

Anticipated barriers to adolescent abortion access

Prepared by the SFP Adolescent Sexual and Reproductive Health SIG's working group on post-Roe access to adolescent abortion

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As abortion access becomes more restricted, the following challenges/barriers are likely to be amplified for adolescents:

1. Presenting later in gestational age for diagnosis of pregnancy

Statement: Adolescents initially present later to care when pregnant and are more likely than older adults to have an abortion in the second trimester as a result. Abortion regulations based on gestational cutoffs could thus have a larger impact on adolescents' ability to access to a timely abortion.

Citation: Upadhyay, U. D., Weitz, T. A., Jones, R. K., Barar, R. E., & Foster, D. G. (2014). Denial of Abortion Because of Provider Gestational Age Limits in the United States. *American Journal of Public Health, 104*(9), 1687–1694. <https://doi.org/10.2105/AJPH.2013.301378>

2. Parental notification/consent statutes

Statement: currently, adolescents in 38 states lack access to confidential abortion care, as parental notification or consent is required before an abortion. Concerns over loss of confidentiality around reproductive health care can lead to delays or avoidance in seeking care.

Citations:

Davis, A. R., & Beasley, A. D. (2009). Abortion in adolescents: epidemiology, confidentiality, and methods. *Current Opinion in Obstetrics and Gynecology, 21*(5), 390-395.

Braverman, P. K., Adelman, W. P., Alderman, E. M., Breuner, C. C., Levine, D. A., Marcell, A. V., & O'Brien, R. (2017). The adolescent's right to confidential care when considering abortion. *Pediatrics, 139*(2).

Bryson, A. E., Hassan, A., Goldberg, J., Moayed, G., & Koyama, A. (2022). Call to Action: Healthcare Providers Must Speak Up for Adolescent Abortion Access. *Journal of Adolescent Health, 70*(2), 189–191. <https://doi.org/10.1016/j.jadohealth.2021.11.010>

3. Difficulties navigating judicial bypass

Statement: 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.

Citations:

Braverman, P. K., Adelman, W. P., Alderman, E. M., Breuner, C. C., Levine, D. A., Marcell, A.

V., & O'Brien, R. (2017). The adolescent's right to confidential care when considering abortion. *Pediatrics*, 139(2).

Coleman-Minahan, K., Stevenson, A.J., Obront, E. and Hays, S., 2019. Young women's experiences obtaining judicial bypass for abortion in Texas. *Journal of Adolescent Health*, 64(1), pp.20-25.

Bryson, A. E., Hassan, A., Goldberg, J., Moayed, G., & Koyama, A. (2022). Call to Action: Healthcare Providers Must Speak Up for Adolescent Abortion Access. *Journal of Adolescent Health*, 70(2), 189–191. <https://doi.org/10.1016/j.jadohealth.2021.11.010>

4. Arranging and conducting travel (especially if done confidentially)

Statement: Many adolescents do not drive or have access to contraception or abortion services. This is a significant issue impacting teens in their own states. However, considering a federal ruling that strikes down the Roe v. Wade decision would likely require an adolescent to travel to other states to receive abortion care, those with travel needs would face barriers related to state-specific laws that prohibit youth under 17 to purchase tickets without parent/guardian authorization or potential legal risk for supportive adults who accompany minors across states.

Citations:

See for example:

Greyhound Bus will not allow interstate travel of minors without parental consent [TABLE OF CONTENTS \(greyhound.com\)](#),

US House of Reps again considering passage of the [Child Interstate Abortion Notification Act](#) – which makes it a federal crime to transport a minor across state lines for an abortion.

5. Diminished legal access to medication abortion by app/telehealth due to age restrictions

Statement: Telemedicine programs to provide medication abortion services are restricted to those ages 18 and older and are not an access option for adolescents.

Citation: See the following websites of major services, all of which stipulate age 18 in nearly all states (California allows age 16):

[Abortion Pill Delivery | How it Works | Hey Jane](#)
[Abortion Pills | Abortion at Home — Choix \(mychoix.co\)](#)

6. Cost of abortion care.

Statement: Adolescents experience greater costs and financial barriers associated with seeking an abortion.

Citations:

Ely, G. E., Hales, T. W., Jackson, D. L., Kotting, J., & Agbemenu, K. (2018). Access to choice: Examining differences between adolescent and adult abortion fund service recipients. *Health & Social Care in the Community*, 26(5), 695–704. <https://doi.org/10.1111/hsc.12582>

Leyser-Whalen, O., Torres, L., & Gonzales, B. (2021). Revealing Economic and Racial Injustices: Demographics of Abortion Fund Callers on the U.S.–Mexico Border. *Women's Reproductive Health*, 8(3), 188–202. <https://doi.org/10.1080/23293691.2021.1973845>

7. Not familiar with how to get an abortion

Statement: Adolescents have less information about reputable resources for abortion care. Teens may be less likely than an adult 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.

Citation:

Espinoza, C., Samandari, G., & Andersen, K. (2020). Abortion knowledge, attitudes and experiences among adolescent girls: A review of the literature. *Sexual and Reproductive Health Matters*, 28(1), 1744225. <https://doi.org/10.1080/26410397.2020.1744225>