# Abortion and Young People in the United States

THE FACTS

Young people have the right to protect their health and plan their futures. That includes decisions about pregnancy and parenting. Yet young people face many barriers to reproductive health care, including inadequate sex education and lack of access to contraception. When it comes to abortion care, we live in an increasingly hostile climate, with access to abortion services shrinking for many. Young people face even more legal restrictions to abortion than adults. To ensure young people's reproductive health and rights, we need to ensure abortion care is not just legal, but accessible, affordable, and confidential.

### **STATISTICS**

Young people are responsible users of contraception; sixty-two percent of young women ages 20-29 are using a contraceptive method, and young women ages 20-29 are the most likely to be using long-acting reversible contraception. And, the teen unintended pregnancy rate has declined 36 percent since 2008 and is at its lowest point in 30 years (due to contraception use by adolescents).<sup>2,3</sup> The abortion rate has fallen since 2006 in every age group.4 Even so, fertility is at is peak during the late teens and twenties, and access to contraception varies, with young people facing barriers including cost, lack of information, and lower access to health care.3 The fact is that abortion is an extremely common occurrence in people's lives - in fact, one in four women will have an abortion in her lifetime.5 There is a clear need to protect abortion access for young people: those ages 20-24 account for 31 percent of all abortions, while ages 15-19 accounted for 10 percent of all abortions.4

## **RESTRICTIONS TO ABORTION CARE**

Young people face a bewildering array of restrictions to getting abortion care. In fact, anti-abortion extremists in Congress and in states around the nation attempt to push hundreds of restrictions through each year, openly stating they wish to overturn Roe vs. Wade and end legal abortion in the United States. Restrictions impact young people

especially, for a number of reasons: their periods may be irregular, so it takes longer to suspect they are pregnant; they have lower income, making cost a barrier; and they are less able to take time off from work or school and travel the long distance many must go to seek abortion care. Immigrants and people of color face even greater barriers.

Laws and policies which impede young people's access to abortion care include:

## Parental Involvement Laws

The majority of states – thirty-six as of October 2019 – currently enforce laws that require a young person to notify or obtain consent from one or both parents before they can receive abortion care. Most young people faced with an unintended pregnancy choose to involve their parents. But for those who can't, those who do not have access to their parents, those afraid to anger or disappoint, or who face the threat of violence in their homes—it is best for them to seek the advice of a trained medical professional than to face the situation alone and afraid.

# Title X Domestic Gag Rule

In May 2018, the Trump administration released a proposed rule that essentially dismantled Title X, the nation's federal family planning program designed to provide affordable reproductive health services to those in need, including youth and young adults.8 The administration followed it with a rule that will make it impossible for Title X patients to get preventive care at Planned Parenthood, which until now has served 41 percent of the four million people who have benefited from the Title X program, and establishes an abortion "gag rule" that prohibits health clinics with Title X funding from educating about, referring patients to or providing abortion care.9 Over two-thirds of patients who benefit from Title X are under 30, so the rule change most impacts young people.10

# The Hyde Amendment

When abortion was first legalized in 1973, federal funds were available to low-





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income women on Medicaid who sought abortions. In 1977 Congress enacted the Hyde Amendment (passed in 1976), which bans federal funding for abortion. Hyde prohibits abortion coverage in Medicaid, Indian Health Services, Medicare, Federal Employees Health Benefits Program, Peace Corp volunteers and in healthcare for military personnel.11 Millions of youth use rely on Medicaid for insurance coverage<sup>12</sup>, and over sixty percent of those enlisted in the military are under 2513; these young people must secure private insurance for abortion care, or, more likely, simply forgo coverage. Abortion can cost from \$250 up to thousands of dollars depending on the stage and particulars of pregnancy.

# Other State-Level Restrictions

In recent years, anti-abortion activists have worked with lawmakers to make abortion increasingly inaccessible, closing in on abortion rights. Bills are introduced frequently in state legislatures that aim to create unnecessary and patronizing barriers to people seeking this legal procedure. Bans at different points in pregnancy; waiting periods; ultrasound requirements; TRAP laws which place medically unnecessary restrictions on how clinics are built and operate; race/sex selection bans; counseling requirements; and expanded funding for crisis pregnancy centers, fake clinics which are made to look like they provide abortion care but do not, are common throughout the country.14 Alabama has passed a total ban on abortion, and six other states ban abortion after six or eight weeks in pregnancy.15 Though many restrictions have been blocked to allow court challenges, the overall picture is of ever-decreasing access to abortion. Eighty-nine percent of counties do not have an abortion care provider. 16

# ABORTION STIGMA CAUSES HARM TO YOUNG PEOPLE

"Abortion stigma" can be defined as negative cultural attitudes toward abortion, and an environment that promotes shame and silence around abortion. It is the implication that abortion is a moral error rather than a health care need, and that someone who has one has made a mistake or done something wrong. Abortion stigma is perpetuated at every level of society – by lawmakers, antiabortion extremists, religious leaders, the media, and sometimes even by those who consider themselves supporters of abortion

access. It shames people in need of care into silence, isolated from each other; it limits our ability to advocate for abortion care as a vital part of health care services.

- Anti-abortion activists stop at nothing in their attempts to end legal abortion.
   From highly inflammatory rhetoric, to racist tactics, to aggressive protestors, the anti-abortion movement shows little compassion for those who need abortion care. Their actions cause patients to experience fear and emotional pain, but not to change their minds about abortion.<sup>17</sup>
- In 2019, President Trump (and many other lawmakers) made inaccurate and highly inflammatory statements about abortion that occurs later in pregnancy. This level of heightened rhetoric from the highest office in the nation only served to embolden anti-abortion extremists and to propagate stigma.<sup>18</sup>
- A small number of cities currently choose to designate themselves "abortion sanctuary cities" claiming abortion was not permitted within their borders; since these cties have no provider and the resolution is nonenforceable, the gesture is symbolic, intended to shame and embarrass people who need abortion care.<sup>19</sup>
- Since 1997 there have been dozens of attacks on abortion providers and clinics; in 2017, violence doubled from the previous year – driven by a cultural environment that teaches that abortion providers are criminals who need punishment.<sup>20</sup>

Nearly half of abortion patients say they fear if others knew that had had an abortion, they would be looked down upon, while 58 percent feel the need to keep their abortion a secret. Stigma against those who have had abortions leads to feelings of isolation and sadness.<sup>21</sup> It can lead young people to be more secretive about their health care needs. And in this silence, laws which restrict abortion are allowed to proliferate.

# YOUNG PEOPLE ARE LEADING THE MOVEMENT TO PROTECT ABORTION ACCESS

In the current environment it can be challenging not to despair about the future of abortion in the United States. However,





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activists are working every day to ensure that in the present, and in the future, this Constitutional right and needed medical service is available to all who need it.

- When the Title X domestic gag rule was announced and a public comment period opened, hundreds of thousands of activists submitted comments condemning the gag rule. These comments will comprise the basis of legal challenges to the domestic gag rule and other policies
- Proactive abortion bills exist at both the federal and state levels that could expand access to abortion care for young people.
  - California recently passed a law requiring state universities to offer medication abortion in campus health centers – a major victory in a fight led by young people on those campuses.
  - The EACH Woman Act would permanently end the Hyde amendment, allowing public funding for insurance of abortion care.
  - The Women's Health Protection Act would help protect abortion care by providing a safeguard against extreme abortion restrictions in the states.
- Abortion storytelling (people sharing their real stories about abortion) can help dispel stigma and increase support for abortion access. Young people are leading storytelling efforts, including those of Abortion Out Loud, formerly the 1 in 3 Campaign, through which over a thousand young people on college campuses have held events to counter abortion stigma.
- Many grassroots efforts to connect individuals with needed abortion care exist, including clinic escort programs; volunteer abortion doulas who help navigate the process and experience of abortion; abortion funds through which individuals may donate to those who can't afford abortion care; and efforts to decriminalize self-managed abortion and stop the prosecution of those who have obtained medication abortion outside the medical system.

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