

# COMMUNITY AND FAMILY ABORTION DISCUSSION GUIDE

As you work to advocate for abortion in your community or have conversations about abortion with family, you'll hear tougher questions and comments. Answering them may seem difficult, but they're popular anti-abortion talking points designed to push you. Stay grounded and know you can do this!

## Q: WHAT DO I SAY IF SOMEONE TELLS ME THAT "ABORTION IS MURDER"? OR SAYS, "IT'S A BABY, NOT A CHOICE"?

**A:** Abortion is about the pregnant person's autonomy, plain and simple. Because the pregnant person is carrying the fetus, they have the right to make decisions about whether to continue with the pregnancy or not. Abortion is healthcare, and people deserve access to it like any other medical procedure.

## Q: HOW DO I TALK TO SOMEONE WHO SAYS ABORTION IS AGAINST THEIR RELIGION/FAITH?

**A:** People of all faiths and backgrounds have abortions. No person ever has to choose abortion for themselves (if it's against their faith or any other reason), but it is important to know that there is no universal religious stance against abortion. In fact, the majority of religious people of all faith traditions do support abortion justice. Supporting access to abortion is about many fundamental tenets that many people hold to be foundational to their faith—freedom, dignity, equality, and fighting injustices among them.

## Q: HOW DO I RESPOND TO SOMEONE WHO SAYS "I COULD UNDERSTAND SOMEONE HAVING AN ABORTION EARLIER IN PREGNANCY, BUT I JUST CAN'T SUPPORT LATE-TERM ABORTION"?

**A:** First of all, one of the most important things we can do when talking about abortion is to use medically accurate language. There is no "late term" in pregnancy. 93% of abortions occur in the first trimester. Less than 1% of abortions are performed at 21 weeks or more. If someone does have an abortion later in pregnancy, it is often due to fetal anomalies, complications with pregnancy, or restricted access and barriers to abortion care earlier in pregnancy.

Many people who have abortions later in pregnancy were hoping to carry to term and start a family. For people who discover fetal anomalies or complications that endanger their own life, making the decision to end a pregnancy is devastating. However, no matter why someone needs an abortion later in pregnancy, they deserve to be met with compassion and care, not additional restrictions through that make accessing that care extremely difficult or impossible. When talking with someone who thinks they don't support abortion later in pregnancy, you can help explain the reality of what that can look like for someone, and that restrictions for so-called "late-term abortion" endanger those who need abortion care.

**Q: HOW DO I TALK TO SOMEONE WHO THINKS ABORTION IS AN "IRRESPONSIBLE" DECISION BECAUSE PEOPLE "SHOULD USE BIRTH CONTROL"?**

**A:** Many birth control methods are extremely effective—up to 99% when used correctly, like the IUD and implant—but we are only human, and sometimes birth control failures happen. Also, for some people, birth control is not accessible because of cost or families or partners who can't know that they're using it. This is particularly true for young people: if you aren't "supposed" to be having sex, birth control can be very hard to access. Some states also do not have explicit policies that allow minors to access birth control without parental consent. Unfortunately, birth control sabotage also happens and is a tool abusers use to promote pregnancy and keep a partner with them even if the partner wants to leave.

The bottom line is that accessing medical care should never be dependent upon whether someone has taken birth control or not. Making the choice to have an abortion is a responsible decision. Forced pregnancy, on the other hand, is a deeply irresponsible thing for legislative bodies to impose on someone who does not want to be pregnant or have a child.

Furthermore, the majority of people seeking abortion are already parents. It is responsible to prioritize the caretaking and well-being of their existing children. If a family is already struggling to make ends meet, another child could impact financial security, stability at home, and more.

**Q: WHAT DO I SAY TO SOMEONE WHO SAYS THAT REGULATING ABORTION IS ACTUALLY ABOUT "PROTECTING" PEOPLE?**

**A:** Any medical procedure should have standard practices and procedures to keep both patients and providers safe. But passing laws that restrict or ban abortion isn't about regulating abortion by making it safer: it's about legislating people's bodily autonomy and criminalizing them for their decisions.

One illustrative example of this is targeted restrictions on abortion providers, or TRAP laws. TRAP laws are "pitched" as being laws to "protect" abortion seekers, but they serve no medical purpose and are instead meant to make abortion care harder to access, like requiring abortion clinics to have the same building requirements as ambulatory surgical centers. This could include onerous changes such as making closets and hallways larger, which is more infrastructure updates than some clinics are financially able to do. The ultimate goal of this type of legislation is to close clinics down and make abortion impossible to access (even when technically "legal").