018, Chapter 5) discusses the intersection of patriarchy and racism in historical and recent controls over women's reproductive public policy. Mucciaroni, et al. (2019) study the multi-dimensional frameworks that state lawmakers use in floor debates regarding their support or opposition to state abortion restrictions, which are as varied as women's rights and privacy, religious or moral issues, fetal rights and fetal pain, and the physical and mental safety of women.

Though all these multi-factorial reasons play a part in advancing restrictions on abortion, they do not take into account the historical and complex role of race as a strong impetus for state policy goals, especially in southern states. Most research on abortion and reproductive rights does not ask how the change in power structure that grants minority citizens rights and choice

might threaten the white majority group's power and privilege in the United States: socially, economically and politically. As lawmakers insert content mentioning race into bills regarding abortion, it becomes a more important component in explaining the recent increase of restrictions on abortion in southern states. When analyzed alongside policies meant to either expand or reduce the health and socio-economic mobility of low-income families, which disproportionately affect black mothers and their children, race becomes an even more relevant consideration to examine in state abortion policy.

There is some mention of race in historical accounts of reproductive policy, especially in regards to activist movements (Nelson, 2003; Baer, 2002; Caron, 2008, Solinger, 2001). Research that focuses specifically on reproductive justice brings race into a more central role in the history and trajectory of policy in the United States (Ross and Solinger, 2017; Silliman, 2014). Dorothy Roberts brought race into a central role in reproductive politics and discussed reproductive liberty regarding women of color (Solinger, 2013). Luna and Luker (2013) recognize the limitations of the law to inform these social movements. Reproductive justice advocates take a fairly radical view of reproductive rights, in the way they define the word "choice." In their framework, the right to parent and have children, without fear of how to afford their care, is as important as the right to contraception and abortion. Thus, they advocate for strong pronatalist policies to encourage motherhood and allow the financial means to raise children without fear of falling into poverty. Karen Stamm, a member of the Committee to End Sterilization Abuse (CESA) and Committee for Abortion Right and Against Sterilization Abuse (CARASA), which were most active during the 1970's when sterilization abuse was at its height, described a broader definition of reproductive rights which includes "abortion rights, freedom

from sterilization abuse, available child care, living wages or adequate public assistance, access to affordable health care, and safe, effective, and cheap contraception...” (Nelson, 2003, p. 149). Sterilization abuse in this context refers to the historical misuse by medical providers of sterilizing often poor women and women of color, without their express consent. The reproductive justice movement continues to advocate for numerous policy issues such as improvements in education, criminal justice reform, decreased violence against black lives, and improvements in housing and transportation policies in majority black neighborhoods (Ross and Solinger, 2017).

More recent activist groups that focus on race in reproductive rights have fought white lawmakers on restricting abortion rights, based on rhetoric, some of which is used in the language of the state abortion legislation that recently passed. This rhetoric claims that abortion is killing black children or using phrases such “race genocide” in media campaigns against abortion. Sister Song, based in Georgia, was started in 1997 to advocate for both abortion rights, as well as decreasing disparities in maternal and infant mortality rates in the south between white and black women. These groups place race in the central role surrounding reproductive policies, even more than partisan factors. Davidson (2018) points out that both pro-and anti-choice movements have used black women as tokens to further their policy goals. The content of bills from the southern states I analyze uses rhetoric that appears to support black families and equality and protect black fetuses, without following through on concurrent policy that improves the health or socio-economic mobility of black women or their children once they are born. Paltrow (2002) mentions the connections between drug policy and access to abortion, both of which, according to Paltrow, have a common political agenda of keeping African-American

women in a lower economic status. My argument is that this common political agenda is a result of group threat and symbolic racism that seeks to maintain the majority white dominant status quo, particularly in southern states, with majority white Republican legislators and histories of racial prejudice. Is this their conscious intent? There is no way to determine that, but their actions speak clearly and without ambiguity.

Group position theory and symbolic racism as motivation for policy decisions

When looking at why race is so central to recent state abortion policy and concurrent policies, it is also important to question what might influence lawmakers to make certain policy decisions. Arguments are made for: public opinion of constituents, party loyalty, or individual morality as influences on policy decisions overall and abortion policy specifically. Group position theory, commonly known as group threat, and symbolic racism are two theories that attempt to ascribe underlying motivations to rational actors for making certain choices (Huber, 1959; Bobo, 1999). I apply these theories to political science to explain why white lawmakers in the south make certain policy choices that place race at the center of recent abortion legislation. A fear of losing social, economic, and political privilege as the current dominant group is central to those reasons. Demographics and projected shifts in the current power structure have an influence on the feeling of group threat and seeking to maintain group position in the social, economic, and political spheres. Demographers predict that by 2040, the U.S. will be a majority minority country, meaning currently less privileged ethnoracial groups will outnumber white citizens. This rise in the minority population, both native and foreign born, poses a threat to the dominant group's hegemony over both positions of power as well as important resources, such as

housing, jobs, health care, and political decision-making. This fear of losing resources and privileges can influence policy decisions, especially in the South and parts of the Midwest, where legislatures are majority white Republican. States in the South and Midwest have often lagged behind coastal states in implementing egalitarian policies to decrease disparities between ethnic and racial groups. The majority of black Americans live in Southern states (Census, 2010), thus these policies affect the black population at a higher rate. In the context of my argument, the role of group threat compels white, often Republican, lawmakers to constrain reproductive choice, while concurrently constraining the socio-economic mobility of black women, to maintain current power structures.

Group position theory was first posited by Herbert Blumer in 1958. A sociologist, Blumer sought to differentiate forms of prejudice that focused on feelings that individuals held about racial groups to how groups might feel threatened by another racial group's status or position. A dominant racial group, therefore, feels threatened by any rise in social or economic standing of a subordinate (a word used by Blumer, which "minority" has replaced) racial group, as the dominant ethnoracial group fears a loss of privilege over resources, such as jobs, property, educational institutions, political power, or even recreational opportunities. Blumer focused on the relationship between ethnoracial groups, rather than how individuals might feel about individual members of the group. A key component of his theory was the sense of social position the dominant group felt in relation to the position of the subordinate group. Blumer's description of the four types of feelings associated with race prejudice in dominant group include: "1) a feeling of superiority, 2) a feeling that the subordinate group is intrinsically different and alien, 3) a feeling of proprietary claim to certain areas of privilege or advantage, and 4) a fear and

suspicion that the subordinate group harbors designs on the prerogatives of the dominant race.” (1958, p. 4).

In my research on natalist policy, I focus on the third and fourth types of feelings Blumer described: the feeling of proprietary claim to certain areas of privilege and advantage and the fear of subordinate groups wanting to continue to claim those resources for themselves, as a group. I theorize that white lawmakers, who are the dominant group in southern states, feel a threat to their power from a possible rise in minority socio-economic status and a fear of a loss of this power. They thus seek to implement policies that constrain social and economic power of minority groups, especially black women, through a contraction of reproductive choice and a simultaneous reduction in economic and social mobility.

Though not the focus of my research, political party is a variable in explanations for the passing of abortion policy. Surveys have shown that Democrats support race centered policies to improve the social and economic position of black citizens by 24 percentage points over Republicans, as of 2012. Democrats, both male and female, also take the most pro-choice stance on abortion policy, whereas only 20 percent of Republicans take the same stance (Clawson & Oxley, 2017, p. 156). Kretizer (2015) found that Democratic women and governors decreased the incidence of anti-abortion rights policies. There is little research on the intersection of race and party on support for or opposition towards state abortion policy. Many studies have demonstrated that symbolic racism outweighs mere partisan factors for other policy support (Bobo, 2000; Henry and Sears, 2002; Rabinowitz, et al., 2009; Hughes, 1997; Kinder and Sanders, 1996; Sears, et al., 1997; Sidanius, et al., 1999). Tarman and Sears (2005) even argue that symbolic racism is a distinct belief system that influences policy decisions, separate from

political conservatism, older forms of prejudice, and anti-egalitarianism. This is cause for further research to determine how the intersection of race and party influence the introduction and passage of abortion policy.

Bobo (1999), who has taken Blumer's theory and applied it towards more modern contexts, makes some distinctions of group threat towards symbolic racism. I contend that group position theory and symbolic racism are interrelated and both cause the introduction and support for policies that constrain socio-economic mobility of black women. Symbolic racism, also known as modern racism or racial resentment (Sears and Henry, 2007) is contrasted by what is known as old-fashioned racism. What the literature refers to as "old-fashioned racism" is often associated with eugenics, in which the white majority deemed minorities as genetically inferior and less intelligent than their white counterparts. Old-fashioned racism was the foundation for segregation and Jim Crow laws. Symbolic racism, on the other hand, is more subtle and less overt, with prejudices against minorities rooted in a perception of work ethic and whether minorities should receive certain rights or privileges. According to Tarman and Sears (2005) and other consistent literature on the topic, symbolic racism has specific principles: 1) racial discrimination is not an obstacle to a minority's success; 2) disparities between white and black outcomes is due to laziness; 3) based on these previous two beliefs, race-targeted policies to decrease discrimination and disparity are not warranted; and 4) demands for policies to increase equality are deemed special treatment. The research on symbolic racism shows that it is largely associated with white opposition to public policies that target race, in an effort to repair past inequities (Ranibowitz, et al., 2009; Tarman and Sears, 2005). This opposition to race centered policies is also what causes opposition to policies that would increase funding for women with

children, such as free or low cost child care, health care, and paid family leave. Public opinion shows many white Americans associate low-income black women as abusing the welfare system or benefitting from it unfairly. This was especially true in the 1970's and 80's, with media depictions of the "welfare queen" persona, portraying black women as taking advantage of welfare benefits by increasing their number of children on purpose. Though this was not based in fact, this public opinion persists to this day. This opinion is stronger from white citizens who self-identify as Republican than those who self-identify as Democrat or Independent (Clawson and Oxley, 2017). Public opinion showed then and still shows today that white citizens associate the lack of mobility of black citizens, specifically women, with laziness or a lack of ambition, rather than systemic factors. Historical context, analysis of concurrent natalist policies, and an overview of nationwide racial disparities will help show how group threat and symbolic racism influence restrictive abortion policy in southern states.

Historical Context

The majority of states passing restrictive abortion laws are in the south or southern Midwest. Many, including Alabama, Georgia, Mississippi, and Louisiana, have histories of slavery, Jim Crow laws, and a resistance to integration since Reconstruction, the civil rights movement, and the adoption and current debates over continuous protections for the Voting Rights Act. These efforts to maintain white dominance as the *status quo* are not confined to the distant past. In 2010, when Republicans won back the U.S. House and Senate, lawmakers continued to pass policies that sought to keep minority citizens economically and socially oppressed. They also continue to reject race-targeted policies that aim to increase

African-American access to education, high wage employment, or desirable neighborhoods. By oppressing black citizens and black women, in particular, the white majority, as a group, maintain its political and socio-economic power. If black women are forced to bear children because of a lack of access to abortion or safe and effective contraception, then not given any support through policy to help raise those children out of poverty, the white majority group continue to maintain its power, and will stifle the ability of black women and their children to attain a higher political or economic status.

Gerrymandering/redistricting is another strategy by which the power structure maintains this control, by keeping minority lawmakers concentrated in a handful of districts, rather than spread out throughout the state. The 2010 midterm elections increased Republican control in U.S. Congress and in state legislatures, which coincided with an increase in gerrymandering and an increase in state restrictions on abortion policy in those same states. Alexis McGill Johnson, acting president and CEO of Planned Parenthood Federation of America and the Planned Parenthood Action Fund, mentioned race and party in regards to reproductive rights: “After the 2010 midterms...redrawn electoral maps took power away from voters and many of these abortion restrictions are what happens when mainly older white men hold disproportionate power” (Burke, 2019). Though McGill Johnson refers to men, this also applies to the white Republican women who have passed restrictive abortion policies in those same states, since 2010.

Regarding race driving prior reproductive policy, the United States as a whole has shown strong preferences for encouraging certain groups of women to either increase or decrease their natalist capabilities. Slave owners often forced black women to bear children, sometimes via

rape, to increase the number of slaves, and thus, their property. Slave owners abused barren slave women and sold them for less. Once slavery was outlawed, these women fought for bodily autonomy, but they lacked access to reproductive health services. Forced sterilizations were a fact of life for women of color during the height of the eugenics movement prior to World War II; state-sponsored sterilization, targeting certain groups of women, continued into the 1970's. Although reproductive policies became less explicitly racist, implicit bias and related policies that kept black women in a lower socio-economic status continued the historical trend and helped maintain white dominance (Solinger, 2001 and 2013; Ross and Solinger, 2017, Nelson, 2003). I contend that current state abortion policies, sponsored by white lawmakers of both genders, continue this trend of racial prejudice. Current policy contains symbolic racism, driven by group threat, by taking agency away from black women, who have historically had less autonomy over their reproductive choices. These restrictive policies are not then counterbalanced by pronatalist policy that would give economic and social support to black women, such as affordable, quality child care, paid family leave, or adequate pre and postnatal health care.

Concurrent Policy

Governments may enact natalist policy that can either encourage or discourage women to have children. Pronatalist policy can be economic incentives, such as funding for child care, paid family leave or tax credits. States that pass restrictive abortion laws often paradoxically also pass antinatalist policies that restricts funding for child care, parental leave, contraception, and pre or postnatal health care. In this way, these states show a lack of support for the women and children whom they purport to defend in the content of bills restricting access to abortion. States with

more expansive policies regarding abortion also lean towards more funding for social services, child care, family leave policies, and improvements in pre and postnatal health care. A study done in 2013-14 by the Center on Budget and Policy Priorities showed that the same states that are introducing and passing the most restrictive abortion policies have the lowest amount of cash assistance for families with the Temporary Assistance for Needy Families (TANF) program, while the states with the most expansive abortion policies also provide the most in government assistance.

Since these policies disproportionately affect black women in these states, race becomes a large factor in the equation. If lawmakers use rhetoric in legislation restricting abortion that claims a desire for equality of all citizens, including the equality of the “unborn child,” what are the explanatory factors for restricting funding and support for pronatalist policies that would allow women to raise children without falling into poverty? If this quest for equality as an argument in the content of the bills restricting abortion is comprehensive, then one would expect to see those aims spread to other policy goals, giving equal protection under the Constitution for black women and their children. Access to affordable child care is an example of a concurrent policy issue that affects minority populations with children in most states. In Alabama, 79% of recipients of child care subsidies are African-American (ACF, 2016). This means any laws affecting funding for those subsidies disproportionately affect the black population. Maternal and infant mortality are other examples and seem to be issues that most states I researched are willing to address, though often through review boards rather than an increase in funding to implement policy changes.

Nationwide Disparities

Reproductive policy is a mirror of other nationwide and state policies that reflect disparities between white majority and minority populations. It is beyond the scope of this paper to analyze whether every policy with these disparities reflects group threat or symbolic racism, but these other policies shed light on how this is not a single policy issue, but rather a systemic point that influences many federal and state policies. Though states with restrictive abortion policies use rhetoric that show concern for unborn black children, there are few policies currently in place to address disparities in health care for pregnant black women. According to the Centers for Disease Control and Prevention, black women across the country are 320 percent more likely to die from pregnancy-related complications than white women (CDC, 2012). This is not simply about education or economics: as pregnant black women with a college degree die at five times the rate of their white counterparts. In a 2017 statement of policy, the American College of Obstetricians and Gynecologists correlated maternal health disparities with racial bias, stating that “structural and institutional racism contribute to and exacerbate these biases” (ACOG, 2017). Narrowing in on the states I analyze, data from the Missouri Department of Health and Senior Services (2016) show that black women have higher rates of infant mortality, low birth weight infants, and inadequate prenatal care. Georgia ranks as one of the worst states for maternal mortality rates, which disproportionately affect black women. California recognized this disparity in black maternal and infant mortality rates by enacting laws and creating funding for community solutions to reduce those rates. Robbins and Padavac (2007) focus on structural issues underlying disparities to access health care, which include insurance status, where people

live, and how they access care (i.e. through emergency or urgent care clinics versus primary care physicians). Nearly 27% of black women rely on public sources of health insurance (Medicaid and Medicare, 2018). When states cut funding and/or access to Medicaid, they are also cutting access to these women's ability to purchase effective contraception, which puts them at a higher risk of getting pregnant. Cutting access to Medicaid also increases the chances of maternal mortality, along with a decrease in maternal and infant health. Thus, the professed support for the fetus contained in restrictive abortion policy does not carryover into policy support for black women and their children.

Wealth disparity is a large root system from which a plethora of other policy stems. Wealth inequality in the United States has increased the past 30 years and much of this disproportionately affects African-Americans (Hero and Levy 2016). This consistent gap in wealth reduces financial mobility and economic independence, keeping black men and women in low-wage jobs and unable to pass down generational wealth, as many white households have been able to do. Black families generally have one-tenth of the wealth of white families (Federal Reserve, 2017). The average passed down generational wealth in white families is \$140,000 and only \$9,300 for black families. This wealth gap also means that minority families rarely own property, and cannot access educational opportunities or move into neighborhoods with better services where they would otherwise be able to access higher paying jobs. It also means they have less access to political positions of power, where they would be able to introduce or pass legislation that could affect black citizens' lives. This persistent wealth gap and lack of access to political power leads to a cycle of poverty, low-income wages, poor education, and negative public health outcomes. According to 2010 U.S. Census data, more than one third of black

children under the age of 18 live with single mothers. Because black women face the possible economic burden of raising children alone, they are even less likely to pass down any wealth or increase their economic status.

Women who are low-income undergo 75% of all abortions, according to a 2014 study by the Guttmacher Institute. Statistically, a large driver for the abortion rate among black women, which is five times higher than white women, is “not being able to afford a child” (Guttmacher, 2014). Other reasons cited are: demands of other children, the need to finish an education or stay in the workforce, and either the inability to afford contraception or the failure of contraception. With the wealth gap, having unplanned children puts low-income black women at a greater risk of poverty. Instead of addressing the factors that cause women to seek abortions through policies that decrease these disparities, white lawmakers restrict or ban abortions, forcing women to bear children that may keep them in cycles of poverty, low-wage jobs, and in low-wealth neighborhoods with a lack of educational opportunities for their children. Overall wealth inequality affects all other federal and state policies, including: housing, education, and criminal justice.

Even when controlling for other factors that lower home values, Perry, Rothwell, and Harshbarger (2018) found that home prices in majority black neighborhoods are valued at 23% less than other neighborhoods. African-Americans are also more likely to be discriminated against as renters (Roscigno, Karafin, and Tester, 2009) and more likely to be evicted, much higher than average in the South (Blau, 2019). Children growing up in low-income neighborhoods have less access to quality education, are less likely to enroll in or complete college, and are more six times more likely to be incarcerated (The Sentence Project, 2017).

Seventy percent of poor black children are likely to stay in low-income neighborhoods and raise more poor black children, due to disinvestment in black neighborhoods and a lack of public policy to decrease this disparity (Sharkey, 2013). This is compounded if black women in these neighborhoods do not have access to reproductive services or abortion, and if policies funding social services to help raise children out of poverty are rejected by white lawmakers.

Criminal justice is another nationwide disparity that affects the lives of not only black male adults, but also black women and children. According to The Sentence Project (2017), black men are six times as likely to be arrested as white men and 60% of prisoners today are black men. Research on imprisonment from 1972-2002 shows that the rate of all African-Americans ending up in prison was seven times higher than whites (Jackson, 2014). Overall, African-Americans make up approximately 40% of the prison population but only 12% of the US population (Bureau of Justice Statistics, 2008). Black men are more likely to be arrested for minor crimes, including drug possession and traffic infractions. Once out of prison, these men are disenfranchised and cannot vote, which cuts off their political voice or ability to participate in electing officials who create policy that affects their lives. Black men are more than 2.5 times as likely to be shot by police officers, while that rate is 1.7 times for black women (Edwards, Lee, Esposito, 2019). Black citizens are more likely to be perceived negatively in the media, portrayed as criminals, and arrested for “suspicious behavior.” Having an arrest or a felony on their records affects their ability to acquire jobs, be approved for housing, or even receive social services.

How do nationwide and state disparities relate to abortion and reproductive policy? A lack of autonomy or choice can lead to lower economic opportunity, higher rates of maternal

death and infant mortality, and generational poverty (Nelson, 2003, Guttmacher, 2017). Conversely, access to contraception and abortion, which gives women choice in whether and when to have children, leads to social and economic mobility and a sharp reduction of generational poverty (Bernstein and Jones, 2019). By addressing these disparities in other policies, lawmakers would begin to grant the equality they purport to seek from the language contained in restrictive abortion legislation. Instead, group threat and symbolic racism influences white lawmakers both to restrain reproductive choice, while continuing to increase the disparities between white majority and black minority women, keeping black citizens in cycles of generational poverty.

Methods

To test my thesis, I analyze the content of abortion policies in three southern states that passed some of the most restrictive abortion policies in 2019: Georgia, Missouri, and Alabama. I also survey concurrent natalist policies in those states, from the 2017-2019 regular legislative sessions, specifically involving: child care, family leave, pre and postnatal health care, Medicaid funding, and policies relating to maternal or infant mortality. I note which policies passed, failed, or are pending, to tally support or opposition for the noted policies in each state. I also note the race, party, and gender of the legislators that sponsor the policies chosen. For comparison, I then analyze the content of similar bills in states with the most expansive abortion policies: California, New York, and Illinois. I used searches on both the legislative websites directly, as well as searches through the National Conference of State Legislators, for all six states, from 2017-2019. To show if restrictive abortion policies stem from racial prejudice, I analyze and

survey these policies holistically, rather than separately. If lawmakers advance state legislation that continues to marginalize minority groups, due to group threat and symbolic racism, there will be a lack of support for policies aimed to increase the socio-economic status of black mothers and possible children born due to the restrictions on abortion and contraceptive access.

I hypothesize that those states with the most restrictive abortion policies also reject policies that seek to improve the health and socio-economic mobility of black women who have children. This would illustrate and underscore that those lawmakers seek to maintain a lower socio-economic status of black women, not allowing them access to coveted resources, such as education, health care, higher income jobs, or the ability to access contraception to delay childbearing, if they choose. States with more expansive reproductive policies will show an increase in support of bills that seek to increase the health and economic mobility of black mothers and their children, including child care subsidies, pre and postnatal care, and social service benefits to decrease generational poverty. If my thesis is incorrect, there is obvious support in southern states of minority ethnoracial groups staking claims on resources now dominated by the white majority.

There are limitations to my methods, namely the control for other factors, such as partisanship, religion, morality, or what Norrander and Wilcox call “dominant policy culture” (1999) in southern, often conservative states. Even with these limitations, when analyzed holistically with concurrent natalist policy and taking historical context into account, I contend that race is a primary driver for explaining the recent restrictions on abortion. Group position and the desire to maintain white political, social, and economic power, regardless of gender, strongly

influences lawmakers to introduce and pass these policies in southern states, while rejecting concurrent policy that would improve the health and socio-economic status of black women.

I do not suggest that all individual African American women are negatively affected by restrictive reproductive policies, or that all black women are in lower economic states than their white counterparts. I also do not suggest that white women are unaffected by restrictive abortion policies or concurrent antinatalist policy. There are, however, disproportionate effects that these restrictive policies have on women of color that keep them, as a group, in a subordinate position in relation to the dominant ethnoracial group. The group position model causes cumulative oppressive policies that decrease opportunity for black women and maintain the power structure of the white dominant group. The states that have tried to implement the most restrictive abortion policies are the same states that do not support the lives of black citizens socially and economically, though the content of those bills often uses historic references to race as a token to gain support for the passage of legislation. This paradox increases the likelihood that generations of black citizens will remain in cycles of poverty and not be able to access coveted resources such as improved housing, education, higher income employment, and political decision-making power. It ensures that the white majority in southern states passing said legislation will continue to maintain hegemony over resources, political power, and socio-economic status.

Even though these policies affect all women of color, including Native American women, Latino women and immigrant women, my research will focus on how they affect African American women and their children. This is because of historical factors in southern states, along with the large amount of literature available on reproductive movements involving black women, their advocacy for a full range of policies that represent the ability to choose motherhood, and

statistical data available regarding the demographics of both states and state legislatures. The scope of research regarding all women of color and immigrant women would be too large and expansive to include in this paper, though it is definitely of interest and should be further researched to find the impacts of abortion and pronatalist policy on these groups of women.

Analysis, Conclusion, and Recommendations for further research

According to the data, states with expansive abortion and reproductive policies tend to see a higher support of concurrent policy that aims to increase the health and socio-economic mobility of minority and low-income women and children. Those states also tend to have more diverse legislators and are currently majority Democrat, which could also be factors for such support. Less definitive was support for racial prejudice in natalist policies in southern states. There was not overwhelming support nor rejection of policies introduced to increase the health and socio-economic status of black mothers in the states in which I surveyed, though there were other factors that pointed towards a lack of support for black women and children, which is discussed below. The southern states chosen for the analysis also have majority white Republican legislators. Of the six states in which I surveyed policy, all show a recognition of the disparities in maternal and infant mortality with introduced policies to address that disparity, though southern states have been slower to adopt policies and create sources of funding to decrease the mortality rates. For example, California law addresses the black infant mortality rate through a specific Black Infant Health program. In Georgia, a resolution to create a Maternal Mortality Review Board, introduced by white Republican males, passed, though an expansion of

Medicaid to address the disparities in health care, introduced by six black Democrat females, is still currently pending and has not moved forward on the legislative calendar.

Race is mentioned, either explicitly, as in Alabama and Missouri, or tangentially, in abortion bills and bills with more expansive reproductive rights definitions, such as New York and Illinois. In at least one quarter of the natalist policies surveyed, race is mentioned as a reason for or at least factors into the policy being sponsored and supported. In House floor debates in Missouri on the abortion bill recently passed, black lawmakers of both genders brought up maternal and infant mortality rates, along with recent opposition by white lawmakers to Medicaid expansions and TANF benefits.

One significant and unexpected finding was the content of the attempted amendments to abortion bills in the southern states with the most restrictive abortion policies. Three black lawmakers of both genders attempted to amend the abortion legislation in Alabama that would: 1) expand Medicaid to cover mothers and the children they were forced to bear when the abortion ban took effect for up to 13 years; 2) add statistics to the introduction of the bill regarding the death toll from slavery and the slave trade; and 3) create exceptions for women for whom the pregnancy was a result of rape or incest. All of these amendments were rejected and not included in the final content of the passed legislation. The focus placed on race and intended equality in the abortion bills does not carry over into support for concurrent policy or attempted amendments by black lawmakers that would extend equality and lessen disparities between racial groups. Alabama is also the only state among the six surveyed where I did not find any policies in 2017-19 that support the health or socio-economic mobility of low-income and or minority citizens. Alabama has, in recent years, begun to address their rank as third worst in the nation for

maternal mortality rates as well as for federal subsidies for child care, through federal funding which is matched by state funding through Child Care and Development Block Grants (Gundlach, 2019). Without this federal funding, though, there are no state policies or funding sources to support Alabama mothers.

The historical context of southern states, the fact of majority white legislative bodies, and the tokenizing of race in abortion policy content gives moderate support for my argument that race is a primary driver of state abortion policy. The strongest indicator of pronatalist policy is evident in support for maternal and infant mortality rates and the least amount of support is shown for economic incentives, social service benefits, or Medicaid expansions. Because many appropriations bills containing funding for other policy budgets, it was difficult to disaggregate whether a lack of support for funding of an entire appropriations bill was a lack of support for funding child care subsidies or Medicaid expansions. Thus, those specific bills were not included in my research.

Analysis of policy in all fifty states, over a longer period of time, would clearly lead to more definitive results. Focusing on the cross-sections of race, gender, and party of who introduces and supports the researched legislation, and how each lawmaker votes, could further explain the role that race plays in abortion policy and concurrent natalist policies. Control variables for party, descriptive representation, and religion or morality politics would also give a clearer picture of the role that race plays in policy aims and if group threat or symbolic racism influences those goals. A large majority of the bills supporting an increase in the health and well-being of low-income and minority women and their children, before, during, and after child birth, were sponsored by one or more Democrat lawmakers. The fact that there are more

Democrats in the states that show more support for these policies, as well as the fact that these legislators have a more racially diverse legislative body, could be determinants for certain legislation being introduced or passing.

Overall, it is important not to ignore the role that race plays in determining explanations for state abortion policy and concurrent natalist policy goals. The history of disparity in reproductive rights policy, along with the dynamically changing demographics in the United States, demands more academic research on racial prejudice as a primary driver of these policies.

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Table of Bills Analyzed

Abortion/Reproductive Rights legislation is in green with footnotes for mentions of race

Bill #	Status	Race, Party, Gender of Sponsor	Policy Topic
ALABAMA:			
			My search did not produce any bills that support low-income women or children.
HB 314 ¹	Passed	W, R, F	Bans Abortion
CALIFORNIA:			
A 121	Passed	Committee	Increases childcare subsidies and length of child care
AB 194	Pending	L, D, F	Increased funding for child care benefits.
S321	Pending	B, D, F	Increases childcare benefits
SB 365	Vetoed by Governor	L, D, F	Cash Assistance to low-income families
SB 464 ²	Passed	B, D, F	Review board to decrease maternal and infant mortality rates in black women and children and increase health worker training re implicit bias
AB 908	Passed	B & L, D, F	Paid family leave
ACR 110 ³	Passed	W & L, D, F	Reproductive Rights Legislation ensuring choice of abortion
GEORGIA:			
HB 693 ⁴	Pending	B, D, F (6)	Expands Medicaid to Improve Health Outcomes for New Mothers Act
HB 745	Pending	B, D, F (6)	Training for health care centers re Implicit Bias in Pregnancy

¹ Mentions anti-slavery and Civil rights movements; compares abortion to global genocides.

² "Evidence-based or evidence-informed home visitation programs inclusive of case management to increase advocacy and empowerment for black women and to ensure linkages to prenatal care, monitoring, life planning, birth spacing, infant development, and well-being." -Section 123260

³ Mentions POC, low-income persons, insurance coverage for pre and postnatal care, the right to have or not have children.

⁴ Georgia ranks among the worst in the U.S. states in maternal mortality rates. This bill, introduced by all Democratic black women seeks to expand Medicaid services to decrease maternal mortality. This would be an addition to just the Review Board adopted by HR 589

HR 589	Passed	W, R, M	Creates a House Study Committee on Maternal Mortality
HB 1245	Pending	B, D, F (6)	Infant and Mortality Study specific to African-Americans
HB 481	Passed	W, R, M & F	Bans Abortion after heartbeat detected
ILLINOIS:			
HB 5191	Pending	B, D, M	Intergenerational poverty
H 46	Pending	B, D, M	Increases childcare subsidies
H 2	Passed	B, D, F	Assures women's rights during, and after pregnancy and childbirth
H 5	Passed	B, F, D	Cares for pregnant women with substance abuse
SB 25	Passed	W, F, D & B, M, D	"Reproductive Health Act" - the right to bear or not bear children
MISSOURI:			
H 965	Failed	B, D, F	"Hands Up" Childcare program
HB 2280	Passed	W, R, F	Provides substance abuse treatment up to one year after giving birth
HB 1311	Failed	B, D, F	Child care subsidies eliminating the "cliff effect" of losing benefits after a certain wage threshold
HB 2085	Pending	W, D, F	Requires insurance plans to cover postpartum services at no cost to individual
HB 664/SB 480	Passed	W, D, F	Establishes the Pregnancy-Associated Mortality Review Board
HB 126 ⁵	Passed	W, R, M	Bans abortion after 8 weeks.
NEW YORK:			
S 5690	Vetoed by Gov.	B, D, M	Child care
S 6124	Pending	B, D, F	Limits co-payments for child care subsidies
A 3276	Passed	B, D, F	Maternal mortality review board

⁵ Statistics of how many more black women receive abortions without alluding to reasons. Bans abortion on basis of race, gender, or disability.

S6406	Passed		Paid Family Leave
S 240	Passed	W, D, F (co-s: B, D)	Enacts Reproductive Health Act, allow abortion all trimesters