



# Data needs post- Dobbs: Adolescents and state policies

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Adolescents  
(especially minors under age 18)



# Need for & barriers to abortion

- ▶ Adolescents' pregnancies are more likely to be unintended and to end in abortion than adult pregnancies.
- ▶ Disproportionate and unique barriers:
  - ▶ Confidential care
  - ▶ Travel
  - ▶ Payment
  - ▶ Medication abortion via telemedicine
  - ▶ Gestational bans –recognize pregnancy/seek care later
  - ▶ Barriers to pregnancy prevention- sex education, contraceptive access



# Underrepresentation in research

- ▶ Systematic review of barriers to abortion care
- ▶ 96% of identified studies either:
  - ▶ Did not include minors –OR--
  - ▶ Did not stratify results by age to separate minors
- ▶ Major existing data sources don't always disaggregate (e.g. CDC ages 15-19)



## CONSENSUS STUDY REPORT

# ROADMAP FOR RESEARCH ON **ADOLESCENT ABORTION ACCESS POLICY**

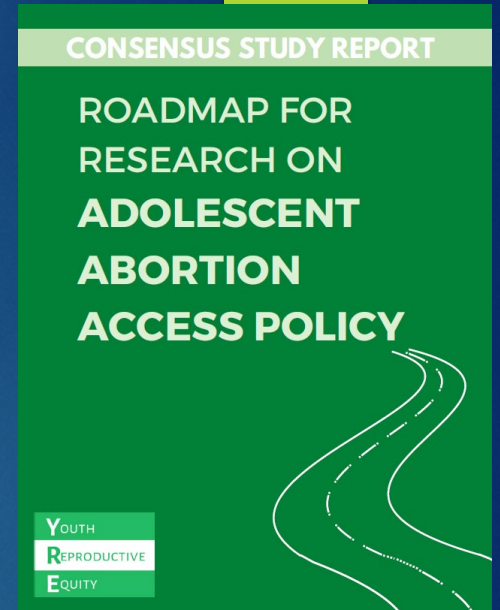
YOUTH  
REPRODUCTIVE  
EQUITY

- Policies impacting adolescents' abortion access that should be studied to understand impact
- Challenges to conducting abortion-related research with minors
- Action items for researchers, funders, data producers, and policy advocates
- Coming January 2024!



# Highlights

- ▶ Collect and disaggregate data on minors
- ▶ Clear guidance for IRBs on ethics of including minors
- ▶ Study impacts of policies that uniquely impact minors
- ▶ Involve minors in study design to ensure validity
- ▶ Center reproductive justice principals in research design to reflect intersectional identities of participants and multiple influences on abortion access
- ▶ Detailed research agenda: questions, variables, datasets, priorities





# State policies over time



# State policies on abortion and related topics

- ▶ Abortion (and contraception, sex education, STI services)
- ▶ No comprehensive, historical, longitudinal, public data on state policies and changes over time
- ▶ Existing sources provide current snapshots
- ▶ Impedes research on the impacts of both restrictive and proactive/protective policies



## State variation in SRH/MCH indicators

Indicator and year	Rank	Rate	State
Maternal mortality 2018-2021*	National	23.5/100,000 live births	
	Lowest	10.1	CA
	Highest	43.5	AR
Infant mortality 2020	National	5.42/1,000 live births	
	Lowest	3.92	CA
	Highest	8.12	MS
Teenage childbearing 2020	National	15.4/1000 women	
	Lowest	6.1	MA
	Highest	27.9	MI
Abortion 2020	National	14.4/1000 women	
	Lowest	4.4	UT
	Highest	29.2	NJ
Chlamydia infection 2021	National	495.5/100,000 population	
	Lowest	141.0	VT
	Highest	760.4	AK

\*among 45 states with available data

Source: CDC,  
Guttmacher Institute



# For example, recent studies...

- ▶ Random sample of 25 recent studies (published 2015-2023 in peer-reviewed journals) using state SRH policies as independent variables
- ▶ Most common sources of policy data: Guttmacher Institute (13 studies), NARAL (4), SIECUS (4), Kaiser Family Foundation (3), National Conference on State Legislatures (3), Google (3)
- ▶ Missing data that had to be supplemented with additional sources
- ▶ Conflicting information among data sources



# For example, recent studies...

- ▶ Data from only 11 studies (44%) were publicly available
- ▶ Coding process: 10 (40%) provided no details, and 5 (20%) specified only that policies were coded dichotomously
- ▶ No study described inclusion of legal experts in coding
- ▶ Limited years of data (median = 4 years); 10 studies (40%) used only 1 or 2 years of policy data
- ▶ Costly and logistically prohibitive for individual teams to comprehensively code many years & policies





# Additional comments