

DISPROPORTIONATE IMPACTS OF ABORTION ACCESS RESTRICTIONS ON ADOLESCENTS IN THE UNITED STATES

Prepared by Youth Reproductive Equity

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The Supreme Court’s Dobbs decision has unleashed new and growing state abortion bans and barriers to care that impact adolescents. Abortion access limitations have disproportionate health and social impacts on adolescents because they are under the legal age of majority and typically have less experience, education, and resources to help them access abortion when needed. Given their unique legal and social status, we must give adolescents pointed consideration when addressing abortion access.

Background

Adolescents younger than age 20 make up 12% of individuals who have abortions nationally; minors aged 17 or younger account for about 4% of all abortions in the US.¹ Though they represent the minority of abortion recipients, we must protect this group. With *Roe v. Wade* overturned, more than half of US adolescents live in states hostile to abortion access. That’s nearly 8 million adolescents who have lost bodily autonomy, reproductive freedom, and control of their futures.^{2,3} Adolescents’ pregnancies are more likely to be unintended and to end in abortion than adult pregnancies.^{4,5} Adolescents also face more significant barriers to preventing pregnancy, including barriers to accessing contraception and inadequate access to comprehensive sexual education.

BARRIERS TO ABORTION

■ PARENTAL CONSENT AND NOTIFICATION STATUTES

Currently, in addition to the 14 states that have banned abortions, adolescents in another 24 states lack access to confidential abortion care, as parental notification or consent is required before an abortion.^{6,7} Current laws contribute to unnecessary medical complications due to delays in care⁸ and psychological harm that may result from experiencing violence, coercion, and rejection.⁹ Concerns over loss of confidentiality around reproductive health care can lead to delays or avoidance in seeking care.^{10,11}

■ Judicial Bypass

Judicial bypass may be pursued to obtain an abortion without parental involvement; however, this is a complicated, onerous, and time-consuming process that is often traumatic for adolescents and ultimately leaves the fate of an adolescent in the hands of a judge without training in medicine or adolescent development.^{9,11,12} Recently, some judges have sought “blanket recusals” from hearing any case involving abortion petitions by minors.¹³

■ TRAVEL

Many adolescents do not drive or have transportation to access contraception or abortion services. Transportation challenges significantly impact teens seeking services in their own states. Adolescents are more likely than adults to have someone else drive them to their abortion care.¹⁴

Many adolescents must now travel to other states to receive abortion care. Multiple states have introduced or passed so-called “abortion trafficking” laws that restrict minors’ ability to travel for abortion care and target the adults who help them.¹⁵ Those with travel needs face barriers related to state-specific laws prohibiting youth under 17 from purchasing tickets without parent/guardian authorization or potential legal risk (e.g., Greyhound Bus).¹⁶

■ FINANCIAL

Adolescents experience greater financial barriers to paying for an abortion and associated costs such as travel.^{17,18} Many will seek to pay for an abortion themselves; lack of access to credit cards is a barrier to online services. For those seeking to use parents’ insurance, these barriers are compounded by legal restrictions to insurance coverage of abortion care. On average, adolescents paid \$499 for their abortion; the majority of adolescents pay for their abortions out of pocket, and 54% reported having to do something to raise money.¹⁴

■ CONFIDENTIAL HEALTH CARE

An adolescent may want to obtain an abortion without their parent or guardian (who pays for their health insurance) being notified. Despite advocacy efforts to protect confidentiality,^{19,20} adolescents with private insurance may have their reproductive healthcare seeking disclosed to parents or guardians through the distribution of explanations of benefits or through the electronic medical record.²¹

■ LIMITED INFORMATION

Adolescents have less information about reputable resources for abortion care and not knowing where to obtain an abortion delayed care for almost 20% of adolescents.¹⁴ Teens may be less likely than adults to have people in their support networks who have experience with abortion, fewer opportunities in the health care system to be educated on pregnancy options, and limited skills to identify safe and reputable abortion providers.²²

■ DIMINISHED LEGAL ACCESS TO MEDICATION ABORTION BY TELEHEALTH

Minors’ access to telemedicine programs to provide medication abortion services is more restricted than adults, although not entirely unavailable. Still, US-based online providers need to follow the relevant state laws, so they cannot increase access for states where abortion is banned. Structural access can also be limited by adolescents’ lack of a credit card or concerns about privacy in mailing pills to their home.

Consequences of Abortion Access Barriers

■ LATER GESTATION ABORTIONS

When an individual is delayed in realizing they are pregnant, the logistical barriers to finding an abortion provider can become even greater. Adolescents often experience a delayed recognition of their pregnancy and present later to medical care.²³ Teenagers are more likely than adults to have an abortion 13 or more gestation.¹⁴ Abortion regulations based on gestational cutoffs could thus have a larger impact on adolescents’ ability to access a timely abortion.

■ GREATER CONSEQUENCES ACROSS THE LIFESPAN

Among adolescents, giving birth from an unintended pregnancy is associated with lower rates of educational attainment, lower lifetime earnings, higher risk of repeat pregnancies, and persistent poverty.²⁴ A large body of economic literature finds that the legalization of abortion has had a positive impact on women’s education, labor force participation, occupations, and earnings.²⁵ As adolescents are earlier in their educational and career trajectories, the long-term impact of an unintended birth on an adolescent is likely to be greater than that of an adult.

■ RESTRICTION OF REPRODUCTIVE JUSTICE

Adolescents are victims of the same systems of oppression as adults (including heterosexism, genderism, and racism) in addition to systems based on age.²⁶ Applying an intersectional lens, age-based inequities plus other systems of oppression would be expected to have multiplicative impacts on adolescents' access to abortion and reproductive justice more broadly.

■ STATE VARIATION IN RESPONSE TO RESTRICTIONS

Every year, countless state laws are passed that negatively impact minors' ability to access reproductive health care.²⁷ These changes are challenging for adults, advocates, clinicians, and health systems to navigate. As federal and state laws and policies change, their interpretation and application are more complex for those under the age of 18 given the additional considerations affecting youth that we have outlined here. Access to care, delays to care, and confusion and misinformation are likely to all be amplified with regard to youth.

BARRIERS TO PREGNANCY PREVENTION

Adolescents experience excess burdens to preventing pregnancy, including little access to comprehensive sexual education and difficulty accessing contraception.

■ LIMITED PREGNANCY PREVENTION EDUCATION

While 71% of adolescent women report having penile-vaginal sex by the age of 19 in the U.S.,²⁸ most adolescents in the U.S. do not receive comprehensive sexual education.²⁹ Only about 50% of adolescents reported in 2015–2019 that they had received sex education that meets the minimum standard articulated in Healthy People 2030. Fewer than half of teens ever received instruction on where to get birth control before they had sex for the first time.²⁹

■ DIFFICULTY ACCESSING CONTRACEPTION

Many of the barriers to abortion care are also barriers to contraceptive care for adolescents, including lack of information on accessing care, transportation, and cost. Lack of confidential care also impacts access to contraception, especially since recent changes to the Federal Title X program disproportionately restricted contraception services to adolescents.³⁰ Adolescents experience provider bias when seeking contraception;³¹ providers may discount patient preferences or employ directive or coercive counseling practices that can exacerbate inequalities in contraception use and increase adolescents' mistrust of the medical system.³²

■ INCREASED DEMAND FOR CONTRACEPTION AND FEARS OF LEGAL RESTRICTIONS ON CONTRACEPTION

Much like the increase in demand for long-acting contraception following President Trump's 2016 inauguration,³³ there has been an increase in demand for contraception from adolescents since federal abortion guidelines changed.³⁴ The Supreme Court's ruling in *Dobbs* gave indications that federal precedent supporting the right to contraception may also be under legal threat,³⁵ further increasing anxiety around contraceptive access. Specific to adolescents is the Supreme Court's 1977 ruling in *Carey v. Population Services International*, which affirms minors' rights to contraception.³⁶

Conclusion

Adolescents face disproportionate burdens of limited abortion access. The U.S. national climate increasingly undermines adolescents' ability to manage their sexual and reproductive health. With the overturning of *Roe v. Wade*, a growing number of states have banned abortion, created severe limits, or are fighting in the courts to implement bans. This escalates the detrimental impact of limited abortion access to adolescents even further. As changes to abortion access continue to unfold, partnerships between professional communities and advocacy groups will be necessary to enable awareness and responsiveness to adolescents' evolving reproductive health needs.³⁷ It is essential that we keep young people at the forefront of the conversation on how to support sexual and reproductive health in these rapidly changing times.

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