

RURAL WOMEN & Abortion Access

When we talk about abortion, it is critical that we discuss not only the importance of **legal** abortion, but also **safe, affordable, and accessible** abortion. For women living in rural areas, access to abortion can be the difference between terminating a pregnancy safely and having to travel hundreds of miles to receive appropriate reproductive care. Or, in many circumstances, abortion access could be the difference between abortion conducted by a licensed physician or self-inducing abortion without proper medical oversight.

Distance, lack of transportation, clinic closures, expense, insurance coverage, lack of comprehensive sex education, and stigma all contribute to rural women's access to reproductive healthcare. Below, we break down these barriers to reproductive autonomy and its impact on rural women.

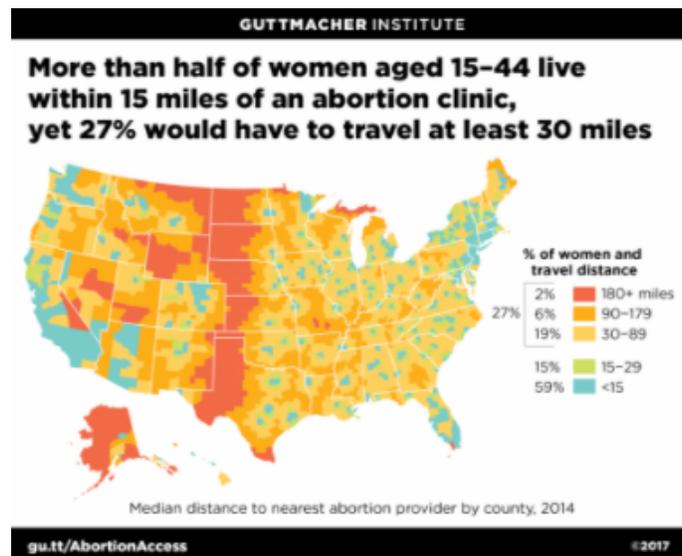
What is Abortion Access?

Access to reproductive care looks different for everyone. For some, it could be the distance from the nearest abortion clinic. For others, financial barriers to abortion, limited culturally relevant education materials, patriarchal structures, or lack of insurance coverage limits access. Rural women often face one or more of these barriers.

Distance

For many, distance means more than having to take a drive. A **report** published in *The Lancet Public Health Journal* found that in the U.S., women travel an average of 11 miles to receive an abortion. About 20% of U.S. women will travel more than 43 miles to get an abortion. Areas where U.S. women had to travel more than 30 miles for an abortion were largely in Iowa, Texas, Missouri and Montana.

Women living in rural counties in Montana, Texas, Wyoming, North Dakota, South Dakota, Nebraska and Kansas had to travel more than 180 miles.



This graphic from The Guttmacher Institute showcases where geography and distance play a role in abortion access.

Traveling to an abortion clinic means having to take time off from work (which is sometimes not an option), arranging for transportation (without a car or access to public transportation is easier said than done), and coordinating childcare (which is costly and lessens the likelihood of discretion). In some states that have waiting periods and other restrictions, women have to make trips to the abortion clinic multiple times or even stay overnight. This not only soaks up a lot of time, it is also expensive and sometimes impossible.

Clinics Closures

Unfortunately, clinic closures and distance to an abortion clinic go hand in hand. As of February 2018, six states have only one abortion provider. These include: Kentucky, West Virginia, Mississippi, North Dakota, South Dakota, and Wyoming. According to The Guttmacher Institute, **the number of abortion clinics nationwide declined 6% between 2011 and 2014, with the largest declines happening in the Midwest and the South.**

Why are the number of abortion clinics in rural areas dwindling? Conservative lawmakers are passing legislation on a state-level to cut off safe, legal, and accessible abortion. Targeted Regulation of Abortion Provider Laws (**TRAP**) are medically unnecessary restrictions made with the goal of closing abortion clinics. These regulations can be so costly and burdensome that clinics are forced to close their doors. In rural areas, the closure of even one clinic can devastate communities that need access to reproductive care.

As clinics continue to close, women are forced to live and operate in reproductive care deserts, and this can have a serious and lasting impact. **In Texas, where 96% of counties have no abortion provider, between 100,000 and 240,000 women from the ages of 18 and 49 have attempted to self-induce an abortion**, according to a 2015 [estimate](#) by the Texas Policy Evaluation Project.

The Cost of Abortion: Insurance and Medicaid

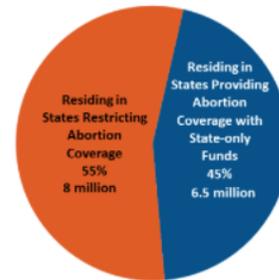
The cost of abortion provides a barrier to reproductive care access, and this disproportionately impacts **rural women who are more likely to be low-income, lack health insurance, or rely substantially on Medicaid.** Because of the structure of local economies (often times service industries or skilled labor) rural women may not have access to private insurance.

For this reason, Medicaid provides critical access to healthcare for rural and low-income women. **As of 2016, 13.2 million women of reproductive age were enrolled in Medicaid.**

Unfortunately, the Hyde Amendment prevents the use of federal dollars (including Medicaid) to pay for abortion. Though some states allot their own funds to cover the cost of abortion, more than half of reproductive-age women with Medicaid lack abortion coverage, as shown in the graph below created by The Kaiser Family Foundation.

Without insurance, the cost of an abortion for the first trimester is around \$500, and the cost can reach up to \$2,000 during the second trimester. This figure does not include the cost of travel and childcare; paying out of pocket for an abortion might not be an option for many women. **This cost stings for low-income women who accounted for 75% of U.S. abortions in 2014.**

Figure 4
More than Half of Reproductive-Age Women with Medicaid Lack Abortion Coverage



Total Number of Women 15 to 49 Enrolled in Medicaid = 14.5 million

NOTES: 17 states have policies, or are under court order, to pay for all or most medically necessary abortions for Medicaid enrollees, but Arizona only provides abortions in cases of life endangerment, rape, and incest. 32 states and DC follow Hyde restrictions. South Dakota covers abortions only in cases of life endangerment.
SOURCE: Kaiser Family Foundation analysis of 2017 Current Population Survey, U.S. Census Bureau.



Graph created by the Kaiser Family Foundation.

Norms and Stigma

Cultural norms and stigma also contribute to abortion access for rural women. According to a 2002 [study](#) by T. Bennet:

“Rural women tend to have less education, fewer job opportunities, lower salaries, more children, and greater family caretaking responsibility than their urban counterparts. They are more likely both to marry and to have children at younger ages. The combination of poverty, low population density, and lack of child care and other services in many rural areas reinforces traditional roles for women. They receive less preventive care than women in urban areas and have higher rates of chronic disease.”

This paired with the desire for confidentiality in small community settings creates an environment in which **rural women have an increased risk of pregnancy paired with decreased access to resources that fit their reproductive care needs.**

What Can You Do?

1. Learn more about Tele-abortion!

Tele-abortion has the potential to be a game changer for abortion access. This revolutionary service allows doctors to send abortion pills through the mail, making distance from a clinic much less of a factor. Learn more about this service [here](#).



A pro-choice clinic escort stands in front of the U.S. Supreme Court.

2. Sign up to be a Clinic Escort in Rural Areas

Clinic Escorts volunteer to make abortion clinics a safer environment for patients to receive the medical care that they need. Learn more about how to take this action [here](#).

3. Take a Stand Against TRAP Laws

TRAP laws have one purpose: to close abortion clinics. By taking a stand against TRAP laws, you can play a part in maintaining and expanding abortion access. Connect with reproductive rights activists in your state and community to see where you can plug in!

4. Support the EACH Woman Act

This bill allows for federal dollars to fund abortion, and could help low-income women on Medicaid receive the reproductive healthcare that they need. Click [here](#) to learn more.

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