Defending reproductive rights to promote healthy ageing

The landscape of reproductive rights for women in the USA was drastically altered on June 24, 2022, when the Supreme Court voted to overturn Roe v Wade and Planned Parenthood v Casey, thereby removing the constitutional right to abortion. The response was swift, with abortions expected to be banned in 26 states. Globally, 41% of women of childbearing age live in countries with restrictive abortion laws and, as a result, approximately 23 000 women die from unsafe abortions each year. Stripping women of reproductive rights therefore has immediate effects on their health and wellbeing, with unsafe pregnancies and dangerous self-managed abortions increasing the risk of maternal mortality and crippling mental health issues.

It is important to look beyond these immediate effects to understand the long-term impact of abortion bans on ageing outcomes in women. Research has shown that access to abortions results in higher educational attainment and higher labour force participation for women; a study assessing abortion legislation in 97 countries showed that access to abortion led to a decrease in fertility rates, which in turn increased labour force participation for women. As gendered social roles largely dictate that women shoulder the bulk of childcare responsibilities, the decision to have children must often be considered in the context of education or careers, and women are left juggling competing roles. Education and workforce participation have been shown to reduce the risk of multimorbidity, functional problems, and cognitive decline. For example, the ongoing cognitive stimulation afforded by education and employment aids in bolstering cognitive reserve, which in turn can mitigate the risk of Alzheimer’s disease and related dementias. Thus, depriving women of reproductive choice and thereby access to education, careers, and economic empowerment is likely to have lifelong, devastating effects on women as they age.

Although women are still less likely than men to participate in higher education and employment and are more likely to assume unpaid or domestic labour roles, the past century has seen gendered roles challenged. The narrowing of the gender gap in access to these opportunities has resulted in a narrowed gap in ageing outcomes. A study assessed the effects of birth cohort and education level on cognitive ageing and showed that, while men in earlier birth cohorts and in the low education group performed better on a cognitive battery, women in later birth cohorts and in the high education group outperformed men. Similarly, another study that explored the effect of education and labour force participation on sex differences in functional limitations by birth cohort found that the higher prevalence of limitations in older women, compared with men, from early birth cohorts was attenuated when socioeconomic factors were accounted for, and was entirely eliminated in more recent birth cohorts. The findings of these studies show the crucial contribution of education and employment opportunities to gender differences in cognitive and physical health outcomes in later life, and signal targets for interventions to forge gender parity and thereby promote healthy ageing in women.

The 1973 Roe v Wade decision was monumental in granting American women the freedom to delay childrearing in the interest of pursuing education and careers, with cascading positive effects on health and wellbeing in older age. The Supreme Court’s overturning of this decision has stripped millions of women of the human right to age in good health, therefore reversing years of progress to reduce gender disparities in healthy ageing. Although the decision only affects the USA, it has wider implications as it could set a precedent for other countries. Hopefully, its media prominence will guide attention to the importance of promoting reproductive rights globally to protect healthy ageing in women. This is particularly pertinent in regions that have restricted access to family planning services for women and that are experiencing rapid population ageing, primarily sub-Saharan Africa, northern Africa, and western Asia. Reproductive rights are basic human rights, and removing these not only endangers the immediate health of young women but also lays a precarious foundation for their health trajectories into later life. As we continue to live longer, it is important that we recognise that the lifelong health of women today and of generations to come is now severely jeopardised.