2011 ASSEMBLY JOINT RESOLUTION 80

December 2, 2011 – Introduced by Representatives E. COGGS, BERCEAU, YOUNG and TURNER. Referred to Committee on Rules.


Whereas, women comprise more than half of the population of the United States and are solely responsible for childbearing; and

Whereas, women who plan their pregnancies are more likely to seek prenatal care, improving their own health and the health of their children; and

Whereas, the United States ranks 30th in the world in its rate of maternal mortality and has one of the highest rates of maternal mortality among all developed nations; and

Whereas, family planning services improve health care outcomes and wellness for women and families, access to family planning is directly linked to declines in maternal and infant mortality rates, and women who do not receive prenatal care are three to four times more likely to die after a live birth than are women who have received even minimal prenatal care; and
Whereas, contraception enables women to better prevent unintended pregnancies and plan for pregnancy when they do want to have a child, and publicly funded contraceptive services and supplies prevent nearly two million unintended pregnancies each year in the United States; and

Whereas, nearly half of all unintended pregnancies end in abortion and abortion rates in the United States increase during times when contraception is less accessible to low income women; and

Whereas, the United States has one of the highest rates of unintended pregnancy among the world’s developed nations—half of all pregnancies in the United States are unintended, and half of unintended pregnancies occur in women who are not using contraceptives; and

Whereas, in addition to the primary purpose of allowing women to plan and prepare for pregnancy, other health benefits of contraception include reduced risk of endometrial and ovarian cancers, ectopic pregnancy, iron deficiency anemia related to heavy menstruation, osteoporosis, ovarian cysts, and pelvic inflammatory disease; and

Whereas, racial and ethnic health disparities are particularly pronounced in reproductive health—including disparities in rates of contraception usage, unintended pregnancies, maternal mortality, and sexually transmitted infections—and these disparities reveal significant barriers to access to sexual health care (including contraception), medical care, and medically accurate sexuality education; and

Whereas, a majority of American voters believe that matters related to women’s reproductive rights, including contraception and abortion, are personal issues that
should be decided by women with their families, health care providers, or clergy members; now, therefore, be it

Resolved by the assembly, the senate concurring, That the week of January 22–28, 2012, be recognized as “reproductive rights awareness week,” to encourage public awareness, conversation, and support for reproductive rights and justice nationwide.

(END)