

Economic in/justice(s) x abortion

Professor Ernestina Coast

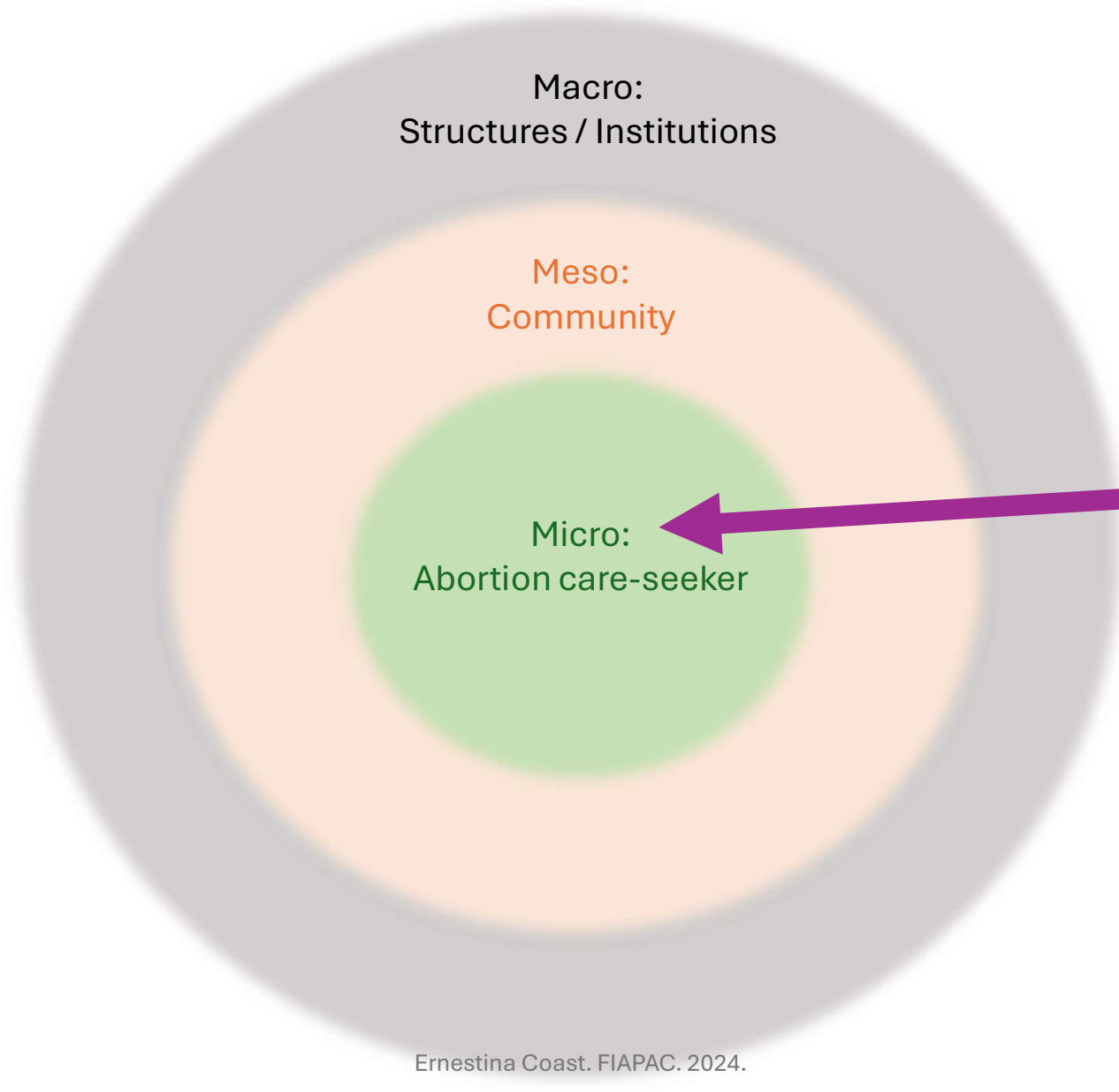
e.coast@lse.ac.uk

London School of Economics & Political Science

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The logo of the London School of Economics and Political Science (LSE), consisting of the letters 'LSE' in white on a red square background.

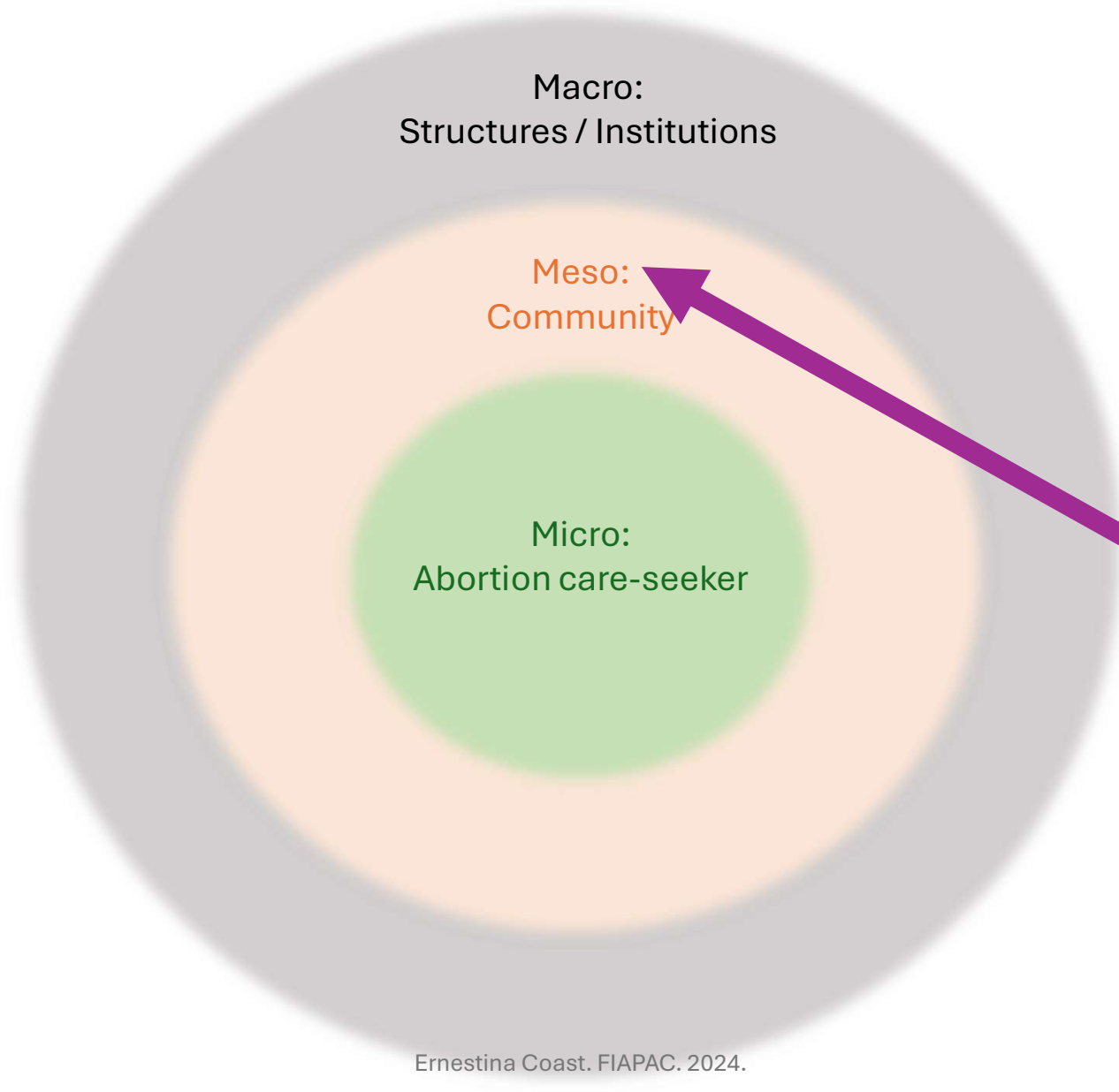
Economic systems and structures
intersect with other - social,
political, legal - systems of
oppression and power
(e.g.: racism, sexism, ableism, etc.)



all individuals – trans men, nonbinary persons, cis-gender women etc. – who seek any form of abortion-related care

individuals who sought an abortion but did not receive one due to barrier(s)

those who sought post-abortion care (e.g., due to less safe methods of abortion).

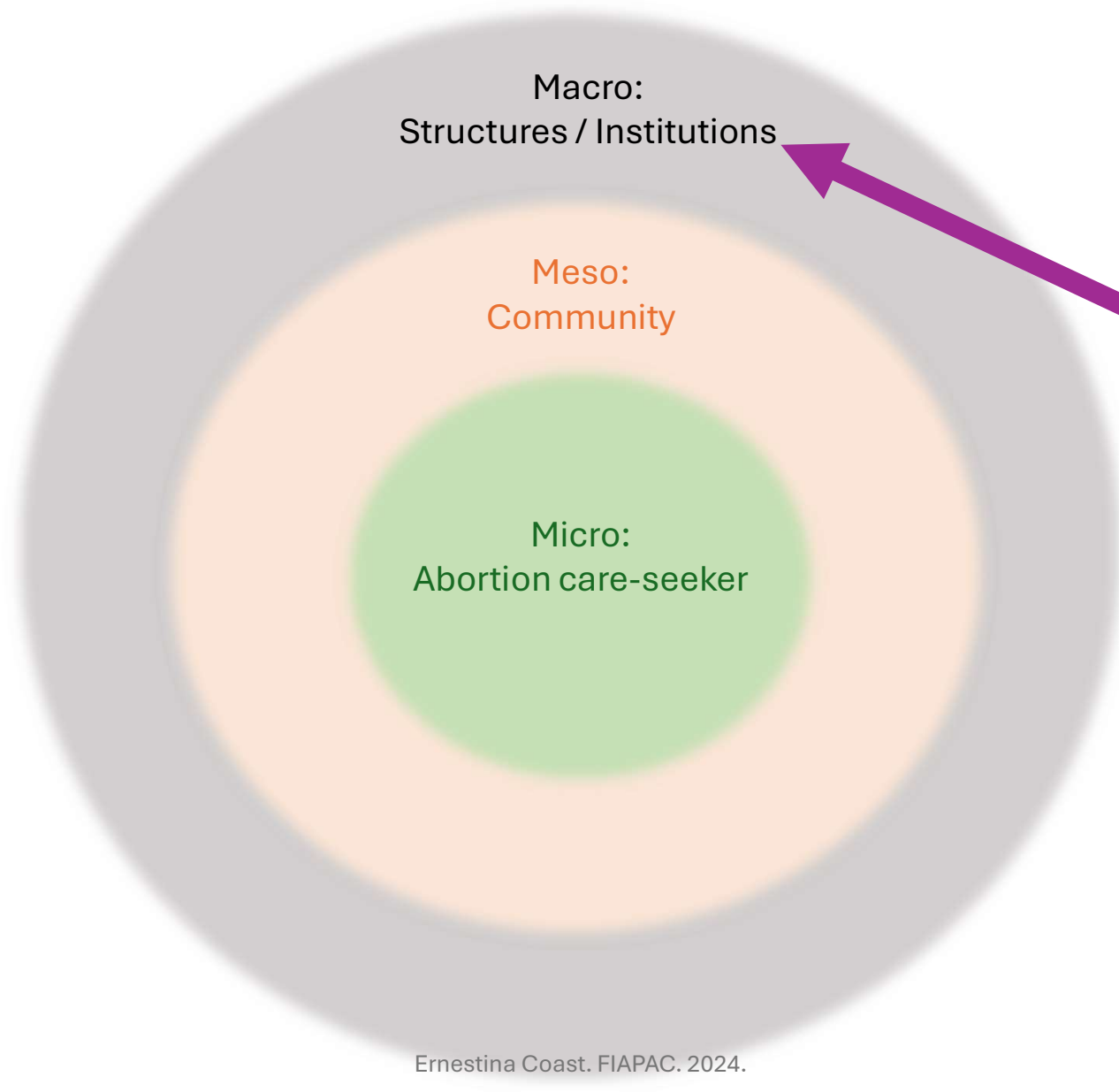


Macro:
Structures / Institutions

Meso:
Community

Micro:
Abortion care-seeker

Sub-national communities (including people involved in abortion care-seeking or provision) and systems (e.g.: health, political, legal, commercial, economic, etc.)



Macro:
Structures / Institutions

Meso:
Community

Micro:
Abortion care-seeker

societies, nation states
and supra-national
systems (e.g.: regional,
transnational)

Micro

- ✓ Fees / travel / childcare / tests / consumables / opportunity cost / lost income etc.
- ✓ **Costs x delays:** economic hardship can cause or exacerbate other barriers to care-seeking
 - ✓ Canada: *I didn't have a car, so I didn't know how I was getting there. I didn't have money to get there. It's about a seven- or eight-hour drive from where I was living, and that's the only place (Monchalin et al 2023)*
- ✓ **Thwarted care-seeking / abortion method**
 - ✓ Zambia: *the doctor told me that I need to pay [...] the money was too much for me, so I went to a certain lady [...] then she also inserted a stick in my cervix ... She said I should give [pay] her when the pregnancy is out. (Coast & Murray, 2016)*

Intersecting identities

- ✓ Some people may find it **more difficult to pay** for abortion-related care e.g.: Younger people, racialised groups, those experiencing control or violence in relationships, unhoused, precarious income, disabled people etc.
- ✓ May have to reveal an abortion decision to **assemble financial resources** from social networks
 - ✓ Brazil: *“social capital and the ability to mobilize these networks”* (Silveira et al. 2016)
- ✓ **Stigma x Secrecy**
 - ✓ Uganda: need for secrecy – some women *“spending weeks or even months gathering enough money for an abortion.”* (Cleeve et al, 2017)
- ✓ **Indirect** abortion costs
 - ✓ USA: Immigrants may have additional costs for interpreters (Deeb-Sossa and Billings 2014).

Meso

- ✓ Limited resources can negatively affect health facilities' ability to meet client demand or **offer choice** [e.g.: medication vs. procedural]
 - ✓ UK: *"I don't think it would take a lot of money to give them real choice, but I think the fragmentation of the service is so entrenched"* [NHS doctor] (Footman, 2023)
- ✓ Non-judgemental advice, knowledge, and support (e.g., finances, accompaniment) can affirm **individual choices and agency**
 - ✓ Mexico: **Feminist abortion accompaniment** enables people seeking abortion to view their decision as one that is valid and legitimate (vs. stigmatizing narratives) (Wollum et al 2022)
 - ✓ **Abortion funds** can enable access
 - ✓ **Direct-to-patient models** (e.g.: telemedicine) can allow users to take ownership of their care (Kerestes et al. 2022).

Macro



Ernestina Coast, FIAPAC, 2024.

Macro

- ✓ **Restrictive abortion regulations** impose financial hardships on individuals (+ others involved)
 - ✓ USA: Minors needing a judicial bypass have higher costs with the heaviest burden on minors of lower socioeconomic status (Gilbert et al. 2021).
- ✓ **Post-abortion care** following least/less safe abortion can constitute a large portion of government health budgets in low-resource contexts
- ✓ **Legal frameworks** x economic consequences
 - ✓ Italy: **Conscientious objection** - longer waiting times/travel distances, increased costs with greater impacts for economically disadvantaged women (Autorino et al, 2020)
 - ✓ **SMA laws and regulations** exacerbate inequities and risks by enabling actors who seek to benefit e.g.: higher prices for medication abortion, fake clinics. (Berro Pizzarossa & Nandagiri, 2021)

If the economic dimensions of
abortion care-seeking are
ignored, outcomes will
continue to be inequitable and
unjust.