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NEWS IN CONTEXT

Black History Month: Addressing Health Disparities

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As the United States celebrates Black History Month, one enduring challenge we face as a nation is the persistent health disparities between black and white Americans. The area of sexual and reproductive health, in particular, is riddled with inequities, including differences in contraceptive failure rates, unintended pregnancy and abortion among teen and adult women, and rates of infection with HIV and other STIs among both men and women. While much progress has been made, our efforts and attention need to be directed toward equalizing health outcomes for all Americans.

Teen pregnancy rates have dropped significantly among African Americans over the past decade but remain much higher than those among white teens. Among black teens, the pregnancy rate fell by 45% between 1990 and 2005 (from 224 to 123 pregnancies per 1,000 women aged 15–19). Rates among non-Hispanic white teens also fell by 50% in the same time period, but starting at a much lower rate of 87 per 1,000 in 1990 and falling to 43 per 1,000 in 2005. Alarming, teen pregnancy rates went up among all racial and ethnic groups in 2006.

Among women of all ages, black Americans are almost four times as likely as whites to have an abortion. Antiabortion activists use this statistic to make the groundless argument that the “abortion industry” is targeting and marketing aggressively to African-American communities. What proponents of this argument fail to recognize is that black women’s higher abortion rates are directly related to their higher rates of unintended pregnancy. Disproportionately high rates of both unintended pregnancy and abortion are symptoms of the broader health disparities faced by the black community. Fundamentally, the question we should be asking is what can be done to help black women have fewer unintended pregnancies and achieve better health outcomes in general.

The Guttmacher Institute’s former board chair, Melissa Gilliam, said of the high unintended pregnancy and abortion rates among black women: “The root causes are manifold: a long history of discrimination; lack of access to high-quality, affordable health care; too few educational and professional opportunities; unequal access to safe, clean neighborhoods; and, for some African Americans, a **lingering mistrust of the medical community.**” These factors contribute to inequities in sexual and reproductive health. For instance, some black women may be unable to afford the most effective birth control methods, such as the IUD, which is highly effective over the long-term but has high up-front costs. And lack of information and medical mistrust can lead to less effective method use.

In order to effectively bridge these gaps, we must look at the broader context in which these significant racial and ethnic disparities persist for a **wide range of health outcomes**, from diabetes to heart disease to breast and cervical cancer to STIs, including HIV. In contrast to the antiabortion activists who use health disparities simplistically for political gain, many reproductive rights and reproductive justice organizations are working to advance the real interests of women of color by advocating all women’s meaningful access to the range of health information, services and rights they need to lead healthy lives.

Click here for more information:

[Abortion and Women of Color: The Bigger Picture](#)

[Health-care inequality is key in abortion rates](#)

[New Health Disparities Report: More Context for Higher Unintended Pregnancy and Abortion Rates Among Women of Color](#)

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