

Envisioning an ecosystem of abortion support: Conversations with young people in the United States

Background

Access to abortion in the United States (US) varies widely depending on where a person lives, due to a patchwork of state laws that dictate when, where, and how someone can seek care. In addition to state legislation, a person's experience seeking abortion care is also impacted by structural and personal factors like their identity, social support, financial situation, and physical and mental health. For young people, age-related barriers—including parental consent and notification laws, minor travel laws, issues related to insurance, and financial challenges—have a major bearing on the experience of seeking and accessing sexual and reproductive health care in the US, including abortion.

To better understand the perspectives and experiences of young people seeking abortion care in the US, Ibis Reproductive Health and Advocates for Youth (AFY) hosted two focus group discussions with young people recruited through their community programs. These conversations highlighted the specific needs of young people seeking abortion care in the current legal landscape and their perspectives about potential future models of abortion care, including medication abortion over the counter (MAB OTC). We hope our findings will inform strategies to build an ecosystem of support that centers young people's varied needs and builds toward a world aligned with principles of reproductive justice and liberation, where people have access to the full spectrum of abortion options and can choose the care that works best for them.

Study description

As part of a larger qualitative study aiming to understand the physical, mental, emotional, social, cultural, and spiritual needs of people seeking abortion care in the US, we conducted two focus group discussions. The first group was comprised of

members of AFY's Youth Activist (YA) program, who organize around reproductive health, rights, and justice. The second convened members from AFY's Abortion Storytellers (AS), a group of young people with a personal abortion experience.

We used thematic analysis to identify and analyze recurring themes in the data. The research team created a deductive codebook based on the focus group discussion guide, which two researchers tested by double coding data using the qualitative analysis software MAXQDA. Inductive analysis was also used to identify new codes. We then reviewed the codes for consistency and compiled code summaries, which highlight the overarching themes at the center of our findings. Ethical approval was obtained from the WCG IRB and verbal informed consent was collected before participation in the study.

Results

Sixteen total young people participated in the focus group discussions. Participants ranged from 18–34 years old, and most were 18–24 years old. The majority of participants identified as Black/African American, with others identifying as white, Hispanic/Latina, mixed: Latina, mixed: Black/Filipina, South Asian, and Filipino American. Gender identities included woman/female, cisgender woman, butch, nonbinary, and trans man. Participants identified their sexuality as lesbian, queer, bisexual, pansexual, and straight.

Most participants reported living in states with abortion protections, including legal protection for patients traveling for care and providers offering abortion care for out-of-state patients. Some mentioned living in states without parental consent laws. Participants described living in states with restrictions for people seeking abortion care later in



pregnancy, especially after 24 weeks, and noted how fetal endangerment or child abuse laws were being used to criminalize pregnant people.

Below, we highlight key themes and quotes that emerged from the discussions.

Barriers to accessing abortion and other sexual and reproductive health care

Accessing sexual and reproductive health information

When seeking abortion care, participants suggested that young people might consult the internet, trusted friends and other close relationships, their insurance company, or their provider to learn about their options. They also discussed the difficulties of accessing accurate sexual and reproductive health (SRH) information, highlighting that young people may not know where to begin the process of seeking SRH care, including abortion. To this end, participants identified the university campus, including university health centers, as an important, if imperfect, nexus point for young people to access SRH information, resources, and services:

*"I would say the sex ed that I got in high school was really good. When I went to college, a lot of the people at my school are from way smaller towns, and talking to them about the sex ed they got in high school, it's incredibly different. [...] **People didn't know about PAP or PrEP or condoms or how to use dental dams, how to safely use contraceptives, how to use Plan B, how it's different than birth control.**" –YA*

*"[...] A consideration is, for young people, if they're in college or not, if their university, or their university's health center, offers information about [abortion]. I know in my state, **we have at least two universities that offer these types of services.** So, a woman may go through those channels, but I would say it's definitely lacking at the university level." –YA*

Barriers to abortion care

Both groups identified stigma as a significant barrier to abortion care. For the Abortion Storytellers, stigma—namely as it pertains to cultural and familial expectations and perceptions around abortion—emerged as a central topic of discussion.

Several participants described their personal experiences navigating stigma when considering and seeking abortion care, as well as the impact it had on their wellbeing.

*"Stigma's a really big factor. [...] At my college there are very open conversations on abortion and everyone is very open in the way of being able to be in charge of someone's own body. **I feel like that could be an issue, both in school and feeling the stigma of needing to take time off to recover, or needing to ask a friend, or also within families, trying to figure out a way to get to a center to find care.**" –YA*

*"**In my culture there's a strong belief that if you got pregnant you should carry the baby because it was your choice to have sex. So, there's a lot of stigma around abortion.** [...] There's also this idea that the baby's life matters more than the life or wellbeing of the person who's pregnant, **which makes it really hard to talk about or make decisions around abortion.**" –AS*

*"I know for my second abortion, in particular, I grieved very heavily, especially because of the circumstances of my relationship. And then I was very far away from home. So, I didn't have friends [...] and then there's also a point in my story where **I was fearful of racial judgment because I'm biracial, and so that heavily influenced my decision and just the way that I was perceived by my family.**" –AS*

Participants identified geography as another barrier to abortion care, recognizing that people in rural areas are more likely to experience provider shortages and travel long distances for care. Those living in states with greater access to abortion acknowledged a strain on local resources—including increased wait times—due to people traveling from restrictive states to access care. Participants noted that people of color, low-income people, and people with multiple marginalized identities face the greatest barriers to access, regardless of location.

Participants recognized a wide range of general barriers that impede the ability to access health care in the US, including housing insecurity, immigration status, and mental health challenges. Additional barriers specific to young people include a lack of confidentiality related to insurance coverage (i.e. privacy risks if covered by a parent's insurance plan), the ubiquity of crisis pregnancy centers, not being able to take time off from work or school, abortion criminalization—which



creates fear and uncertainty around accessing care—cost, transportation, and navigating care without disclosing it to parents.

“Trying to access abortion care still in high school, so of course trying to hide it from my parents. Had to go the self-managed route and didn’t realize I had to pay. Being in high school with no job, that was a barrier for me as well. [...] So I reached out to an older friend and they helped me purchase [abortion pills].” –AS

Perspectives on abortion criminalization

Reflecting on the impacts of abortion criminalization

While no one in either group shared personal experiences with abortion criminalization—and most were from states with abortion protections—participants reflected on its role in rising maternal mortality rates, poor health outcomes, and preventable deaths. The discussions also highlighted how abortion criminalization perpetuates fear around disclosing a pregnancy or abortion considerations with friends and family and can impact someone’s abortion seeking experience, particularly for people of color and low-income people seeking care.

“[...] People are just having a lot of preventable illnesses because they have to travel so far to get abortion care because they’re scared of what would happen if they try to seek it out in their state. And then, I don’t know if abortion bounty laws are still in effect, but I do know that is a thing where people aren’t talking to their partners or to their family because they’re scared of, like, ‘What if they don’t think I should get an abortion? And then it’s like, what happens if I do?’ And the fear that comes out of that.” –YA

Resource needs for understanding abortion criminalization

Participants named existing resources like [ineedana.com](https://www.ineedana.com) as helpful tools to understand abortion availability based on location and state-specific abortion laws. Some people suggested that abortion criminalization information could be shared in schools or through nationwide informational campaigns. One person suggested a centralized, easy-to-read website with abortion criminalization information, while

another mentioned the need for more specific information on the risks of criminalization when traveling for abortion.

“This isn’t even just abortion-specific, but I do think, in terms of sexual education, an understanding of laws and jurisdiction, especially on a region or state-by-state basis is so important, and I’ve not seen this in any sexual education that I know of that exists. [...] I think we don’t really learn about really anything in regards to laws around alcohol usage, laws around fake IDs, laws around [...] abortion care and criminalization, and I think that’s super crucial.” –YA

Expanding the ecosystem of support for young people seeking abortion care

We asked participants to discuss factors that could impact abortion seekers before, during, and after their abortion. Participants identified wide-ranging variables such as poverty, intersecting marginalized identities, and stigma. In addition to these, participants also named a lack of digital literacy, poor public transit, and a dearth of mental health support as systemic challenges that affect people’s quality of life and inevitably complicate the abortion seeking experience.

“Poverty, or being low income, can almost create situations where you become more poor as a result, like getting caught stealing and then being fined, and then as a result of the poverty-motivated crime you’re worse off than you started, so then you’re more desperate.” –YA

Compounding the overarching challenges that impact daily life and personal wellbeing, participants identified specific support needs related to abortion, from parental/familial support to sustained after care (including mental health care), childcare, and specific medication needs (i.e. Zofran for nausea while self-managing a medication abortion). Participants also expressed a desire for support groups aligned with specific identities (i.e. Black people who have had abortions, queer people who have had abortions) to respond to unique abortion experiences.

When asked to reflect on how the current abortion care infrastructure does or does not meet the needs of abortion seekers, participants named permissive legislation (such as laws that



expand telehealth access, higher gestational age limits, and laws that do not require parental consent for minors), along with abortion funds, resources like abortionfinder.org, and community providers as facilitators to abortion access.

“And then I got connected with an abortion community, an abortion fund, and they were able to walk me through the steps. [...] And then for my second abortion, it was kind of like, ‘Oh, it’s a no-brainer. I already know what to do.’ Called up the fund, called up the community, boom, I had pills. Then I had extra [pills] on top of that. So, definitely the state I live in and just being able to talk on my phone, free abortions near me, was really how I got it done.” –AS

Participants shared many ideas for how to improve abortion care access for young people, including dispensing the abortion pill in university health clinics, reducing or reimbursing transportation costs for people who have to travel for care, offering medical leave from class or work, sharing abortion-related resources for young people in places like libraries and community centers, and creating a comprehensive toolkit with information on telehealth, doula support, abortion funds, and other resources to be shared on university websites, a centralized website, or “reputable social media” pages. Overall, these suggestions tie back to a perceived lack of abortion-related information and resources.

“I think something that would really improve access to abortion care would just be increasing information and resources. [...] Because sometimes I talk to people and they just believe that abortion is banned everywhere. Like, they don’t know if we’re allowed to even actually still access abortion. So, I just think things like that could minimize fear, confusion, misinformation, just by increasing what we know about abortion.” –AS

Imagining a future where medication abortion is over the counter

Building on their ideas for how to improve access to abortion care, participants were asked to imagine a future where medication abortion is available over the counter (MAB OTC). Participants expressed both concern and excitement around a potential MAB OTC product forming

part of a broader cadre of abortion options, sharing general impressions and reflecting on benefits, potential challenges, and resources needed to make this model successful.

Potential benefits of a MAB OTC product

Participants named many potential benefits of a MAB OTC product, including increased accessibility, affordability, and convenience, particularly as it pertains to the urgency or time sensitivity sometimes associated with seeking care. Participants also said that a MAB OTC product would increase general understanding of the safety of medication abortion, contribute to the destigmatization of abortion care more broadly, and allow people to avoid interacting with a doctor if they prefer not to.

*“I really think that having the ability to just pick it up, like you would Tylenol, could really lend to **creating a world where the choice of people that can give birth is not conditional, and not earned in any kind of way.** You don’t have to have experienced sexual violence or incest or be very poor or any of that.” –YA*

*“I’m always in favor of people having more choice and access to care without having to ask a doctor for many, many reasons, not just because it’s hard to ask doctors questions in this country in particular, because people are always like, ‘Just ask your doctor,’ and people are like, ‘Oh, she doesn’t reply,’ or whatever, you know? [...] I think also just because **it’s related to autonomy and agency.**” –AS*

Potential challenges of a MAB OTC product

When considering potential challenges related to a MAB OTC product, participants identified various concerns, especially around navigating abortion stigma in conversations with pharmacy staff and the potential for cost to be prohibitive. To that end, participants flagged the health equity gap between people who can afford to see a doctor and those who may only be able to afford a MAB OTC option, highlighting a need for wraparound care services to support people managing an OTC medication abortion.

“I would also hate to start seeing a health equity barrier, where the people that can afford to take the pill with a provider—and get the support directly from a provider—



have that provider checking on them [...] and the people that can only afford or have the time to take it over the counter [...], I would want them to be able to still have telehealth options, a provider checking in, a provider doing the whole nine that they do to someone who went to get the same pill option in a gyno's office. I would just still want there to be increased support and consideration for people.” –YA

Resources needed for a successful MAB OTC model

Participants generated many ideas for resources that would make a MAB OTC model successful, including emotional, physical, and spiritual support resources, detailed aftercare instructions, and guidance for people supporting someone through an abortion. Some people suggested sharing this information in a pamphlet or through a hotline and acknowledged the usefulness of discussing medication-specific concerns with a trusted pharmacist. Participants also emphasized the importance of community support, suggesting ways to connect with doulas and other people who have had abortions. Overall, participants emphasized the importance of having access to all abortion care options so people can choose the model of care that is best for them.

“For me personally, I'm hesitant in obtaining [medication abortion over the counter], but for other individuals, that is really ideal, and so I think it goes to show there's no one size fits all when it comes to health care. There's no one size fits all when it comes to reproductive care specifically, and we need to make sure that we're giving everyone the floor so that we can curate as many options as possible so that everyone can feel comfortable and safe.” –AS

For more information, please contact the study team at aestudy@ibisreproductivehealth.org.

Conclusion

The insights shared during our focus group discussions affirm that young people face unique barriers and challenges when seeking sexual and reproductive health care in the United States. These conversations highlight the importance of access to accurate, trustworthy information about sexual and reproductive health, abortion legality and criminalization, and support resources for young people seeking care. They also reveal an understanding of the myriad factors that impact overall wellbeing as well as the abortion seeking experience, from age to geographic location, socioeconomic level, housing status, and beyond.

Expanding the ecosystem of abortion support means ensuring young people have access to comprehensive sex education, information, and the full spectrum of abortion care options—whether in a clinic, via telehealth, or self-managed with medication abortion and community support. Creating conditions in which young people's unique needs are met will build a solid foundation to further expand networks of care through innovations like MAB OTC—not just by improving access to SRH services, but by creating new paradigms rooted in reproductive justice and liberation that also improve quality of life, promote wellbeing, and advance autonomy.

Abortion resources from the Advocates for Youth Youth Abortion Support Collective



Resources for abortion seekers; self-managed abortion support; policy updates; legal, medical, emotional, and practical support; abortion funds; digital privacy; and more:

[Abortion Resource List](#)