

Disproportionate impacts of abortion access restrictions on adolescents in the United States

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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 to 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, 54% 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 little access to comprehensive sexual education.

BARRIERS TO ABORTION:

- **PARENTAL CONSENT AND NOTIFICATION STATUTES:** Currently, in addition to the 12 states that have banned all abortions, adolescents in 24 states lack access to confidential abortion care, as parental notification or consent is required before an abortion.⁶ Current laws contribute to unnecessary medical complications due to delays in care⁷ and psychological harm that may result from experiencing violence, coercion, and rejection.⁶ Concerns over loss of confidentiality around reproductive health care can lead to delays or avoidance in seeking care.^{8,9}
 - **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.^{6,9,10} Recently, some judges have sought "blanket recusals" from hearing any case involving abortion petitions by minors.¹¹
- **TRAVEL:** Many adolescents do not drive or have transportation to access contraception or abortion services. Transportation challenges are a significant issue impacting teens seeking services in their own states. Many adolescents must now travel to other states to receive abortion care. Those with travel needs 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 Bus¹²). 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.¹³

- **FINANCIAL:** Adolescents experience greater financial barriers to paying for an abortion and associated costs such as travel.^{14,15} 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. Federal Hyde Amendment restricts coverage through Medicaid plans and of the 38 states without full abortion bans, 14 states restrict abortion in plans offered through health insurance exchanges, 17 states restrict abortion coverage for public employees, and 6 states have laws that restrict coverage in private insurance plans.¹⁶
- **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,^{17,18} 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.¹⁹
- **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.²⁰
- **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 cannot increase access for states where abortion is banned.

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.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 from an unintended pregnancy 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 the 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, countless state laws are 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 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.,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 for 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 AND FEARS OF LEGAL RESTRICTIONS ON CONTRACEPTION:** Much like the increase in demand for long-acting contraception following President Trump's 2016 inauguration³¹, there has been an increase in demand for contraception from adolescents since federal abortion guidelines changed.³² The Supreme Court's ruling in *Dobbs* gave indications that federal precedent supporting the right to contraception may also be under legal threat,³³ 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.³⁴

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 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 dynamically, partnerships between professional communities and advocacy groups will be necessary to enable awareness and responsiveness to adolescents' evolving reproductive health needs.³⁵ 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.

References:

1. Jerman J, Jones RK, Onda T. Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008. Guttmacher Institute. Published May 2016. Accessed May 3, 2022. <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>.
2. Guttmacher Institute. Interactive Map: US Abortion Policies and Access After Roe. Guttmacher Institute. Updated October 16, 2022. Accessed October 25, 2022. <https://states.guttmacher.org/policies/>
3. U.S. Census Bureau. State Characteristics Population Estimates. U.S. Census Bureau. Published June 2021. Accessed November 2, 2022. <https://www2.census.gov/programs-surveys/popest/datasets/2010-2020/state/asrh/SC-EST2020-AGESEX-CIV.csv>
4. Finer LB, Zolna MR. Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*. 2016;374(9):843–852, doi:10.1056/NEJMsa1506575.
5. Maddow-Zimet I, Kost K. Pregnancies, births and abortions in the United States, 1973–2017: National and state trends by age. Guttmacher Institute. Published March 2021. Accessed May 3, 2022. <https://www.guttmacher.org/report/pregnancies-births-abortion-in-united-states-1973-2017>.
6. Braverman PK, Adelman W., Alderman EM, et al. The adolescent's right to confidential care when considering abortion. *Pediatrics*. 2017;139(2).
7. Janiak E, Fulcher IR, Cottrill AA, et al. Massachusetts' Parental Consent Law and Procedural Timing Among Adolescents Undergoing Abortion. *Obstetrics and Gynecology*. 2019;133(5):978-986. doi:10.1097/AOG.0000000000003190
8. Davis AR, Beasley AD. Abortion in adolescents: epidemiology, confidentiality, and methods. *Current Opinion in Obstetrics and Gynecology*. 2009;21(5):390-395.
9. Bryson AE, Hassan A, Goldberg J, Moayed G, Koyama A. Call to Action: Healthcare Providers Must Speak Up for Adolescent Abortion Access. *Journal of Adolescent Health*. 2022;70(2):189–191. <https://doi.org/10.1016/j.jadohealth.2021.11.010>
10. Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young women's experiences obtaining judicial bypass for abortion in Texas. *Journal of Adolescent Health*. 2019;64(1):20-25.
11. Danielson P. Judicial Recusal and a Minor's Right to an Abortion. *Northwestern Journal of Law and Social Policy*. 2007;125(2):125-145.
12. Greyhound Lines Inc. Passenger fare tariff and sales manual. Greyhound.com. Updated June 17, 2020. Accessed May 3, 2022. <https://extranet.greyhound.com/revsup/pfsm/pdf/sec07dsc.pdf>
13. Women's Congressional Policy Institute. House panel examines child interstate abortion notification act. WCPINST.org. Accessed May 3, 2022. <https://www.wcpinst.org/source/house-panel-examines-child-interstate-abortion-notification-act/>
14. Ely GE, Hales TW, Jackson DL, Kotting J, Agbemenu K. Access to choice: Examining differences between adolescent and adult abortion fund service recipients. *Health & Social Care in the Community*. 2018;26(5):695–704. <https://doi.org/10.1111/hsc.12582>
15. Leyser-Whalen O, Torres L, Gonzales B. Revealing Economic and Racial Injustices: Demographics of Abortion Fund Callers on the U.S.–Mexico Border. *Women's*

- Reproductive Health*. 2021;8(3):188–202.
<https://doi.org/10.1080/23293691.2021.1973845>
16. Guttmacher Institute. Regulating Insurance Coverage of Abortion. Guttmacher Institute. Updated May 1, 2022. Accessed May 3, 2022. <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>
 17. Society for Adolescent Health & Medicine. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process. *Journal of Adolescent Health*. 2016;58:374–377.
 18. Goodman M, Onwumere O, Milam L, Piepert JL. Reducing health disparities by removing cost, access and knowledge barriers. *American Journal of Obstetrics & Gynecology*. 2017;216:382e1–382e5.
 19. Carlson JL, Goldstein R, Hoover K, Tyson N. The 21st Century Cures Act & adolescent confidentiality. Society for Adolescent Health and Medicine. Accessed May 3, 2022. [https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-\(1\)/NASPAG-SAHM-Statement.aspx](https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx)
 20. Espinoza C, Samandari G, Andersen K. Abortion knowledge, attitudes and experiences among adolescent girls: A review of the literature. *Sexual and Reproductive Health Matters*. 2020;28(1):1744225. <https://doi.org/10.1080/26410397.2020.1744225>
 21. Upadhyay UD, Weitz TA, Jones RK, Barar RE, Foster DG. Denial of abortion because of provider gestational age limits in the United States. *American Journal of Public Health*. 2014;104(9):1687-1694. doi:10.2105/AJPH.2013.301378
 22. Hoffman SD, Maynard RA. *Kids having kids: economic costs and social consequences of teen pregnancy*. Washington, DC: Urban Institute Press;2008.
 23. Amici Curiae. Brief of Amici Curiae Economists in Support of Respondents. *Supremecourt.gov*. Published September 20, 2021. Accessed May 3, 2022. https://www.supremecourt.gov/DocketPDF/19/19-1392/193084/20210920175559884_19-1392bsacEconomists.pdf
 24. Dehlendorf C, Rodriguez MI, Levy K, Borrero S, Steinauer J. Disparities in family planning. *American Journal of Obstetrics and Gynecology*. 2010;202(3):214-220. doi:10.1016/j.ajog.2009.08.022
 25. Guttmacher Institute. State Legislation Tracker. Guttmacher Institute. Updated May 1, 2022. Accessed May 3, 2022. <https://www.guttmacher.org/state-policy>
 26. Lindberg LD, Firestein L, Beavin C. Trends in U.S. adolescent sexual behavior and contraceptive use, 2006-2019. *Contracept X*. 2021;3:100064. doi:10.1016/j.conx.2021.100064
 27. Lindberg LD, Kantor L. Adolescents' receipt of sex education in a nationally representative sample, 2011–2019. *Journal of Adolescent Health*. 2022;70(2):290–297, doi:10.1016/j.jadohealth.2021.08.027.
 28. Schapiro NA. Title X Regulatory Changes and Their Impact on Adolescent Health. *Journal of Pediatric Health Care*. 2020;34(2):171-176. doi: 10.1016/j.pedhc.2019.12.001. PMID: 32063260.
 29. Mann ES, Chen AM, Johnson CL. Doctor knows best? Provider bias in the context of contraceptive counseling in the United States. *Contraception*. 2020;S0010-7824(21):00472-8. doi: 10.1016/j.contraception.2021.11.009. Epub ahead of print. PMID: 34971613.
 30. Chernick LS, Schnall R, Higgins T, et al. Barriers to and enablers of contraceptive use among adolescent females and their interest in an emergency department based intervention. *Contraception*. 2015;91(3):217-225. doi:10.1016/j.contraception.2014.12.003

31. Pace LE, Dusetzina SB, Murray Horwitz ME, Keating NL. Utilization of long-acting reversible contraceptives in the United States after vs before the 2016 US presidential election. *JAMA Intern Med.* 2019;179(3):444-446.
32. Hollingsworth H, Rodgers A. Teen Interest in Long-Lasting Birth Control Soars After Roe. *AP News.* September 27, 2022. Accessed November 12, 2022. <https://apnews.com/article/abortion-us-supreme-court-health-florida-4c89ab23748309a69cac57e43e96e2c7>
33. Paviour B. Title X Advocates Worry that Birth Control May Go the Same Way as Abortion. *NPR.* August 16, 2022. Accessed November 12, 2022. <https://www.npr.org/2022/08/16/1117615628/abortion-birth-control-title-x-supreme-court-family-planning-planned-parenthood>
34. Justia US Supreme Court. *Carey v. Population Services Int'l* 431 U.S. 678 (1977). Justia. Accessed November 12, 2022. [https://supreme.justia.com/cases/federal/us/431/678/#:~:text=Population%20Services%20Int%27I%2C%20431%20U.S.%20678%20\(1977\)&text=A%20state%20cannot%20constitutionally%20place,to%20individuals%20of%20any%20age](https://supreme.justia.com/cases/federal/us/431/678/#:~:text=Population%20Services%20Int%27I%2C%20431%20U.S.%20678%20(1977)&text=A%20state%20cannot%20constitutionally%20place,to%20individuals%20of%20any%20age).
35. Hoopes AJ, Maslowsky J, Baca MA, Goldberg J, Harrison ME, Hwang LY, Romano M, Tebb K, Tyson N, Grubb LK. Elevating the needs of minor adolescents in a landscape of reduced abortion access in the United States. *Journal of Adolescent Health.* 2022;71(5):530-532. doi:10.1016/j.jadohealth.2022.08.007