



FOREIGN AFFAIRS

A Post-Roe World?

Why Abortion Battles in America Won't Halt Reform Abroad

BY NINA BROOKS, MINZEE KIM, ELIZABETH HEGER BOYLE, AND WESLEY LONGHOFER
June 16, 2022

NINA BROOKS is an Assistant Professor at the School of Public Policy at the University of Connecticut.

MINZEE KIM is Associate Professor of Sociology at Ewha Womans University in South Korea.

ELIZABETH HEGER BOYLE is Professor of Sociology at the University of Minnesota.

WESLEY LONGHOFER is Associate Professor of Organization and Management at the Goizueta Business School at Emory University.

Any day now, the U.S. Supreme Court will release a ruling that is likely to overturn its 1973 decision in *Roe v. Wade*, the case that affirmed a constitutional right to abortion. Reversing *Roe* would have profound implications for abortion access in the United States. Such a decision would also have ramifications abroad, particularly if a judicial ruling empowers future U.S. presidential administrations to push for restrictions on abortion in other parts of the world.

It is important, however, not to overstate U.S. influence on global abortion policy. The 1973 case was a landmark in allowing abortion access and served as

an example to abortion advocates across the world. But in the 50 years since, the United States' international messaging on abortion has been incoherent. U.S. law made abortion legal at home, but additional legislation that followed gave U.S. presidential administrations tools to restrict access abroad. Indeed, the United States, with policies that are at worst obstructionist and at best inconsistent, has been instrumental in blocking international agreement on abortion liberalization. Nevertheless, the global trend has slowly moved toward greater access to abortion. Whatever the fate of *Roe* in the United States, other countries will decide their own abortion policies as they see fit.

THE WAVE BUILDS

Countries such as France and the United Kingdom first established policies outlawing abortion in the early nineteenth century—and replicated them around the world by declaring their own laws to be the laws of their colonies. But forces pushing policy in the opposite direction emerged not long after. In Europe in the early twentieth century, socialist parties pressed for exceptions to abortion bans, including for women suffering from poverty. The Soviet government was the first to legalize abortion on demand in 1920, although it periodically retracted and reinstated that policy over the following decades. Allowing abortion in limited circumstances gained broader public support across Europe when rates of abortion increased in the 1930s during the Great Depression. By the late 1960s, countries all over the world were moving toward liberalization. The United Kingdom passed the Abortion Act in 1967, Singapore approved its Abortion Act in 1969, India instituted the Medical Termination of Pregnancy Act in 1971, and the U.S. Supreme Court ruled on *Roe v. Wade* in 1973. When China introduced the one-child policy in 1979, its implementation required access to abortion.

The wave of abortion liberalization in the 1960s and 1970s coincided with a general rise in global attention to women's rights issues, such as equal employment opportunities, the criminalization of domestic violence, and

nondiscrimination in property and inheritance laws. The United Nations declared 1975 to 1984 “the Decade of the Woman” and in 1979 adopted a watershed women’s rights treaty, the Convention for the Elimination of All Forms of Discrimination Against Women, which has since been signed by nearly every country in the world. But even as some countries included abortion access in domestic legislation, others objected to the practice, and strong countermobilization kept the issue out of international agreements. Abortion was not mentioned in the 1979 treaty, nor has it been included in the UN’s Millennial Development Goals or the subsequent Sustainable Development Goals as a component of progress toward women’s rights. At the 1994 International Conference on Population and Development in Cairo, too, the Catholic Church formed strategic alliances with the delegations of predominantly Catholic and Muslim countries to block efforts by women’s rights organizations to add language addressing abortion to conference documents.

THE BACKLASH TO ROE

The United States has long acted as a particularly effective spoiler in efforts to build a strong global consensus around abortion. The *Roe v. Wade* decision sparked an immediate backlash from the domestic anti-abortion movement, and the area where it managed to quickly gain traction was in U.S. foreign policy. Researchers have documented how, in the years leading up to the court ruling, the Republican Party used opposition to abortion to draw Catholic voters away from the Democratic Party and mobilize social conservatives to vote. Republicans received their first legislative win soon after President Richard Nixon was reelected in 1972. The same year that *Roe* was decided, in 1973, Congress passed the Helms Amendment to the Foreign Assistance Act, prohibiting the use of U.S. aid to pay for abortions.

A decade later, in 1984, President Ronald Reagan sent a delegation to the Second International Conference on Population in Mexico City to announce a

new policy, building on the Helms Amendment, that cut all U.S. family planning aid to nongovernmental organizations outside the United States that failed to certify that they were neither performing abortions nor providing any information about abortion. (This became known as the Mexico City Policy.) In 1985, the U.S. Congress passed the Kemp-Kasten Amendment, which imposed a similar restriction on U.S. contributions to the UN Population Fund. Together, these policies resulted in a substantial reduction in U.S. funding available to support comprehensive reproductive health services abroad. Although the policies apply to all recipients of U.S. aid, in practice, the poorest countries—where people often depend on foreign-funded NGOs for health services—are most affected.

There are both moral and practical problems with U.S. policies on abortion access abroad. They represent a sort of imperialist hypocrisy, establishing a hierarchy in which a procedure that is legal in the United States is restricted for women living in other countries. Further, research has consistently found that the Mexico City Policy increases rates of abortion, particularly among women living in countries that receive a lot of U.S. foreign aid. This outcome may seem counterintuitive, but the explanation is logical: when the policy has been enforced, the supply of contraceptives in those countries has declined because the NGOs that provide reproductive health services have lost funding. The result is less contraceptive use, which means more pregnancies and more abortions.

What the Mexico City Policy does provide, however, is symbolic support to opponents of abortion. This and other U.S. policies have created a chilling effect on reproductive rights advocacy in countries reliant on U.S. aid. In interviews conducted by Vanessa Rios for a 2019 International Women's Health Coalition study, representatives of health organizations in Kenya, Nepal, Nigeria, and South Africa reported fear of working with or being affiliated in any way with

other groups involved in abortion. They were even afraid to discuss abortion within their own organizations.

The role of the Mexico City Policy in empowering anti-abortion movements helps counteract an important limit on its effectiveness: the fact that every Democratic president since 1984 has rescinded it for the length of his term in office. Although Democratic administrations have restored U.S. funding to aid organizations in other countries that have previously been cut off, those administrations typically have not enacted policies to disrupt anti-abortion networks or support reproductive rights advocacy in those places.

Under President Donald Trump, the United States sought even further restrictions on abortion abroad. In 2017, the administration expanded the Mexico City Policy to apply not just to the \$600 million or so in aid that Washington allocates for family planning and reproductive health each year but to the roughly \$7 billion in overall international health assistance that it provides every year. Rios's interviews suggested that some of these funds were diverted to support anti-abortion groups abroad—and that conservative politicians and organizations in countries such as Kenya and Nigeria had become more outspoken in response to the change in U.S. policy.

In 2020, the U.S. government, led by Secretary of State Mike Pompeo, co-sponsored (with Brazil, Egypt, Hungary, Indonesia, and Uganda) the Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family, which, while not binding its 34 signatories to any specific policies, expressed a shared commitment to preventing abortion access. The authoritarian tendencies of the participating countries are striking, especially in conjunction with the steps some have taken lately to restrict abortion, such as the Polish Constitutional Tribunal's 2020 decision limiting the circumstances in which the procedure is legal. Scholars have noted that the backsliding of

democracy around the world may lead to further erosions of reproductive rights.

AN UNDENIABLE TREND

To date, intermittent U.S. efforts to restrict abortion have not succeeded at reversing a wider global trend toward liberalization. Although some international institutions still shy away from addressing abortion, the World Health Organization, for example, has become an increasingly vocal advocate for abortion liberalization. It issued a report offering technical and policy guidance for safe abortion practices in 2003 and updated it in 2012. In 2019, the WHO moved mifepristone and misoprostol (the drugs in the two-pill regimen of a so-called medical abortion) to its Essential Medicines List, which outlines the minimum requirements for a national health-care system and identifies the safest and most effective medicines for priority conditions. Earlier this year, the WHO made its boldest statement on abortion yet, releasing abortion care guidelines that recommend countries decriminalize abortion and make the procedure available on request to pregnant people, presenting these policies as necessary to reduce unsafe abortions and maternal deaths.

Many countries are trending toward removing abortion restrictions as well, albeit in an uneven and fragmented way. Wealthy countries tend to have liberal abortion laws, whereas their less wealthy counterparts have laws ranging from total prohibition to allowing abortion without restrictions. Since 1994, more than 50 countries have expanded the legal grounds for abortion. Only four—the Dominican Republic, El Salvador, Nicaragua, and Poland—have made their abortion laws consistently more restrictive. Many factors have contributed to this trend. For one, the WHO's characterization of abortion as a maternal health issue rather than a moral and cultural issue has helped make the practice less controversial. In countries where doctors are a strong political force, they have pushed for decriminalization to give physicians more discretion over the medical procedure. Abortion may remain inaccessible for many women in these

cases, however. For example, in Uruguay, a recent law that liberalized the country's policies still requires the pregnant person to meet with a panel of medical professionals who decide whether the abortion will be allowed—and doctors have the right to refuse to perform it. This kind of reform appears to be as much about protecting doctors from criminal prosecution as it is about protecting the interests of pregnant people.

Notably, access to abortion even expanded recently in Benin and the Democratic Republic of Congo, which are both heavily reliant on foreign funding. In 2019, roughly one-third of Benin's bilateral foreign aid came from the United States, but the government still reformed its abortion laws in October 2021 with an aim to improve sexual and reproductive health. Speaking in favor of the legislation, Benin's health minister noted that unsafe abortions had been responsible for up to 20 percent of maternal deaths in the country. When abortion is criminalized, patients who need medical treatment after an unsafe abortion may fear going to a hospital; if they do go, they often encounter staff with minimal training in abortion-related care. The United States' Mexico City Policy, which further reduces the availability of safe abortion-related services, can further exacerbate this problem. Benin's reforms, however, show that some aid-dependent countries are willing to risk the loss of U.S. funding under the next Republican administration in order to reap the health benefits of liberalizing abortion laws.

In the five decades since *Roe v. Wade*, most countries' abortion policies have depended more on health concerns, alliances with the Catholic Church, or the political power of medical professionals than on the domestic politics of the United States—even when those politics translate to anti-abortion advocacy abroad. And in the years to come, the same factors that have driven liberalization thus far will continue to do so. Overturning *Roe* may embolden future U.S. administrations to push more aggressively for restrictions within

and outside the United States, but the reversal may not be enough to turn back a slowly rising global tide of abortion liberalization.

Copyright © 2022 by the Council on Foreign Relations, Inc.

All rights reserved. To request permission to distribute or reprint this article, please visit [ForeignAffairs.com/Permissions](https://www.foreignaffairs.com/Permissions).

Source URL: <https://www.foreignaffairs.com/articles/united-states/2022-06-16/post-roe-world>