

# REDUCING THE ABORTION RATE: A SEARCH FOR EFFECTIVE SOLUTIONS

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## Abstract

*Since a complete ban on abortion is unlikely to be implemented soon, this paper examines methods to reduce the abortion rate in the United States. The research question of this study is whether policies designed to reduce the abortion rate are effective. To answer this question, this study measures the effects of a number of policies on the abortion rate, including: regulating abortion facilities through TRAP laws, prohibiting Medicaid from funding abortions, increasing the real cost of abortions, requiring parental involvement in abortion decisions for minors, expanding funding for women's healthcare, increasing access to contraceptives, implementing sound economic policy, and encouraging adoption as an alternative to abortion. This study concludes that combinations of the above policies are effective at reducing the abortion rate and examines the best ways to implement them.*

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## Introduction

Abortion rates are currently declining across the United States. In fact, the abortion rate in the United States is at its lowest level since *Roe v. Wade* (McCammon, 2017). This study seeks to explain why the abortion rate is declining and answer the research question of which policies designed to reduce the abortion rate are most effective. In order to answer this research question, this study will examine two types of policies: those that decrease abortion accessibility and those that decrease personal demand for an abortion.

Since an outright ban on abortion is unlikely to be achieved in the near future, this paper is of critical importance to pro-life legislators who desire to immediately reduce the abortion rate as much as possible. Even though this study seeks effective ways to reduce the abortion rate, it is also valuable for pro-choice leaders, since it can open the door to policy compromises with pro-life advocates. While this study does not take a position on the morality of abortion, it seeks practical policies that could reduce the abortion rate without banning it outright.

In the political realm, pro-choice and pro-life leaders are quick to claim the reduced abortion rate as a victory for their respective sides of the abortion debate. Pro-choice activists argue that the reduced abortion rate is a result of increased access to contraceptives and family planning services. They argue that these provisions reduce the rate of unplanned pregnancies, which, in-turn, reduces the abortion rate. On the other hand, pro-life advocates view the reduced abortion rate as proof that impediments to abortion accessibility are successful. This study seeks to evaluate both of these positions broadly by analyzing secondary data and then propose a policy combination that will reduce the abortion rate most effectively.

This study hypothesizes that accessibility-oriented policies like regulating abortion providers, prohibiting taxpayer money from funding abortions, increasing the real cost of abortion, and requiring parental involvement for minors will decrease the abortion rate in the short-term. This study also hypothesizes that policies designed to decrease abortion demand by increasing the availability of women's healthcare, encouraging contraceptive use, formulating sound economic policy, and suggesting adoption as an alternative to abortion are all effective at reducing the abortion rate in the long-term. To analyze these hypotheses, this study will analyze the effect on the abortion rate that each of these policies had in countries and states where they have been implemented.

## Literature Review

When considering what combinations of factors reduce the abortion rate, it is critical to examine the results of previous research on specific policies. Interestingly,

the National Academies of Sciences, Engineering, and Medicine's Committee on Reproductive Health Services (2018) found that the abortion rate in the United States has been cut in half since 1980. While this study does not explain the reasons for this development, it encourages further research to determine the causes behind this change.

When analyzing how to effectively lower the abortion rate in America, it is important to examine policies tried in other countries. Sedgh et al. (2016) found that countries with a full ban on abortions actually had a higher abortion rate than countries without bans. However, most of the countries studied were in the developing world. Thus, while it is hard to apply their findings to America, their conclusion that increased access to contraceptives and sexual education lowers the abortion rate is notable (Sedgh et al., 2016). When considering developed nations, it is also interesting that the United States has a higher abortion rate than most other first-world countries (Dehlendorf, Harris, & Weitz, 2013). The gap between the United States and other first-world countries suggests that different policy combinations may be able to reduce the U.S. abortion rate and close the gap.

Within the United States different demographics of women undergo abortions at drastically different rates. Income and race/ethnicity are both independently associated with abortion rates as low-income women have a higher abortion rate than affluent women while minority women have higher abortion rates than white women (Dehlendorf et al., 2013).

Comparing the varying abortion rates in states with differing abortion policies, Blank, George, and London (1994) found that while ideological differences between states have little effect on the abortion rate, policy differences between states do. For instance, states with restrictions on Medicaid funding for abortions and states with fewer abortion clinics had lower abortion rates (Blank et al., 1994). Furthermore, states with higher unemployment had higher abortion rates, with rises in unemployment increasing the abortion rate consistently (Blank et al., 1994). Examining another state policy, Stranger-Hall and Hall (2011) determined that states and countries that use abstinence-only sexual education curriculums have higher abortion rates than states and countries that offer comprehensive sexual education.

Using Texas as a case study, Packham (2017) found that cutting government funding for family planning services and closing abortion clinics increases the birth rate. Making the assumption that increased birth rates lead to increased abortion rates, Packham (2017) argued that the abortion rate should increase in Texas. However, Quast, Gonzalez, and Ziemba (2017) conducted a study on the abortion rate in Texas and concluded that, despite the resulting increase in birth rates, decreasing the number of abortion clinics lowered the Texas abortion rate by at least 10%. They attributed this development to patients being unwilling to drive more

than 100 miles to undergo an abortion. Synthesizing these Texas case studies with national data, Quast et al. (2017) concluded that stringent regulation of abortion facilities leads to lower abortion rates.

Focusing on the broad economic aspects of abortion demand, Medoff (2007) found that increasing the price of an abortion reduces the abortion rate by 20%. In addition to lowering abortion rates, increased abortion costs also reduce pregnancy rates by encouraging women to practice safer sex (Medoff, 2007). Furthermore, Medoff's (2007) study found that parental consent laws are effective at reducing the abortion rate.

Even though some policies are effective, other policies are ineffective at reducing the abortion rate and only fuel political controversy. For instance, Medoff (2007) found that a mandatory waiting period before receiving an abortion and mandatory counseling both had no impact on abortion demand or abortion rates.

## **Data and Methods**

This study will evaluate both quantitative and qualitative studies to determine what policies effectively reduce the abortion rate after they are implemented. For the purposes of this study the independent variable will always be the policy and the dependent variable will always be the abortion rate. To operationalize the dependent variable, this study will measure the abortion rate as the number of abortions per 1,000 women. By comparing this paper's results with existing literature, this study will seek to reduce the effects of intervening variables in its analysis. Furthermore, this study will reduce the impact of intervening variables by accurately analyzing the temporal relationships between specific policies and subsequent changes in the abortion rate.

In order to effectively produce a policy recommendation, this study will explore two methods of lowering the abortion rate: reducing accessibility to abortion and decreasing personal demand for abortion. In order to measure the effects on the abortion rate of these two general types of policies, this study will evaluate the methodology of conflicting studies and scrutinize the strengths and weaknesses of each study's approach. After evaluating numerous case studies, quantitative data sets, and qualitative analyses, this paper will synthesize the data to formulate a conclusion that puts forth an effective combination of policies that reduces the abortion rate. If a policy results in a subsequent reduction in the abortion rate, this paper will classify it as effective; if it does not, it will classify it as ineffective. If the policy combinations put forth in the hypotheses are found to be effective, this paper will conclude that the hypotheses are supported. Finally, this paper will recommend specific ways to introduce policy changes in politically charged environments.

## Research

### *Reducing Accessibility to Abortion*

Limiting access to abortion, while not effective at altering personal opinions about abortion, may reduce the abortion rate. However, since these policies involve a strong application of regulation, they are likely to be more politically controversial.

Conservative legislators often try to reduce abortion rates by reducing the number of abortion facilities. In order to force abortion facilities to close, some states have enacted targeted regulations of abortion providers, otherwise known as TRAP laws (Quast et al., 2017). In 2016, 28 states had TRAP restrictions on the books that limited abortion facilities, clinicians, or both. It appears that these regulations are effective at lowering the number of abortion providers. For instance, from 2008 to 2011 the number of abortion facilities in the United States decreased from 1,800 to 1,720 (Quast et al., 2017). Furthermore, from 2011 to 2017, 162 abortion facilities closed, while only 21 opened, leaving the total number of abortion facilities in the United States, as of January 2017, around 1,579 (Quast et al., 2017). The reduction of abortion clinics in the United States can be directly attributed to the presence of TRAP laws, since TRAP laws began to be implemented in the mid-2000s—right before the number of abortion facilities began to drop (Quast et al., 2017).

Given that TRAP laws are effective at reducing the number of abortion providers, the debate shifts to whether or not reducing the number of abortion providers effectively lowers the abortion rate. Using Texas as a case study, Quast et al. (2017) examined this claim. After TRAP laws were implemented in Texas, the number of abortion providers fell from 41 to 22. Since Texas has especially stringent TRAP laws, this dramatic reduction fits with national trends, reaffirming that TRAP laws are effective at closing abortion clinics. Shifting their focus to the abortion rate, Quast et al. (2017) examined all 254 counties of Texas and obtained county-level abortion counts before and after TRAP laws were enacted. Controlling for the availability of abortion services in neighboring states and on the other side of the 27 Mexican border crossings in Texas, Quast et al. (2017) found that a 100-mile increase in distance to the nearest abortion facility was correlated with a 10% decrease in the overall abortion rate. This data strongly suggests that limiting accessibility to abortion services is effective at reducing the abortion rate.

Another method often advanced by conservative policymakers is prohibiting Medicaid funds from paying for abortions. Grossman (2004) found that states that used this method saw a decrease in the abortion rate of 29.66 abortions per 1,000 women. Furthermore, one-fourth of women who would have acquired a Medicaid-funded abortion if it were available opt instead to give birth when Medicaid funding is prohibited from going towards abortion (Henshaw, Joyce, Dennis, Finer, &

Blanchard, 2009). Examining how Medicaid's prohibitions impacted minors, New (2007) found that states with Medicaid funding restrictions for abortion reduced the abortion rate for those between the ages of 13 and 17 by 2.34 abortions per 1,000 women. Restricting Medicaid funding for abortions is able to reduce the abortion rate because when states impose restrictions on Medicaid funds going to abortion clinics they, in effect, eliminate a large portion of a clinic's income (New, 2007).

State legislatures are able to reduce accessibility to abortion services by increasing the real cost of an abortion. After controlling for intervening variables, Medoff (2007) found that 20% of the reported reduction in the abortion rate between 1982-2000 was due solely to the increase in the real price of an abortion. Medoff (2007) also found that state legislatures can increase the financial cost of an abortion on an individual woman by requiring that she take time off work, travel further for an abortion appointment, and schedule multiple preoperative appointments. Additionally, state policies can increase the cost of abortion services by placing a bigger financial and regulatory burden on the abortion provider. Medoff (2007) noted that requiring the abortion provider to hire more medical personnel, allocate longer physician consultation times, produce detailed reports and records, and print and distribute medical information are all effective at increasing the financial burden on abortion providers. Since these policies increase the indirect costs incurred by a patient seeking an abortion and the direct price of an abortion, they can dramatically increase the real cost of acquiring an abortion and, by extension, reduce the abortion rate.

Recognizing the obvious objection that even with an increase in the real cost of abortion, abortion procedures are still cheaper than the cost of raising a child, Medoff (2007) argued that the reason abortion costs impact the abortion rate is that they encourage women to increase their usage of non-abortive contraception. Medoff (2007) also contended that, since people are driven by economic theory, they will seek out the cheapest option. In this case, that option is contraception. So, even though higher costs may not entirely prohibit women from acquiring abortions, they effectively encourage the use of non-abortive contraceptives.

In recent years, state statutes requiring parental involvement in a minor's decision to have an abortion have been criticized. Given this policy's controversial nature, its effectiveness must be evaluated. Currently, 37 states require parental involvement in a minor's decision to have an abortion ("Parental Involvement," 2018). However, several studies contest the idea that this decreases the abortion rate. A meta-analysis of 29 different studies found that parental involvement laws are correlated with teens travelling outside of their home states to acquire an abortion (Dennis, Henshaw, Joyce, Finer, & Blanchard, 2009). Additionally, even when controlling for minors leaving the state, one study in Mississippi and Massachusetts found that parental involvement laws do not impact the abortion rate in the states in

which they were passed (Dennis, Henshaw, Joyce, Finer, & Blanchard, 2009).

Even though these case studies show that parental involvement laws may be ineffective, a conflicting case study in Texas found that parental involvement laws have a significant effect on the abortion rate if minors are required to travel a long distance to acquire abortions (Dennis et al., 2009). This conclusion aligns with Quast et al. (2007), who found that increasing the distance to acquire abortion procedures by at least 100 miles lowers the abortion rate by 10%. Synthesizing the conflicting data from Quast et al. (2007) and Dennis et al. (2009), it seems that parental involvement laws are ineffective unless they indirectly force minors to travel large distances to acquire an abortion. Even though parental involvement laws have not yielded much quantitative impact, if enough states adopt them they may yield tangible benefits by increasing the distance that minors have to travel to acquire abortion services, and, thus, lower the abortion rate.

### *Reducing Personal Demand for Abortion*

Policies that reduce person personal demand for abortion, while not explicitly banning particular choices, may alter personal opinions and encourage individuals considering an abortion to choose life.

Much political debate about women's healthcare funding has made the news recently (Gold & Gorman, 2017). While the issue of women's healthcare funding is sometimes polarizing, studies suggest that it should be an area for pro-life and pro-choice leaders to compromise. Using Louisville and Jefferson County's Teenage Parent Program (TAPP) as a case study, Stassen (2009) found that providing teenagers facing crisis pregnancies with ob/gyn medical care, consistent schooling, nursery care, instruction on how to care for babies, and counseling on how to economically prepare for raising a child leads to 99% of pregnant teens above the age of 12 to choose life. Offering more than just pro-life benefits, Stassen (2009) found that mothers in the TAPP program were much less likely to develop drug addiction, commit suicide, and get pregnant unintentionally for a second time. In contrast, Louisville teenagers under the age of 15 facing pregnancies without this critical support chose to have abortions 75% of the time and teens between the ages of 15 and 19 chose to have abortions 39.1% of the time (Stassen, 2009).

Going beyond his case study on the TAPP program, Stassen (2009) also offered analysis on national women's healthcare coverage and its effects on the abortion rate and the infant mortality rate. Stassen (2009) found that even though the national abortion rate steadily decreased from the mid-1990s through 2000, the abortion rates in 16 states stalled at 15 abortions per 1,000 women between 2000 and 2005. Furthermore, even though the infant mortality rate steadily decreased for six decades prior to 2002, it actually increased in 2002 for the first time in documented

American history (Stassen, 2009). Stassen (2009) attributed these two unfortunate trends to the government's reduction of funding for programs that supported women and children during the early 2000s. In order to reduce the abortion rate through compromise, Stassen (2009) recommended supporting programs like TAPP, SCHIP (health insurance for children), child care assistance, and WIC (Women, Infants, and Children).

Stassen's data has been cited heavily by pro-life Democrats and moderates since he started researching abortion rates in 2004. The 2009 study that this study cites is based on his 2004 data. From the beginning of his research, Stassen has received heavy criticism from pro-life groups like the National Right to Life Commission and the Heritage Foundation (Johnston, 2005). Johnston (2005) argued that Stassen's data was skewed since it only drew from 16 states, misrepresenting the national trend of the abortion rate steadily decreasing during the time period that Stassen analyzes. Furthermore, Grossman (2004) argued that Stassen's reasoning was flawed since he failed to account for intervening variables like pro-life TRAP laws that were enacted by state-legislatures during the time period of his study. Even though Stassen's (2009) study might be flawed in its analysis of national policy, his case study of the Louisville TAPP program remains defensible. While Stassen's national statistics may have flaws, his logic that increased support for pregnant women decreases the abortion rate stands to reason.

Many left-leaning groups argue that increased contraceptive availability and use is the reason that the abortion rate has dropped. Dreweke (2014) argued that since the 13% drop in the abortion rate between 2008 and 2011 coincided with a 9% drop in the birthrate, restrictions on abortions are not what lowered the abortion rate. He contended that if restrictions on abortion clinics are what caused women facing unplanned pregnancies to give birth rather than obtain an abortion, the statistics should show births replacing abortions—resulting in an increase in the birth rate (Dreweke, 2014). This did not happen, so Dreweke (2014) contended that another variable is responsible for lowering the abortion rate. Between 2007 and 2009, Dreweke (2014) noted that the number of women under the age of 30 who were at risk of unintended pregnancy but not using contraception decreased by one-fifth. Synthesizing the birth rate and abortion rate data between 2008 and 2011 with contraceptive trends between 2007 and 2009, Dreweke (2014) argued that since contraceptive use is generally increasing at the same time that the birth rate is decreasing, contraceptive use is the variable primarily responsible for the decreasing abortion rate. The reason that contraceptive use is tied to the abortion rate is that contraceptives are shown to reduce the unintended pregnancy rate. In 2014 68% of women used contraception consistently throughout the year, and they only accounted for 5% of unintended pregnancies (Dreweke, 2014). Given that 40% of unintended pregnancies end in abortion, decreasing the unintended pregnancy



rate through increased contraception use can effectively reduce the abortion rate (Arons, 2010).

Another demand-oriented approach to reducing the abortion rate is establishing sound economic policy. Examining the economics of abortion, Medoff (2007) argued that since women who are economically better off have more expendable income, they are more likely to carry their child to term. The findings of Dehlendorf et al. (2013) support this conclusion, as they noted that the abortion rate is much higher for low-income women. Furthermore, New (2007) substantiated this claim, recognizing that a strong national economy often correlates with a reduction of the abortion rate among adult mothers. Given these economic observations, Medoff (2007) argued that states can reduce the abortion rate by implementing sound economic policies that reduce unemployment and increase wages.

Another policy designed to decrease the demand for abortion is for government policy to encourage adoption. After *Roe v. Wade* was decided in 1973, the percent of pregnant American women who chose adoption decreased from 19.2% to 3.2% 15 years later (Arons, 2010). This data suggests that abortion replaced adoption as an acceptable way to deal with the consequences of an unintended pregnancy. Beyond noting this reduction, there is a dearth of literature available about adoption impacting the abortion rate. Even with this lack of data, it stands to reason that if mothers are encouraged to consider adoption as an alternative to abortion, the abortion rate will decrease.

## Conclusion

This paper found that policies reducing the number of abortion facilities, prohibiting Medicaid funding for abortions, increasing the real cost of abortion procedures, requiring parental involvement in abortion decisions, expanding the availability of women's healthcare, making contraception easily accessible, formulating sound economic policy, and encouraging adoption are all effective ways to reduce the abortion rate in the United States. Given the effectiveness of these policies, the hypotheses of this paper are supported.

Due to the vast differences between some of the policies examined, this paper divided them into two categories: policies that reduce abortion accessibility and policies that reduce individual demand for abortion. In an ideal setting, this research suggests implementing all of the above policies so that abortion accessibility and demand both decrease. Although this policy combination would be the most desirable option for pro-life leaders (in the absence of overturning *Roe v. Wade*), it is politically unlikely for all of these policies to be implemented—at least not all at once. Since the policies in the second category involve less government regulation and

more choice, they are a good starting ground for compromise. While the policies in the first category are more controversial, they are also more effective at reducing the abortion rate and should continue to be advocated for. Understanding the difference between the two categories presented, pro-life legislators and leaders can begin to formulate effective strategies to reduce the abortion rate.

In more liberal environments, pro-life legislators ought to push hard for policies that reduce abortion demand while initially remaining silent on policies that reduce abortion accessibility. After demand-oriented policies are successfully implemented in liberal environments, then pro-life legislators can begin to push for stricter measures that limit abortion accessibility. This approach is effective, because reducing abortion demand leaves many pro-choice arguments weakened and less justifiable. Therefore, this method of gradual change is more likely to succeed.

In conservative and moderate environments, legislators will likely be able to push to reduce abortion accessibility. Even though such policies are more controversial, they are worth implementing as soon as possible if lawmakers are serious about decreasing the abortion rate. However, after these policies are implemented, legislators should still consider policies that reduce abortion demand in order to appease their constituents. Moreover, by implementing demand-oriented policies, pro-life legislators can weaken pro-choice arguments about how decreasing abortion access will just lead to unsafe or illegal abortions. This, in the long-run, may reduce the likelihood that their strict abortion regulations are overturned in the future.

Since this paper encourages liberal and conservative policies, it will inevitably challenge people on both ends of the political spectrum. However this approach for reducing the abortion rate is effective since it provides at least a measure of common ground for pro-life and pro-choice leaders to meet upon. Even though compromise may be frustrating, it has the tangible effect of saving lives. And for anyone who cares about the pro-life cause, that is certainly a worthwhile outcome.

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