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Adolescents' political and personal responses to recent policies restricting abortion and gender-affirming care☆

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ABSTRACT

Objectives: Restrictive policies on abortion and gender-affirming care have increased in recent years, particularly in some Midwest states, and can have a disproportionate impact on young people. We sought to explore adolescent perspectives on such policies.
Study design: We conducted virtual semistructured interviews with 39 participants aged 16 to 19 residing in the Midwest between April and June 2023, exploring participant reactions to state policies on abortion and gender-affirming care.
Results: Analysis revealed most participants opposed these restrictions, expressing concerns about the politicization of health care and the impact on their lives and the lives of loved ones. Policies also influenced future living decisions, with many expressing that a state's policies on abortion and gender-affirming care would impact whether they wanted to attend college or live there.
Conclusions: This study highlights the largely negative responses of young people who will be voting for the first time in the 2024 elections to restrictive policies on abortion and gender-affirming care in the Midwest.
Implication: Findings indicate that policy makers should take into account young peoples attitude towards gender affeiming care and abortion bans when conaidering future legislation.

1. Introduction

The United States has experienced an increase in antiabortion and antitransgender legislation and rhetoric [1]. These policies can disproportionately affect adolescents, particularly in the Midwest (Fig. 1) [2,3]. Compared to adults, adolescents may face additional barriers to abortion access, such as reduced ability to travel, lack of familial support, and state regulations that apply only to adolescents' underage, such as parental involvement laws [1,4]. State restrictions on access to gender-affirming care frequently target adolescents [4–7]. Several studies have examined the broader impact of restrictive laws on abortion and gender-affirming care for providers and patients, but little research focuses on adolescents' perspectives [4,8–12]. Gender-affirming care encompasses social, psychological, physical, and emotional activities that help an individual align with their gender identity [13].

Prior research demonstrates that adolescents have knowledge and strong opinions on policies regarding issues of reproductive health, bodily autonomy, and identity [1,4,14–16]. For instance, a series of studies drawing on data from a 2022 national text-message survey with youth aged 14 to 24 revealed that most participants were aware of changes to abortion legality, and many expressed negative feelings or general disagreement with these changes [1,4]. These studies also found that adolescents could identify social and logistical support needs for seeking out-of-state abortion care [17]. Recent research primarily relies on survey responses to abortion policy. In-depth interviews exploring how adolescents think about both abortion and gender-affirming care restrictions could offer a richer context for understanding the actions they may take in response to these policies [1,4,17,18].

Our study aims to explore the perspectives and responses of adolescents in the Midwest, focusing on how they perceive recent laws regulating both abortion and gender-affirming care. Given the significant focus on these topics in political discourse, we focused on hearing from adolescents eligible to vote for the first time in the 2024 presidential election.

2. Materials and methods

2.1. Recruitment

We recruited a sample of English-speaking participants aged 16 to 19 years residing in the Midwest (Illinois, Wisconsin, Indiana,

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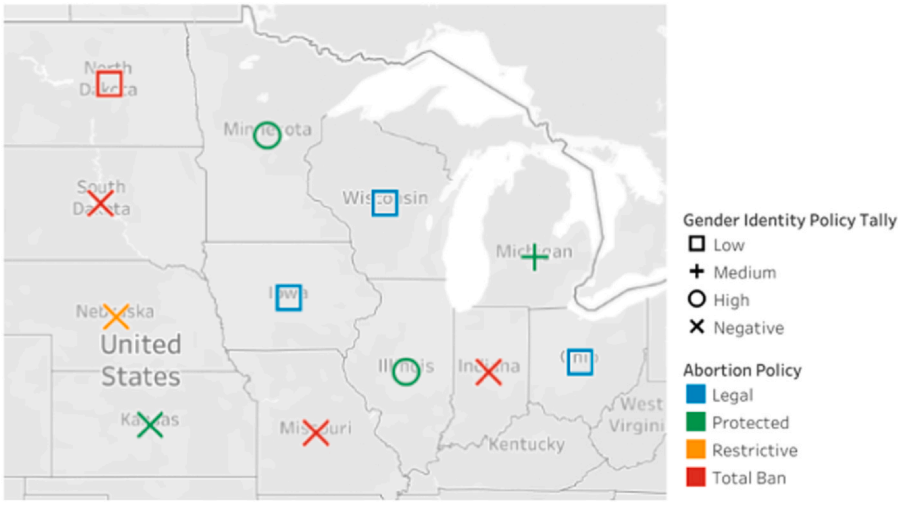

Fig. 1. Gender identity policy tally and abortion laws in the Midwest in 2023. *The Gender Identity Policy Tally comes from https://www.lgbtmap.org/equality-maps, with high indicating more protections for gender identity and negative indicating restrictive protections on gender identity, while abortion policy comes from https://www.guttmacher.org/state-policy/explore/state-policies-abortion-bans. A low gender identity policy tally means that there are few to no policies around protections for gender-affirming care. Medium gender identity policy tally means that there are a medium number of protections for gender-affirming care. A high gender identity policy tally means that there are a large number of protections for gender-affirming care. A negative gender identity policy tally means that there are restrictive policies in place against gender-affirming care. Legal abortion policy indicates that abortion is legal but not protected in the state's constitution. Protected means that the state has added access to abortion into the state's constitution. Restrictive indicates that there are some types of abortion restrictions, generally around gestational limits. A total ban means that the state has a total abortion ban.

Iowa, Missouri, Minnesota, Ohio, and Michigan) between April and June 2023. We determined the age range of participants' likely ability to vote in the 2024 presidential election. Participants were recruited via targeted Instagram ads, email lists, and snowball sampling. Potential participants completed an online screener that collected demographic information. The research team then contacted eligible participants for an interview. In total, we contacted 108 potential participants who filled out the screener on REDCap for interviews. During consent, participants verified their state of residence, and the research team identified 24 participants residing outside the Midwest. Thirty-eight participants did not respond after three contact attempts and eight did not show up to their scheduled interview.

2.2. Data collection

Interviews were conducted by MQ VM, and LH, research staff trained in qualitative data collection. We obtained oral parental consent and assent with minors. Interviews lasted 30 to 45 minutes, were audio-recorded, and conducted virtually via Zoom. We used a semi-structured interview guide to explore participant reactions to recent shifts in state policies on abortion and gender-affirming care. The semistructured interview guide covered a range of topics, including questions regarding knowledge, feelings, and responses to such policies. Our interview guide was developed using insight from literature reviews and iterative feedback from our center's Youth Advisory Council, a cohort of 10 to 12 high school students ages 14 to 18 from across Chicago who advise on our research projects throughout the year. If needed, we used the World Health Organization's definition of gender-affirming care [13]. Participants received a $25 e-gift card upon completion of the interview. All study activities were approved by the Institutional Review Board at the University of Chicago.

2.3. Analysis

Interviews were transcribed using a secure third-party transcription service. The study team, including MQ, SK, and VM, verified all transcripts and removed any identifiable data. We looked for themes arising from the data and thematic patterns across transcripts [19]. We utilized intuitive inductive analysis without predetermined categories for content analysis. Researchers created a codebook through iterative discussion of themes based on the interview guide and insights from interviews. Three study team members MQ, SK, and VM coded the same three transcripts, reviewing line-by-line for coding agreement after each transcript, then modified the codebook based upon emergent themes. The research team resolved conflicts through iterative conversations and meetings between the coders. Once the coding team established agreement, the remaining transcripts were coded individually by study team members using Dedoose software (version 9.2.012). The researchers created code summaries based on excerpts from each code and summarized overarching themes for each code. Further, MQ tallied emotive words used when participants were asked how they felt about abortion/gender-affirming care restrictions. MQ then imported this information into a word cloud generator.

2.4. Positionality

Authors are generationally diverse, ranging from Gen X, Millennial, and Gen Z. One author is from the Midwest, one is from the East Coast, one is from the Southwest, and one is from outside of the United States. The majority of the team identifies as White and cisgender women, we bring varied experiences related to cultural, economic, and regional identities. These experiences inform how we approach topics while requiring us to reflect on blind spots. We acknowledge that our positions as cisgender women and the majority White composition of our team may have influenced how we interpreted participants' narratives. We engaged in reflexivity throughout the research process. We designed our study to center adolescent voices. By using a semistructured interview guide informed by literature and youth input, we aimed to minimize researcher-led framing and amplify participants' lived experiences. The authors made efforts to limit bias when collecting and analyzing data. We recognize this process is iterative and incomplete; our goal is to contribute responsibly to research on issues affecting marginalized populations while holding ourselves accountable to the communities we work with.

3. Results

We interviewed 39 participants (mean age 17.75) from diverse racial and sexual backgrounds, with the most common identifiers being White and cisgender women (Table 1). For one 16-year-old

Table 1
Participant characteristics and demographic information in a qualitative study of U.S. midwestern adolescents in 2023 ($N = 39$)

Characteristic	N
Age (Mean = 17.75)	
16	3
17	15
18	10
19	11
State of residency	
Illinois	15
Wisconsin	1
Indiana	5
Iowa	1
Michigan	4
Ohio	6
Minnesota	7
Race	
White	14
Black	8
Asian	9
Other	8
Hispanic	8
Not Hispanic	31
Gender	
Cisgender woman	27
Cisgender man	8
Transman	1
Other	1
Decline	2
Sexuality	
Straight	18
Queer	2
Gay	3
Lesbian	1
Bisexual	7
Pansexual	2
Asexual	3
Other	3
School type	
Private	5
Public	34
Geography	
Urban	16
Rural	2
Suburban	21

participant, we did not confirm they would be 18 by the 2024 election, but the rest would be eligible to vote. Participants lived across the Midwest, with the majority living in Illinois (39%) or Minnesota (17%).

Several themes emerged as we explored participants' reactions to policies that limit access to abortion and gender-affirming care; most participants opposed these restrictions, with specific concerns over the politicization of health care and concerns about living in states with these types of restrictions and the impact they could have on their lives and the lives of loved ones.

3.1. Largely negative response to restrictions

With some exceptions, most participants expressed negative reactions to recent policies that restricted abortion or gender-affirming care. In response to abortion policies, many participants described the feelings they had about restrictions, including feeling angry and unsafe (Fig. 2). Similarly, many participants described feeling sad, angry, and disapproving of policies that restricted gender-affirming care (Fig. 3). Participants noted a clearer understanding of abortion restrictions as opposed to gender-affirming care restrictions. In general, participants could articulate a stronger reaction to abortion restrictions as opposed to gender-affirming care restrictions. Participants expressed feelings such as discomfort, unfairness, and sadness when talking about abortion restrictions, while when talking about gender-affirming care restrictions participants mentioned feelings such as sadness, over-politicization, and concerns around mental health access (Figs. 2 and 3).

3.1.1. Response to abortion restrictions

Many participants voiced opposition to abortion bans; those who felt negatively about abortion bans highlighted their disagreement with laws that control personal choices, described a sense that the country was "regressing," and observed that these laws impact already vulnerable populations. As one cisgender woman explained,

> "They make me mad, furious. It should be the person's choice of their body. Most definitely when we're living in the United States… the freest state of all. And it sucks that there's so many laws controlling a person while telling them they're free."

Several participants felt that abortion restrictions signaled that the country was headed "backwards" or "in the wrong direction." A

Fig. 2. World cloud of participants feelings about abortion restrictions in a qualitative study of U.S. midwestern adolescents in 2023 (Word cloud created by tallying emotive words within relevant code excerpts).

Fig. 3. World cloud of participants feelings about gender-affirming care restrictions in a qualitative study of U.S. midwestern adolescents in 2023 (Word cloud created by tallying emotive words within relevant code excerpts).

cisgender man observed, "it kind of puts more of restraint on income disparity and people who might not have that much income and they're kind of forcing them to go out of their way to get these procedures and it's more expensive for them." Similarly, a cisgender woman noted "there's a lot of evidence I guess, that when bans like this go into place, then the people who are most affected are the people who already are vulnerable in the first place or don't have a lot of resources. So, it feels frustrating in that it feels a justice issue as well."

A few participants expressed discomfort with abortion bans and concern for health risks—for their future selves, as well as for those who would have to carry a pregnancy against their will or those who might seek abortion through unsafe means. One participant who declined to provide their gender identity described that abortion restrictions "make me feel violated because I should have the right to choose how I want to carry out a pregnancy, or if I want to carry out a pregnancy…It's very scary because if abortion were banned and I'm a teenager, if I got pregnant, then I wouldn't have a choice… it's definitely very scary." Several participants expressed concern for the lives of children who might be placed for adoption or end up in foster care if their parent was forced to carry a pregnancy.

Finally, several participants did express mixed feelings about abortion bans, with some who personally opposed abortion but disagreed with restrictions and others who felt some restrictions were permissible.

3.1.2. Response to gender-affirming care restrictions

Most participants were aware of gender-affirming care restrictions, though to varying degrees of familiarity, and some had not heard of them at all. As opposed to abortion-restrictive policies, participants voiced fewer clear oppositions and more confusion around gender-affirming care policies. A few participants expressed confusion about their implications. While some participants felt that care restrictions for those under age 18 were permissible, many disapproved of policies that restrict gender-affirming care as a whole, describing feeling sad, mad, and uncomfortable (Fig. 3). As a cisgender woman explained, "they feel frustrating to me…and I guess maybe a little bit hopeless. It feels like people are taking steps back…It feels like we're getting farther away from being a place that's welcoming to trans and nonbinary people and that allows people to get the care that they need and deserve." Similarly, participants felt that restrictions came from "a place of fear" or were "indicative of a misguided desire to enforce a certain ideology on to the people that is not constitutionally supported." Others disagreed with bans because it made them feel uncomfortable, "controlled," and worried about their friends.

3.2. Concerns about the politicization of medical care

Specifically, most participants articulated some level of fatigue or frustration with what they viewed as the politicization of both abortion and gender-affirming care. Many participants mentioned that there should be a distinction between medical and political framing of these issues. Most of these participants indicated that they would prefer lawmakers to be informed by science rather than political or religious influence when developing policy related to medical care. As one cisgender woman observed, "I feel like we really need to consider that these [abortion and gender-affirming care needs] are medical conditions, sometimes, and medically necessary… and these are things that really should be left between a doctor and patient to decide on what is appropriate versus legislation at a state or national level."

3.2.1. Concerns specific to abortion access

Participants voiced frustration with the role of policymakers, especially those without medical training, in determining access to abortion care. As a cisgender woman explained:

> "It frustrates me a lot because I feel like a lot of the legislators who pass these bans … don't actually have any scientific basis on what they're talking about … I feel like there's just so many facts around abortion that just not considered facts by the people who are passing the laws…So when I think about it, … a lot of these people should not be in the position to be making these rulings."

Another cisgender woman suggested that abortion "should just be treated as another thing you talk about with your doctor and with yourself and with your family." One participant who declined to share their gender explained that in an ideal world they would like to have "somebody" who is impartial decide what happens with abortion care, they did not feel like this reflected the reality of the current U.S. political system. Several participants suggested that politicians prioritized politics over the health and well-being of those seeking abortion care; as one cisgender woman explained, "I feel like a lot of politicians are acting in the interest of either their own personal interests or their party's, so I don't know how much to trust them." Similarly, others pointed to abortion restrictions as an indication that "church and state" are increasingly intertwined. Several participants mentioned that the politicization of abortion also made it confusing to discuss abortion with peers without talking about politics.

3.2.2. Concerns specific to gender-affirming care access

When asked about responses to restrictions on gender-affirming care, there was a similar resistance to policy-making that restricts

access to health care. Many participants thought that no one should restrict anyone's ability to choose gender-affirming care. Some participants thought rules should be made by medical experts in the field, such as doctors, stipulating that the group of experts should be diverse.

As one cisgender man explained, "[gender-affirming care is] an issue of medical autonomy, and your doctor, rather than the government, is in the best position to know what is the best care for you." Another echoed this sentiment, describing feeling "very nervous" about restrictions on gender-affirming care because "it seems like things are being banned based on some people's opinions rather than what is, I guess, best for the nation, and where that type of thinking will lead us."

Participants felt that laws around gender-affirming care are "not the government's place" and that it was more about "political discourse." Some participants expressed specific concern that the policy focus on gender-affirming care stemmed from political strategy. Another cisgender man echoed this, suggesting that those opposing gender-affirming care were "creating fake moral panic in the minds of parents."

3.3. Restrictive policies influence residency preferences

3.3.1. Residency preferences in response to abortion restrictions

Some participants felt that abortion policy would not affect their future choices because they did not think they would need to access abortion, most participants indicated that the state's abortion policy would affect where they would want to live in the near future. Participants highlighted specific concerns around living in a state with restrictive abortion policies, including the high incidence of sexual assault on college campuses, burdens associated with having to travel for abortion care, living in a state with limited freedoms and the relationship to other policies in the state, and considerations for future children.

Several participants voiced explicit concern about moving to an abortion-restrictive state for college, citing fears about sexual assault and the possible difficulties in accessing abortion care if needed. For example, a cisgender woman stated:

> "It is no secret that a lot of girls who go to college are sexually assaulted. So, I feel like being able to, at minimum, rely on the fact that if something were to happen, I would be able to access an abortion is something that I've definitely taken into account. So, any states that are planning or have already planned a lot of abortion practices and are very restrictive on it, I would immediately cancel it out of my choice."

Another cisgender woman explained that "because you never know what can happen … I ain't taking the risks … I'm not going to leave a state to get an abortion…Not doing it" as the primary reason for her desire not to move to a state with restrictive abortion policies.

Beyond specific concerns of assault, some participants voiced a worry that states with abortion restrictions threatened their broader sense of safety and autonomy. A cisgender woman explained that she would not go to college in a state with abortion restrictions because she would not want to live somewhere that "restrict[s] people from their body decisions… [that would prohibit] anything that'll make them feel in safe hands."

Some participants felt "that abortion policy is indicative of other laws that may be passed later." These participants explained that they had concerns about living in a state with restrictive abortion policies since they may reflect or lead to other restrictive policies. The above participant, a cisgender woman, articulated that "I would probably go in the state that is more lenient with abortion, because I think it's a good measure of how much that state values bodily autonomy." Even for a few participants who could not become pregnant, abortion represented a significant marker for them on state policy. A cisgender man explained that even though he was queer he would not want to live in a state with abortion restrictions as he felt "there's not a good sense of acceptance in that state…so definitely thinking about the community and I guess the general political sense in that way."

Some participants did not feel that a state's abortion restrictions would affect their choices in the near term but did explain that they would want to raise future children in a state without restrictions. A cisgender woman explained this distinction by saying: "I would say when I was older, it [a state's restrictive abortion policy] would matter to me … for my kids … I would want to raise them in an area where they wouldn't have to hear about how their choices aren't available for them."

3.3.2. Residency preferences in response to gender-affirming care restrictions

When asked whether a states' policies on gender-affirming care would impact where they would want to live in the future, participants expressed various opinions, with many reporting they would have an effect. Among those explaining it would impact their residency preferences, participants cited: general disagreement with policies unsupportive of gender identity and gender-affirming care, specific concerns centering friends and family, and considerations for future children.

Like concerns with abortion, some participants voiced resistance to living somewhere with restrictions on gender-affirming care because of what it communicated about the state's values. As a cisgender woman summarized, "I wouldn't want to be in, or work in a community that doesn't support gender-affirming care, or doesn't respect people's sexual orientation, or gender…identity…that's why I would definitely probably pick Illinois, or the state that does support it." A few noted that if a state restricts gender-affirming care, they are more likely to restrict other freedoms. Another cisgender woman asked, "if they're not accepting of that [gender-affirming care], then what else are they not accepting of?".

A few participants said that they would not want to live somewhere that restricts gender-affirming care because they have loved ones who are transgender. A cisgender queer woman explained that "I am…in a long-term relationship with someone who is nonbinary…state policy around gender-affirming care would be a big factor in where we decide to stay or move to." In general, participants who had indicated that they had loved ones or they themselves were queer were more likely to use strong language to describe locations with gender-affirming care restrictions than those who did not disclose a personal connection to the queer community.

Not all participants who identified as queer felt that gender-affirming care policies would change their near future life choices. A transman felt that there was a distinction between a future college community and the overall state's policy. "I have that stuff legally changed [gender identity], so it [the state's policy] wouldn't concern me as much because I don't think they could really do anything"; he continued that despite not feeling fear over state policy, "I'd want to be in a place that is respectful."

Several participants expressed concern for how restrictions on gender-affirming care would impact their future children. These participants expressed that they want their children to grow up in supportive and gender-inclusive environments, which would contribute to why they would ultimately prefer to live in a state without bans on gender-affirming care. A cisgender woman summarized this response: "if I were older and I had a family and one of my children were transgender, that would 100% affect where I would choose to go for a job."

Several participants said that a states' policies on gender-affirming care would not affect where they would want to live in the future. These participants explained that policies on gender-affirming care would not impact their decision because they do not personally want or need gender-affirming care. Several participants were unsure about whether a states' policies on gender-affirming care would impact their decision. Some participants felt "like I haven't thought that far ahead."

4. Discussion

Our study aligns with existing literature suggesting adolescents have strong feelings about restrictions on abortion and gender-affirming care [1–4,14,17]. Themes in our study reinforce and add context for findings by Allison et al. [4], which outlines a qualitative analysis of open-response texts in a national survey of adolescents (age 15–25) regarding abortion access. As in our findings, researchers in that study reported that predominant emotions about abortion restrictions included feeling scared and sad (42%), with reasons for these feelings ranging from favoring a right to abortion to concern for autonomy, safety, and choice [4]. Our study also contributes to knowledge regarding adolescent perspectives on gender-affirming care restrictions and access; past research with adolescents and parents has suggested similar negative emotions and concerns [20–22].

Participants in our study expressed concerns about the politicization of health care with these laws. In other areas of health, such as with COVID-19, research has demonstrated that politicization of health topics can result in attention fatigue, distrust, anxiety, and loss of sleep, especially for those who were younger and politically engaged [23,24]. Gen Z has proven to be more politically involved than previous generations, posing a higher vulnerability to political fatigue due to their political engagement [25,26].

Most participants were aware of restrictive national policies across the United States [27]. At the same time, adolescents in our study—similar to those in a recent national poll—preferred not to live in states with these restrictions, such as Indiana or Iowa [28]. Furthermore, the complex reasons adolescents gave for why restrictive policies would affect where they want to live in the future suggest that adolescents can conceptualize the impact of restrictions on their health and life choices, and those of loved ones. Participants cited concerns over college sexual assault, the burdens of traveling out of state for abortion, the impact on transgender friends and family, and the implications for the well-being of future children. Such awareness points to adolescents' ability to consider short and long-term implications of health care decisions, supporting laws that allow adolescents to be decision-makers in their own care [1,29–34].

Our sample size limits generalizability, and results may reflect greater participation from those adolescents with stronger opinions on these topics and who were able to obtain parental consent, resulting in selection bias. Participants were not evenly distributed across states nor gender identity. Another factor possibly affecting results was that we talked to very few participants who supported restrictions. Our approach of using social media ads that only targeted age and geographic region may have ensured a broader representation than recruitment approaches in other settings.

Findings suggest that adolescents in this study generally oppose restrictions on abortion and gender-affirming care and experience negative emotions, such as anger, fear, sadness, and concern about the politicization of health care in response. Many participants also expressed a level of willingness to relocate if state policies did not facilitate a safe environment for themselves or future families. Policymakers should prioritize adolescents' voices, perspectives, and mental well-being when enacting laws that impact their rights and access to care.

Author contributions

S.K.: writing – review & editing, formal analysis. L.H.: writing – review & editing, methodology, investigation, funding acquisition, conceptualization. M.Q.: writing – review & editing, writing – original draft, supervision, project administration, formal analysis, conceptualization. V.M.: writing – review & editing, project administration, formal analysis, data curation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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