



The Hoosier Abortion Access Study: Key insights

BACKGROUND

Indiana is one of the most restrictive abortion policy contexts in the country. Prior to the Supreme Court’s opinion in *Dobbs v. Jackson’s Women’s Health Organization*, these policies included invasive parental consent requirements for minors; prohibition on the use of telemedicine to administer medication abortion; an 18-hour waiting period; state-directed biased counseling; severe restrictions on insurance coverage of abortion; gestational limits; and burdensome standards related to abortion clinic space, staffing, and equipment.¹ As of September 15, 2022, a full ban on abortion is scheduled to go into effect with limited exceptions for rape, incest, and health of the pregnant person.

Such barriers to abortion care have contributed to Indiana’s strikingly low abortion rate. In 2019, there were approximately 5.8 abortions per 1,000 Hoosiers—people who live in Indiana—aged 15-44 years, substantially lower than both Midwest and national rates (Figure 1).² This is not due to fewer unintended pregnancies, as the proportion of unintended pregnancies in Indiana (49%) is quite similar to the proportion nationally (45%).^{3,4} Beyond these figures, almost no data exist on the individual experiences of Hoosiers seeking abortion care.

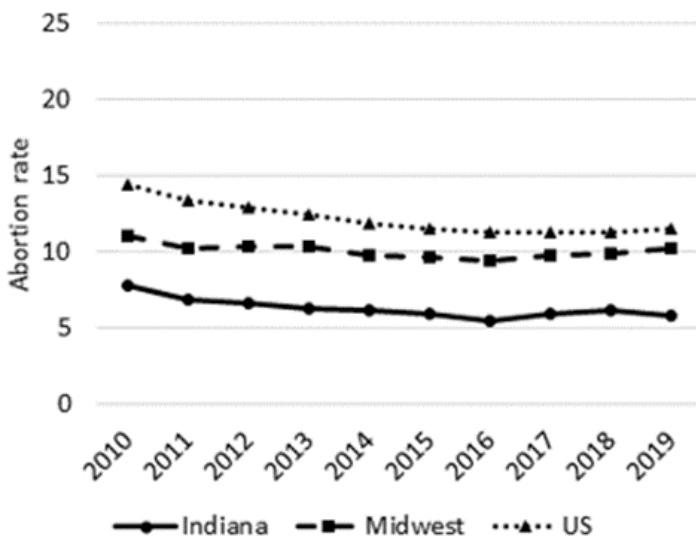


Figure 1. Indiana has a strikingly lower abortion rate compared to region and nation, from CDC data.

METHODS

To address this gap, Ibis Reproductive Health, in partnership with Indiana University, All-Options, the Chicago Abortion Fund, and the Kentucky Health Justice Network, conducted the **Hoosier Abortion Access Study**. This mixed-methods study measures the experiences of nearly 500 Hoosiers trying to access abortion care between June 2021 and June 2022. People considering abortion care were recruited through an expansive approach—including Google ads, online posts, abortion clinics, and abortion funds—to participate in two online surveys at least one month apart. A subset of survey participants, as well as abortion providers and clinic staff, were recruited for in-depth interviews to contextualize and further explore topics in the survey.

KEY FINDINGS

Characteristics of Hoosiers seeking abortion

- On average, Hoosiers were 26 years old (range: 15-45 years) and 8 weeks pregnant at the first survey
- 10% of participants were teenagers
- Most Hoosiers seeking abortion (65%) were parents
- 52% had 1-3 children, 13% had 4+ children
- Most were Christian or Catholic (53%)
- Most Hoosiers were straight or heterosexual (71%) or bisexual (17%)
- Most were women (97%) or nonbinary (1%)
- Hoosiers seeking abortion were non-Hispanic White (43%), Black or African American (36%), Hispanic/Latinx (11%), multi-racial (8%), and Asian (1.4%)

Abortion is difficult to access in Indiana

- Participants reported multiple intersecting barriers to abortion care, most frequently the need to gather money (70%). Of the 78% who had an abortion appointment scheduled at the time of the first survey, only 34% could afford the abortion

- Other barriers included dealing with protestors at the clinic (27%); getting time off work (26%); long distances to the nearest clinic (20%); handling the two-visit requirement (18%); wait times until the next available appointment (15%); and abortion opposition from their partner, family, and friends (14%)
- Due to the high cost of accessing abortion (average of \$562 for participants), 10% of Hoosiers attempted to self-manage their abortion. Participants most commonly used herbs or medications (mifepristone and misoprostol)
- Over approximately one month of follow-up, nearly 1 in 5 (19%) were unable to obtain abortions. These participants were still seeking abortion care, had given birth, miscarried, or continued the pregnancy

Many Hoosiers have to leave the state for abortion

- 1 in 4 participants who had an abortion traveled out of state to get their care. Most Hoosiers who left the state for abortion went to Illinois (70%)
- Most participants who traveled did so because of cost considerations (e.g., the cost of abortion care was less expensive in another state and/or they could receive financial assistance at a clinic out of state)
- Costs associated with travel were highest among those who had to leave Indiana for care. In addition to the cost of their abortion, participants also had to pay \$270 (on average) for expenses like childcare, gas or other transportation, or accommodation out of state
- On average, those who traveled out of state for abortion care had their abortions about three weeks later than participants who obtained their abortions in Indiana (11 weeks vs. 8 weeks of pregnancy)

Abortion barriers and restrictions harm Hoosiers

- 83% of participants who had an abortion said that the cost affected their ability to pay rent, bills, childcare, or to buy food

“I had to spend my rent money to get an abortion and then, now, I’m still in rent debt—and I’m probably going to get evicted all because of this [the abortion], but we’ll see.” (24 years old)

- 43% of those who had an abortion had to make special

arrangements to care for people in their household (children, older relatives, etc.) so they could access care

- Parents in the study needed abortion care so they could better provide for the children they already have, but nearly 9 in 10 said their ability to pay for these other necessities was affected by the cost of traveling to and obtaining their abortion

*“... I am 22 years old, working full time, on food stamps, and I can’t, like it’s not good for anybody around me right now if I was to have another kid, as much as I want it, and I want more kids. I just... I’m three kids deep and working very hard to do what I can for these ones, you know. I just, you know, **I just needed another option, because I have a lot on my plate. And, you know, the manner that my kids live in right now is very important to me.**” (22 years old)*

Preferences and facilitators of abortion care

- 60% of Hoosiers preferred to have their abortion in a clinic or hospital, 14% preferred a home abortion with clinical support, 18% preferred a home abortion without clinical support, and another 8% did not have a preference or did not know
- Of the 86% who had an abortion method preference, 59% preferred a medication abortion
 - Within this group, 54% felt a medication abortion was easiest to access or schedule and 53% preferred this method because they felt it was least invasive. Among those preferring procedural abortion, 54% shared this was due to its effectiveness
- Most Hoosiers seeking abortion care would have preferred a telemedicine abortion—a service whereby a client speaks with a doctor over videocall and receives abortion pills in the mail. This would have helped people avoid costs, childcare, and other burdens involved with traveling to a clinic
- Over half of those who obtained an abortion reported that financial support from abortion funds made it easier to get care
- Support from family and friends, as well as access to online information, also helped people access the care they needed

CONCLUSIONS

People seeking abortion in Indiana faced multiple, intersecting barriers to care as a result of policies restricting access. These included the high cost of ancillary expenses incurred to travel to an abortion clinic at least twice; lack of insurance coverage; and laws preventing telemedicine abortion care, which conflict with Hoosier preferences. Due in part to these restrictive Indiana policies, a quarter of people had not obtained an abortion when we followed up with them at least one month later.

In the wake of the *Dobbs* ruling, Indiana became the first state to enact legislation that bans abortion with limited exceptions starting September 15, 2022. Now that Indiana policymakers have passed a near-total abortion ban, findings from the Hoosier Abortion Access Study provide needed data to inform conversations about the future of abortion access in the state.

While detailed analyses are in progress, top-level study results highlight the significant obstacles that pregnant Hoosiers face with accessing abortion, and the burdens of policy, cost, time, and travel that they must navigate for needed health care.

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REFERENCES

1. *State Facts About Abortion: Indiana*. Guttmacher Institute; 2020. Accessed February 11, 2020. www.guttmacher.org/fact-sheet/state-facts-about-abortion-indiana
2. Korstmit, K., Abortion Surveillance - United States, 2019, in *Surveillance Summaries*. 2021, CDC. 70(9);1–29. www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm
3. Jones RK, Jerman J. Abortion incidence and service availability in the United States, 2014. *Perspectives on Sexual and Reproductive Health*. 2017;49(1).
4. Kost K. *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends since 2002*. Guttmacher Institute; 2015. www.guttmacher.org/pubs/StateUP10.pdf
5. Finer LB, Zolna MR. Declines in Unintended Pregnancy in the United States, 2008–2011. *N Engl J Med*. 2016;374(9):843–852. doi:10.1056/NEJMsa1506575

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