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Abortion access barriers shared in "r/abortion" after *Roe*: a qualitative analysis of a Reddit community post-*Dobbs* decision leak in 2022

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Abstract: *With drastic changes to abortion policy, the months following the* Dobbs *leak and subsequent decision in 2022 were a uniquely uncertain and difficult time for abortion access in the United States. To understand experiences of challenges to abortion access during that time, we used a hybrid inductive and deductive thematic coding approach to analyse descriptions of barriers and their impacts shared in an abortion subreddit (r/abortion). A simple random sample of 10% of posts was obtained from those shared from 02 May 2022 through 23 December 2022; comments were purposively sampled during the coding process. In this sample of submissions (*n = 523 posts, 88 comments*), people described structural barriers identified in past research, including state abortion bans and gestational limits, high costs, limited appointment availability, and long travel required. Posters also commonly described known social barriers, including limited social support and abortion stigma. Several impactful barriers not well-described in past research emerged inductively, including wait time for receiving mail-ordered abortion medication, low credibility of online ordering platforms, and concerns about legal risks of accessing abortion or related medical care. The most common consequences of experiencing barriers were adverse mental health outcomes, delayed access to care, and being compelled to self-manage their abortion because of access barriers. This analysis provides timely insights into the experiences and impacts of abortion access barriers in a group of people with a range of engagement with clinical abortion care, lived experiences, and points in their abortion processes, with public health implications for mental health and abortion access.* DOI: 10.1080/26410397.2024.2426921

Plain language summary: *The 2022* Dobbs *decision and overturn of* Roe v. Wade *significantly changed abortion policy in the US. Following this, many people faced new and severe challenges to accessing abortion. We analysed 523 posts and 88 comments from an abortion support subreddit (r/abortion) from May 2022 to December 2022. We used a qualitative analysis approach to identify themes in discussions of barriers and their impacts. We found that common barriers included state bans, high abortion costs, limited appointment availability, and long travel distances. Additionally, people faced social challenges like lack of support and stigma around abortion. New, less-researched issues were also noted. These included (1) delays with mail-ordered medications (2) concerns about the reliability of online services; and (3) fears about legal risks related to abortion. Frequent consequences of these barriers were poor mental health, and delays in getting care. People also needed to manage abortions themselves because of access issues. This study highlights the urgent need to address these barriers and their impact on mental health and abortion access.*

Keywords: abortion access, United States, barriers, qualitative research, Reddit, online community, post-*Dobbs*

Introduction

Abortion is a common part of people's reproductive lives in the United States (US), but it remains difficult or impossible to access for many pregnant people.[1,2] Costs, location, legal restrictions, service shortages, anti-abortion violence and stigma, and many more factors present challenges to abortion access.[3,4] These challenges all constitute barriers that increasingly constrain access to abortion across the US.[5,6] The overturn of *Roe v. Wade* with the *Dobbs v. Jackson Women's Health Organization ('Dobbs')* decision in June of 2022 returned the decision to restrict or protect abortion to individual states in the US. Since the *Dobbs* decision, these abortion access barriers have been exacerbated, with abortion banned or severely restricted in over half of states in the US, widespread clinic closures, and an atmosphere of fear and uncertainty.[5,7]

Barriers to abortion access are complex and interconnected, disproportionately affecting individuals seeking abortion and creating a restrictive climate harmful to birthing people and their children.[2,3,8] At abortion clinics, mandatory waiting periods, misinformation in counselling, and other requirements have been associated with burdensome changes to clinical operations and practice.[9] Abortion restrictions and bans also lead to abortion clinic closures, creating "abortion deserts" where people must travel over 100 miles to access care.[10,11] Abortion seekers having to travel, often out-of-state, to obtain care has been well documented as a consequence of abortion restrictions, including parental consent laws,[12] the implementation of Targeted Regulation of Abortion Provider (TRAP) laws that place burdensome and unnecessary regulation of abortion providers and clinics,* [13] and mandatory counselling and waiting periods.[14] Such barriers not only close clinics and require burdensome travel but result in delays,[14,15] unattained abortion,[12,15] and significant financial costs.[15] Additionally, many studies document the adverse mental health outcomes and life trajectory changes caused by abortion access barriers.[2,3,16,17] The body of research documenting these barriers and their impacts reflects the increasingly hostile landscape in the US for decades before the *Dobbs* decision in June of 2022. Following the leaked draft of the *Dobbs* decision and later ruling, preliminary research indicates that while new pathways to accessing care have ameliorated the impacts of barriers for some, many people have to travel further to obtain in-clinic care, and some are not getting desired abortions.† [5,18,19]

*Targeted Regulation of Abortion Provider (TRAP) law are burdensome and unnecessary regulation of abortion providers and clinics, including the requirement that abortion clinics be within a certain radius of a hospital, clinics being required to function as Ambulatory Service Centers, or abortion providers being required to have admitting privileges at a local hospital.

†The Unites States Supreme Court decision in Dobbs *v. Jackson Women's Health Organization* returned the decision to restrict or protect abortion to individual states by removing federal protection of legal abortion access. Since the *Dobbs* decision, many states have quickly moved to restrict abortion access through the removal of blocks on previous bans, the re-enactment of old abortion bans, the implementation of "trigger" bans, and the passage of new restrictive laws; some states

While some people prefer the autonomous experience of a self-managed abortion,[20] consideration or use of self-managed abortion is also a known consequence of abortion access barriers.[3,21] We define self-managed abortion as taking action to end a pregnancy outside of the formal healthcare system, which includes the use of safe medications such as misoprostol and mifepristone but also potentially harmful or ineffective methods.[22] Even before *Dobbs* and increasing restrictions, many people who wanted abortion services never reached a clinical provider.[3,15,23] Despite this, existing research has largely focused on clinic-based experiences,[2] overlooking those who never reach clinical care. Particularly post-*Dobbs*, as research documents the increased reliance on self-managed and telehealth abortions,[5,24] alternative avenues are needed to gather information that reflects a broader range of abortion experiences.[5,7]

Online resources, which are increasingly used in the US for health purposes,[25] provide widespread access to health information, support, and services. For abortion, these resources can present challenges for consumers, particularly given the overwhelming quantities of information available and the variable quality of that content with the proliferation of online misinformation.[26–28] However, online resources, including online communities, also present opportunities for people to circumvent or overcome abortion access barriers.[21] Reddit, a popular social networking site used by approximately one-quarter of US adults in 2020, is one space where online communities have formed.[29] On Reddit, people can share content in pseudonymous, topically-focused forums, making it particularly appealing to communicate about stigmatised health experiences.[30] Past research has found that people have used Reddit for a variety of reproductive health concerns, including abortion cost barriers[31] and parental consent and coercion,[32] before *Dobbs*. Additionally, research examined the consequences of barriers through discussions of self-managed abortion on Reddit in 2020[33] and experiences of waiting for abortion post-*Dobbs*.[34] However, there is still a need for insights into the use of Reddit related to these topics following the *Dobbs* decision, particularly that can provide timely insights into broader experiences and impacts of barriers.

Specific research aims

This paper examines barriers to abortion access and their impacts using data from one subreddit: r/abortion. We focused on submissions shared in r/abortion starting at the time of the *Dobbs* decision leak in 2022, with the understanding that the leak through the end of 2022 was a time of heightened challenges for people considering and seeking abortions in the US, particularly those living in more restrictive settings. Within this changing socio-political context, barriers to abortion access were particularly salient. But people's experiences of barriers to abortion access and the impacts of those barriers during the period of the *Dobbs* leak and decision are relatively unknown. Using thematic qualitative analysis of a sample of posts and comments from r/abortion from the time of the *Dobbs* leak through the end of 2022, this research explores experiences of structural barriers, social barriers, and impacts of barriers. This research sought to expand understandings of the lived experience of abortion restrictions by providing novel insights into those experiences following the *Dobbs* leak in a population of people otherwise difficult to study: people seeking and sharing abortion-related social support in an online abortion community.

Methods

Using methods described elsewhere,[34] we gathered information from PushShift's Reddit API and the official Reddit API to collect complete data from r/abortion based on submission date. The analytic sample was obtained by excluding posts that were removed, deleted, contained only an image, included only a link, and had <30 characters. Using the random.sample function in Python, we randomly selected 10% of posts from each monthly period for qualitative analysis. Months were defined relative to the date of the *Dobbs* decision – starting on the 24th of a given month and ending on the 23rd of the following month (5/24/2022 to 12/24/2022), except for the period beginning with the leak of the *Dobbs* decision (05/02/2022 to 05/23/2022). Posts shared by someone living outside of the

do not even provide exemptions for abortion care in cases of rape or incest.

US, clearly indicating living in another country, were excluded from the qualitative sample and replaced. On Reddit, community members can respond to content through "comments", which are attached to the corresponding primary post in a "thread". A complete sample of all comments submitted during the study period was obtained using the same approach and then purposively sampled for qualitative analysis based on the thematic coding of primary posts. Comments were included in this qualitative sample if the original post they responded to described barriers to abortion access or the impacts of barriers.

Given the complexities of abortion restrictions, different approaches have been used to typify abortion access barriers and their impacts.[3,23,32] Seeking to bridge conceptualisations and integrate emerging experiences of abortion access barriers post-*Dobbs*, this research presents and operationalises a simplified categorisation of barriers and impacts (see Figure 1) primarily based on the approach described by Roberts et al, focused on the experiences of pregnant people who considered abortions.[23] Barriers are defined in two groups: "structural" barriers, including policy and healthcare/other organisations, and "social" barriers, including personal and interpersonal barriers. Barriers also have consequences or impacts for individuals considering, seeking, and having abortions. These categories account for the "established" barriers and impacts, or those well described in past research, and allow for the integration of "emergent" barriers and impacts, or those not defined or accounted for in past research.

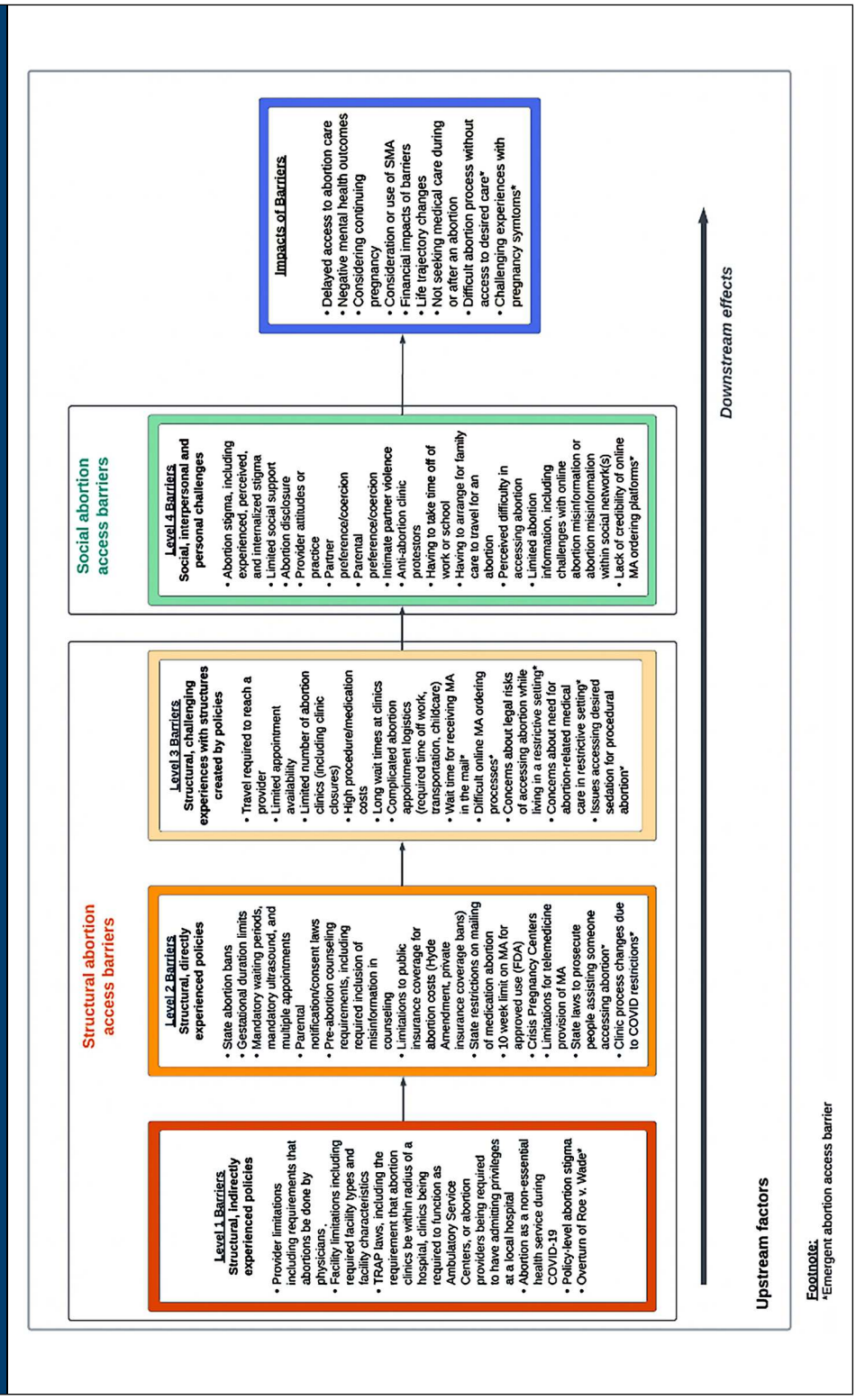
Based on this framework, we developed a set of *a priori* codes and applied them using a hybrid inductive and deductive thematic coding approach.[35] The reliability of *a priori* codes was tested by assessing inter-coder applications to a small sample by the five-person coding team (~10% from two months of data). Codes were revised, and inductive codes were added to the codebook to account for emergent findings. MAXQDA was used to record coding done by the team (EP, KW, EA, ED, LP), allowing coded content to be sent to an additional team member for double-coding. Each original post was coded as a single, stand-alone document. All comments responding to a single original post (i.e. the comments thread) were brought into MAXQDA after purposive selection, with the original post and all responding comments stored in a single document to provide context while coding. Each comment was coded individually (i.e. no single excerpt included content from multiple comments), given their submission by individual contributors. An open double-coding approach was used for 10% of posts and comments to facilitate reliability and consistency in coding.[36] The coding team discussed any inconsistencies in code applications until an agreement was reached.

When most of the coding was completed in MAXQDA for posts and comments, summary code reports were pulled to gather content with relevant codes applied for review and summary analysis. The content was compiled as segments of posts and comments (i.e. "excerpts"), allowing for multiple, distinct excerpts to come from a single post or comment. Analysis was carried out to explore (1) the types of structural barriers to abortion access described, (2) the types of social barriers to abortion access described, and (3) the impacts of these abortion access barriers on r/abortion community members. The content was reviewed, and themes were extracted, typifying barriers and experiences. During this review, it became clear that barriers were distinguished by how people experienced them. Accordingly, structural and social barriers were broken down into four levels based upon the social-ecological model[37]:

- **Level 1**: Structural barriers that are indirectly experienced as they operate at the policy level,
- **Level 2**: Structural barriers that are directly experienced policies,
- **Level 3**: Structural barriers related to the experiences of organisations, systems, and processes created by policies, and
- **Level 4**: Social barriers or the interpersonal and personal challenges to abortion access.

Comprehensive lists of barriers at each of these Levels, along with impacts of barriers (see a complete list of the established barriers and impacts in Supplementary Material 1), were used as the basis for cataloguing descriptions across content. These "established" barriers and impacts were augmented during the analysis process to integrate "emergent" concerns that generally reflect new challenges to abortion access in the shifting socio-political environment. A conceptual framework for barriers operating at different levels and their impacts was developed based on the relevant literature and updated to reflect emergent

Figure 1. Conceptual framework for abortion access barriers and impacts of barriers, with barriers defined at four levels based on relationship with individual abortion access experiences



barriers and impacts discovered through this analysis process (see Figure 1).

The Office for the Protection of Human Subjects at the University of California, Berkeley (2022-08-15585 on September 22, 2022) exempted the collection and analysis of these data from review. The data were publicly available, but ethical principles related to participant confidentiality and privacy still arise.[38,39] Using a process of "ethical fabrication" described elsewhere,[34] composite quotes were generated and tested via Google, Reddit, and a plagiarism checker (duplichecker.com) and are presented to represent the narratives shared in r/abortion.

Positionality statements

Due to our epistemological stance, it is crucial to acknowledge our social positioning in relation to this analysis. We are an interdisciplinary team of researchers and advocates who grounded this work in reproductive justice. Positionality statements for each team member are presented below.

- Elizabeth (Betsy) Pleasants is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is a Reddit user who primarily reads content.
- Karen Weidert is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is a Reddit user who primarily reads content.
- Lindsay Parham is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is a Reddit user who primarily reads content.
- Emma Anderson is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is a regular Reddit user.
- Eliza Dolgins is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is a Reddit user who primarily reads content.
- Coye Cheshire is a male-identifying person who lived in an abortion-protective US state at the time of this research; he is an active Reddit user.
- Cassondra Marshall is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is not a Reddit user.
- Ndola Prata is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is not a Reddit user; she works on sexual and reproductive health in abortion-restrictive countries.
- Ushma Upadhyay is a female-identifying person who lived in an abortion-protective US state at the time of this research; she is a Reddit user who primarily reads content.

This team has varied levels of personal use of Reddit, which facilitated nuanced engagement with data from r/abortion. Notably, conducting this research motivated multiple members of our team who were not Reddit users to begin using the platform in their own lives. While all lived in abortion-protective settings at the time of this research, multiple team members identify as originating or working in abortion-restrictive states or countries and brought those lived experiences to qualitative analysis, results interpretation, and writing.

Results

From the 5220 posts shared in r/abortion between May 2 and December 23, 2022, a total of 523 posts threads were included in qualitative thematic analysis. Summary descriptives for all posts and comments qualitatively coded are shown in Table 1. Specific to this analysis, 335 excerpts were analysed, coming from 307 unique post threads on r/abortion. Barriers were described in many of the excerpts included in this analysis (212, 63%). An overview of the number of post threads discussing structural barriers, social barriers, and the impacts of barriers in our sample, as well as the co-occurrence of discussing barriers and impacts together, is presented in Figure 2. Overall, posters discussed multiple types of barriers and/or impacts together commonly, reflecting the connectedness of these experiences for people considering and seeking abortions. Below, we present findings for experiences of structural and social barriers and their impacts with composite quotes illustrating community members' narratives.

Structural barriers

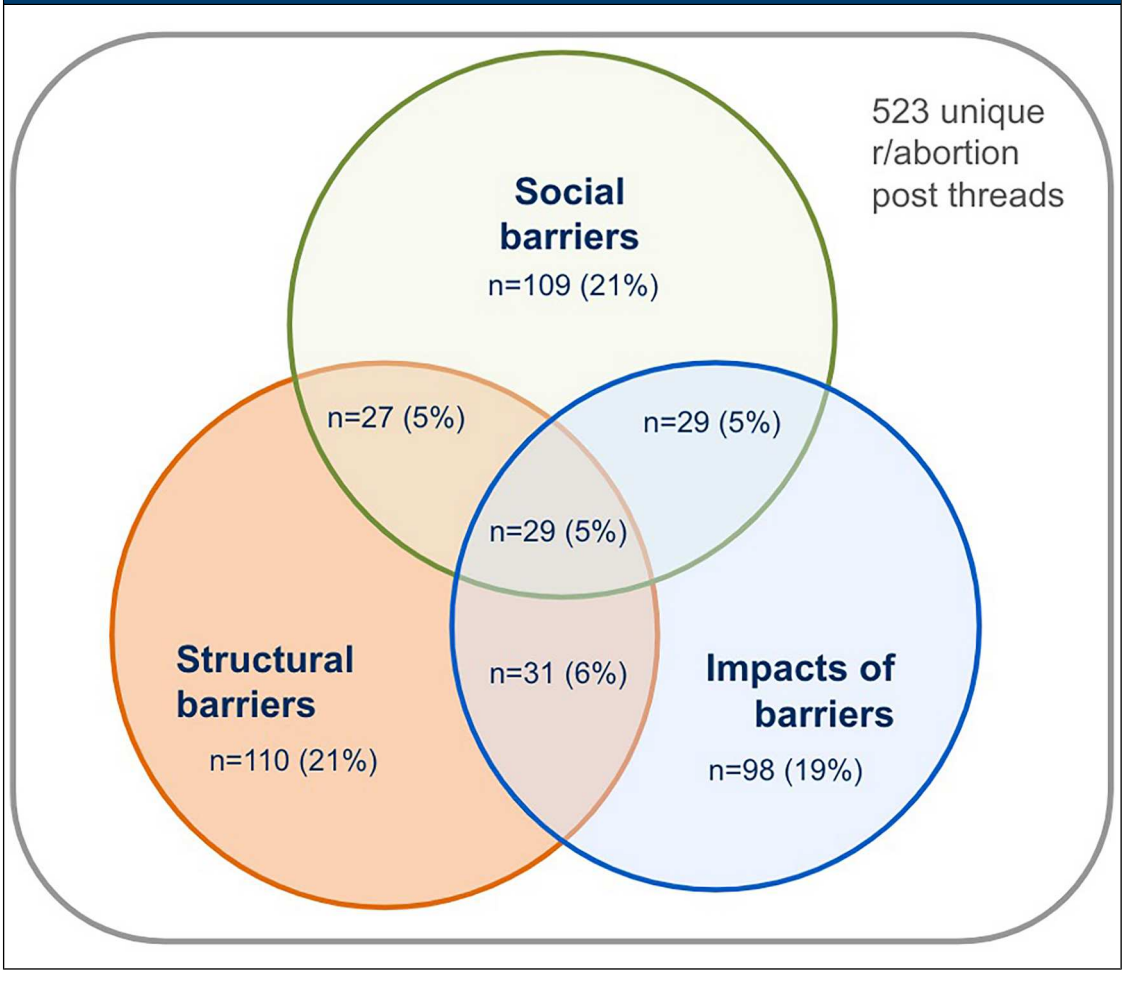
Structural barriers to abortion access were described in 110 threads (21% of qualitative sample; 129 excerpts). Many described one structural barrier (59 excerpts), but the majority described two or more (2 barriers: 47 excerpts; 3 barriers: 15 excerpts; 4 barriers: 9 excerpts). The

Table 1. Sample of posts and comments included in qualitative analysis (monthly 10% SRS, *n* = 523 posts, 817 comments; 5/02/2022 to 12/23/2022)

Month	Number of posts in analytic sample	Number of posts in qual sample	Posts excluded from analysis based on review (with replacement sampling)[a]	Posts word count mean (min, max)[b]	Posts flagged for comment review	Number of comments	Comments word count mean (min, max)
5/02/2022-5/23/2022[c]	429	44	4	202 (66, 236)	4	64	43 (5, 154)
5/24/2022-6/23/2022	566	56	4	210 (14, 1736)	11	114	73 (1, 755)
6/24/2022-7/23/2022	731	72	7	208 (25, 1294)	12	135	42 (2, 403)
7/24/2022-8/23/2022	670	67	5	181 (23, 789)	10	106	43 (1, 304)
8/24/2022-9/23/2022	684	69	6	153 (14, 900)	7	33	43 (3, 148)
9/24/2022-10/23/2022	578	58	3	233 (24, 2024)	13	83	49 (1, 324)
10/24/2022-11/23/2022	674	68	7	179 (14, 1007)	16	179	53 (3, 352)
11/24/2022-12/23/2022	888	89	12	158 (10, 769)	15	103	50 (1, 314)
Study period total	**5220**	**523**	**48**	**191 (10, 2024)**	**88**	**817**	**50 (1, 755)**

[a]Excluded posts were those with a clear indication that the poster was living and having abortion-related experiences outside of the US. Excluded posts were replaced using random re-sampling of remaining posts from that month (those not previously selected for qualitative analysis).
[b]Word count determined based on posts included in the final sample, without those excluded from review.
[c]A 10% simple random sample was taken from data from 5/02/2022-5/23/2022 rather than the full calendar month, given the *Dobbs* decision leak on 5/02/2022.

Figure 2. Number of unique r/abortion post threads in the analytic sample discussing structural barriers, social barriers, impacts of barriers, and multiple types of barriers and/or impacts (sample *n* = 523 post threads)



majority of structural barriers were well-described in past research, but several emergent social barriers were discussed (*n* = 8).

For this analysis, structural barriers were grouped into three levels. The first, "Level 1 barriers", describes structural barriers created by policies and indirectly experienced by people considering and seeking abortions (see Figure 1). Given the nature of the barriers, they were rarely directly described; only two posters mentioned Level 1 barriers, both citing the overturn of *Roe v. Wade* as a challenge in their process of accessing abortion. "Level 2" barriers, or structural challenges created by policies that are directly experienced, were often described. This included various state and national policies to restrict abortion access. Similarly, "Level 3" barriers, or barriers that manifested as challenging experiences with the structures created by policies, were also common.

Among Level 2 barriers (directly experienced policy challenges), state abortion bans were the challenge most mentioned across excerpts, with community members often describing the impacts of state abortion bans on their ability to access abortion in their home state. People shared stories like:

"I just found out that I'm almost ten weeks pregnant, which is past the limit in Texas. I need advice from anyone else who has experienced getting an abortion in a banned state. I can travel, but I heard that the states around here don't have appointments for weeks."

Posters also sometimes described other Level 2 structural barriers, including state gestational limits on abortion, parental consent laws, lack of health insurance in general or specific to abortion coverage, mandatory waiting periods between abortion appointments, and the 10-week FDA limit on the use of medication abortion. While mentioned, mandatory ultrasound and the requirement for multiple appointments to have an abortion were not common challenges. In addition to the barriers we anticipated, as they were well identified in past research, some people described new or "emergent" Level 2 barriers. Specifically, clinic process changes due to COVID-19, such as not being able to have a support person present with them in the clinic, were described as challenging.

Among the Level 3 barriers (challenging experiences with structures created by policies) described, high costs for abortion medications and procedures were most often mentioned. Generally, people described having limited funds to pay for an abortion, with many also writing about the added burdens of living in a restrictive state and having to travel for care. Posters shared narratives like:

"I'm trying to schedule an abortion appointment and am really nervous. I don't have a job and have no money. I also live in Kentucky and will have to travel to another state for the appointment. Does anyone know if my appointment would take more than one day? I can't afford a hotel. Are there ways for me to get help paying for all of this? I can't have a child right now. Looking for advice."

Some posters described their consideration of self-managed abortion as an alternative to paying for an abortion at a clinic and covering associated travel costs, sharing stories like:

"I'm in a red state and abortion is illegal here. What are my options? I called Planned Parenthood and it's over $600 there, and I will also have to travel and really can't afford it. I've heard about Aid Access and want to know if it's safe to get it mailed directly to me."

As indicated in the stories above, the travel required to reach a provider was a common challenge, including the associated costs, distance and required travel time, and transportation challenges. The amount of travel time required varied across posts, ranging from two or three hours of driving to trips requiring multiple days of travel. These travel requirements were often discussed as burdensome in various ways, with narratives like:

"I have an abortion scheduled for next weekend in another state. I didn't find out I was pregnant until pretty late. I'm really worried about the baby's father finding out. He's not someone I want to raise a child with. I moved in with him and he gets angry with me for being so tired and him having to take care of stuff at home. I'm afraid to go through with this and really worried that he'll find out somehow."

People also often mentioned limited appointment availability and difficulty getting an abortion appointment, complicated appointment logistics including required time off work and childcare, and the limited number of accessible abortion clinics as challenges.

In addition to these established barriers to access, several emergent Level 3 structural barriers were described. Most commonly, people shared concerns about the legal risks of accessing abortion while living in a restrictive setting. This included concerns about the legal consequences of getting abortion medications shipped to them, self-managing, and travelling inter-state to have an abortion, with narratives like:

"I live in Alabama and need an abortion. I've heard that I can't travel to another state for an abortion unless my life is in danger and I would get in trouble. Does anyone know if this is true?"

Additionally, people described other emergent Level 3 challenges related to having an abortion while living in a restrictive setting, including the wait time required to receive abortion medications in the mail, complicated online ordering processes, and concerns about the need for abortion-related medical care either during or after. In some instances, this concern about the need for medical care was described as a deterrent to self-managing. Finally, some posters shared challenges in accessing procedural abortion with their desired method of sedation. Most often, these were cases where they wanted general

anaesthesia and had difficulty finding an appropriate appointment or were concerned about additional costs of sedation, sharing stories like:

"The clinic I'm going to said full sedation isn't an option. I'm worried about how far along I am and how the process will affect me. They said I can take my own pain medication before, how much should I take? Please share any advice."

Social barriers

Social barriers to abortion access were mentioned in 109 unique threads (21% of qualitative sample; 121 excerpts). Some described just one social barrier ($n = 51$ excerpts), while the majority described two or more (2 barriers: 48 excerpts; 3 barriers: 14 excerpts; 4 barriers: 6 excerpts; 5 barriers: 2 excerpts). Social barriers, defined as "Level 4" barriers for this analysis, include a variety of interpersonal and personal challenges to abortion access. Almost all social barriers that were described were established, with only one emergent social barrier among analysed r/abortion submissions. Most commonly, people described limited social support and abortion stigma. This often included entangled discussions of having little or no support from partners, family, or others while also struggling with abortion stigma. People shared narratives like:

"I feel really alone right now. My abortion is scheduled for next week, and the nearest clinic is three hours away. I'm in a really religious area and know my family would want me to keep this baby, so I probably won't tell anyone. I feel like it's a burden I have to carry with me. Feeling so much dread and anxiety."

Others shared narratives more focused on issues with partners, communicating a lack of partner support as a challenge to their reproductive autonomy with narratives like:

"I got pregnant a couple of months into dating this guy. He broke up with me after he found out I was pregnant and is already hanging out with a new girl. I'm all alone, pregnant, and thinking about getting an abortion but don't know what to do. It would be really difficult for me to raise this child alone but I also don't know how I can pay for an abortion."

Relatedly, abortion disclosure – most often the desire to have a private abortion and threats to that – was also frequently described. Some people shared experiences with partner or parent coercion or preference, either in opposition to having an abortion or pressure to have one. Some people also described substantial perceived difficulty in accessing abortion, often founded in real access challenges. Limited information about abortion, including misinformation and challenges navigating online information, was also shared, with narratives like:

"My family is very anti-abortion. I'm in Alabama and have been struggling with this decision. I've seen stuff online about how many people had problems and died when they had an abortion here. I also saw on one website that the baby will feel pain. Abortion is also so shamed that if something did happen, I'm worried the hospital would just let me die. I'm so scared but feel like I don't have any option but to have an abortion."

Additionally, people described experiences with provider attitudes or practices that created challenges to abortion access. Though this was uncommon, these narratives spoke to impactful and concerning clinical interactions. People also shared experiences with intimate partner violence as a challenge. And while uncommon, some people discussed having to take time off work or school and having to arrange family care to facilitate their abortion.

The lack of credibility of online abortion medication ordering platforms was the only emergent social barrier described, with some people sharing substantial concerns about using online platforms, sharing stories like:

"I'm in Texas and ordered abortion pills. The website looked kind of sketchy and the mifepristone is a tan color. Is someone trying to poison me? Really worried, any advice is appreciated."

All of these social barriers reflect substantial challenges to people's reproductive autonomy, often by creating challenges in accessing abortion but also by making the process during and after abortion more difficult. Across excerpts, some people described both social and structural barriers to abortion access. These descriptions often mentioned multiple barriers to access as connected experiences, conveying the complexities of navigating abortion access – particularly when living in a restrictive setting – related to broad context and personal circumstances.

Impacts of barriers

The impacts of barriers to abortion access were described in 98 threads on r/abortion (19% of

qualitative sample; 100 excerpts). Many excerpts described only one impact ($n = 42$), but the majority described two ($n = 31$) or three ($n = 27$) effects of their experiences with barriers. Most commonly, people shared experiences with adverse mental health outcomes including fear, anxiety, isolation, depression, guilt, and trauma, with stories like:

"I have to wait so long for my appointment, I'm feeling so alone and anxious. I don't think I'll tell any of my family or friends, this is just a burden I have to carry myself. I've cried so much and am already feeling sick every day. I know I'm just going to keep feeling more anxious leading up to it and don't know how to handle it all."

People also often discussed consideration or use of self-managed abortion because of the barriers they faced (not as a clear preference for this abortion route), sharing stories like:

"There's no way for me to get to a doctor to get an abortion. I ordered pills from Aid Access and I'm so scared. Can anyone share their experiences doing this? Did you get what you ordered? How long did it take? I've never been in this kind of situation and am doing it all alone."

Delayed access to abortion care was common among people using both clinical abortion care and self-managing. Some described their abortions as notably difficult processes without access to desired or preferred abortion care, including not being able to access desired sedation for procedural abortion or wanting more or different support while using medication abortion. People also discussed thinking about or deciding to continue their pregnancy after considering or planning an abortion and other life trajectory changes. The financial impacts of barriers were also sometimes discussed.

As with barriers, the majority of impacts described were established, but two important emergent impacts were discussed: challenging experiences with pregnancy symptoms exacerbated or prolonged by obstacles and not seeking medical care after an abortion. Often, this medical care was described as wanted to either assess if abortion was progressing appropriately or to confirm abortion completion, with stories like:

"Before my abortion, I was really worried about infection. I knew that I didn't release the pregnancy initially, but I didn't want to go to the hospital close to me. It would have taken me 7 hours of driving to get to and from the clinic I went to, so I couldn't go back to get an ultrasound easily. If I had been closer, I would have gone back to get another round of pills, but then I started bleeding again and saw the tissue."

Descriptions of the impacts of barriers conveyed the complexities of seeking and having an abortion in the US, often when faced with significant challenges in that process. As described above, some people came to this community to share their experiences and sought to provide resources for others through that sharing.

Discussion

In the rapidly changing and uncertain landscape of abortion access following the leaked *Dobbs* decision in 2022, experiences and consequences of barriers to abortion access are also shifting. This analysis provides new insights into the experiences and impacts of abortion access barriers among people who used r/abortion following the *Dobbs* leak and decision in 2022, as voluntarily described in narratives shared in this online community. We found that many people described a variety of structural and social barriers to abortion access, some well-established in past research and others emergent and strongly tied to relatively new facets of challenges to abortion access in the US. People described struggling with multiple barriers at once, sometimes both structural and social, illustrating intersectional experiences and impacts as they considered and sought abortion. These barriers often spoke to the challenges of accessing abortion care while living in a restrictive setting, underscoring the harmful effects of new and newly enforced abortion bans and restrictions. Our findings describe the varied ways that these barriers challenge reproductive autonomy.

Level 1 barriers, or policies that are generally experienced indirectly by people seeking an abortion, were not commonly discussed in this community. While there were mentions of the overturn of *Roe v. Wade* as a challenge, other policies – TRAP laws, facility limitations, etc. – were not discussed by posters on r/abortion. Past research from before *Dobbs*, has assessed the impacts of these policies,[9,13,15,40] but there is relatively limited information about whether and how these policies directly shape individuals' experiences accessing abortion. People using r/abortion

rarely considered these types of restrictions as impacting their ability to access abortion. Instead, other structural barriers that were directly experienced played important roles in people's conceptualisations of their abortion access experiences.

Level 2 barriers (directly experienced policy challenges) were commonly described, particularly state abortion bans and gestational limits for abortion. Both restrictions have been found to present substantial challenges to abortion access.[5,6,41–43] The harmful effects of these bans are of increasing concern as they become more widespread across the US. Findings from our research highlight their continued influences on people's abortion access experiences following the *Dobbs* leak and decision. Given the rolling implementation of abortion bans with *Dobbs*,[44] the prominence of state abortion bans – particularly post-*Dobbs* – in people's discussions of abortion access is not surprising. This research provides new insights into the negative impacts of abortion bans and contributes to the wealth of evidence supporting their repeal. Additionally, the use of gestational duration limits to restrict abortion access, including what are effectively understood as abortion bans by many people, has been and continues to be commonplace in anti-abortion legislation.[45,46] Our findings indicate that abortion seekers may not distinguish limits and bans in ways that could contribute to perceptions of abortion legality and accessibility. Further research is needed to understand people's knowledge about abortion legality, with a specific interest in misconceptions and perceived accessibility post-*Dobbs*.

Level 3 barriers (challenging experiences with structures created by policies) were also commonly discussed, most prominently high costs for abortion procedures and/or medication, travel required to reach an abortion provider, and limited appointment availability. Abortion costs are a well-documented barrier,[3,15,31] and our findings reflect that cost continues to be a key consideration and challenge based on the experiences of people using r/abortion. Even with increasing availability of telehealth abortion and new, lower cost abortion providers, abortion access costs continue to be a barrier to access.[47] For some people, cost was a burdensome but navigable challenge, including instances where people made decisions about abortion methods to minimise cost burdens. For others, it was an insurmountable obstacle. Past research has effectively documented that abortion access is inequitable, with cost-related barriers more significantly impacting people of colour and those with limited financial resources.[48] Our findings cannot speak to the demographics of r/abortion users but do reflect that people's experiences of cost barriers varied even within this community. The continued challenges to abortion access presented by costs reflect the need, now more than ever, for donor funding to support abortion funds and continued advocacy to remove the Hyde Amendment to allow people with public insurance in the US to use insurance to cover abortion costs.

Costs associated with travel to obtain abortion care and the logistical challenges created by travel were commonly described as significant barriers to access, both together and as independent experiences. Many people using r/abortion mentioned not only the abortion service costs described above but also the costs associated with travel to obtain care. This is aligned with past research documenting the interconnectedness of abortion-related costs and travel for abortion as they are experienced as barriers and in their impacts on people's abortion experiences and outcomes.[49] Travel was also mentioned independently as a challenge, aligned with past research describing the logistical challenges created by required travel that delay and restrict access to abortion.[49–51] Our findings underscore the heavy burden of travel to obtain abortion care following the *Dobbs* leak, aligned with research indicating that state restrictions and clinic closures have contributed to increased travel distances to obtain abortion care post-*Dobbs*.[5,18,52] This shifting care landscape likely also created difficulties in getting abortion appointments and long wait times for care shared in r/abortion, as remaining clinics – many of which already managed high demand before *Dobbs*[53] – stretched to fill gaps in abortion care.[34,54] Further research is needed to explore experiences of travel and related barriers post-*Dobbs*, with a specific interest in when and how travel becomes undesirable or infeasible for different people and how that shapes their abortion outcomes. These findings reflect the need for practical support that helps people navigate the process of travelling for abortion care.

Among level 4 barriers described, limited social support was very common, aligned with past research documenting abortion-related social support as a critical modifier of people's ability to

navigate access barriers and obtain timely abortions.[17,55,56] In r/abortion, people often shared enmeshed experiences of limited social support and abortion stigma, aligned with past research indicating the common co-occurrence of these experiences.[56] Notably, these experiences were described more often in the content shared after the *Dobbs* decision, potentially reflecting increasing salience of these challenges in people's experiences. Abortion stigma, often in relation to abortion disclosure and social isolation, is also known to shape abortion outcomes.[57] Additionally, challenges with abortion disclosure are also tied to abortion stigma and social isolation for people who have had abortions,[57] reflected in the narratives analysed from r/abortion. Abortion secrecy, stigma, and lack of social support are all of particular concern post-*Dobbs*, given the criminalisation of abortions in restrictive settings.[58] Overall, social barriers were commonly described in the r/abortion content we analysed, reflecting the predominance of these experiences for people considering and seeking abortion post-*Dobbs* leak in 2022. While much of the extant research on barriers and their impacts has focused on structural barriers to access, social barriers are known to present substantial challenges to abortion access and reproductive autonomy.[23,27,59–62] Given our findings, understanding and promoting access to abortion-related social support and information, along with efforts to combat abortion stigma, are particularly viable paths to reducing social barriers.

Many of the stories shared in r/abortion described experiences with multiple barriers to access, sometimes both structural and social, and their impacts, illustrating the intersectionality of barriers (established and emergent) and the ways that experiencing multiple barriers impacted people's abortion access experiences following the *Dobbs* leak. The impacts or consequences of abortion access barriers most described were adverse mental health outcomes, particularly fear, anxiety, and isolation, aligned with past research documenting adverse mental health outcomes associated with abortion access barriers.[3,16] Additionally, many people using r/abortion described delayed access to abortion care and consideration or use of self-managed abortion (most commonly using safe methods with mail-order medication abortion). While self-managed abortion is known to be safe, effective, and acceptable (and preferable for some people) when done using an appropriate medication regimen,[20,22] many of the discussions of self-managing related to barriers to care in r/abortion described it as a necessity rather than a choice. The ways that current experiences with barriers to abortion access may limit abortion options to only self-management presents substantial challenges to reproductive autonomy and should be considered in efforts seeking to monitor the impacts of ongoing threats to abortion access in the US.

Given the unique study population for this analysis and the relative recency of the data, our findings provide insights into emerging effects of shifting context on pregnancy and abortion experiences, mainly related to online misinformation, the use of medication abortion via telemedicine or self-management, and concerns about the legal risks posed by accessing abortion while living in a restrictive state. Notably, people using r/abortion also described concerns and fears related to the legal risks associated with accessing abortion or related healthcare from a restrictive setting. While past research indicates that living in a restrictive context can deter people from accessing abortion follow-up care,[21] our findings illustrate the breadth and depth of these concerns for people post-*Dobbs* leak. Further research is needed to understand ongoing experiences as the context of access continues to change, restrictions and fear are normalised, and disparities resulting from inequitable impacts of restrictions become more apparent.

Various structural and social barriers have been documented in past research but have not been commonly discussed in the content included in this analysis. This included abortion facility limitations, provider limitations, limitations to insurance coverage for abortion, Crisis Pregnancy Centers, and others. Given that this analysis used a 10% random sample of posts and purposively sampled comments to represent experiences rather than a comprehensive review, the lack of narratives describing these barriers as impacting abortion access experiences in 2022 does not mean that they were not experienced by people using r/abortion. Future research could leverage analytic approaches that circumvent the resource constraints that made qualitative coding of the entire sample of submissions to r/abortion during the study period infeasible. Natural Language Processing presents a set of tools to potentially accelerate the qualitative analysis process, facilitating analysis of large samples of textual data to gain insights into thematic patterns.[63]

Several other limitations of this analysis should be considered. By focusing on a population of people using an abortion subreddit, this analysis provides timely information about abortion experiences that includes people who are often not well represented in much of the extant research – people who had not yet obtained or might never obtain clinic-based abortion care. But communities like Reddit are known to attract users with extreme experiences,[64] contributing to a polarised set of abortion narratives. Additionally, Reddit itself is used by a particular subset of the population, with the majority of users being white, male, and educated.[29] However, r/abortion is estimated to be used mainly by women.[65] Additionally, systematic socio-demographic information for r/abortion contributors is not available, given the pseudonymous design of Reddit's platform. These limitations mean that the results of this analysis are not generalisable to other populations. However, non-generalisability does not negate the potential for the insights gained to inform areas for further consideration, inquiry, and monitoring. Further research is needed to explore these insights into the experiences and impacts of barriers in other populations, given the unique characteristics of the sample that limits the generalisability of our findings and the rapidly changing context of abortion access post-*Dobbs*.

Despite the described limitations, the emergence of novel barriers and impacts in this analysis further highlights the effects of the changing landscape of abortion access in the US, as well as the role of technologies (including r/abortion and online medication abortion ordering platforms) in this landscape. Our analysis also points to specific areas to prioritise in future research, specifically the importance of social barriers to abortion access, intersectional impacts of barriers, and the emergence of novel barriers in the post-*Dobbs* context. The focus of this analysis on data from an abortion subreddit provides timely insights into the experiences and impacts of abortion access barriers in a group of people at various points in their abortion experiences, and with a range of engagement with clinical abortion care and lived experiences.

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Supplemental data

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References

1. Jones RK, Kirstein M, Philbin J. Abortion incidence and service availability in the United States, 2020. Perspect Sex Reprod Health. 2022;54(4):128–141. doi:10.1363/psrh.12215

2. Foster DG. The turnaway study: ten years, a thousand women, and the consequences of having – or being denied – an abortion. New York: Simon and Schuster; 2020.
3. Jerman J, Frohwirth L, Kavanaugh ML, et al. Barriers to abortion care and their consequences for patients traveling for services: qualitative findings from two states. Perspect Sex Reprod Health. 2017;49(2):95–102. doi:10.1363/psrh.12024
4. Fuentes L. Inequity in US abortion rights and access: the end of Roe is deepening existing divides. New York: Guttmacher Institute; 2023.
5. #WeCount report April to March 2023 findings [Internet]. Society of Family Planning; 2023 Jun [cited 2023 Jul 12]. Available from: https://www.societyfp.org/wp-content/uploads/2023/06/WeCountReport_June-2023-Release.docx
6. Zhu DT, Zhao L, Alzoubi T, et al. Implications of Dobbs v. Jackson for patients and providers: a scoping review [Internet]. medRxiv; 2023 [cited 2023 Jul 25]. p. 2023.07.10.23292460. Available from: https://www.medrxiv.org/content/10.11012023.07.10.23292460v1
7. McCann A, Walker AS, Sasani A, et al. Tracking the states where abortion is now banned. New York Times Updated September. 2022;30.
8. Brown BP, Hebert LE, Gilliam M, et al. Association of highly restrictive state abortion policies with abortion rates, 2000-2014. JAMA Netw Open. 2020;3(11):e2024610–e2024610. doi:10.1001/jamanetworkopen.2020.24610
9. Mercier RJ, Buchbinder M, Bryant A, et al. The experiences and adaptations of abortion providers practicing under a new TRAP law: a qualitative study. Contraception. 2015;91(6):507–512. doi:10.1016/j.contraception.2015.03.003
10. Nash E. Ohio as a window into recent US trends on abortion access and restrictions. Am J Public Health. 2020;110(8):1115–1116. doi:10.2105/AJPH.2020.305799
11. ANSIRH [Internet]. [cited 2023 Nov 11]. Abortion Deserts. Available from: https://www.ansirh.org/abortion/restrictions/abortion-deserts
12. Dennis A, Henshaw SK, Joyce TJ, et al. The impact of laws requiring parental involvement for abortion: a literature review. New York: Guttmacher Institute; 2009.
13. Austin N, Harper S. Assessing the impact of TRAP laws on abortion and women's health in the USA: a systematic review. BMJ Sex Reprod Health. 2018;44(2):128–134. doi:10.1136/bmjsrh-2017-101866
14. Joyce TJ, Henshaw SK, Dennis A, et al. The impact of state mandatory counseling and waiting period laws on abortion: a literature review. New York: Guttmacher Institute.
15. Upadhyay UD, McCook AA, Bennett AH, et al. State abortion policies and Medicaid coverage of abortion are associated with pregnancy outcomes among individuals seeking abortion recruited using Google Ads: a national cohort study. Soc Sci Med. 2021;274:113747. doi:10.1016/j.socscimed.2021.113747
16. Biggs MA, Kaller S, Ralph L. Barriers accessing abortion care and their association with psychological well-being. Contraception. 2020;101(5):355. doi:10.1016/j.contraception.2020.03.010
17. Wasser O, Ralph LJ, Kaller S, et al. Experiences of delay-causing obstacles and mental health at the time of abortion seeking. Contracept X. 2024;6:100105. doi:10.1016/j.conx.2024.100105
18. Rader B, Upadhyay UD, Sehgal NKR, et al. Estimated travel time and spatial access to abortion facilities in the US before and after the Dobbs v Jackson women's health decision. JAMA. 2022;328(20):2041–2047. doi:10.1001/jama.2022.20424
19. Society of Family Planning. #WeCount report 6 May 2024 (Dec 2023 data) [Internet]. Society of Family Planning; 2024 May [cited 2024 Jul 2]. Available from: https://societyfp.org/wp-content/uploads/2024/05/WeCount-report-6-May-2024-Dec-2023-data_Final.pdf
20. Aiken ARA, Tello-Pérez LA, Madera M, et al. Factors associated with knowledge and experience of self-managed abortion among patients seeking care at 49 US abortion clinics. JAMA Netw Open. 2023;6(4):e238701. doi:10.1001/jamanetworkopen.2023.8701
21. Aiken ARA, Broussard K, Johnson DM, et al. Motivations and experiences of people seeking medication abortion online in the United States. Perspect Sex Reprod Health. 2018;50(4):157–163. doi:10.1363/psrh.12073
22. Moseson H, Herold S, Filippa S, et al. Self-managed abortion: a systematic scoping review. Best Pract Res Clin Obstet Gynaecol. 2020;63:87–110. doi:10.1016/j.bpobgyn.2019.08.002
23. Roberts SCM, Kimport K, Kriz R, et al. Consideration of and reasons for not obtaining abortion among women entering prenatal care in Southern Louisiana and Baltimore, Maryland. Sex Res Soc Policy. 2019;16(4):476–487. doi:10.1007/s13178-018-0359-4
24. Aiken ARA, Starling JE, Scott JG, et al. Requests for self-managed medication abortion provided using online telemedicine in 30 US states before and after the Dobbs v Jackson women's health organization decision. JAMA. 2022;328(17):1768–1770. doi:10.1001/jama.2022.18865
25. Zhao Y, Zhang J. Consumer health information seeking in social media: a literature review. Health Info Libr J. 2017;34(4):268–283. doi:10.1111/hir.12192
26. Pagoto SL, Palmer L, Horwitz-Willis N. The next infodemic: abortion misinformation. J Med Internet Res. 2023;25(1):e42582. doi:10.2196/42582
27. Patev AJ, Hood KB. Towards a better understanding of abortion misinformation in the USA: a review of the literature. Cult Health Sex. 2021;23(3):285–300. doi:10.1080/13691058.2019.1706001

28. Pleasants E, Guendelman S, Weidert K, et al. Quality of top webpages providing abortion pill information for Google searches in the USA: an evidence-based webpage quality assessment. PLoS One. 2021;16(1):e0240664. doi:10.1371/journal.pone.0240664
29. Alphr [Internet]. [cited 2022 Mar 3]. The demographics of Reddit: who uses the site? Available from: https://www.alphr.com/demographics-reddit/
30. Sowles SJ, McLeary M, Optican A, et al. A content analysis of an online pro-eating disorder community on Reddit. Body Image. 2018;24:137–144. doi:10.1016/j.bodyim.2018.01.001
31. Higgins JA, Lands M, Valley TM, et al. Real-time effects of payer restrictions on reproductive healthcare: a qualitative analysis of cost-related barriers and their consequences among U.S. abortion seekers on Reddit. Int J Environ Res Public Health. 2021;18(17):9013. doi:10.3390/ijerph18179013
32. Richards NK, Masud A, Arocha JF. Online abortion empowerment in absence of parental and medical support: a thematic analysis of a Reddit community's contributions to decision-making and access [Internet]. In Review; 2021 May [cited 2021 Sep 19]. Available from: https://www.researchsquare.com/article/rs-523420/v1
33. Lewis RE, Messing AJ. Poster abstracts: P23 "has anyone bought pills online? I'm afraid it's a scam": US Reddit users' experiences acquiring abortion pills online during COVID-19. Contraception. 2021;104(4):457–458. doi:10.1016/j.contraception.2021.07.042
34. Pleasants E, Parham L, Weidert K, et al. Waiting to start abortion: a qualitative exploration of narratives of waiting shared in a Reddit community for abortion post-Dobbs leak in 2022. Soc Sci Med. 2024 May 1;349:116877.
35. Fereday J, Muir-Cochrane E. Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. Int J Qual Methods. 2006;5(1):80–92. doi:10.1177/160940690600500107
36. O'Connor C, Joffe H. Intercoder reliability in qualitative research: debates and practical guidelines. Int J Qual Methods. 2020;19:1609406919899220. doi:10.1177/1609406919899220
37. Kilanowski JF. Breadth of the socio-ecological model. J Agromedicine. 2017;22(4):295–297. doi:10.1080/1059924X.2017.1358971
38. Proferes N, Jones N, Gilbert S, et al. Studying Reddit: a systematic overview of disciplines, approaches, methods, and ethics. Soc Media Soc. 2021;7(2):20563051211019004. doi:10.1177/20563051211019004
39. Mannheimer S, Hull EA. Sharing selves: developing an ethical framework for curating social media data. Int. J. Digit. Curation. 2017;12(2):196–209.
40. Gerdts C, Fuentes L, Grossman D, et al. Impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas. Am J Public Health. 2022;112(9):1297–1304. doi:10.2105/AJPH.2016.303134r
41. Upadhyay UD, Weitz TA, Jones RK, et al. Denial of abortion because of provider gestational age limits in the United States. Am J Public Health. 2014;104(9):1687–1694.
42. Hall KS, Redd S, Narasimhan S, et al. Abortion trends in Georgia following enactment of the 22-week gestational age limit, 2007–2017. Am J Public Health. 2020;110(7):1034–1038. doi:10.2105/AJPH.2020.305653
43. Foster DG, Dobkin LM, Upadhyay UD. Denial of abortion care due to gestational age limits. Contraception. 2013;87(1):3–5. doi:10.1016/j.contraception.2012.09.020
44. Abortion Bans across the country: tracking restrictions by state. The New York Times [Internet]. [cited 2024 Apr 3]. Available from: https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html
45. Guttmacher Institute [Internet]. 2023 [cited 2023 Aug 20]. State Bans on Abortion Throughout Pregnancy. Available from: https://www.guttmacher.org/state-policy/explore/state-policies-later-abortions
46. Boland R, Katzive L. Developments in laws on induced abortion: 1998-2007. Int Fam Plan Perspect. 2008;34(3):110–120. doi:10.1363/3411008
47. Upadhyay UD, Schroeder R, Kaller S, et al. Pricing of medication abortion in the United States, 2021-2023. Perspect Sex Reprod Health. 2024;1–13. doi:10.1111/psrh.12280
48. Artiga S, Hill L, Ranji U, Gomez I. What are the implications of the overturning of Roe v. Wade for racial disparities. San Francsico: Kaiser Family Foundation; 2022.
49. Barr-Walker J, Jayaweera RT, Ramirez AM, et al. Experiences of women who travel for abortion: a mixed methods systematic review. PLoS One. 2019;14(4):e0209991. doi:10.1371/journal.pone.0209991
50. Pleasants E, Cartwright AF, Upadhyay UD. Association between distance to an abortion facility and abortion or pregnancy outcome among a prospective cohort of people seeking abortion online. JAMA Netw Open. 2022;5(5):e2212065. doi:10.1001/jamanetworkopen.2022.12065
51. Brown BP, Hebert LE, Gilliam M, et al. Distance to an abortion provider and its association with the abortion rate: a multistate longitudinal analysis. Perspect Sex Reprod Health. 2020;52(4):227–234. doi:10.1363/psrh.12164
52. Makleff S, Blaylock R, Ruggiero S, et al. Travel for later abortion in the USA: lived experiences, structural contributors and abortion fund support. Cult Health Sex. 2023;25(13):1741–1757. doi:10.1080/13691058.2023.2179666

53. Joffe C. The struggle to save abortion care. Contexts. 2018;17(3):22–27. doi:10.1177/1536504218792522
54. How abortion clinics are managing rise in out-of-state patients [Internet]. [cited 2023 Aug 20]. Available from: https://www.sfchronicle.com/bayarea/article/california-abortion-clinics-patients-roe-v-wade-17339238.php
55. Margo J, McCloskey L, Gupte G, et al. Women's pathways to abortion care in South Carolina: a qualitative study of obstacles and supports. Perspect Sex Reprod Health. 2016;48(4):199–207. doi:10.1363/psrh.12006
56. Dickey MS, Mosley EA, Clark EA, et al. "They're forcing people to have children that they can't afford": a qualitative study of social support and capital among individuals receiving an abortion in Georgia. Soc Sci Med. 2022;315:115547. doi:10.1016/j.socscimed.2022.115547
57. Hanschmidt F, Linde K, Hilbert A, et al. Abortion stigma: a systematic review. Perspect Sex Reprod Health. 2016;48(4):169–177. doi:10.1363/48e8516
58. The end of Roe and the criminalization of abortion: more of the same for too many [Internet]. [cited 2024 Feb 21]. Available from: https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/economic-issues-in-criminal-justice/the-end-of-roe-and-the-criminalization-of-abortion/
59. Guttmacher Institute. An overview of abortion laws. Guttmacher Institute [Internet]. 2021; Available from: https://www.guttmacher.org/state-policy/explore/overview-abortion-laws
60. Kavanaugh ML, Jerman J, Frohwirth L. "It's not something you talk about really": information barriers encountered by women who travel long distances for abortion care. Contraception. 2019;100(1):79–84. doi:10.1016/j.contraception.2019.03.048
61. Tanne JH. US states rush to limit abortions in hope that Supreme Court will overturn Roe v Wade. Br Med J. 2022;376:o656. doi:10.1136/bmj.o656
62. Ostrach B, Cheyney M. Navigating social and institutional obstacles: low-income women seeking abortion. Qual Health Res. 2014;24(7):1006–1017. doi:10.1177/1049732314540218
63. Chang T, DeJonckheere M, Vydiswaran VGV, et al. Accelerating mixed methods research with natural language processing of big text data. J Mix Methods Res. 2021;15(3):398–412. doi:10.1177/15586898211021196
64. Guerra PC, Meira W, Cardie C. Sentiment analysis on evolving social streams: how self-report imbalances can help. In: Proceedings of the 7th ACM international conference on Web search and data mining [Internet]. New York (NY): Association for Computing Machinery; 2014 [cited 2023 Aug 22]. p. 443–452. (WSDM '14). Available from: https://dl.acm.org/doi/10.11452556195.2556261
65. Burkhart B. Subreddit gender ratios [Internet]. [cited 2022 Apr 3]. Available from: https://bburky.com/subredditgenderratios/

Résumé

Avec des changements drastiques dans la politique sur l'avortement, les mois suivant la fuite d'informations et la décision ultérieure sur l'affaire *Dobbs* en 2022 ont été une période particulièrement incertaine et difficile pour l'accès à l'avortement aux États-Unis. Pour comprendre comment les obstacles à l'accès à l'avortement ont été vécus pendant cette période, nous avons utilisé une approche de codage thématique inductif et déductif hybride pour analyser les descriptions des obstacles et de leurs effets partagés dans un sous-reddit sur l'avortement (r/abortion). Un échantillon aléatoire simple de 10% des messages a été obtenu à partir des publications partagées du 2 mai 2022 au 23 décembre 2022; les commentaires ont été échantillonnés à dessein pendant le processus de codage. Dans cet échantillon de publications (n = 523 messages, 88 commentaires), les personnes ont décrit les obstacles structurels identifiés dans des recherches antérieures, notamment les interdictions d'avorter et les limites gestationnelles au niveau des États, les coûts élevés, la disponibilité

Resumen

Con cambios drásticos a la política sobre aborto, los meses después de la filtración en el caso *Dobbs* y la decisión posterior en 2022 fueron tiempos excepcionalmente inciertos y difíciles para el acceso al aborto en Estados Unidos. A fin de entender las experiencias de retos de acceso al aborto durante ese tiempo, utilizamos un enfoque híbrido de codificación temática inductiva y deductiva para analizar las descripciones de barreras y sus impactos compartidos en un subreddit sobre aborto (r/aborto). Se obtuvo una muestra aleatoria simple del 10% de los posts de aquellos compartidos entre el 2 de mayo de 2022 y el 23 de diciembre de 2022; los comentarios fueron muestreados intencionalmente durante el proceso de codificación. En esta muestra de mensajes publicados (n = 523 posts, 88 comentarios), las personas describieron barreras estructurales identificadas en investigaciones anteriores, tales como la prohibición estatal del aborto y el límite gestacional, altos costos, disponibilidad limitada de citas y largos viajes necesarios. También

limitée de rendez-vous et les longs déplacements nécessaires. Les personnes postant des messages ont aussi fréquemment décrit les barrières sociales connues, notamment le soutien social limité et la stigmatisation de l'avortement. Plusieurs obstacles importants, mal décrits dans les recherches antérieures, sont apparus de manière inductive, notamment le temps d'attente pour recevoir des produits d'avortement médicamenteux par correspondance, la faible crédibilité des plateformes de commande en ligne et les préoccupations concernant les risques juridiques liés à l'accès à l'avortement ou aux soins médicaux connexes. Les conséquences les plus courantes des obstacles rencontrés étaient des effets néfastes sur la santé mentale, un accès retardé aux soins et l'obligation de gérer soi-même son avortement en raison des restrictions à l'accès. Cette analyse donne des informations actualisées sur les expériences et les conséquences des obstacles à l'accès à l'avortement dans un groupe de personnes ayant une diversité de liens avec les soins cliniques en cas d'avortement, d'expériences vécues et de points dans leur processus d'avortement, avec des conséquences de santé publique pour la santé mentale et l'accès à l'avortement.

describieron comúnmente las barreras sociales conocidas, tales como apoyo social limitado y estigma del aborto. Surgieron de manera inductiva varias barreras impactantes que no se describieron bien en investigaciones anteriores, tales como el tiempo de espera para recibir los medicamentos abortivos encargados por correo, baja credibilidad de las plataformas de encargos en línea y preocupaciones sobre los riesgos jurídicos del acceso al aborto o atención médica relacionada. Las consecuencias más comunes de enfrentar barreras fueron: resultados adversos de salud mental, acceso retrasado a los servicios, y sentirse obligada a autogestionar el aborto debido a las barreras de acceso. Este análisis ofrece perspectivas oportunas sobre las experiencias y los impactos de las barreras de acceso al aborto en un grupo de personas con una variedad de uso de servicios clínicos de aborto, vivencias y puntos en sus procesos de aborto, con implicaciones para la salud mental y el acceso al aborto en el ámbito de salud pública.