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***New survey* of Hoosiers reveals hardships in accessing abortion, foreshadows worsening harms now that Roe v. Wade is overturned**

With Indiana already ranked #2 in U.S. for number of restrictive abortion laws, researchers say additional barriers could harm Hoosiers even further

(Indianapolis, Ind.) – Following the U.S. Supreme Court’s decision to overturn Roe v. Wade, a new survey of Hoosiers shows that one thing remains clear: Indiana’s extreme restrictions on access to abortion care cause hardships that are difficult to overcome – and further barriers could result in even more harm for Hoosier families.

The study, which was conducted between June 2021 and May 2022 by researchers at Indiana University and Ibis Reproductive Health, with input from All-Options Pregnancy Resource Center, Chicago Abortion Fund and Kentucky Health Justice Network, was aimed at gathering data around pregnant Hoosiers’ experiences when seeking abortion care, and interviews with the clinicians who provide abortion care in Indiana.

Among the findings from the online survey and interviews with 428 abortion-seeking Hoosiers:

Who needs abortions in Indiana?

- On average, study participants were 26 years old (range: 15-45 years).
 - Only 10% of abortion seekers were teenagers; the majority of participants were 25 years or older.
- **Most Hoosiers seeking abortion (65%) were mothers/parents.**
 - 34% had no children, 52% had 1-3 children, 13% had four or more children
- Most study participants identified as Christian or Catholic (53%), or agnostic (21%).
- Participants were non-Hispanic White (43%), Black or African-American (35%), Hispanic/Latinx (11%), multi-racial (8%), and Asian (1.4%).

Abortion is difficult to access in Indiana

- Nearly one in five participants (19%) failed to obtain an abortion during study follow-up.
 - These participants either gave birth, miscarried, resolved to continue the pregnancy, or were still seeking abortion care at study end.
- **Among those who did get an abortion, 33% left the state to do so.**
- Due to the high cost of accessing abortion, 10% of participants had attempted to end the pregnancy on their own, without clinical supervision (self-managed their abortion). One

participant expressed this as: ***“as far as...abortion services...Indiana is as far South as you can get in the North. And we’re behind on a lot, even like as far as health care, as far as women’s health care, it’s garbage.”*** (38 years old)

Impact of barriers to abortion care on Hoosiers and their families

- **83% of participants who had an abortion said that the cost of the abortion affected their ability to pay rent and bills, buy food, or pay for childcare**
 - One participant described the impact of abortion cost this way: ***“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)
- Cost impacted parents, in particular. Nearly 9 in 10 parents said their ability to pay rent or bills, buy food, or pay for childcare was affected by the cost of traveling to and obtaining their abortion.
 - Parents in the study needed abortion care so they could better provide for the children they already have. One participant expressed this as: *“...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 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’m also not that tragic rape story, you know, either. 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)
- **Physicians and clinicians who provide abortion care in Indiana felt strongly that the current policy restrictions on abortion go against overwhelming medical evidence and make it harder for doctors to provide quality care for their patients.** As one physician put it: *“Just stop messing around and telling me things that I need to do. I wish I could only use my clinical judgment and established medical evidence to provide patient care rather than worrying like...about governmental interference, and just know that like, “Okay, I’m like a well-trained physician who has over a decade of experience in this, I can make decisions that are medically appropriate for my patient without thinking about what the legal requirements on this are. That’d be really nice.”*

“We entered this research knowing that [Indiana is second only to Louisiana](#) in terms of the number of restrictive abortion laws that are on the books, but with little understanding of what that means for people’s actual experiences,” said Dr. Tracey Wilkinson, MD MPH, Indiana University, one of the researchers for this project. “We left with a better awareness of who seeks care in Indiana, the many barriers they must overcome to obtain health care, and the devastating impact of these barriers on their lives and that of their families. With the overturning of Roe, we are deeply concerned for what this means for Hoosiers.

“Our survey shows that a third of the participants who obtained abortions had to leave the state to do so. They also said that the cost of care made it difficult to pay for their rent, childcare or groceries,” Wilkinson added. “Yet, despite these hardships – and despite the fact that most Hoosiers believe abortion should be legal in all or most cases – numerous Indiana legislators have repeatedly stated that if Roe v. Wade is overturned, they plan to make access to abortion even more difficult.”

Ibis researchers noted that while the [unintended pregnancy rate in Indiana is similar to the national level](#), the state’s abortion rate [is less than half of the national rate](#) – a data point the survey helped explain.

“With extensive restrictions in place, such as the ban on telemedicine abortion services that our survey respondents preferred, it’s no wonder that Hoosier women are less able than their peers around the country to receive safe, affordable care,” Wilkinson said. “With so many hurdles, and potentially more on the horizon, women and pregnant people in Indiana can expect the cost of abortion care to increase dramatically, resulting in increased incidence of self-managed abortion, forced births, and consequent increases in maternal mortality.

“Further restrictions on abortion access will be devastating for my fellow Hoosiers, and fly in the face of the best available medical evidence,” she concluded.

Bios for spokespersons:

- **Dr. Tracey Wilkinson, MD MPH, Indiana University:** Dr. Tracey Wilkinson is an assistant professor of pediatrics at Indiana University. Her research focuses on examining and developing interventions to improve young people's access to reproductive health services from the perspective of a general pediatrician.
- **Dr. Kristen Jozkowski, PhD, Indiana University:** Dr. Jozkowski is the William L. Yarber Endowed Professor of Sexual Health at Indiana University’s School of Public Health. Dr. Jozkowski is a sociologist and leading sexual health researcher who has authored or co-authored over 50 peer-reviewed articles and over 85 presentations at national and international conferences.
- **Dr. Heidi Moseson, PhD MPH, Ibis Reproductive Health:** Dr. Moseson is an epidemiologist by training and Senior Research Scientist at Ibis Reproductive Health. Dr. Moseson leads research on abortion access in the United States, particularly for marginalized communities, with a focus on self-managed abortion safety and effectiveness.

About Ibis Reproductive Health

[Ibis Reproductive Health](#) is a global non-profit research organization working to conduct high-quality research that positively impacts people’s sexual and reproductive health and lives.

About All-Options Pregnancy Resource Center

[All-Options](#), a non-profit based in Bloomington, Indiana, uses direct service and social change strategies to promote unconditional, judgment-free support for people in all of their decisions, feelings, and experiences with pregnancy, parenting, abortion, and adoption.

About Chicago Abortion Fund

The mission of the [Chicago Abortion Fund](#) is to advance reproductive autonomy and justice for everyone by providing financial, logistical, and emotional support to people seeking abortion services and by building collective power and fostering partnerships for political and cultural change.

About Kentucky Health Justice Network

[KHJN](#) supports people towards achieving autonomy in their lives and justice for their communities. KHJN advocates, educates, and provides direct services to ensure all Kentucky communities and individuals have power, access, and resources to be healthy and have agency over their lives.

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