



Original article

The Impact of a Parental Notification Requirement on Illinois Minors' Access to and Decision-Making Around Abortion

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A B S T R A C T

Purpose: This study aims to examine the impact of a parental notification (PN) requirement on the frequency, timing, and out-of-state travel of minors seeking abortion, as well as changes in who minors involve in their decision, support received, and decision certainty.

Methods: We analyzed administrative and medical records of 1,577 women obtaining an abortion before and after implementation of a PN requirement at one Illinois facility. Using multivariate regression within a difference-in-differences framework, we quantified changes in the number and timing of women seeking care, frequency of parental awareness and support, travel from out-of-state, decision certainty, and anticipated coping among minors 17 years and below compared with young adults (YAs) aged 18–20 years.

Results: A smaller proportion of abortions to women ages 20 years and under post-law were among minors (39%–33%, $p = .017$). Compared with YAs, minors experienced a larger increase in parental awareness (71%–93% [minors] vs. 53%–58% [YAs], $p < .000$); however, parents' support for the decision was unchanged. The proportion of minors certain of their decision went from 77% pre-law to 71% post-law ($p = .099$) compared with 82% pre- and post-law among YAs ($p = .798$). Compared with YAs, a larger proportion of minors obtained second trimester care post-law if coming from another state (21%–31% [minors] vs. 23%–16% [YAs], $p = .022$).

Conclusions: Illinois' PN requirement was associated with a decrease in the number of abortions among minors, delayed care for those from out-of-state, increased parental awareness of the pregnancy, and no change in parents' support.

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IMPLICATIONS AND CONTRIBUTION

This study found no evidence that increased involvement of parents after enforcement of a PN requirement resulted in increased parental support among minors. Instead, results showed a decline in minors accessing abortion, evidence that some minors were less certain of their decision, and delays in care among minors traveling from other states.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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The majority of states in the U.S. require parental involvement (PI) in a minors' decision to have an abortion [1]. Previous research on these requirements has largely focused on their impact on the frequency and timing of abortion seeking among minors, and indicates that although these laws are associated with a reduction in in-state abortions [2–8], some minors will travel to a neighboring state where involvement is not required [3,4,6,7]. In addition, this research demonstrates that PI requirements are

associated with increased delays in timing of abortion among minors [4,9–11].

On August 15, 2013, Illinois became the 38th state, and final state in the Midwest, to enforce a PI requirement. Illinois' law requires abortion providers to notify at least one adult family member, defined as a parent, grandparent, legal guardian, or step-parent who lives with the minor, 48 hours in advance of obtaining an abortion, or that this family member is present on the day of the procedure [12]. With enforcement of the Illinois law, minors in the Midwest now have to travel as far as New York or New Mexico to find a state without a PI requirement. Therefore, we might observe a more pronounced effect of the law on the number of minors obtaining care, delays in when they seek care, or utilization of alternatives to involvement such as judicial bypass, in Illinois compared with settings outside the Midwest.

Other key questions related to the impact of PI requirements remain unanswered. Although PI laws are often motivated by the argument that young women will universally benefit from the involvement of a parent in her abortion decision [13,14], we have no evidence on how these laws influence a parent's role in minor's decision-making. In the absence of a mandate, one-third of minors choose not to inform a parent of her decision to have an abortion [15,16]; minors' most common reasons for not involving a parent include wanting to preserve their relationship, not hurt or disappoint their parents, feeling like they have adequate support from other sources, and wanting to maintain autonomy in decision-making [9,15,17]. Smaller proportions choose not to involve parents due to concerns about abuse, being kicked out of the house, or exacerbating existing family difficulties [15]. Minors may suffer negative repercussions from mandated involvement, for example, increased conflict or negative emotions [9], particularly if the parent involved does not support their decision or they no longer feel that they have been able to make an autonomous decision [18,19].

In the present study, we use clinic record data from one abortion facility in southern Illinois to examine the impact of the state's parental notification (PN) requirement on the frequency, timing, and out-of-state travel of minors seeking abortion, in a setting where travel to avoid PI is now extremely difficult. Expanding on previous research, we also describe the law's impact on changes in the individuals aware of their pregnancy, these individuals' support for and influence on their decision, and minors' certainty and anticipated coping with the abortion decision.

Methods

Study design

We conducted a retrospective medical record review of women ages 20 years and below obtaining abortions between June 1, 2012 and August 14, 2015. Illinois' PN requirement went into effect on August 15, 2013; this date delineates our *pre-* and *post-law* periods.

Setting

Data were obtained from one private abortion facility in southern Illinois, one of the few clinics in the area offering second trimester care.

Data sources

This study relied on data from the clinic's administrative database, which is maintained for state-mandated reporting requirements, and a review of women's medical records, which include a Needs Assessment Form (NAF) and a Parental Notification Form, in addition to standard medical history and procedure notes. The NAF is completed by women on their own before pre-abortion counseling [20]. The form elicits information about women's decision-making process and has been used in previous research [16,21,22]. The Parental Notification Form is completed by clinic staff to document how the PN requirement was satisfied.

Between September 2015 and February 2016, trained staff abstracted data exactly as they appeared in the record into an encrypted and Health Insurance Portability and Accountability Act-compliant electronic platform. Women who sought multiple abortions over the study period had data abstracted for each abortion. Our unit of analysis was abortions, not women.

Eligibility

All women aged 20 years and below who received abortion care over the study period were eligible for inclusion.

Measures

Outcomes. The *number* and *gestational age* (in weeks), as measured via clinic ultrasound, of abortions were obtained from the administrative database. A dichotomous gestational variable was created to identify second trimester abortions (≥ 13 weeks). *Out-of-state travel* was based on self-reported state of residence in the administrative database and was collapsed into a binary in-state/out-of-state variable. *Awareness of pregnancy and perceived support* was obtained from the NAF, which includes a checklist to identify individuals whom women told about their pregnancy. Options included "my mom," "my dad," boyfriend, husband, "the father," friend, "my sister," and space for open-ended responses. For each selected individual, a second question asked if this person was "supportive to you in what you want to do." Individuals were coded as not supportive if the respondent selected "No" or "Not much." *Decision certainty* was based on a question on the NAF that asked women, "Considering your situation, how SURE are you about your decision to have an abortion?" Respondents could select one of the following: not at all sure, less than 50% sure, only 50% sure, 75%–90% sure, and 90%–100% sure, and were classified as very sure if they selected 90%–100% sure. Women were classified as feeling *forced* into the decision if they responded "True" or "Kind of" to the following statement on the NAF: "Someone else is forcing me to have the abortion against my will." Those who acknowledged feeling forced could identify the source(s) from a list, including mother, father, aunt, grandmother, boyfriend, husband, partner in the pregnancy, "everybody," or an open-ended space to write in others. Women's *anticipated coping* was generated from their response to the question, "How do you think you'll deal with the feelings you may have after the abortion?" on the NAF. Similar to our previous work [16,21], women who selected "It will probably be VERY hard for me afterwards" and "I'll wish I never went through with the abortion, but had the baby instead" were classified as anticipating poor coping. *Method of satisfying the PN requirement* among minors seeking care after the PN requirement took effect

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