Disproportionate impacts of abortion access restrictions on adolescents in the United States[*,‡]

Abortion access limitations will 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 to access abortion when needed. Given their unique legal and social status, we must give adolescents pointed consideration with regards to 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. Adolescents' pregnancies are more likely to be unintended and to end in abortion than adult pregnancies.[2,3] Adolescents also face greater barriers to preventing pregnancy, including barriers to accessing contraception and little access to comprehensive sexual education.

BARRIERS TO ABORTION:

- PARENTAL CONSENT AND NOTIFICATION STATUTES: currently, adolescents in 38 states lack access to confidential abortion care, as parental notification or consent is required before an abortion.[4] Current laws contribute to unnecessary medical complications due to delays in care[5] and psychological harm that may result from experiencing violence, coercion, and rejection.[4] Concerns over loss of confidentiality around reproductive health care can lead to delays or avoidance in seeking care.[6,7]
    - 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.[4,7,8] Recently, some judges have sought "blanket recusals" from hearing any case involving abortion petitions by minors.[9]

- TRAVEL: Many adolescents do not drive or have transportation to access to contraception or abortion services. This is a significant issue impacting teens in their own states. However, a federal ruling that strikes down the Roe v. Wade decision would likely require many adolescents 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 from purchasing tickets without parent/guardian authorization or potential legal risk (e.g., Greyhound Bus[10]). Legislators are considering introducing legislation (Child Interstate Abortion Notification Act), which could make it a federal crime to transport a minor across state lines for an abortion, undermining the ability of supportive adults to help minors travel for abortion care.[11]

- FINANCIAL: Adolescents experience greater costs and financial barriers to paying for an abortion and associated costs such as travel.[12,13] Adolescents' financial barriers are compounded by legal restrictions to insurance coverage of abortion care. Federal Hyde

[*] This document was prepared by members of the Adolescent Sexual and Reproductive Health Special Interest Group of the Society for Family Planning, a group of researchers and clinicians who are experts in adolescent sexual and reproductive health. May 2022.

Amendment restricts coverage through Medicaid plans and 25 states restrict abortion in plans offered through health insurance exchanged, 22 states restrict abortion coverage for public employees, and 11 states have laws that restrict coverage in private insurance plan.[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,[15,16] 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.[17]

- LIMITED INFORMATION: 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.[18]

- DIMINISHED LEGAL ACCESS TO MEDICATION ABORTION BY TELEHEALTH: Telemedicine programs to provide medication abortion services are almost entirely restricted to those ages 18 and older and are not an access option for adolescents.[19,20]

CONSEQUENCES OF ABORTION ACCESS BARRIERS

- LATER GESTATION ABORTIONS: When an individual is delayed in realizing they are pregnant, the logistical barriers to find an abortion provider can become even greater. Adolescents often experience a delayed recognition of their pregnancy and present later to medical care.[21] Teenagers and young adults are more likely than older adults to have an abortion in the second trimester. Abortion regulations based on gestational cutoffs could thus have a larger impact on adolescents' ability to access to a timely abortion.

- GREATER CONSEQUENCES ACROSS THE LIFESPAN: Giving birth to an unintended child is associated with lower rates of educational attainment, lower lifetime earnings, higher risk of repeat pregnancies, and persistent poverty.[22] A large body of economic literature finds that legalization of abortion has had a positive impact on women's education, labor force participation, occupations, and earnings.[23] 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.[24] 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, there are countless state laws passed that negatively impact minors' ability to access reproductive health care.[25] These changes are challenging for adults, advocates, clinicians, and health systems to navigate. As federal laws change and trigger state law changes, interpretation of new laws will be more complex with regards to youth under age 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 regards 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.,[26] most adolescents in the U.S. do not receive comprehensive sexual education.[27] 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 the first time.[27]

- 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.[28] Adolescents experience provider bias when seeking contraception;[29] 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.[30]

- INCREASED DEMAND FOR CONTRACEPTION MAY BE DIFFICULT TO MEET: Reproductive health experts expect/are planning for a shift in routine contraception care to provision of abortion care for patients who are not able to obtain in their own location/state. Much like the increase in demand for long-acting contraception following President Trump's 2016 inauguration, there may be an increase in demand for contraception from adolescents if federal abortion guidelines change.[31] Together, this may create a multiplicative barrier to contraceptive provision if resources and support are diverted away from contraceptive services to abortion care, and demand for contraception in all forms increases.

CONCLUSION: Adolescents will undoubtedly 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, it is anticipated that 26 states are certain or likely to ban abortion escalating this detrimental impact of abortion access to adolescents even further. If the US supreme court overturns Roe v. Wade, it will be 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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