A PUBLIC ADMINISTRATION STUDY OF OHIO'S DECLINING ABORTION RATE

by

Brandel Denise Boyd

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy, Public Administration

Liberty University

Helms School of Government

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APPROVED BY:

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Abstract

OBJECTIVES: More than 8,000 fewer abortions were reported to the Ohio Department of Health in 2019 than in 2009. And yet, little research has been conducted to indicate what factors most influence this drop. Due to these shortcomings within the literature on abortion, the researcher used a mixed methods approach to discover answers to the following two questions: Have abortion rates changed in Ohio from 2009-2019, if so, how? As well as, what major factors have influenced the decline in the number of abortions within the state of Ohio from 2009 to 2019?

STUDY DESIGN: The researcher utilized a mixed methods approach by comparing quantitative Ohio Department of Health abortion rate data to qualitative interview data. Upon reaching out to approximately 200 potential participants, the selected qualitative sample size was 15 total participants made up of 5 Ohio Public Administrators, 5 Ohio Pro-Choice advocates, and 5 Ohio Pro-Life advocates. To obtain triangulation within results, the quantitative and qualitative data were compared to each other as well as to secondary literature research.

RESULTS: Consecutively, the literature, quantitative, and qualitative data granted a majority view that the abortion rate in Ohio has generally decreased over the past decade. Based namely on literature and qualitative data, the factors that are said to most contribute to this decline includes access to birth control, family planning, restrictive legislation in the State which includes funding policy, and education and awareness of the topic.

CONCLUSIONS: An evaluation of abortion policy enacted and proposed in Ohio since 2009 indicates support that the State is highly restrictive when it comes to pro-choice initiatives. The literature as well as quantitative and qualitative analysis support this indication as well. All factors within indicate successfully that public policy is a leading factor affecting access to

abortion which thereby impacts the State's abortion rate. Further research on the topic as data reflecting Ohio's recently enacted heartbeat bill is encouraged.

IMPLICATIONS: The study findings may be used by the Ohio State government to articulate and implement policies of regulating abortion to enhance the desired reduction or increase of the abortion rate in the State. Both public and private abortion clinics may also use these findings to enhance the education and awareness companies against unlawful abortions and its subsequent risks to the victim.

Acknowledgements

First and foremost, I must thank God for blessing me with influential people, providing ceaseless hope, and an environment that has allowed me to thrive and persist through this project and through life.

I am also thankful to my husband who has supported and encouraged me every step of the way and my children who have adjusted their lifestyles to also show support. Their confidence in me has kept my spirits and motivation high during this process. Also, I would like to extend my sincere thanks to my parents. Thank you for believing in me to achieve great things from a very young age; the path my life is on would not know God or accomplishment without you.

Last but certainly not least, I would like to express my deepest appreciation to Dr. Greg Mathison and Dr. Michael Collins who have provided boundless patience and guidance throughout this dissertation journey. Their knowledge and experience, as well as encouragement, was central to completing this project.

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A Public Administration Study of Ohio's Declining Abortion Rate

Chapter 1: Introduction

Many are familiar with the term abortion and what it means based on their own personal views. However, published research considering what impacts abortion utilization is limited. Within the state of Ohio, it so happens that consistent declines in abortion rates have occurred over the past decade. Factors that may have influenced these declines are a main topic covered within this report.

Aside from the general knowledge gained on the special topic of abortion, the objective was to provide useful data that Ohio public administrators can consider when framing future regulation concerning the matter of abortion and how they can better serve the greater overall good of their public.

Problem Statement Explanation

Abortion is one of the most talked about topics in public policy today and historically crossing a time span of centuries stretches back to at least the Middle Ages (Mistry, 2015). Since the early 1800s some types of abortion were even advertised (Lindsey, 2019). The discussion of abortion, whether it be right or wrong, has been with people ever since and the talks are only increasing today in 2022 as legislation surrounding the topic continues to change. Due to the religious and ethical aspects of the topic, debates on both sides of the matter have strongly held positions and emotion. However, beyond the ethical aspect of right and wrong (Sommer & Forman-Rabinovici, 2019), the preliminary review of the literature on the topic proves to be rather lacking. Literature pertaining to the wide range of what causes abortion rates to rise and fall rarely goes beyond what is considered ethical when taking a person's life at any given age.

The current literature is limited in that it does not research the opportunity loss of the lives lost as well as potential benefits to a society as an effect of abortion such as population control, inflation, unemployment, etc. Likewise, while the abortion rate among the state of Ohio's residents has declined by over 8,000 abortions from 26,959 abortions in 2009 to 18,913 in 2019 (Ohio Department of Health, 2020), little research is conducted to show which measurable factors (if any) are significantly contributing to this decline. Due to these shortcomings within the literature on abortion, the researcher aimed to discover answers to the following two questions:

1. Have abortion rates changed in Ohio from 2009-2019, if so, how?
2. Taking a broad approach, what major and measurable factors have influenced the decline in the number of abortions within the state of Ohio from 2009 to 2019?

The Research Problem Justified

While the topic does not attempt to answer whether or not abortion should be a constitutional right, it does aim to provide insight into factors that can impact abortion utilization. The results of this analysis then provide unbiased data that abortion stakeholders can utilize in their arguments either for or against the issue. However, the target audience for these data results is for public administrators making public policy decisions on the matter. The findings could potentially be used by public policymakers and special interest groups to argue for changes made to current abortion policy by considering what may influence legalization or abolishment.

The research also holds relevancy today as the momentous court case *Roe v. Wade* has been recently overturned and Ohio Attorney General Dave Yost filed a motion in federal court, the same day, on June 24, 2022, to dissolve the injunction placed on Governor Mike DeWine's

heartbeat bill that was originally denied in 2019. The motion was approved by federal court; and Yost shared that evening that the Heartbeat Bill is now the law in Ohio. This law bans abortions after approximately six weeks gestation across the State; roughly the amount of time it takes to detect a heartbeat in the womb (WLWT Digital Staff, 2022). Prior to *Roe v. Wade* being overturned, it was already speculated that Ohio would potentially follow in the footsteps of Texas who enforced their heartbeat bill (Senate Bill 8) of late 2021 (Cohen, 2021; McCammon, 2021).

Methodology

In studying the issue, the researcher planned to use a mixed methods approach. The qualitative data is provided by interviews conducted with abortion-related advocacy group associates as well as Ohio public administrators. The quantitative data is provided by data shown on the state of Ohio's abortion records as well as the U.S. Census Bureau. The quantitative data is analyzed for significance, while the qualitative data is analyzed for themes that are most significant to the issue. Both are then compared to one another, as well as to current empirical literature on the topic, to support or reject the findings that are found. This research study should contribute a different aspect to the abortion debate that will assist public administrators in policy review.

Research Design

As briefly stated previously, the research design the researcher proposed to use is a mixed methods approach. Using qualitative interview data, the researcher explored the insights of abortion-topic stakeholders in reference to their perspectives on what impacts abortion rates within the state of Ohio. These data are then compared to secondary literature results on what impacts abortion rates, as well as secondary literature and quantitative measures taken by

statistical analysis of abortion-related data for the state of Ohio. The quantitative approach is similar to that of Donohue & Levitt (2001 & 2020) whom compared abortion rates to crime rates years later. The quantitative analysis within this report uses linear regression analysis (Meier et al., 2013) to compare abortion rates to other public policy factors that occur specifically within the decade of declining abortion rates that are being assessed (2009-2019), and focuses purely on the state of Ohio—one of the strictest states within the U.S. when it comes to abortion related policy.

Based on speculation provided within the literature review on what impacts abortion rates, the researcher was able to create the research problems as discussed herein and was able to use these qualitative and quantitative approaches to indicate the likelihood or unlikelihood of accepting what the research proposes.

- The first step was to complete a comprehensive literature review of abortion as a whole; which was later focused more on abortion related data within the state of Ohio specifically.
- The second step was to statistically analyze the secondary quantitative data. This was done using the Ohio Department of Health's (2020) abortion data along with U.S. Census Bureau (2021) data for the state of Ohio. All data analyzed is in consideration for the decade 2009-2019.
- Lastly, the qualitative research was used to confirm the findings associated with the quantitative analysis and literature review research to formulate a triangulation strategy of research results (Lune & Berg, 2017).

- For this method, primary data collection took place by interviewing Ohio pro-choice as well as Ohio pro-life advocacy group members, advocacy group volunteers/followers, and Ohio administrators.
- The questions were directed to gauge the participants perspective of just how accurate abortion-related assumptions are. Each participant was asked the same set of questions and other than background (i.e. affiliation, demographics, etc.), all questions were open-ended in nature so as not to limit the potential data available to be received.
- In a synchronous environment (Lune & Berg, 2017), the researcher reserved the right to ask probing questions of participants in instances where responses appeared to miss the mark on what was being asked. The interviewer also allowed participants to ask questions to form more of a two-way communication experience. In this way, the interview structure was semistandardized (Lune & Berg, 2017).
- No participants were asked whether or not they have had an abortion, nor did the researcher aim to find abortion-patients to interview as part of the sample size.
- The researcher aimed to obtain interview subjects evenly on both the pro-life and pro-choice side of the abortion topic so as to obtain a well-rounded number of perspectives for analysis.

Research Questions

Research Question One: The trend. Have abortion rates changed in Ohio from 2009-2019, if so, how?

Research Question Two: Factors that contribute to the trend. Based on secondary literature research and primary qualitative interview data, what are the most likely factors that have impacted the declining abortion rates within the state of Ohio over the decade of 2009-2019?

Relevant Assumptions

Provided the controversy behind this particular topic of study, the researcher must assume that strongly held opinions are present among all data reviewed. In relation to said opinions, multiple perspectives exist in research studies concerning qualitative data: the researchers, the respondents, and the readers (Marion, 2007). One can also assume that the research is context-bound and based on inductive forms of logic (Marion, 2007). Lastly, categories of interest for this study both emerged from informant data (internal) as well as assist in framing understanding (external) (Marion, 2007). The researcher also assumes normality, linearity, and equality of variance among the data in the quantitative analysis portion of this report (Meier et al., 2013) as these data were retrieved from public sources.

Relevant Limitations

The researcher understands that there is relevant and useful data to be collected among those whom have personally undergone, or forgone an abortion. However, those individuals have a right to their privacy and the researcher did not move to impose upon them this research study. The researcher also understands the potential sample size of participants for this research study may be smaller than desired for more reputable results. The perspective of those whom are interviewed, as well as the potential perspective interreference of the researcher making the interpretations of data may also prove limiting to the reliability of the overall results. A limitation to research question one is also found in the fact that abortion rates can only be considered for

abortions that are officially reported. If abortions occur outside of legal means, those numbers are not known. Lastly, the nature of research question two leaves much up to interpretation as well as debate. This research endeavor is meant to serve as a precursor to further research; the researcher understands that the results of this research study will be philosophical in nature and may vary in comparison to other states or timeframes based on the fluctuation of the variables that are being measured.

Definitions

Abortion

For the purposes of this research study, the researcher will use the same definition of the word abortion, as it is used within the Ohio Revised Code Section 2919.11: "'abortion' means the purposeful termination of a human pregnancy by any person, including the pregnant woman herself, with an intention other than to produce a live birth or to remove a dead fetus or embryo" (1974, p. 1).

Abortion Rate

Abortion rates are calculated by taking the total number of abortions for a specific area and year per 1,000 women considered to be within reproductive age (15-44). The equation then is (number of abortions x 1,000 / total mid-year population of women ages 15-44) (Krysia, 2018, para. 6).

Abortion Ratio

Abortion ratios are similar to abortion rates, but consider the total population of a specific area. That is, (number of abortions / total number of pregnancies in that area and year) x 1,000 (Krysia, 2018, para. 9).

Birth Rate

Birth rates are calculated by taking the total number of live births for a specific area and time period and dividing it by the total population for that same area and time period and then multiplying that amount by 1,000 (Pennsylvania Department of Health, 2012, p. 1).

Family Planning

Throughout this report the researcher also references the phrase *family planning*. Family planning includes educational services for pregnant women (including those seeking an abortion as well as alternatives to abortion), contraception, and other matters that pertain to starting a family.

Fertility Rate

Not to be confused with birth rates, which consider the number of live births based on a geographical area's total population, fertility rates, also referred to as General Fertility Rates (GFR), are calculated the same way, but for only that area's population of women ages 15-44. That is, (the total number of live births for an area and time period / that area's female population aged 15-44) x 1,000 (Pennsylvania Department of Health, 2012, p. 1).

Summary

Leading up to current time, while the general topic of abortion has been studied, abortion within the state of Ohio has been virtually disregarded by means of the research questions presented within this report. More specifically, which factors, if any, have caused Ohio's abortion rates to continuously decline. This research is warranted however, as public administrators have a responsibility to equip themselves with meaningful data that allows them to shape policies that most benefit their public, and the data found within this report allows Ohio public administrators to make more informed decisions when it comes to abortion-related policy.

Chapter 2: Literature Review

Due to the gaps in abortion related policy assessment previously discussed, the researcher aimed to begin finding answers to these inquiries through an extensive literature review. The methodology behind finding the sources that contribute to this review include digital academic search engine through Liberty University's Jerry Falwell Library; state of Ohio public data banks; the United States Census Bureau; advocacy group publications; news reports, press releases, and referred data through preliminary informal interviews with advocacy group members. Search phrases used include but are not limited to: what affects abortion, what does abortion effect, abortion policy, and Ohio abortion.

Common Themes

Upon analyzing the literature related to abortion, abortion policy, and abortion in Ohio, many common themes within the research become evident. All of the recorded themes pertain directly to responding to the researcher's questions related to impacts on abortion. It is important to note here that many of the themes see immense levels of overlap as well. For example, while demographics are a major factor seen in access to abortions, the reason for this has much to do with public policy surrounding abortion which in lies the overlap.

Research Question One: How have abortion rates changed in Ohio from 2009-2019?

As seen in Figure 1 below (Ohio Department of Health, 2020, p. 2), abortion rates within the state of Ohio have steadily declined for decades.

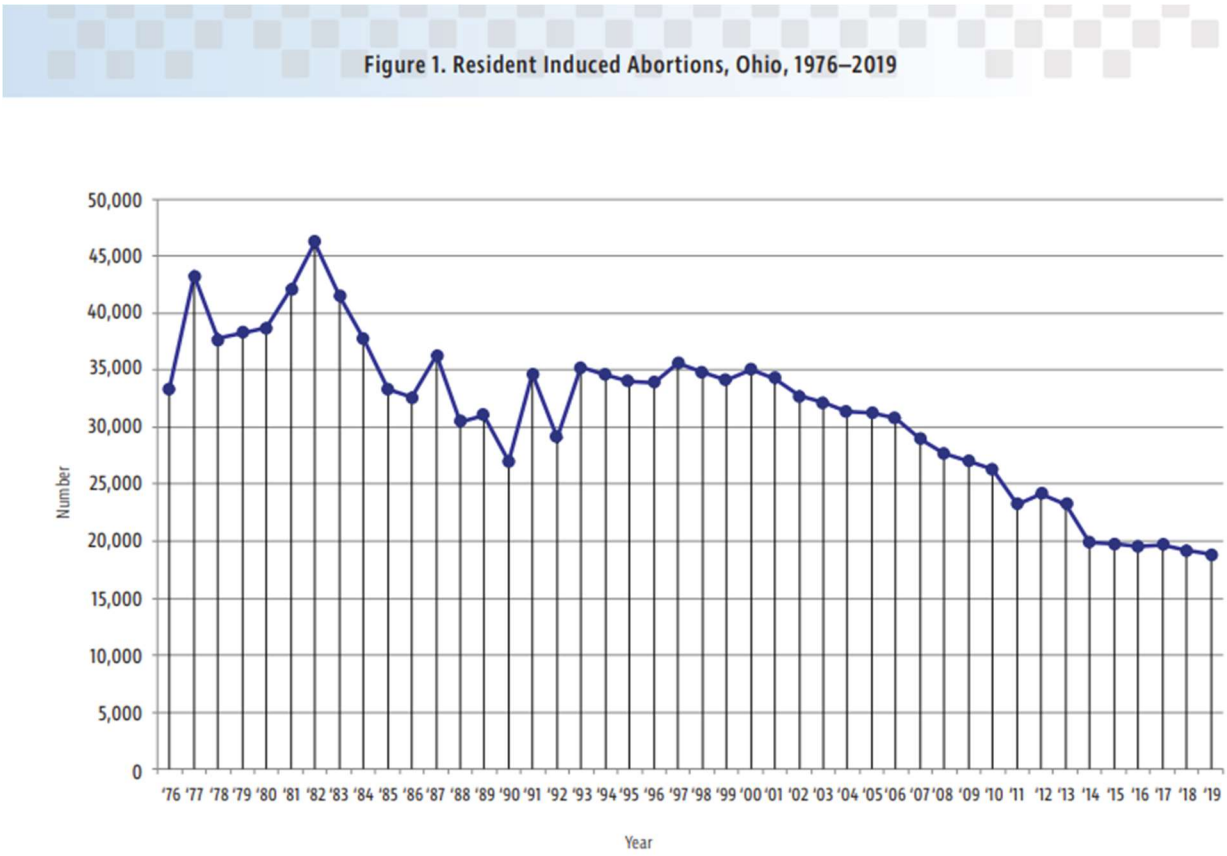

Figure 1: *Resident Induced Abortions, Ohio, 1976-2019*

Upon consideration of strictly Ohio resident abortions for the years 2009-2019, one can see in Table 1 below that this decline has occurred steadily, every year:

Table 1: *Number of Ohio Abortions Per year*

	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
TOTAL INDUCED ABORTIONS	**28721**	**28123**	**24764**	**25473**	**23216**	**21186**	**20976**	**20672**	**20893**	**20425**	**20102**
Ohio Resident	26959	26322	23250	24080	22011	20018	19765	19543	19615	19213	18913
Out-of-state OH Resident	1762	1801	1511	1393	1205	1168	1211	1129	1278	1212	1189

(Ohio Department of Health, 2020, p. 10).

Here it is shown that from 2009 to 2019, total Ohio abortions declined by 1.43%; for a total of 8,619 fewer abortions over this ten-year span. Looking specifically at Ohio resident abortions, we also see a drop of 1.43%; for a total of 8,046 fewer abortions. In consideration of out of state residents whom traveled to Ohio to receive an abortion, there was a 1.48% drop with 573 fewer abortions. The percentage drop among all three categories then, remains relatively consistent. Whichever factors are impacting the abortion rate within the State, are affecting both Ohio resident abortions as well as out of state resident abortions that occur within Ohio. Data on Ohio residents who leave to receive an abortion in a state other than Ohio are not included in these data.

In comparing these results to the United States as a whole, Kortsmit et al. (2021) reports the following results:

> A total of 629,898 abortions for 2019 were reported to CDC from 49 reporting areas. Among 48 reporting areas with data each year during 2010–2019, in 2019, a total of 625,346 abortions were reported, the abortion rate was 11.4 abortions per 1,000 women aged 15–44 years, and the abortion ratio was 195 abortions per 1,000 live births. From 2018 to 2019, the total number of abortions increased 2% (from 614,820 total abortions), the abortion rate increased 0.9% (from 11.3 abortions per 1,000 women aged 15–44 years), and the abortion ratio increased 3% (from 189 abortions per 1,000 live births). From 2010 to 2019, the total number of reported abortions, abortion rate, and abortion ratio decreased 18% (from 762,755), 21% (from 14.4 abortions per 1,000 women aged 15–44 years), and 13% (from 225 abortions per 1,000 live births), respectively (p. 1).

Mirroring the declining abortion trend found within Ohio for decade 2009-2019 then, as seen in figure 2 below (Kortsmit et al., 2021, p. 5), the United States as a whole has also seen a consistent drop in abortion rates.

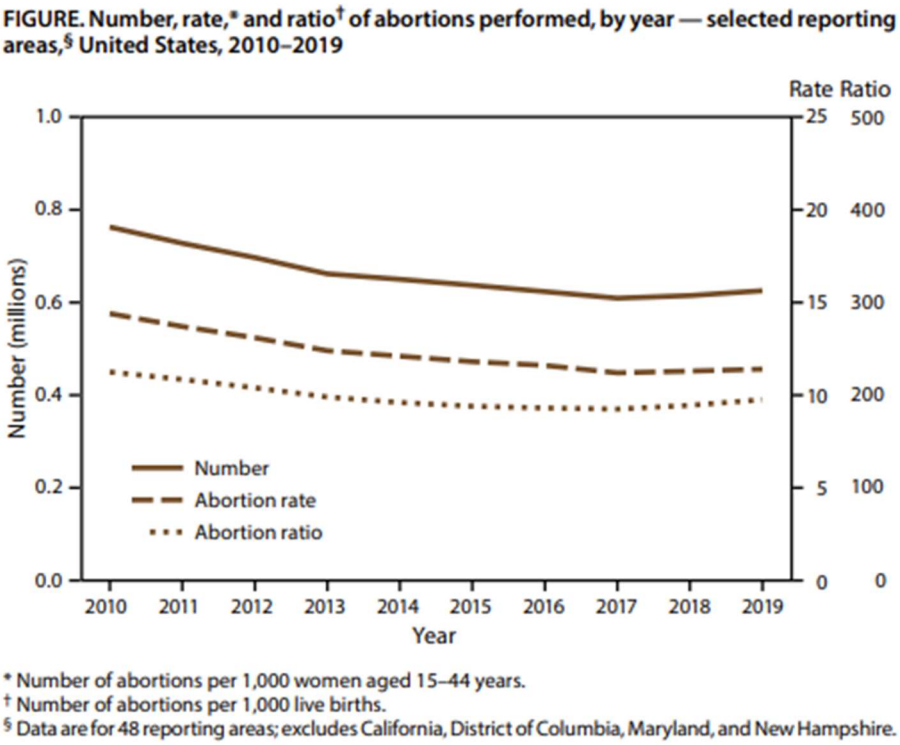

Figure 2: *Number, rate, and ratio of abortions performed, by year, United States, 2010-2019*

Nash and Dreweke (2019) note that the national decline in abortions may be less due to public policy and more due to declines in births and pregnancies overall. Reasons for these declines within the state of Ohio are explored in proceeding sections of this report.

Research Question Two: Factors that Impact Abortion Rates

Access

Access to abortion is a major factor in what ultimately effects abortion utilization rates. When assessing views on access to abortion among pregnant women across the U.S. in 2019, it was discovered that out of 865 participants at four-weeks' gestation, 32% were actively seeking an abortion. Many of the women who were still seeking abortions or were planning to continue

pregnancy reported that access to abortion was a major indicator as to why they were still pregnant at the time (aRRR: 1.64, 95% CI 1.04–2.59) (Upadhyay et al., 2020, p. 282). Within the discussion of access, it is important to again iterate that access is impacted by many different factors; and therefore, access to abortion can differ greatly for different people. Matters of demographics, policy, parental approval, family planning, sexual assault, funding, and activists all weigh in.

Demographically speaking, access to abortion is also viewed as targeting the African American population, although the reason of how and why this is, is less apparent. "According to the Centers for Disease Control and Prevention, black women account for 36 percent of abortions in the United States, although Blacks comprise less than 13 percent of the national population" (Murray et al., 2014, p. 26). Of the total population of women in the U.S. (50.5% according to the U.S. Census Bureau), 15.2% of them are African American (Catalyst, 2022). Mirroring this trend, the Ohio Department of Health (2021) reports that in 2020 44% of induced abortions were among White women and 48% were African American (p. 1). While these data appear to be even amongst the two demographics, one quickly realizes that this is not the case when the U.S. Census Bureau (2022) reports that in 2020 Ohio's population consisted of 70.4% White people but only 12.6% black or African American. Looking at this another way, the number of abortions for the 9,080,688 White residents in Ohio (U.S. Census Bureau, 2022) was a total of 7,918 (Ohio Department of Health, 2021, p. 20); while the number of abortions for the 1,478,781 total black or African American residents in Ohio was a total of 8,688. Looking at those two populations respectively then, White residents in Ohio in 2020 aborted about 8.7% of their population, while the black and African American residents in Ohio in 2020 aborted about 58.8% of their population.

Myers (2017) notates that the effects of abortion policy are much more impactful to black people when it comes to the probability of giving birth when compared to White people. In support, of the 30 total U.S. states who reported on abortion utilization among African Americans in the year 2019, “Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births)” (Kortsmit et al., 2021, p. 6). Lavelanet et al. (2020) speculate that the reason involves the difference between peri-urban and rural areas where access to abortion clinics drastically differs by means of lacking infrastructure, remoteness, and lack of transport (p. 33).

Levine (2020) takes the demographic argument back to the 1970s in the wake of the *Roe v. Wade* case which drastically changed childbearing as a result of the ruling. “The impact was particularly large for teens and women aged 35 to 44, non-Whites, and unmarried women. Evidence from adoption data further supports the proposition that the births that did not occur represented those that would have been unwanted” (Levine, 2020, p. 105).

Doan and Schwarz (2020) further discuss the impact on abortion access by means of policy. Abortion regulation is said to have surveillance and social control provisions within them to restrict access to abortions (86% of bills [N=622] fall into this category); these mechanisms are also designed to encourage women to adhere to what Doan and Schwarz refer to as “maternal norms” (88% [N=181] and 12% [N=25] for women seeking an abortion) (2020, pp. 16, 18).

Policy also spills over into matters of parental approval for minors who legally have to receive parental consent before receiving an abortion in some states. While contraception is legal for minors without parental consent in all 50 states, abortion requires parental consent for minors

in 30 U.S. states (McFarlane & Meier, 2001). This may create pressure on abortion-seeking minors who have parents who disagree with abortion practices. Also involving policy, as the women's movement increasingly sees more women entering parliament, so too do women's rights movements find their way into more policy. In fact, "Female Legislators have a coefficient of 0.007. This means that for a 1 percent increase in female legislators, the abortion score will rise by 0.007 in the model" (Forman-Rabinovici & Sommer, 2018, p. 192).

Family planning and access to contraceptives weigh in as well. Title X grant money is meant to be spent on all age-groups of women who become pregnant (McFarlane & Meier, 2001); as well as this, "Medicaid accounts for nearly one out of every two dollars of public monies spent for family planning" (p. 89). Family planning also shows a big impact by decreasing infant deaths (6,500 fewer in a 1982-1988 evaluation of family planning effectiveness) and neonatal deaths (5,500 fewer) (McFarlane & Meier, 2001). McFarlane and Meier (2001) approximate that this result is due to family planning focusing on unwanted pregnancies by means of prevention versus focusing directly on infant mortality. The benefits of family planning services have been seen in evaluations of the program consistently in the 1960s through the 1980s (McFarlane & Meier, 2001). In consideration of the declines in abortion in Ohio from 2011 to 2019, access to contraceptives increased during this time.

> The Affordable Care Act required most private health plans to cover contraceptives…and more people had private and public health coverage. In Ohio, the proportion of uninsured women of reproductive age (15–44 years) decreased from 14% to 8% between 2013 and 2018. Also, contraceptive method choice may account for some of the overall decline in abortions in Ohio (Nash, 2020, p. 1116).

Similarly, the use of reversable long-term use contraception increased during this time within the State. Specifically, it increased in use among women in their early twenties, which Nash (2020) remarks as the group holding the largest proportion of all abortions within the State. "Other factors that may have affected abortion rates include changes in pregnancy desires and shifts in economic status" (Nash, 2020, p. 1116).

Funding. Another major aspect to accessing abortions is the concept of funding. There is controversy over whether or not the government should assist in paying for abortions with public dollars. Since the Hyde Amendment, passed in 1976, public funding (Medicaid) used for abortions was banned. This Amendment is still in effect today except for cases of rape, incest, and danger to the mother's life (Bella Women's Center, 2020; Calevir, 2021; National Network of Abortion Funds, n.d.). According to the National Network of Abortion Funds (n.d.), there are 16 total U.S. states that will currently fund an abortion using Medicaid funding outside of cases of rape, incest, or imminent risk to the mother's life; however, Ohio is not one of those states. Ohio has however, increased its Medicaid coverage under their Maternal and Infant Support Program which works "to improve infant and maternal outcomes with a strong focus on reducing racial disparities" showing again the State's commitment to family planning initiatives over that of abortion (Ohio Department of Medicaid SFY2021 Annual Report, 2022, p. 16).

This concept is found to have a large impact on the number of abortions that are legally performed as well as access to abortions overall. Prior to the Hyde Amendment being enacted, Legge (1985), along with McFarlane and Meier (2001), and Salganicoff et al. (2021) share that in 1965 Medicaid originally paid for abortion for low-income women; this funding was fully restricted after the Hyde Amendment until again extended in 1978 and 1980 for abortions under the special circumstance of women's health/safety, pregnancy as a result of sexual assault or

incest, and in cases of full-term pregnancy causing a danger to the woman's health. Interestingly, Legge's (1985) research found that Medicaid funding was negligible during these times of restriction; women seeking abortions would seek private funding for the procedure when Medicaid would not cover it thereby lending to the theory that women seeking an abortion will get one whether public funding for the procedure exists or not. Upadhyay et al. (2020) discovered different findings however in indicating that Medicaid coverage was another significant indicator of access to abortion (aRRR: 1.70, 95% CI 1.18–2.46) (p. 282).

When the momentous 1973 *Roe v. Wade* case made abortions legal within the U.S., funding for the procedure was not considered; thereby indicating that "funding policy thus works counter to established policy for granting access to abortion" (McFarlane & Meier, 2001, p. 78). Public funding for abortions is broken down by McFarlane and Meier (2001). Essentially, public funding is a state-level issue, meaning that funding varies among the states. "States may choose whether to spend any of the two block grants—Title V (maternal and child health) or Title XX (social services)—for family planning. For the purpose of clarity, recall that family planning includes educational services for pregnant women (including those seeking an abortion or alternatives to abortion), contraception, and other matters that pertain to starting a family.

All states have Medicaid programs, and under Title XIX, family planning is a required service for the categorically needy (it is an optional service for the medically needy)" (McFarlane & Meier, 2001, p. 83). With each state getting at least one Title X grant, this is the most widely used form of public funding for abortion and family planning (McFarlane & Meier, 2001). Under the Trump administration, Title X funding was strictly forbidden from contributing to public partners who advise abortions; this stipulation took effect in 2018 and was referred to as the Title X gag rule. This is being overturned as of November 8, 2021 by President Biden who

revokes Trump's provision and allows Title X funding to such health centers (Goldstein, 2021). This change may continue to alter the perception of access to abortion by interested parties. In a qualitative in-depth interview study of abortion provider's perceptions on Medicaid coverage for abortion, it was reported in two states that 97 percent of submitted claims to Medicaid were funded, while in 13 states only 36 percent were according to Dennis and Blanchard (2013, p. 236).

Public Policy

Due to its impact on medical procedure legalities as well as use of public funding, the most major contributor to access to abortions is public policy. For this reason, public policy is one of the most frequent subjects surrounding abortion discussions amid the literature. To begin, one cannot discuss the topic of public policy without also discussing the politics that goes into said policy. The politics surrounding controversial topics such as abortion, affect both the adoption and the implementation of policies. In an effort to appease special interest groups who tend to have high levels of influence, politicians may be swayed to produce public policies that serve the extremes of these influential groups even if the policies do not meet the interests of the majority of the public (McFarlane & Meier, 2001, pp. 16-17).

Public policy's influence is controversial. In the late 1960s abortion policy was highly prohibitive; versus most of the 1970s in which it was outright legalized under most circumstances (Levine, 2020, p. 39). This time period is very influential in abortion policy today as such drastic changes have left the Supreme Court with the burden of shaping much of the policy that we see today. "The three main restrictions that have survived court rulings and have been adopted by a sizeable number of states are Medicaid funding restrictions, parental involvement, and mandatory delay" (Levine, 2020, p. 39). Levine (2020) finds that while

abortion policy may change rapidly, it appears to have little overall effect on pregnancy and abortion rates for two main bodies of women: those whom know that they want a family and are child-seeking, and those whom are certain that they do not want children and therefore successfully use contraception to prevent pregnancy. Policy does play an important role however, when contraception is not successful in preventing unwanted pregnancy (Levine, 2020).

Women at moderate risk of negative information regarding abortion are the most at risk to be swayed by abortion policy; Levine (2020) reports that these women are more likely to change their contraception use in direct relation to abortion policy of the state in which they reside. Public policy is a high-risk factor for those who do not wish to get pregnant but do. It is a moderate-risk factor for those who effectively control family planning but have a vested interest in abortion policy. And it is a low risk for those who effectively control family planning and do not have a vested interest in abortion policy. The moderate-risk grouping are the most likely to alter their current behavior based on the public policies surrounding abortion within their state of residence. It is also within this group that it is discovered that abortion rates rise when abortion costs are low; and unwanted births rise when abortion costs are too high. “These predictions indicate that legalizing abortion would result in a significant reduction in unwanted births, but that imposing modest restrictions within a legal abortion environment will not bring about more unwanted births. Instead, they will lead to fewer abortions through a reduction in pregnancies” (Levine, 2020, p. 64).

To further weigh in on this perception to the influence of public policy, Perreira et al. (2020) conducted a quantitative study on family planning by surveying 2,115 U.S. women in 2018. It was discovered that

> 27.6% of women (95% confidence interval [CI] = 23.3%, 32.7%) believed that access to medical abortion was difficult and 30.1% of women (95% CI = 25.6%, 35.1%) believed that access to surgical abortion was difficult. Adjusted for covariates, women were significantly more likely to perceive access to both surgical and medical abortions as difficult when they lived in states with 4 or more restrictive abortion policies compared with states with fewer restrictions (surgical adjusted odds ratio [AORsurgical] = 1.60, 95% CI = 1.15, 2.21; AOR medical = 1.65, 95% CI = 1.04, 1.95) (p. 1039).

McFarlane and Meier (2001) share that abortion policy remains exceedingly dynamic in its susceptibility to change. Despite this era of swift change and the findings of previous scholars such as Perreira et al. (2020) and others, McFarlane and Meier (2001) find that abortion policy is more apt to impact the retaliation and news coverage of special interest groups more than it is to affect actual abortion rates—calling it "a classic case of 'symbolic politics'" (p. 165).

It is evident that some believe that public policy seems to serve political agendas and the agendas of special interest groups more than it actually causes change in the use of abortion. However, another common theme conversely finds that abortion policy may not change abortion rates, but is nonetheless highly impactful. Many scholars discovered within this literature review hold the notion that stricter abortion policy may not reduce abortions, but it does reduce access, which may reduce reporting and safe abortion practices (Alvargonzález, 2017; Conti et al., 2016; Farrell et al., 2017; Latham, 2017; Lavelanet et al., 2020; Levine, 2020; Norris et al., 2020; Upadhyay et al., 2020). Within the U.S. "various states in the union enacted 334 abortion restrictions from 2011 to July 2016, accounting for 30% of all abortion restrictions since the legalization of abortion in 1973" (Conti et al., 2016, p. 517). During this time, collected data is able to confirm that liberal abortion policy does not overall increase abortion rates,

however it does decrease the number of abortion-related deaths among women seeking abortions with a mortality rate of 0.7 per 100,000 women (Conti et al., 2016). The reasoning behind this is found to be that women who are abortion-seeking are still abortion-seeking even when legal concerns are heightened and access is decreased; they are forced to seek abortions that may be less safe as a result.

Being that the focus of the upcoming research report is specific to that of Ohio, which consistently takes on more restrictive abortion policies, Farrell et al. (2017) share similar results in reacting to Ohio's 2016 policy regarding a ban on abortions after 20 weeks of gestation (the Bill is still active today). Speaking on behalf of medical care providers, Farrell et al. (2017) share that overly restrictive policies that limit the level of care that providers can deliver to their patients only pushes their patients away to seek care from less safe mechanisms. These matters were only amplified when the 2019 COVID-19 pandemic hit the State. Executive orders in Ohio limiting procedural abortion in the spring of 2020 caused a large increase in the use of medication abortions (70%); however, even these were limited by the requirement of an in-person visit to clinics (Mello et al., 2021).

Some believe that Ohio is tailgating off of strict federal abortion regulations that were posed by Trump during his presidency. On Trump's fourth day of office it is noted that he reinstated and intensified the Mexico City policy that placed antiabortion restrictions on U.S. foreign health aid making it harder for providers to even make referrals for legal abortions other than those concerning sexual assault, incest, or mortality risk for the mother (Latham, 2017, p. 7). These results also lend to the significant decrease in abortion clinics within the state of Ohio which went from 45 clinics in 1992 (Skalka, 2019) down to 27 in 2020. Similar to state policy restrictions, "Both research and the testimony of health care NGOs has made it clear that the

[Mexico City] policy increases abortion rates and inflicts significant collateral damage on other aspects of global health" proclaiming that Trump's excessive policy will result in 6.5 million additional unintended pregnancies, 2.2 million abortions, 21,700 maternal deaths, and four hundred million dollars in direct health care costs (Latham, 2017, p. 8). Pro-life activists fight these findings however, and Latham (2017) admits that Trump made it clear during his reign as president that the intent of these policies is not necessarily to decrease the number of abortions that occur, rather, it is to keep taxpayers from having to pay for it (p. 8).

Since 2020, "over the last decade, twenty-two pro-life initiatives have been signed into law. Supportive measures such as the Parenting and Pregnancy Support Act provided $7.5 million through the state of Ohio's biennial budget for underprivileged moms and their babies" (Warner, 2020, para. 1). These regulations also called for stronger safety protocols to take place keeping women and children in better health during pregnancy procedures. Warner reports that "increased support and increased safety are easily a net positive for women across Ohio, as is a 31% percent decrease in abortions over that same period" (2020, para. 1).

In addition, in the year 2011, Ohio was the first state to introduce a "Heartbeat Bill" which bans abortion as soon as a fetal heartbeat can be distinguished (States News Service, 2020). The ban was scheduled to take effect in 2019 when approved, however, it was blocked by a federal judge. As noted previously however, In June of 2022 with the overturning of *Roe v. Wade*; Ohio's heartbeat bill is now in effect.

According to Norris et al. (2020), during the years 2010 through 2018 abortion rates declined, but so too did the proportion of early first trimester abortions; "the proportion of abortions increased in nearly every later gestation category. Abortion ratios decreased sharply in most rural counties. When clinics closed, abortion ratios dropped in nearby counties" (p. 1228).

However, Warner (2020) again fights these findings by remarking that Norris et al.'s (2020) claim that "women in rural areas have less access to abortion and therefore, disparate health outcomes" are inaccurate because the original study used two regions of Ohio in their study: "Lima, Ohio, and southeastern Ohio as a whole" (para. 2). Warner also explains that Norris et al.'s (2020) study lacked transparency by omitting that the abortion clinic closures in different geographic locations were compared to areas such as Southeastern Ohio which had no clinics to begin with. Nash (2020) supports Warner's arguments as well in stating that "Because Norris et al. use data for abortions provided in Ohio and not data for out-of-state abortions among Ohio residents, it is unclear how many Ohio residents traveled to other states for care and how many were unable to access services entirely" (p. 1116). Nash (2020) reports that abortion rates nationally declined at a slower rate than Ohio rates did during 2011 to 2018; therefore, offering possibility that Ohio patients were still accessing abortions, they were just accessing them elsewhere.

Norris et al. (2020) report that women suffer from abortion clinics closing due to the newfound limited access to abortion related care; however, Warner (2020) proclaims that many abortion clinic closures are not due to legislation in Ohio, rather, they are due to health code violations as well as false reporting lawsuits. Operation Rescue (2006) supports this notion by reporting on the closure of the Center for Women's Health in Cleveland due to over a dozen health code violations. Emmalee Kalmbach (2013) reports similar findings for the closing of Capital Care Network of Cuyahoga Falls after multiple health and safety violations; this closure is also detailed on the Susan B. Anthony List (n.d.). Former Planned Parenthood employee, Mayra Rodríguez also offers evidence of such accusations as indicated in her court case against

the organization for false reporting (Prensa, 2021). Issues of false reports pertaining to abortion have also been considered on an international level (Bilger, 2021).

Aside from health code violations and false reports, written transfer agreement law violations also threaten abortion clinic closures (National Partnership for Women and Families, 2013; Pelzer, 2013; Seitz, 2014). Candisky (2013) offers support in discussion of the Center for Choice in Toledo's closure as that facility is noted as closing due to inactive transfer agreements as well as multiple health violations "including failure to combat possible infections and to keep operating-room equipment -- some of which had rust and mold -- clean and safe, blank prescription forms already signed by a doctor, IV bags full of expired medicine, and 44 syringes containing an unidentified clear liquid" (para. 10).

More recently, Candisky (2020) reports that upon the closure of Ohio's first abortion clinic, the Founder's Women's Health Center in Columbus, Ohio is left with only eight remaining abortion clinics state-wide. The owners of the clinic reported that the closure is due to retirement; no other comments to the media were made (Candisky, 2020). Candisky (2020) shares that Franklin county holds the highest abortion rates in all 88 counties found within Ohio. This closure leaves Columbus, OH with only one active abortion clinic for the time being which greatly disrupts abortion access within the State (Harrington, 2018). Harrington (2018) also speculates that the clinic has also been found to have legal and moral violations that include "employing uninsured abortionists, employing a known sex offender, not paying fines and taxes, and injuring women" (para. 3).

Alongside transfer agreement and health code policy, other forms of restrictive public policy on abortion also hold effect. In a study to see how sociodemographic characteristics of women were affected by the ability to obtain a medication abortion before and after Ohio's law

requiring use of the Food and Drug Administration protocol found that "Women obtaining a medication abortion after the law were more likely to be older (p=0.01), have higher levels of education (p<0.001), be of White race (p<0.001), have private insurance (p=0.001), have no children (p=0.002), and reside in a higher income zip code (p=0.03)" (Upadhyay et al., 2018, para. 3). These findings contributed to the following findings: "The lower gestational limit, higher cost, and time and travel burdens exacted by Ohio's medication abortion law were associated with disproportionate reductions in medication abortion among the most disadvantaged groups" (Upadhyay et al., 2018, para. 4).

Candisky (2013) reports that restrictive laws continue to close down clinics that cannot meet the State's demands. For example, the 2013 two-year state budget that was signed by Governor John Kasich "forbids public hospitals from entering into transfer agreements with abortion clinics, which need the pacts to keep their licenses under existing Ohio law" (para. 4). As one recalls previously, not meeting transfer agreement regulations is another reason why clinics have been closing—thereby lending further evidence that public policy concerning abortion has a major impact on overall access to abortions. The regulation was put in place to ensure that taxpayer dollars were in no way being used toward abortion services—however, private medical centers such as OhioHealth which considers itself a "family of not-for-profit, faith-based hospitals" continues to keep transfer agreements active as their own legal choice to do so (Candisky, 2013, para. 19). Candisky (2020) reports that these Ohio regulations are still in place today.

Possible Impacts—Supreme Court Overturning of Roe v. Wade. As stated briefly, the Supreme Court has made the decision to overturn the momentous *Roe v. Wade* court case. As a result, many states are changing their policies to further restrict the procedure. About half of all

U.S. states now have some form of restriction in place against abortion. While some states had made strides to further restrict abortion prior to the case, about 20 others were prepared to act if and when the case was to be overturned (Hernandez, 2022). Ohio was one of these states. These "trigger laws" were designed to be in effect as soon as, or shortly after, the ruling was declared. Since the overturning of *Roe v. Wade*, Hernandez (2022) and McCann et al. (2022) report that:

- States already banning abortion
    - Full ban:
        - 13 U.S. states already ban abortion in full [Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, South Dakota, Tennessee, Texas, and Wisconsin];
    - Gestational limit 6 weeks:
        - Two states [Ohio and Georgia] both have gestational limits at 6 weeks of pregnancy;
    - Gestational limit 15-20 weeks:
        - Three other states have gestational limits ranging from 15-20 weeks [Florida, Utah, and North Carolina];
- Proposed bans
    - Eight more states have bans proposed but currently blocked by other forms of government [Arizona, Iowa, North Dakota, Michigan, Montana, South Carolina, West Virginia, and Wyoming];
- Abortion legal
    - But limited:

        - Nine states (ten including Washington, D.C.) have abortion legal although slightly limited (such as restrictions on the use of public funds to pay for abortion); and
    - Fully legal:
        - 15 states protect abortion as a fully legal right.

It is important to note that capturing data on the impact of the Supreme Court ruling, as well as on individual state public policy enactments as a result of the ruling, will not be readily available to view and study until about 2023 or later. Because of this delay, while no one can predict the overall impact on abortion rates, the citizens, state-level government, or neighboring states, Texas' heartbeat bill may offer insights into the initial effects of the Supreme Court ruling. Texas and Ohio have very similar abortion statutes in place. For example, very recently enacted, Ohio has enforced its very own heartbeat bill. However, about a year ago now, on September 1, 2021, Texas enacted theirs (Senate Bill 8). Like Ohio, Texas' bill makes abortions illegal as soon as cardiac activity is detectable (at about six weeks' gestation). Texas' Department of Health will not have abortion rate data available for 2021 for another few months, but Texas' ban has still been in place long enough for researchers to ascertain some of the impact their heartbeat bill has had on abortion in the State.

Texas is likely to go down in history for the success of their heartbeat bill that provides a peak of what may be to come for Ohio as well as for the other states following this path. Prior to the overturning of *Roe v. Wade*, thirteen other states, including Ohio, had already attempted a heartbeat bill, but failed. Texas succeeded due to their innovative procedure of reporting, which avoided federal comment entirely. The Texas bill escaped being vetoed by taking prosecution

power away from the State and placing it in the citizen's hands (Bolduan et al., 2021; Goodman, 2021; McCammon, 2021). Specifically:

> The law allows private citizens to sue abortion providers and anyone else who helps a woman obtain an abortion — including those who give a woman a ride to a clinic or provide financial assistance to obtain an abortion. Private citizens who bring these suits don't need to show any connection to those they are suing. The law makes no exceptions for cases involving rape or incest (McCammon, 2021, para. 2).

An anonymous tip line for private citizens to report to was set in place, and the law guarantees a claim of $10,000 per violation that must be paid by the provider or individual who was sued (Bolduan et al., 2021). In a statement provided by President Barack Obama appointed U.S. District Court Judge Robert Pitman:

> S.B. 8 is deliberately structured so that no adequate remedy at law exists by which to test its constitutionality…By purporting to preclude direct enforcement by state officials, the statutory scheme is intended to be insulated from review in federal court. The State itself concedes that the law's terms proscribe review by the federal courts, limiting review to state court alone (Ramsey, 2021, para. 7).

Texas managed to find a way to restrict abortions in a way that almost fully bans the practice by evading the federal government's line of authority. The Texas bill can only be overridden in cases of medical emergency, and the bill also requires that the physician check for a heartbeat before the abortion can be performed. "Since approximately 85 to 90 percent of people who obtain abortions in Texas are at least six weeks into pregnancy, the law will effectively end almost all abortion care in the State" (Center for Reproductive Rights, 2021, para.

2). Since *Roe v. Wade* has been overturned, Texas has updated their policies to no longer act as a civilian enforcement and all abortions are now a felony punishable by up to life in prison (McCann et al., 2022, para. 4).

Now that *Roe v. Wade* has been overturned, other states do not have to perform such inventive methods as Texas originally did. However, given the background of how Texas managed to enact and uphold their heartbeat bill, it offers historical significance as well as allows other states to review what impact this has had on the State's abortion rate, the citizens of the State, and neighboring states.

Implications of Recent Court and State Law Changes. For proponents of abortion, it is argued that the impact of *Roe v. Wade*'s reversal will carry with it some very significant effects for the United States and its citizens; and much of the evidence for this is provided by Texas results. It is proposed that women of color will be especially harmed by the compounding of restrictions as they currently hold the greatest number of abortions performed within the U.S. and are also more likely to feel economic burdens due to the need to travel according to the Associated Press (Hernandez, 2022). Hernandez (2022) also notes that "limits on abortion access can lead to negative long-term health effects" (para. 8).

Goodman (2021) shares concern for the increased costs on abortion seeking Texans whom now have to travel outside of the state to get an abortion, as well the impact this has on neighboring states such as Oklahoma. Rebecca Tong, Co-Executive Director of Trust Women, echoes the concern in sharing that many of the women who bare the increased cost of visiting neighboring states to seek their abortion are also already found to have financial concerns (Bolduan, 2021). As a result, this new burden causes them to fall behind on other bills.

Compounding the problem even more, they are taking time away from work and potentially losing their current jobs to take the time away to travel for an abortion (Bolduan, 2021).

Evaluators of Texas' S.B. 8 are also considering the impact the bill is having on neighboring states. States still allowing abortion services to occur will continue to receive an influx of patients traveling from restrictive neighboring states (Hernandez, 2022). The greatest example seen with this can be noticed with the aftermath of Texas' heartbeat bill that was successfully enacted prior to the Supreme Court reversal. According to Gonzalez (2021), when compared to September 2020, Texas abortions decreased by about 50% in September 2021 (4,313 down to 2,164) when the Heartbeat Bill was put into effect. As a result, this transformative bill has created hundreds of backlogs of patients seeking abortions according to Whitehurst (2021).

It is now speculated that for those seeking an abortion outside of the allowed gestational stage, the average one-way driving distance for abortion-seeking women has gone from 12 miles up to 248 miles (Center for Reproductive Rights, 2021). Whitehurst (2021) also notes that Texas had roughly 24 abortion clinics prior to the September 1 regulation. As a result, abortion providers in Colorado, New Mexico, and Kansas have all received an incursion of patients. "Texans now account for the majority of patients at one Oklahoma clinic, where staff are working long hours to handle the out-of-state demand. Other patients, including teenagers and undocumented immigrants, say financial and child-care constraints limit their ability to leave Texas to terminate their pregnancies" (Marimow, 2021, para. 2).

"From September to December of 2019, TxPEP said that the clinics it contacted reported 514 abortions to women listing Texas as their residence. For the same period in 2021, those same clinics reported 5,574 abortions to Texas residents, about ten times as many" declarations of

Texas residency to out-of-state abortion clinics that neighbor the state of Texas (O'Bannon, 2022, p. 8). These numbers include all forms of induced abortions, including that of the abortion pill (both prescribed and otherwise when a prescription was not legally required). O'Bannon's (2022) data of raw numbers show a 984% increase in out-of-state abortion reporting from Texas residents. In addition, also based on survey data, it was discovered that Texas' heartbeat bill pushes an average of about 1,400 Texans out of state each month to obtain abortion services (O'Bannon, 2022).

For traveling Texans looking for abortions, also prior to the overturn of *Roe v. Wade*, Oklahoma followed suit with Texas. On May 25, 2022, Oklahoma Governor Kevin Stitt signed into law a ban that uses civil lawsuits rather than criminal prosecution to fully ban abortion within the State unless under duress of saving the mother's life or for pregnancy as a result of rape or incest (The Associated Press, 2022). While Oklahoma's ban solves the problem of over-spill from Texas resident abortions, it further compounds the issue for abortion-seekers and other neighboring states even more.

To consider this impact on neighboring states further, Raifman et al. (2021) conducted a study. Raifman et al. (2021) accomplished this by conducting "an interrupted time series analysis using 2012-2017 data on Texas-resident abortions in Arkansas, Louisiana, Oklahoma, and New Mexico" in November 2013 as well as before and after the US Supreme Court's decision regarding H.B.2 in June 2016 (p. 314). The results revealed after the 2016 implementation that abortion rates nearly doubled in the states that immediately boarder Texas (incidence rate ratio [IRR]=1.92, 95% CI: 1.67-2.20) (Raifman et al., 2021). These abortion rates then decreased by 19% after the bill was overturned by the U.S. Supreme Court; however, they remained higher

still than they did prior to the bill's enactment (IRR=0.81, 95% CI: 0.73-0.91) (Raifman et al., 2021).

Beliefs About Abortion. Out of state abortion rates remaining high even after the bill's veto may be due to a continued perception of increased regulations concerning abortion. Similar results were seen in the state of Ohio after a 6 weeks-gestation ban on abortion occurred from November 2018 to July 2019; even after the ban was lifted, abortion rates continued to decline in the State (Women's Health Weekly, 2021). The Ohio State University released a survey study around that time gauging women's belief of whether or not it was legal to get an abortion within the state of Ohio. Using "multivariable logistic regression to assess the prevalence and correlates of believing that abortion is illegal in the state of Ohio," as well as "multinomial logistic regression to evaluate whether this belief increased over the interval during which women completed the survey" which were aligned with the 6-week ban policy, it is reported that 64% of the 2359 participants understood that abortion is legal in the state of Ohio while 9.8% believed it to be illegal and 26.2% were unsure (Women's Health Weekly, 2021, p. 472).

Of those who believed abortion to be illegal, a majority of them were younger; socioeconomically burdened; either never married or married; and Black, non-black race and ethnicity. This proportion of women who believed it to be illegal increased over time as well; from 4.5% in the first month to 15.9% in the last month of the study (Women's Health Weekly, 2021). "Each additional study month was associated with a 17% increase in the odds of believing abortion to be illegal, in both unadjusted and adjusted models (odds ratio, 1.17; 95% confidence interval, 1.08-1.27)" (Women's Health Weekly, 2021, p. 472). In summary, if Texas' Heartbeat Bill results are a true indication of what things will be like for Ohio, Ohio can expect a drastic drop in abortion rates moving forward that are likely to last.

Contraception Changes. With the increase as of late in altering the access to abortion services overall; many have also questioned if contraception access is being altered as well. The answer is yes, it is. Access to contraception continues to increase. While heartbeat bills, such as that which has been seen in Texas, Oklahoma, and now Ohio, continue to decrease the access to abortion services, the increase in contraception access decreases the need to obtain abortion services in the first place.

Results can be seen as early as 2014 when Obama's Affordable Care Act penalized employers of 100+ employees who did not provide insurance (Cigna, 2022). The increase in insurance access covers contraception at a federal level. Ohio specific public policy has also been increasing insurance access to Medicaid since 2013 which increases the potential to have birth control (Norris, 2022). Lastly, Ladika (2022) indicates that with the increased spread of telehealth and changes in regulations no longer requiring a prescription for some birth control forms, use of contraception again continues to increase. Thus far, there has been no evidence found that states enacting heartbeat bills are also decreasing access to contraception.

Summary. In summary, the overall impact of the Supreme Court to reverse *Roe v. Wade* removed authoritative power to regulate abortions by the federal government, and instead delegated that responsibility down to each individual state. Each state is using this newfound authority to regulate abortion usage in ways that either increase or decrease access to abortion within their geographic jurisdiction. The impact of this decision however is not confined merely to the states in which regulations are altered. Now that roughly half of the entire U.S. has some level of restriction on abortion access, neighboring states see an increase of out-of-state patients. Women of color as well as those who are already financially burdened appear to be impacted the most from a citizen standpoint. Evidence shows that merely enacting restrictive abortion policies

is enough to decrease abortion usage for long periods of time, even if an enactment is overturned. Conversely, contraception access continues to increase, thereby lowering the need for citizens as well as neighboring states to restrictive regulators to require abortion services.

Summary of Major Factors that Influence Abortion Rates

- Access: Using a mixed methods approach, the proceeding sections of this report will study the measurable impact of access to abortion in association with Ohio's declining abortion rate. Specifically, by looking at the following factors:
    - The perception of access to abortions in Ohio according to abortion policy stakeholders.
    - The geographic locations of abortion clinics in direct relation to Ohio abortion rates for the years 2009-2019.
    - Changes in family planning and contraception in Ohio for the years 2009-2019 in comparison to abortion rate changes.
    - The variations in public funding for abortion clinics for the years 2009-2019 in direct relation to abortion rates in Ohio for the same years.
- Public Policy: Again, using a mixed methods approach, the proceeding sections of this report will study the measurable impact of public policy to abortion in association with Ohio's declining abortion rate. Specifically, by looking at the following factors:
    - The variations to federal and state funding policy for abortion providers over the years 2009-2019 in direct relation to abortion rates in Ohio for the same years.

- Contraception policy during the years 2009-2019 in direct relation to Ohio abortion rates for the same years.
- Perception of Ohioan reports of unsafe abortions for the years 2009-2019 in direct comparison to abortion rates for the same years.
- Analysis of Ohioan reports of out-of-state abortions for the years 2009-2019 in direct comparison to abortion rates for the same years.

Common Weaknesses

Controversial Topics Involve Opinion

As easily seen with any controversial debate, one side often forgets to include the viewpoint of the opposing side when reporting research findings. Abortion research is no exception to this. Take for example the concept that abortion policies become more liberal as more women enter legislation (Forman-Rabinovici & Sommer, 2018), the method and scope of that research study carries out limitations that leave need for further research. Forman-Rabinovici and Sommer (2018) note that future researchers should consider examining "the causal mechanisms behind the correlations" found among female legislatures and increased abortion liberalization as this study admittedly removed the covariates of civil movements and advocacy organizations. Forman-Rabinovici and Sommer (2018) also remark that women's rights go well beyond this single policy area.

Contradictory Findings

One may also recall that many scholars referenced here remarked that stricter abortion policy may not reduce abortion rates, rather, it reduces the number of abortions reported as well as the number of safe abortions that occur (Alvargonzález, 2017; Conti et al., 2016; Farrell et al., 2017; Gonzalez, 2021; Harris & Grossman, 2020; Latham, 2017; Lavelanet et al., 2020; Levine,

2020; Norris et al., 2020; Upadhyay et al., 2020). For every indication found to agree with this sentiment, just as many weaknesses with the sentiment are likewise found. The citizen whom considers upholding the law to prevail over such choices is ignored in this argument. For those individuals, they are more likely to opt for an alternative that saves the life of the child while either choosing to parent or give for adoption. Lavelanet et al. (2020) add to the discussion by indicating that "information in the database is limited by accessibility of source documentation and the ability to translate source documents" (p. 26). Miller and Valente (2016) also weigh in by sharing that the empirical evidence on contraception and abortion is difficult to interpret and increases in the availability of contraception may also reduce the number of unsafe abortions that occur under strict abortion policy. Myers (2017) supports this argument by finding that increased access to contraception does not substantially affect family formation since contraception is commonly reversable when desired. However, liberalized access to abortion has been shown to contribute to large delays in marriage and motherhood. "Liberalized abortion policy predicts a 34 percent decline in motherhood, a 20 percent decline in marriage, and a 63 percent decline in shotgun marriages prior to age 19" (Myers, 2017, p. 2200).

A Lack of Research Coverage

Another weakness found within abortion literature is the little amount of coverage of the fact that some women whom initially seek an abortion, wish to back out of that decision later on. "There are case reports of second-trimester patients who decide to continue their pregnancies after osmotic dilators have been placed [20–23]. A 2019 series of 2,532 second-trimester patients treated at the University of Maryland showed that 20 (0.8%) had osmotic dilators removed" (Mark et al., 2020, p. 284). Mary et al. (2020) remark that women are legally permitted to make

decisions regarding the reversal of an abortion at any time, even when it puts their own lives in danger.

A Lack of Understanding for the Whole Picture in Politics

Another common weakness in abortion discussion is disregard for the way politics works. It has been noted previously within this review that politicians are apt to listen to what promotes reelection; however, this does not fully cover the political aspect of the abortion debate nor does it show the dire extent to which this notion applies. Weimer (2018) elaborates by sharing how politicians may go as far as countering future incentives in order to receive the favor of influential stakeholders. Policy analysis is commonly completed under a certain level of ambiguity which is what causes politicians to work in this way. Quite simply, they do not know what future public demands will exist, so they speculate and go for what they perceive will benefit them and/or the public the most (Weimer, 2018).

To showcase this even further, Woodruff and Roberts (2020) by conducting 29 semi-structured interviews with state legislatures and their aids, "found no cases of lawmakers' decisions on abortion being shifted by evidence. However, some lawmakers used evidence in simplified form to support their claims on abortion" (p. 249). These policymakers then admitted to only using evidence that promoted their own pre-fabricated agendas. However, more compelling than evidence was that of personal stories; those were indeed found to impact political decision making by policymakers (Woodruff & Roberts, 2020). On the topic of weaknesses however, Woodruff and Roberts (2020) do admit that the majority of those whom they interviewed were Democrats and female; also, due to time restrains, not all participants were asked the same questions which may hurt the reliability of responses. The difference among states with variable abortion policies was also not considered (Woodruff and Roberts, 2020).

Implications for Future Research

Influential Sources

Other than with the exception of Meier as a common researcher, there were no noticeable amounts of scholars that were commonly cited within the literature. However, there was a commonality that is worthy of note. The commonality being the 1973 *Roe v. Wade* U.S. Supreme Court case. *Roe v. Wade* is considered to be a very significant turning point in the overall abortion debate with just about every scholar cited within this literature review making at least minimal reference to the case. It was within this case that the first single, national policy for abortion was established by allowing women to have an abortion during the first 12 weeks of pregnancy (Lindsey, 2019; McFarlane & Meier, 2001). Lindsey (2019) states "On Jan. 22, 1973, the Supreme Court's ruling in *Roe v. Wade* nullified existing state laws that banned abortions and provided guidelines for abortion availability based upon trimesters and fetal viability. This ruling remains the most important legal statute for abortion access in modern U.S. history" (para. 29). At least, it did until its recent 2022 overturning; which has media outlets across the entire United States talking.

It is noted that abortion policy at the state level remains unpredictable; but in the changes seen with modern-day abortion policy, *Roe v. Wade* is still referenced in decision-making quite often (McFarlane & Meier, 2001). According to Haaland et al. (2020), even with how long abortion has been around, it remains instable because of a lack of knowledge, policy, and practice that balances power dynamics with the public interest (p. 112,909)—thereby deeming the topic of abortion and the *Roe v. Wade* case as ongoing topics worthy of review. According to Murray et al. (2014) abortion became a special interest topic because of the *Roe v. Wade* case; thus, it is a prime reason as to why the debate is still ongoing after nearly 50 years. Furthermore,

Doan and Schwarz (2020) share that it was immediately after this case that activists against abortion came alive; and this too contributes to why the case is still so controversial and noteworthy.

Common Conclusions about Future Research

Because abortion is still so controversial today, it is a topic that is ongoing and worthy of further review. To begin, Farrell et al. (2017), whom took the argument specifically to the state of Ohio which has seemingly strict abortion regulation, indicates that this will cause a spillover for neighboring states' abortion rates as more people flee the state of Ohio to receive legal care. This phenomenon requires further research to gauge the overall affect this may have on the state of Ohio, its neighboring states, and the women who are put in this predicament. Norris et al. (2020) weigh in on this topic as well in stating that Ohio's restrictive abortion laws also cause women seeking an abortion to have to wait until later gestational periods in order to receive the procedure which may cause medical complications that abortion providers must be prepared for in neighboring states. Norris et al. (2020) also noticed a geographic inequity in abortion policy within the state of Ohio that is worthy of further review. This is also a major factor that could be affecting the State's abortion rate. One begs the question, is the abortion rate dropping due to women fleeing the state to have an abortion, or are fewer women getting pregnant?

Whether it be in Ohio or anywhere else, there is the concept of finding balance in abortion policies. Levine (2020) reminds readers that abortion policy affects more than just the ending of an unwanted birth, it also affects family planning statistics and the economic outcome of the stakeholders involved in an abortion. McFarlane and Meier (2001) agree by stating that fertility occurs in steps: sexual intercourse, conception, and gestation; what occurs in one step directly affects the others making it clear that there is more to the overall topic than the act itself.

More accurate knowledge surrounding contraception and realistic sexual activity of the public would be helpful here (McFarlane & Meier, 2001). This coupled with the recent COVID-19 pandemic (Mello et al., 2021) places policymakers in a position where they are making decisions based on many unknowns.

Common Errors or Oversights

While much of the literature is viewed as fairly stable, limitations within the findings do exist. Legge (1985) admits that the fact that abortion as a concept is tough to define, makes it increasingly problematic to measure as a result. This immediately puts into question the reliability and validity of abortion related data, statistics, and theories. Another factor that creates problematic findings is the fact that abortion related death itself can be difficult to proclaim; sometimes the deaths occur rather slowly and it becomes difficult to determine whether or not the abortion procedure is the actual cause of death (Legge, 1985). Legge (1985) likewise notes that there have also been cases of medical professionals coding abortion-related deaths as "spontaneous" in order to protect patients from prosecution if the abortion was in fact illegally administered (p. 14).

Measuring the real use of contraception can also be difficult (Legge, 1985). The science behind this tracking has gotten better over the years, but this only makes historical comparisons more askew. Lastly, Alvargonzález (2017) brings the topic back to the forefront of what abortion inclusively affects as a serious oversight in the overall abortion debate. While many of the previous scholars noted that restrictive abortion legislation leads to just as many abortions and increases in poor health conditions for women, insight into the effect on family planning, long-term psychological health of women getting abortions, and the population and overall economic health of the state with restrictive regulation is grossly disregarded in the research.

Summary

Research Question One Research Review

According to reported data from the Ohio Department of Health (2020), abortions reported of Ohio State residents has steadily declined every year from 2009-2019. National comparisons show a similar downward trend (Kortsmit et al., 2021); however, abortion rates nationally declined at a slower rate than Ohio rates did during similarly evaluated date ranges from 2011 to 2018 (Nash, 2020).

Research Question Two Research Review

In studying research question two, pertaining to factors that impact abortion rates within the state of Ohio, it was discovered that access to abortion and public policy in general as well as Ohio specific public policy are major factors to consider. Access to abortion was determined to be a complex concept as access itself is impacted by a plethora of factors (cost, travel, regulation, funding, etc.). Public policy showed to have some controversial influence on abortion rates. A small percentage of scholars believe that public policy has little impact on abortion. Those whom believe this idea see abortion as something that people who wish to terminate a pregnancy will obtain, no matter the cost to obtaining it. However, many research studies on the topic still discovered, with statistical significance, that public policy indeed has an impact on abortion utilization as well as to overall access to abortion. The latter notion is strongly supported with data that is already available from the successful enactment of Texas' heartbeat bill in 2021. The State instantly noticed a drastic decrease in the abortion rate within the state as a result of the abortion-restricting regulation.

Common Weaknesses Among the Research

An assumption is provided within research of controversial topics that a moderate level of bias can be argued among the findings. This concern may be further compounded in consideration of research questions that leave holes. Conflicting findings further move to muddy the overall reliability of findings within this work. For example, there were flaws discovered in the popular belief that decreased access to abortion does not decrease abortions; rather, it only decreases the amount of reporting and safe abortions that occur. Furthermore, there is a lack of research found among women whom begin an abortion but decide prior to completion to back out of the procedure as well as to research pertaining to politics as a whole and how policy decisions are made.

Implications for Future Research

The final segment discussed within the literature review portion of this report pertains to implications for future research. Within the preliminary research conducted on this topic, it was swiftly discovered that *Roe v. Wade* was critical to the abortion debate; the court case overruling may have a major impact on state level policy across the U.S. Abortion continues to evolve in implementation as well as understanding; but this particular court case was unanimously considered to provide foundational information on the topic.

As matters of family planning continue to evolve, common conclusions concerning future research continue to question whether or not Ohio's declining abortion rates are due to women fleeing the State to have abortions or more so due to fewer women getting pregnant. It is evident that research is ongoingly needed because abortion involves stages and many outward impacts. Part of the need for continued research lies in the common oversight that abortion and contraception alike are rather difficult to accurately measure; as a result, the outward impact of abortion usage is equally difficult to measure. The focused single-state proceeding research study

found within then, is warranted to add to the enigmatic question of what impacts abortion utilization.

Summary of Major Points for Research

Research Question One.

- Research question one is answered by making use of quantitative data provided by the Ohio Department of Health (2020).

Research Question Two.

- Access is answered below using qualitative methods of data analysis. Items to be analyzed against quantitative Ohio abortion rates for the years 2009-2019 include: the perception of access to abortion in Ohio (i.e. based on policy as well as the availability of abortion clinics in the State), changes in family planning and contraception, household income variations, and funding.
- Public policy related factors are analyzed using quantitative and qualitative data methods. For this factor, abortion rates in Ohio from 2009-2019 are analyzed against variations to abortion-provider funding, contraception usage in relation to public policy, participant reports of unsafe abortions, and statistical reports of out-of-state abortions.

Chapter 3 of this report details the specifics to how these factors will be tested in greater detail.

Chapter 3: Methods

The purpose of the proposed study is to explore whether and how abortion rates in Ohio have changed between 2009 and 2019, as well as what major factors have driven this change. Fulfilling this purpose is intended to fill a gap in the literature concerning the absence of research on the measurable factors that Ohio public administrators can use to make more meaningful policies that contribute to abortion utilization within the State. A thorough literature review was

conducted in the previous chapter, and major themes from the literature review findings were reported. In this chapter, a description of the methods and strategies employed in collecting and analyzing data is conducted. The main contents of the chapter include research method and design, population and sample selection, participant selection procedures, and processing and analysis of data. The following research questions were answered at the end of the study:

1. Have abortion rates changed in Ohio from 2009-to 2019? If so, how?
2. Taking a broad approach, what major factors have influenced the decline in the number of abortions within the state of Ohio from 2009 to 2019?

Research Method and Design

Research method and design are important for laying the direction the study should take and outlining the procedures followed in collecting and analyzing data (Creswell, 2014). According to Creswell (2014), a researcher must first define their research method. Once a research method has been identified, the researcher must define the research design they intend to use (Creswell & Poth, 2018). Choosing an appropriate research design considers various factors such as the nature and type of data to be collected and analyzed, the structure of the research, and the nature of the research questions to be answered (Peck & Mummery, 2018). This section will include a discussion of the research method followed by the research design used in this study.

Methodology

A mixed-methods approach was used as the main research method in this study. A mixed-methods study involves amalgamating quantitative and qualitative methods in a single study (Barr-Walker et al., 2019). The origins of the mixed-methods approach lie in two major research paradigms; quantitative and qualitative methods. Quantitative methods involve

collecting and analyzing numerical data. According to Barr-Walker et al. (2019), a quantitative study systematically examines a phenomenon by gathering numerical data and conducting computational, mathematical, or statistical analyses on the data. The end goal of a quantitative study is to confirm or discredit a hypothesis that is derived from theory, practice, or prior empirical research. Several benefits of quantitative methods have been reported in prior literature. For instance, quantitative methods allow larger sample sizes to be used, improving the generalizability or external validity of findings (Madzia et al., 2021). In quantitative research, data can be collected and analyzed in real-time using various computational techniques and tools such as software packages suited for specific statistical analyses (Madzia et al., 2021). Lastly, Eckhaus et al. (2021) acknowledged that quantitative methods improve the reproducibility of findings considering the fixed nature of data collection instruments and populations from which data is collated.

Apart from the quantitative method, the researcher also used a qualitative method for data collection and analysis in this study. A qualitative method entails collecting non-numerical data to explore a given phenomenon, usually in audio, visual, or textual forms (Norris et al., 2020). In the proposed study, a qualitative method was used to explore the various factors that have influenced abortion rates.

A qualitative method is associated with several benefits. For instance, Heymann et al. (2021) indicate that qualitative research allows researchers to explore phenomena more profoundly. Similarly, Smith et al. (2021) agree that qualitative studies allow researchers to gain deeper insights into issues related to their specific research phenomena. Another benefit of qualitative research, as reported in prior literature, is that it helps researchers discover participants' inner experiences, hence understanding how meanings are shaped. For instance,

while in a quantitative study, a participant may indicate their level of satisfaction with life is 'moderate,' a qualitative study goes beyond this mere generalization by exploring the meaning of 'moderate' from the participant's perspective. A qualitative inquiry also comes in handy when a phenomenon is not measurable or cannot be reduced to specific variables that can be measured (Heuerman et al., 2021). However, a qualitative method also has several weaknesses. One major limitation of qualitative methods is a sample size limitation. The researcher must obtain enough data to achieve saturation. There may also be increased data collection costs involved and the complexity of analyzing qualitative data may be immense (Heuerman et al., 2021).

A mixed-methods design arose from the rivalry between quantitative and qualitative methods (Heuerman et al., 2021). Instead of simply restricting themselves to quantitative or qualitative methods, proponents of mixed-methods research recommended blending the two approaches in a single study. This blending allows researchers to capitalize on the strengths of each method while canceling out the weaknesses in each method (Heuerman et al., 2021). According to Maier et al. (2021), the two approaches in a mixed-methods study complement each other hence giving room for more robust findings to be obtained.

Justification/Methodology Defense

In the proposed study, a mixed-methods approach was considered appropriate for many reasons. First, both quantitative and qualitative methods can answer the research questions in this study. In the current study, the quantitative approach allowed the researcher to examine any changes in abortion rates between 2009 and 2019. The quantitative method also allowed the researcher to examine whether certain factors such as fertility, racial counts, and population, among others, affect changes in abortion rates in Ohio. In prior literature, several scholars have used the quantitative approach to examine the impact of population control factors such as

contraceptive usage rates on abortion rates (Mumford & Kessel, 1986; Sedgh et al., 2016). As such, the quantitative approach is deemed appropriate for this study.

The qualitative approach was also considered relevant to the current study. It allowed the researcher to explore how certain factors such as population control have affected abortion rates in Ohio between 2009 and 2019.Creswell (2018) indicated that 'how' and 'what' questions necessitate a qualitative inquiry since answering them requires the researcher to explore deeper insights about the study phenomenon. Qualitative methods have been applied in prior studies to explore the effect of abortion rates on population size in Ohio (Smyth, 2021). Additionally, Jones and Jerman (2017) also used a qualitative approach to explore how abortion restrictions affected abortion rates and population size. Considering the nature of the research questions and study phenomenon of interest in the current study, the qualitative approach was appropriate.

Research Design

In this study, the researcher used the concurrent triangulation design to collect quantitative and qualitative data simultaneously (Palmer Kelly et al., 2020). In particular, the concurrent triangulation design was conducted so that qualitative findings would be used to confirm the quantitative findings. The term 'triangulation' has its roots in navigation research, where it is used to refer to the technique of using angles of two known points to determine a location of interest (Palmer Kelly et al., 2020). Triangulation involves using multiple approaches to answer a specific research question in academic research. The ultimate aim of triangulation is to boost the confidence in the findings obtained (Palmer Kelly et al., 2020).

Combining multiple findings provides a more comprehensive picture of the results than if only one approach is used. In the current study, the researcher used a concurrent triangulation design in which qualitative and quantitative data were collected simultaneously. Still,

quantitative findings were used to confirm or validate the qualitative findings. The results obtained from the quantitative and qualitative phases may diverge or contradict each other, in which case further data collation and analysis would be imperative. Triangulation may also result in complementation where they relate to different phenomena but are not opposite each other. Lastly, the results may be convergent. The qualitative and quantitative findings relate to the same research objects and phenomena, increasing validity through confirmation.

Justification of the Research Design

The concurrent triangulation design was chosen for this particular study for multiple reasons. Part of the reasons for settling on this design relates to the appropriateness of concurrence in the collection and analysis of data. In this study, the researcher did not intend to explain findings from one method. As such, neither the sequential explanatory design nor sequential exploratory design was appropriate. Instead, a contemporary design was considered appropriate as it would allow the researcher to confirm quantitative results using qualitative findings.

Population and Sample Selection

Population

The target population for the qualitative portion of the current study can be divided into three major categories; Ohio Pro-Choice movement proponents, Ohio Pro-Life movement proponents, and public administrators in the state of Ohio. The Pro-life movement is a social organization in the United States that advocates for individuals' right to life. Fundamentally, the pro-life movement advocates for anti-abortion and the right to life of human embryos and fetuses. On the opposite side of the abortion debate in the U.S., exists the Pro-Choice movement which advocates for women's rights to elective abortion. There are no exact figures on the

number of people who support the pro-life or the pro-choice movements. The third target population included public administrators in Ohio. According to the World Health Organization ([WHO], 2021), abortion is a serious public health concern as it forms an essential component of women's health. One of the core roles of public health administrators is to develop and oversee the implementation of programs intended to improve the overall health of the public within a particular administrative region (WHO, 2021).

Abortion is a public health issue that requires the input of public health administrators in developing and implementing programs to address issues surrounding abortion, which is a public health issue of concern (WHO, 2021). WHO (2021) further reiterates that addressing issues surrounding abortion such as safe abortion falls directly in the docket of public health administrators. As such, public health administrators formed an important section of public administration participants for the current study as they relate directly to issues surrounding abortion in Ohio. According to Fox et al. (2019), there were approximately 7.25 million public administrators in the United States as of 2019. The three population categories have many members; hence a reasonable sample size for the current study was determined to be 5-6 for the qualitative phase.

For the quantitative phase, secondary data was collected; hence, there is no specific target population of interest. Time series data on abortion rates in Ohio between 2009 and 2019 was collected. Notably, data was collected from public databases such as the Ohio Department of Health database that contains data on abortion rates and abortion reports.

Sample Size

Sample sizes for the qualitative study included 5-6 pro-life advocates, 5-6 pro-choice advocates, and 5-6 public administrators in Ohio. Generally, there is no clear rationale for

selecting sample sizes for a qualitative inquiry. However, scholars have reported appropriate sample sizes in the existing literature for qualitative research. For instance, Vasileiou et al. (2018) recommended that a sample size of at least 12 participants was appropriate for attaining saturation. In another study, Creswell recommended a minimum sample size of between 10 - 15 participants as appropriate for attaining saturation in qualitative research. Lastly, Braun and Clarke (2021) recommended a sample ranging between 5 and 50 participants as appropriate for a qualitative inquiry. The sample size used in this study (at least 15 participants) falls within the range of many sample size recommendations hence may be appropriate for attaining saturation. However, if saturation was not achieved with the recommended sample size, the researcher was prepared to recruit more participants via a purposive sampling approach. Upon asking about 200 potential participants to participate, the 15 who accepted were considered appropriate.

The sample size for the quantitative study was determined by the number of observations in the public dataset obtained. The measurement period is between 2009 and 2019. As such, the quantitative dataset consisted of 10 observations corresponding to the 10 years between 2009 and 2019.

Participant Selection Procedures

Purposive sampling was used to select participants for the qualitative portion of the study. Purposive sampling involves selecting participants based on a clearly defined set of criteria (Parker et al., 2019). In the current study, eligible participants were either pro-choice advocates, pro-life advocates, or public administrators in the state of Ohio. Additionally, participants were required to be of legal consenting age of at least 18 years. No sampling method was used for the quantitative study since raw public data was extracted from Ohio State government sources.

Snowball sampling was also used to identify and recruit potential participants into the study. Notably, snowball sampling involves using existing participants as referral points to other potential participants (Parker et al., 2019). Snowball sampling is advantageous because it allows the researcher to identify participants that otherwise would not have been easy to identify (Bhardwaj, 2019). During preliminary research, the researcher identified three potential participants, which formed the initial points of referral; one pro-life advocate, one pro-choice advocate, and one public administrator. Each primary participant was requested to refer the researcher to other similar potential participants. For instance, the pro-life advocates were requested to refer the researcher to other pro-life advocates of legal consenting age.

Similarly, the pro-choice advocates and public administrators were requested to provide referrals. Referred participants were also requested to provide other referrals. The process continued until an appropriate sample size of at least five pro-life advocates, five pro-choice advocates, and five public administrators in Ohio was attained.

Processing and Analysis Procedures

Data Processing

Qualitative Data. Qualitative data was collected from a sample of 15 participants, which included pro-life advocates, pro-choice advocates, and public administrators from Ohio. Qualitative data from these participants was collected using semi-structured interviews recorded for analysis purposes. The participants were interviewed independently and their respective audio files saved using pseudonyms. The specific pseudonyms were coded using a combination of alphabet A and numbers that denote the order in which the interviews were conducted. For instance, the audio file for the first participant's interview was A1, while the audio for the 10th participant's interview was A10.

Qualitative data in audio files were transcribed to convert the audio into textual data for analysis purposes. However, first the audio files were sent to respective participants for member-checking. During member-checking, each participant was able to review their respective recorded responses to make corrections where necessary. As applicable, the participants e-mailed back the member-checked audio files with corrections to the researcher. Once the member-checking process was over, the qualitative data was transcribed using full verbatim. After the transcription process, the researcher renamed the resulting text files using the same names assigned to individual audio files. Member-checked files were then ready for qualitative analysis.

Quantitative Data. Quantitative data was downloaded from government websites and stored in Excel or CSV files. Processing quantitative data involved several activities. First, the researcher merged variables from different sources into a single dataset. Notably, the dataset contained a time series element (the 2009 – 2020 period). The researcher then conducted coding on all categorical variables by assigning values to different categories. The researcher assigned names and labels to the variables in the study. The names assigned were meaningful in the context of the measured factors or constructs. For instance, the name *household income* was assigned to data collected on average household income in Ohio from 2009 – to 2020. The researcher assigned a specific value (999) to all missing values so that the analysis software does not mistakenly treat them as zeros.

Data Analysis Procedures

Analysis of Qualitative Data. Qualitative data was analyzed using Clarke and Braun's (2021) six-step process of thematic analysis. The six-step process involves six main phases of thematic analysis: familiarization, generation of initial codes, generation of themes, review of themes, the naming of themes, and final write-up (Clarke & Braun, 2021). During the

familiarization stage, the researcher read through the transcribed and member-checked files to acquaint herself with participants' general meanings, feelings, and perceptions regarding the phenomena of interest and factors affecting abortion rates in Ohio.

The second stage involved open and axial coding, which was conducted using NVivo version 12 software. During open coding, the researcher read through the data files carefully while highlighting any phrases, lines, or paragraphs related to the study purpose and questions. The researcher assigned short names to each code identified through open coding. During the axial coding phase, the researcher placed codes that portray similar meanings into similar categories and assign names to these categories. The categories and codes in NVivo represented parent and child nodes, respectively.

The third stage involved generating themes, which was achieved by grouping similar categories together. Each theme thus contained several categories that are similar in some way. During the fourth stage, the researcher reviewed the identified themes based on the study's research questions and purpose. The core purpose of reviewing themes was to determine whether the themes answer the research questions. A review of themes thus allowed the researcher to adjust the coding and categorization process to ensure themes generated provide answers to the study questions. The researcher assigned names to the identified and reviewed themes during the fifth stage. These names represented an abstracted idea conveyed by the codes and categories in each theme. Lastly, the researcher conducted a final write-up detailing the themes identified and how they answered the research questions.

Analysis of Quantitative Data. Quantitative data was analyzed using SPSS version 25 software. The first step in analyzing quantitative data was testing linear regression assumptions. Four assumptions of linear regression were tested during this critical initial stage; linearity,

homoscedasticity, normality, and multi-co-linearity. Linearity was tested for each independent variable using scatter plots, which depict the extent to which a variation in the independent variable is related to variation in the dependent variable. The second assumption, homoscedasticity, was tested for each regression model using Levene's homogeneity of variances. A non-significant Levene's test indicated that variances were equal and that the homoscedasticity assumption was met. Fourth, the normality assumption holds that the residuals of the regression line should be normally distributed for linear regression to be viable. The normality assumption was tested using Skewness and Kurtosis values in this study. The normal distribution assumption is met if the Skewness value falls between 1 and -1, and the Kurtosis value falls between 2 and -2. Lastly, multi-co-linearity was tested using the Variance Inflation Factor method. Notably, any variable with a VIF greater than 10 in each regression model probably has a high correlation with one or more variables in the model. Such a variable is eliminated from the model to reduce the effect of multi-co-linearity.

Research Question One. The first research question examined the trend in abortion rates between 2009 and 2019. This research question was answered using quantitative descriptive analysis. Notably, the researcher developed graphs and line charts indicating the trend in abortion rates in Ohio between 2009 and 2019. These results were then compared to qualitative and literature review data to attain greater reliability through triangulated results.

Research Question Two. The second research question was answered by running a qualitative thematic analysis. Notably, the researcher developed themes indicating both the increase or decrease in the abortion rate in Ohio over the period 2009 to 2019, as well as the most likely factors impacting the abortion rate in Ohio over the period 2009 to 2019. These

results were then compared to the quantitative analysis results as well as to existing empirical literature to again attain greater reliability through triangulated results.

Summary

The purpose of the proposed study is to explore whether and how abortion rates in Ohio have changed between 2009 and 2019 as well as what major factors have driven this change. In this chapter, the researcher specified the method, research design, participants, and data analysis methods used in the study. Notably, the researcher specified that a concurrent triangulation mixed-methods design would be used. The researcher also specified that qualitative data would be collected from Ohio pro-life and pro-choice advocates as well as Ohio public administrators. On the contrary, quantitative data was sourced from Ohio State government records, reports, and databases. Qualitative data analysis was conducted in NVivo using the six-step process of thematic analysis. While quantitative data analysis involved using SPSS version 25 to perform descriptive and regression analysis.

Chapter 4: Data Analysis and Results

The purpose of this mixed-methods research was to examine whether and how abortion rates in Ohio have changed between 2009 and 2019, and to explore the factors that influenced the changes in abortion rates. To increase the reliability of the results within, much of the most up-to-date data from 2020 has also been included. The study aimed to fill a gap in the literature pertaining to the absence of research on factors that influence abortion rates, particularly in the state of Ohio (Ohio Department of Health, 2020). The previous chapter focused on a discussion of the methods that would be used for collection and analysis of data. In this chapter, the researcher presents the findings obtained from the data collection and analysis that was

conducted. The chapter consists of three major sections; data collection and analysis methods, quantitative findings, and qualitative findings.

Data Collection

To achieve the objectives of this research, a mixed-methods approach was used. The mixed-methods approach warranted collection of both qualitative and quantitative data. Quantitative data was collected from secondary sources, which included documents containing data on abortion rates between 2009 and 2020 obtained from the Ohio Department of Health website. On the contrary, qualitative data was obtained from live human participants, who included Public Administrators, Pro-life proponents, and Pro-choice proponents from Ohio. The researcher attempted to gain participation for the qualitative portion of this report from about 200 qualifying individuals. Outreach included phone, email, in person attempts, and social media outreach as provided by previous participant suggestion.

Of the 200 who were contacted, Ohio Planned Parenthood associates were included within the outreach. Of the 15 who accepted however, none of them were Planned Parenthood employees. While Planned Parenthood was in the outreach group of potential participants, most of them did not respond. The two who did respond reported that 1) they did not have time to participate and 2) that they could not risk going public with the topic being so prevalent in the media at this time. Therefore, the total sample size for qualitative data collection consisted of 15 participants, which was in line with the recommendations of qualitative theorists such as Vasileiou et al. (2018) and Braun and Clarke (2021). Five pro-life proponents, five pro-choice proponents, and five public administrators from Ohio were included in the sample.

Data Analysis

Both qualitative and quantitative data analysis methods were used. In particular, descriptive statistical analysis was used to analyze quantitative data. Raw quantitative data obtained from the Department of Health included the population of women aged between 15 and 44 years (representing fertile population), total number of abortions recorded, number of abortions that were recorded as 'resident' or 'in-state,' and number of abortions that were recorded as 'out-of-state' for all years between 2009 and 2020. Based on these data, the following abortion rates were calculated: (1) abortion rates based on total number of abortions, (2) abortion rates based on the number of abortions recorded as resident, and (3) abortion rates based on the number of abortions recorded as out-of-state. All calculations were done in Microsoft Excel.

The dataset was imported into SPSS Version 25 for further analysis. First, descriptive statistics - means, standard deviations, minimum values, and maximum values - were calculated. Scatter plots indicating trends in abortion rates were also drawn. Lastly, correlation statistics were calculated to determine whether there is a strong and significant correlation between year and abortion rates.

Qualitative thematic analysis was used to analyze qualitative data in line with the recommendations of Clarke and Braun (2006). The six-step process involves six main phases of thematic analysis: familiarization, generation of initial codes, generation of themes, review of themes, the naming of themes, and final write-up (Clarke & Braun, 2021). Qualitative thematic analysis was conducted using NVivo version 12.

Quantitative Results

Descriptive Statistics

Table 2 illustrates descriptive statistics (means, standard deviations, minimum, and maximum values of each variable in the data). The average number of abortions (both resident

and out of state) between 2009 and 2020 was 22,929 (SD = 3,107). The minimum and maximum numbers of abortions (both resident and out of state) were 20,102 (*reported from 2019*) and 28,721 respectively (*reported from 2009*). The average abortion rate (resident & out of state) was 9.72 (SD = 1.25) abortions for every 1000 women. The lowest abortion rate (resident & out of state) recorded in the ten-year period was 8.5 abortions for every 1000 women (*effectively reported from 2019*), while the highest abortion rate was 11.9 abortions for every 1000 women (*effectively reported from 2009*).

As per the results in Table 2, the average number of resident abortions in Ohio for the 2009-2020 period was 21,593 (SD = 2,887). The highest number of abortions (resident) recorded in the ten-year period was 26,959 (*reported from 2009*), while the lowest recorded rate was 18,913 (*reported from 2019*). Statistics on Ohio resident abortion rates were not calculated because the Ohio Department of Health did not report data on the abortion rates among Ohio residents for the 2009 to 2020 period.

The average number of out of state abortions in Ohio for the ten year period was 1,135 (SD = 234). The highest number of abortions recorded within the same ten-year period was 1801 (*reported from 2010*), while the lowest was 1129 (*reported from the year 2016*). Statistics on out of state abortion rates were not calculated because the Ohio Department of Health did not report data on the abortion rates among out of state residents for the 2009 to 2020 period.

Table 2: *Descriptive Statistics of Key Variables in the Dataset*

Variable	N	Min	Max	Mean	SD
No. of Abortions (Total)	12	20102	28721	22929.67	3107.19
Abortion Rate (Total)	12	8.5	11.9	9.716667	1.25106
No. of Abortions (Resident)	12	18913	26959	21593.92	2887.134
No. of Abortions (Out of residence)	12	1129	1801	1335.5	234.393

Trends in Abortion Rates

Generally, there has been a decrease in the number of abortions and abortion rates between 2009 and 2020 as shown in figure 3. As shown in Table 3, the number of abortions declined steadily from 28,721 in 2009 to 20,102 in 2019 before slightly rising to 20,605 in 2020. Similarly, abortion rate (resident & out of state) was highest in 2009 at 11.9 and lowest in 2019 at 8.5 before slightly rising to 8.7 in 2020. This result indicates the abortion rates have consistently declined over the years between 2009 and 2020.

Since data on resident and out of resident abortion rates were not available, figures 4 and 5 indicate the trend in the number of abortions recorded. Figure 4 illustrates that the number of abortions (resident) between 2009 and 2020 have generally declined. This observation is consistent with figures in Table 3. As shown in Table 3, the number of abortions (resident) was highest in 2009 at 26,959. This number has consistently declined over the years as evidenced by the negative slope of the trendline in figure 4. The lowest number of abortions (resident) was recorded in 2019 (18,913) before slightly rising again in 2020 (19,438).

Lastly, the number of abortions (out of state) has generally declined between 2009 and 2020 as evidenced by the negative slope of the trendline in figure 5. This trend is also consistent with data in Table 3. As shown in Table 3, the number of abortions (out of state) was highest in 2010 at 1,801. This declined consistently to 1,129 in 2016 before slightly rising to 1,278 in 2017. Between 2017 and 2020, the number of abortions experienced another consistent decline.

Table 3: *Trend in Abortion Rates (Resident & out of state) between 2009 and 2020*

Year	No. of Abortions (Total)	Abortion Rate (Total)	No. of Abortions (Resident)	No. of Abortions (Out of residence)
2020	20,605	8.7	19,438	1,167
2019	20,102	8.5	18,913	1,189
2018	20,425	8.7	19,213	1,212
2017	20,893	8.9	19,615	1,278
2016	20,672	8.9	19,543	1,129
2015	20,976	8.9	19,765	1,211
2014	21,186	9	20,018	1,168
2013	23,216	9.9	22,011	1,205
2012	25,473	10.9	24,080	1,393
2011	24,764	10.5	23,250	1,511
2010	28,123	11.8	26,322	1,801
2009	28,721	11.9	26,959	1,762

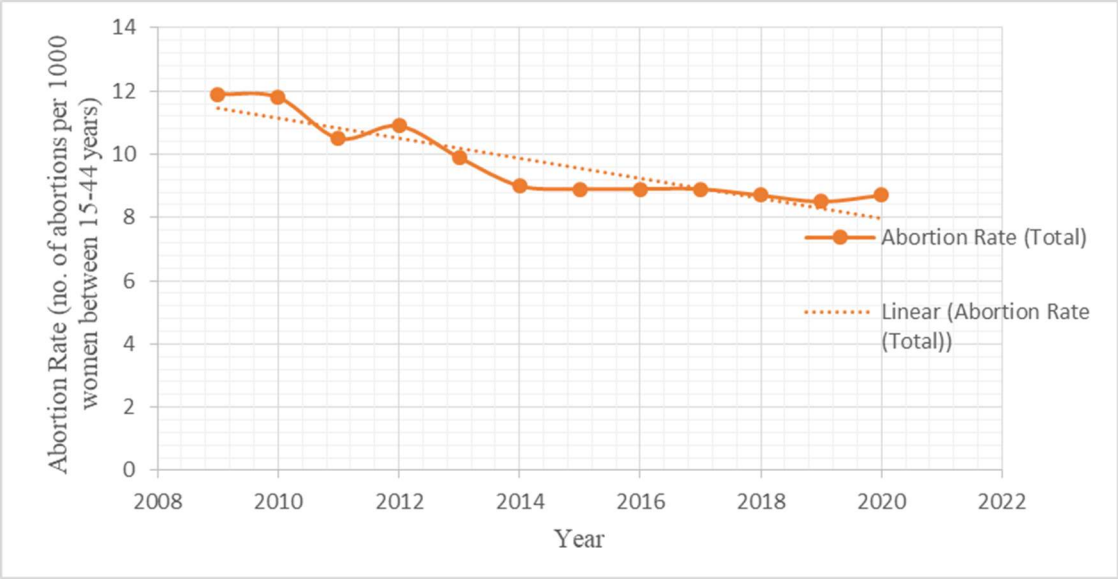

Figure 3: *Trend in Abortion Rates (Resident & out of state) between 2009 and 2020*

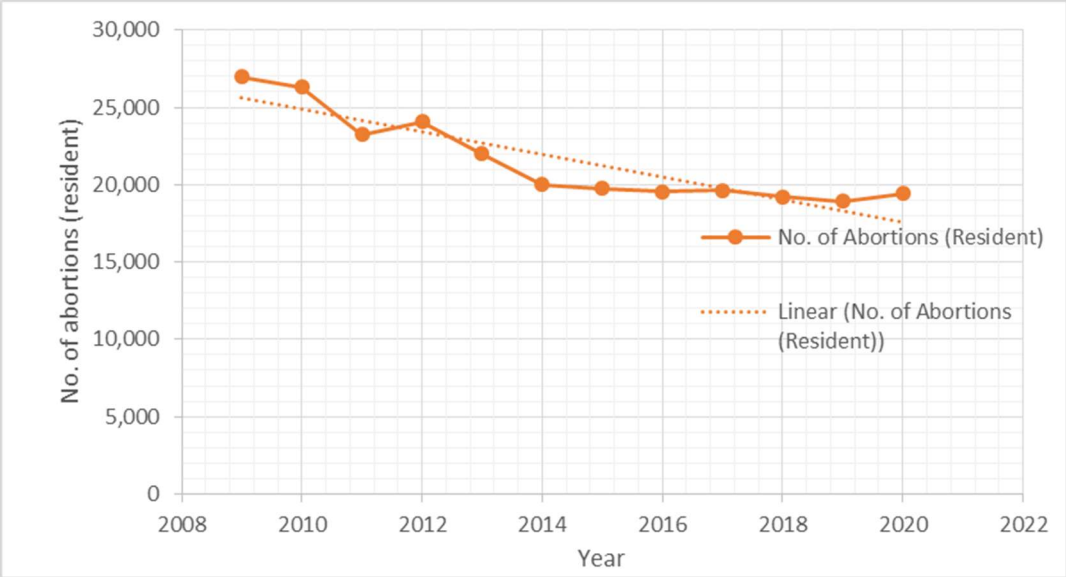

Figure 4: *Trends in Abortion Rates (Resident) between 2009 and 2020*

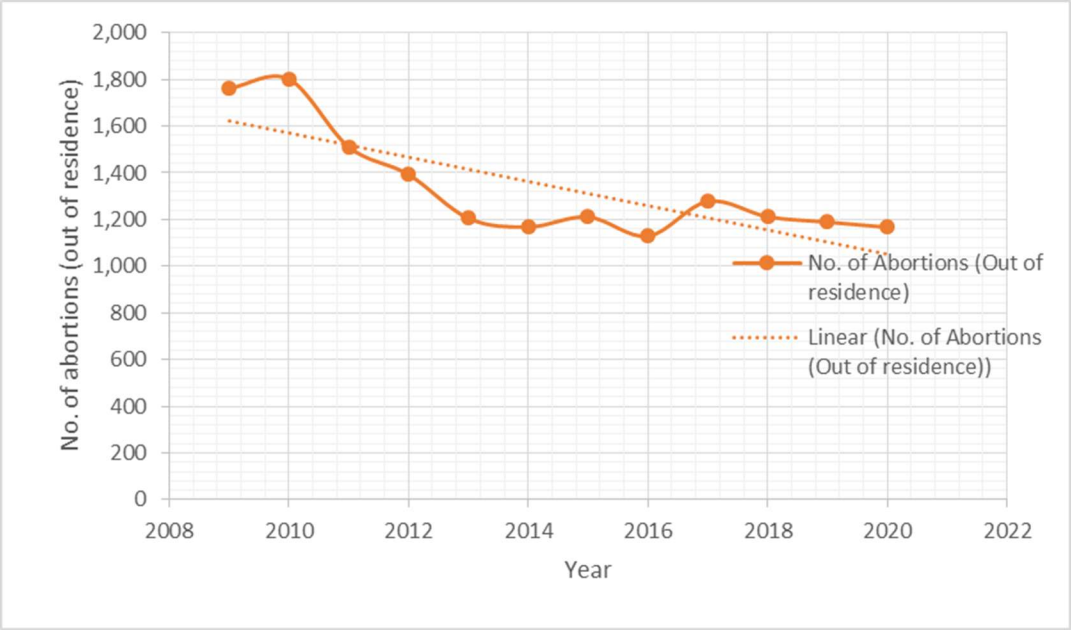

Figure 5: *Trends in Abortion Rates (out of state) between 2009 and 2020*

Qualitative Results

Summary of Results

Qualitative analysis was intended to explore the major factors that affect abortion rates in Ohio – factors to which the observed change in abortion rates between 2009 and 2020 can be attributed. There were five broad themes obtained from the qualitative data analysis. The first theme regards perceived changes in abortion rates in Ohio between 2009 and 2020. Participants gave different responses regarding their perceived changes in abortion rates in Ohio, with some claiming there has been a decline, while others claim there has been an upsurge. The second theme pertains to the availability of alternative birth control methods as a factor that has affected abortion rates in Ohio. Again, participants gave contradictory responses; with some claiming alternative birth control methods have increased rates and others claiming that such methods have faced several limitations inhibiting their intended effect. In the third theme, participants were sharply divided on the perception of Ohio abortion laws regarding whether they are permissive or restrictive and how they have affected abortion rates. It is incredibly important to

note as well with the third theme that the timeliness of this research study was slightly askew. In the midst of conducting the interviews for the qualitative analysis of this report, federal as well as Ohio law had changed. As a result, some participants were interviewed before *Roe v. Wade* was overturned and Ohio enacted its current heartbeat bill; while others were interviewed after these events had taken place.

The fourth theme was majorly centered on education and increased awareness among Ohio women. Participants gave two different schools of thought on how they believe such education and awareness has affected abortion rates; (1) that awareness and education has increased abortion rates, and (2) that awareness and education has decreased abortion rates. The last theme concerns the role of pro-life and pro-choice movements. Participants were sharply divided on how these movements have affected abortion rates. According to some participants, both pro-life and pro-choice have had a very limited impact, if any, on abortion rates in Ohio. However, other participants felt that the pro-life movement has been more impactful. Still yet, other participants felt the pro-choice movement has had a greater impact on abortion rates. All the findings are summarized in Table 4 where N equals the number of participants who supported that theme and Refs equals the number of times each individual referenced that theme within their responses. Subsequent sections contain detailed review of the themes obtained.

Table 4: *Summary of Findings on Key Themes obtained from the Qualitative Analysis*

Theme	N	Refs
Theme 1: Perceived Change in Abortion Rates between 2009 and 2020	**15**	**16**
1. Perceived Decrease in Abortion Rates	9	9
2. Perceived Increase in Abortion Rates	5	6
3. Perceived no change in Abortion Rates	1	1
Theme 2: Availability of Alternative Birth Control Methods has Affected Abortion Rates	**11**	**19**
1. Contraception has reduced abortion rates	5	11
• Birth control has reduced abortion rates by over 20% in the last 8 years	5	5
• Contraception implies reduced need for abortion	3	3
• Increased access to alternative birth control services	2	3
2. Contraception has faced several limitations that have hindered its effectiveness	6	8
• Anti-abortion laws also limit contraception funding	1	2
• Low contraception consumption	4	4
• Lack of awareness on FP reduced contraceptive usage	1	1
• No contraceptive is 100% effective; hence abortion should also be an option	1	1
Theme 3: Restrictive and Permissive Laws	**15**	**71**
1. Availability of Funding and Insurance Coverage	11	19
• Defunding reduces abortion rates	5	10
• Funding increases abortion rates	6	6
• Funding or lack of it does not affect abortion rates	2	3
2. Restrictive and Permissive Laws affect Abortion rates	15	52
• Laws are generally permissive	6	9
• Laws are generally prohibitive	9	22
• The heartbeat law is a key restrictive law that affects abortion rates	12	21
Theme 4: Awareness and Education Affect Abortion rates	**8**	**15**
1. Education and awareness have increased abortion rates	3	4
2. Education and awareness have reduced abortion rates	6	9
3. Lack of education and awareness have increased abortion rates	2	2
Theme 5: Role of Pro-choice and Pro-life Movements	**12**	**24**
1. Pro-life and Pro-choice have had a very limited impact	5	6
2. Pro-life has had a greater impact	5	9
3. Pro-choice has had a greater impact	4	5
4. Pro-life only impactful among its supporters	2	4

Perceived change in Abortion rates between 2009 and 2020 in Ohio

Participants held differing views on how abortion rates in Ohio have changed between 2009 and 2020. According to some participants, abortion rates have actually reduced, and this coincides with the data obtained from the Ohio Department of Health (2020).

Perceived Reduction in Abortion Rates. Participant A1 indicated that abortion rates have decreased between 2009 and 2020 due to increased access to alternative birth control methods such as contraception. However, she claimed she expected the rates to have reduced by a lot more than what the numbers are currently showing:

> *"But uh, I would say with that of course, as women use birth control, they are obviously less likely to have abortions. So, I'm guessing that has had a factor in reducing abortions, I'm going to say I'm assuming it has but the truth is, given the prevalence of birth control and the ease of access for that I would have thought that it would have reduced abortions by a lot more. And so, I mean, I would say a 20% reduction over about 8 years."*

Participant A11 was well informed about current and historical data on abortion rates. The participant accurately pointed out that abortion rates in Ohio had actually declined between 2009 and 2020 as evidenced by data from the Ohio Department of Health: "*Based on information obtained from the Ohio dept. of health, abortion rates have decreased. And I don't know if you've looked at their latest report or not, it's from 2020, but if you review it, you can see that they have in fact decreased*." Participant A12 was also well-informed about existing data on abortion rates in Ohio: *"I know they have decreased about 8,000. In 2010 there were 28,123 total abortions reported in Ohio but in 2020 there were 20,605."* Participant A13 knew there exists evidence that abortion rates in Ohio have decreased. However, she could not point out the exact

source of such evidence: *"I think that there is evidence that they have decreased by about 35% over the last decade."*

Participant A14 also indicated that abortion rates in Ohio have reduced, although she did not have the exact data to support her answer:

> *"Although I haven't the data to support my answer, my perception is that abortion rates conducted in Ohio have decreased although the number of women seeking abortions has remained consistent. With decreasing facilities in Ohio that provide abortion services, I feel that those seeking abortion care may be going to other states."*

Participants A15 and A3 contended that there has been a reduction in abortion rates both in the general female fertile population (females aged between 15-44 years) and also among high school students. According to participant A15, the number of abortions among high school students has decreased:

> *"I would say that the numbers have probably decreased, but the number of, if you look at the numbers in high schools and our students those numbers have decreased as well. And not to say that it would only be high school students who would utilize the service, but it's likely students."*

From participant A3's perspective, teen pregnancies and subsequent abortions have generally decreased in the past decade, thanks to better insurance coverage for different types of birth control and increased education and awareness on such alternative birth control methods:

> *"I think they have decreased; I think teen pregnancies and unwanted pregnancies overall, I've, I've been reading about this. I think things have decreased because there's better like, insurance coverage is better for different types of birth control, more things are being covered, education is a little bit better, and more expected and widespread people*

are talking about it more often, about you know, preventing pregnancies and that sort of thing. So, it does seem like the numbers are going down."

Participant A4 believed that abortion rates have decreased slightly probably due to population decline: *"I think they have decreased slightly; partly due to population decline, but I think on average they've been consistent over the last few years. But overall to answer the question, I think they've decreased."* Lastly, participant A5 believed that abortion rates have declined. Participant A5 expressed her disappointment because the decline in rates may be due to a lower number of abortion service providers. From her sentiments, she feels that females have a right to abortion and such a reduction in rates is not a reflection of a healthy society as most people perceive it: *"Sometimes what you think you know, isn't true. But sadly, they've probably decreased due to fewer providers."*

Perceived Increase in Abortion Rates. A good number of the participants believed that abortion rates in Ohio have increased. Participant A10 felt that abortion rates have increased. Based on their response, the participant seemed to lack information on the current and historical abortion rates in Ohio. However, the participant indicated that the increase can be attributed to a gradual change in societal values where people are gradually accepting abortion as a norm: *"They have increased. Um, I think societal values factor in the most. You know, it's easier access to it lately as well. As time passes, they become safer and more people are willing to take this option."*

Participant A9 also believed that abortion rates have generally increased. However, the participant gave a different reason for why he believed the rates have increased. The participant particularly blamed current Ohio laws, which he labeled as 'pro-life laws,' claiming they force women to seek for alternative abortion services:

"Um, I believe uh, in the last decade abortion has become more prevalent because of Pro-life guided laws that basically gives an outline of where, and when and how to murder their babies by abortion. Laws act as a school master and with wicked laws it will inevitably instruct the population to act wickedly. People will call good evil and evil good."

Participants A2, A6, and A7 also supported the idea that abortion rates have increased but did not provide further details on how the rates have changed, or what could have contributed to their perceived increase in abortion rates in Ohio. Still yet, participant A8 believed that abortion rates have remained the same: " *Um, from what I've seen, it's been about the same; you don't really see the abortion clinics overly full you know*."

Availability of Alternative Birth Control Methods has Affected Abortion Rates

From a general perspective, participants believed that alternative birth control methods have had some impact on abortion rates. A portion of the participants (n = 5) believed that alternative birth control methods have actually reduced abortion rates. However, another portion of the participants (n = 6) believed that existing alternative methods, particularly contraception, are faced with several limitations that reduce or hinder their intended effect on abortion rates. Some of the limitations raised include the inability of contraceptives to prevent unwanted pregnancies with 100% efficacy, implementation of some anti-abortion laws on funding that end up affecting contraception, lack of information and awareness on contraception, and low contraception consumption among Ohio women.

Availability of Contraceptives has Reduced Abortion Rates. Participant A1 believed that the significant drop in abortion rates reported by the Ohio Department of Health (2020) can be attributed to increased availability and access to contraceptives and alternative birth control

methods. However, participant A1 indicated the extent to which the abortion rates have decreased was below his expectations; he expected something like a 20% drop or more in abortion rates given the ease of access to contraceptives:

> *"But uh, I would say with that of course, as women use birth control, they are obviously less likely to have abortions. So, I'm guessing that has had a factor in reducing abortions, I'm going to say I'm assuming it has but the truth is, given the prevalence of birth control and the ease of access for that I would have thought that it would have reduced abortions by a lot more. And so, I mean, I would say a 20% reduction over about 8 years."*

Participant A11 also attributed the reduction in abortion rates to increased access to and consumption of contraceptives among young people. According to participant A11, the awareness and consumption of contraceptives has generally increased:

> *"Education and contraceptives to prevent unwanted pregnancies in the first place. And that's really, in my opinion where we should be. We should be concentrating efforts on helping young people avoid unplanned pregnancies in the first place. And I also think that, over the years, you know I'm passed child-bearing years and having to deal with that, but the perception of family planning and contraceptives are common place now. I'm around young people who are in their twenties and the use of contraceptives is, it's wide; and most are on some form of birth control; and I think that's a good thing. I think the societal view of birth control has gotten better and safer."*

Participant A13 ranked increased availability of contraceptives as the second most impactful factor after restrictive abortion policies as far as the significant reduction in abortion rates in Ohio is concerned:

"Well I think that Ohio has some of the most prohibitive abortion restrictions, but I also think that there has been more of a focus on family planning and access to contraception. So, I think going in order, it would be Ohio being prohibitive, followed by family planning and access to contraception. Well I do think the local health departments have made contraception more readily available."

Apart from availability of contraceptives, participant A13 also hailed existing sex education programs as impactful in creating family planning awareness among young people: *"I do think our school systems have done a better job of providing sex education. I think family planning has gotten better and is more promoted in Ohio, and I do think that these things have also contributed to the decrease to the number of abortions in the state of Ohio."*

Participant A3 attributed the drop in abortion rates to increased access to different types of birth control services, and increased awareness and education on their usage and efficacy:

"I think they have decreased; I think teen pregnancies and unwanted pregnancies overall, I've, I've been reading about this. I think things have decreased because there's better like, insurance coverage is better for different types of birth control, more things are being covered, education is a little bit better, and more expected and widespread people are talking about it more often, about you know, preventing pregnancies and that sort of thing. So, it does seem like the numbers are going down."

Participant A6 argued that increased availability of contraceptives to both women and men has contributed to the decrease in abortion rates. In particular, participant A6 introduced the idea of reversible vasectomies as an effective approach to reducing abortion rates:

"That's a good thing for family planning right there you know! Plus, it's expensive to raise a child, there's more access to contraception, but it's always been the woman that has to do it. But that is slowly changing with this world. Some men are getting vasectomies. And vasectomies can be reversed, and getting your tubes tied can be reversed and I think taking advantage of these things means we need abortion less. It's not a big issue getting these but you have to have the right person doing it."

Limitations Associated with Contraception. While some participants identified availability and easy access to contraception as a factor that has contributed to the reduction in abortion rates in Ohio, there were also sentiments regarding some key limitations associated with contraception as an alternative birth control method. Participants indicated that low consumption of contraceptives among Ohio women was still a significant hurdle affecting their efficacy as far as preventing unwanted pregnancies and subsequent abortions is concerned. For instance, participant A12 indicated that in her role as a Christian minister, she had encountered several women claiming they had not taken any contraception:

"My perception from what I've seen at the pregnancy center is that many of the women that come through, they were not taking any precautions they were not using any protection. But then when they are asked if they have taken contraception or wanted to get pregnant the answer is no. So, I'm saying there is little family planning in that regard. I mean, sex you know, so professionally I work at a pregnancy center, but personally I'm a minister and I am Christian, and so I have influenced this, but from what I'm seeing in the community is that there is not a plan. Sex is primarily for procreation, yet we are having sex and acting shocked when pregnancy occurs. That's what I'm seeing from that perspective."

Participant A14 also claimed that low consumption was one major limitation to contraceptive usage among Ohio women. According to this participant, some women still hold onto the traditional view of natural contraception where God determines their fate regarding pregnancy timing and the number of children to bear:

> *"My perception is that female contraceptive use is viewed negatively, whether it is birth control pills or Plan B pills. I believe that there is a predominant conservative view that family planning is "God's Will". I believe that the policies enacted that do not support widely available and free/low cost birth control reduces the number of individuals seeking abortion care. I feel that it reduces a woman's feeling of self-empowerment in family planning decisions."*

Participant A4 expressed concerns that there is a growing belief that pregnancy is not a bad thing. Such a belief system thus encourages young women to get pregnant only to realize later the implications of parenthood and contemplate abortion:

> *"Um, with that, I think I've heard that there's been with contraceptive usage, like in Tic Toc videos of women being proud of being pregnant. Um, and, so there's been like a cultural aspect, that maybe having a child isn't such a bad thing. Um, a lot of those have played into this, this question. So, contraceptive usage is down probably because of that."*

Participant A2 argued that contraceptives may actually contribute to high abortion rates in two ways. First, the thought that contraception is effective may increase risky behavior among youths. Since contraceptives are not always 100% effective all of the time, high-risk behavior may thus increase youths' exposure to unwanted pregnancies. Second, the fact that contraceptives are not 100% effective in preventing pregnancies makes them limited in their efficacy; they cannot guarantee 100% effectiveness:

"*I wonder if people may be more willing to take chances they wouldn't otherwise take because they can always go back to abortion. And uh, there's so many things we can do, but none of them are 100%. No contraception is 100% other than abstinence.*"

Participant A4 also weighed in on the low consumption of contraceptives among Ohio women. Participant A5 lamented that existing anti-abortion funding regulations have also adversely affected access to contraception services:

"More access to healthcare through Obamacare, but then in Ohio the republican party is making it more difficult too. I think as they're trying to cut access to abortion they are also cutting access to contraceptives. And that has made life more difficult for a lot of people."

Participant A5 emphasized that limited contraception funding causes some women to resort to abortion as the only alternative, especially those that come from low socio-economic backgrounds:

"Funding is always an issue; if you're poor, you know, it's hard to potentially scrape up the money to afford healthcare, contraception, then you end up potentially needing abortion. You know, assuming you can even scrape up money for the abortion. But yeah, funding is, is, it's always about the money."

Restrictive and Permissive Laws

This broad theme mainly pertained to participants' perception of Ohio's regulatory environment in terms of the extent of restriction or permission of abortion. Participants held different views regarding the abortion regulatory environment. Some participants felt that Ohio's regulatory environment was highly restrictive to abortion, while others felt that the environment was highly permissive to abortion. This theme also covered Ohio's regulatory environment in

terms of abortion funding. Participants also held different views regarding whether funding increases or reduces abortion rates in Ohio.

Funding Regulation and Abortion Rates. There were three main schools of thought regarding funding regulation and abortion rates in Ohio; (1) that Defunding Reduces Abortion Rates, (2) that Funding Increases Abortion Rates, and (3) that Funding or Lack of has no Effect on Abortion Rates. A majority of the participants (n = 6) were of the idea that funding increases abortion rates. Similarly, the second-largest portion of the participants (n = 5) held that defunding reduces abortion rates. The combined responses of these two groupings (n = 11) suggest that funding has a direct correlation to abortion rates. Only two participants (n = 2) argued that funding or lack of it has no effect on abortion rates.

Defunding Reduces Abortion Rates. Participants held that cutting down on abortion funding would reduce abortion rates in Ohio. Participant A10 contended that since a majority of the beneficiaries of such funding are women from lower socio-economic classes, cutting down on funding would imply they seek alternative options since they cannot fund their abortions with their own money:

> *"If funding is cut, it will for sure impact abortion. Abortions are more common among lower economic classes, it limits their options then if funding is not provided to assist them with this."*

Participant A11 argued that Medicaid expansion has improved access to alternative birth control methods thus assisting young people to avoid unwanted pregnancies:

> *"Yes. I think the expansion of Medicaid has increased accessibility to contraception contraceptives while reducing abortion funding which has helped young people avoid unwanted pregnancies. And also, from an education standpoint, I mean, the more you go*

to a doctor, the more you are educated on your personal health and well-being, and I think that's a contributing factor."

According to A13, lack of direct abortion funds has reduced abortion rates, especially considering that insurance firms only fund extreme abortion cases: "*Yes, I do think that it has affected it because most of the insurance policies will only cover extreme circumstances, extreme pregnancies*." Participant A14 also held that defunding may have had a negative effect on abortion rates. However, this participant clarified that there has never existed direct abortion funding. Instead, Ohio's government decision to cut down on reproductive funding as a whole has discouraged many women from getting pregnant due to the exorbitant costs involved:

"I don't think that there has been policy allowing for direct funding for abortion services but the decrease in reproductive health funding as a whole (STD testing, birth control, etc.), that would have offset a clinic's cost for abortion services has had a negative effect on the affordability by patients."

Participant A4 was also confident that the decreased abortion rates in Ohio can be attributed to the defunding of Planned Parenthood as a whole and not just abortion: "*Without a doubt I think it's the defunding of Planned Parenthood and other abortion clinics; that's been the top one. But also, the laws about late-term abortions are having an impact*." Participant A4 also added that the impending heartbeat bill intended to slash abortion funding to some clinics will reduce the facilities' capacity to serve thus reducing the number of abortion rates:

"So, abortion clinics may have funding that they use to pay salaries, but when they will have limited funding, it's going to impact the amount of community outreach they can do. Or if not that, then there will be a reduction in the amount of staff they have to provide services. So, either way, limiting funding is going to contribute to some of the declines."

Funding Increases Abortion Rates. Participants believed that funding in general encourages unwanted pregnancies among people thus increasing abortion rates. According to A1, Ohio State government's continued involvement in funding planned parenthood has decreased personal responsibility and encouraged abortion:

> *"I would say that the more that the State has become involved in funding people's medical well-being, and really, the more the State has been involved in funding and controlling anything, the more we seem to see an increase in despair and a decrease in personal responsibility and subsequently, an increase in the termination of human life. And so, I'm speaking more so from a broad principle standing, than from very specifically. But I would say it's probably increased them. But um, I'm not looking at data, I'm looking at basic economic principles, Biblical principles, and violation of those Biblical principles, and what I know tends to be the result."*

Participant A10 also held similar sentiments. However, A10 heaped blame on Medicaid funding of abortion and Planned Parenthood. According to this participant, the fact that Medicaid and Medicare rule in the medical insurance world implies any funding decisions they make are also duplicated across other private insurance companies:

> *"Medicare and Medicaid, rules the world; as they make decisions, other insurance companies follow suit. So as there are cuts to raises, abortion funding follows. And for many, if it's covered they will do it, If not, they won't."*

Participant A12 also held similar views as previous A10 and A1. According to A12, it is only natural that increasing abortion funding would encourage people to make maximum utilization of the funds:

> *"Again, anything will increase; so, if something as a service can be offered to a person or community for free; then that service will be used as much as possible. And I'm not 100% sure, like I don't' have data in front of me to comment on the actual impact, but I just want to go back and say again that if there is more funding then more will be used because a lack of funding is a restriction upon the procedure."*

From participant A15's perspective, increasing abortion funding increases accessibility to abortion services especially for women who would otherwise not have had such access. As such, increasing funding naturally leads to increased abortion rates: "*Um I would say because it probably makes it available for women that wouldn't have had it previously*." Finally, participant A2 held that increasing abortion funding increases abortion rates. However, the participant indicated he was not sure whether Medicaid covers abortion funding:

> *"Public funding for it is not incredibly clear but I don't think Medicaid pays for it. It also changes, from the Trump administration to the Biden administration; Biden has loosened up some funding; how much, I'm not sure, but with that, there is an impact, there is an increase."*

Funding or Lack of has no Effect on Abortion Rates. Two participants, A13 and A6, denied that funding or defunding has any effect on abortion rates in Ohio. According to A13, regulations on funding have been fair – only covering extreme cases of abortion such as rape, incest, or health risk to the mother:

> *"I don't think it has contributed to changes, I think that it's always been fairly restrictive in that it's always only covered rape, incest, or health risk to mother. I don't know that that's changed so I don't know that that's had much of an effect lately."*

Participant A6 also denied that funding or lack of it has affected abortion rates in the state of Ohio. According to A6, there exists private funding that the State is not aware of:

> *"There is more private funding out there than people know. That's one of the things that the government, the state legislatures in this country have no clue. There's just so much out there, and these legislatures are fundamentally stupid because if they think that they can stop abortion that won't happen. I, what Texas has done, I think is horrible, but Ohio will probably do that too. As we have with a lot of stupid things. It's probably impacted less."*

Abortion Rates and the Permissive Regulatory Environment. A portion of the participants believed that Ohio has a permissive regulatory environment as far as abortion regulation is concerned. According to A1, anyone who wants an abortion in Ohio can have one:

> *I would say, maybe more restrictive than California, but um, I think overall, it's pretty permissive. As I've said before, if a woman wants an abortion in Ohio, she can get one, and uh, so I would call that permissive.*

Participant A1, who acknowledged advocating for total abolition of abortion, also indicated that the current Ohio anti-abortion is permissive in that it allows some innocent children to be murdered:

> *"I believe that any law that would allow for some murder of babies is an abomination and so I would say well, if it helps that's great, but it's still an abomination unless it is a full abolition of the murder of children. So, I acknowledge that it would probably save some babies, but to me, it should be a full-on ban, not just a heartbeat law. We also, we know that it's really easy to not find a heartbeat if you don't want to. And that's a concern of mine, that like it's not that hard to get around it. But I will say that in Texas it*

sure seems to have decreased abortions so I say praise the Lord, but um I just acknowledge that it just doesn't go far enough."

Participant A12 also held similar views as A1, indicating that abortion should be completely illegal, unless the mother's life is at risk. As such, A12 held that current laws are permissive as they allow killing of innocent children: "*I would like to see abortion completely illegal at any stage. You know, I believe that life begins at conception. Unless the life of the mother is at risk*."

Participant A9 also argued that the anti-abortion laws in Ohio are not as restrictive as he expected. The participant expected total abolition of abortion in Ohio in order for desirable results as far as the decline of abortion rates is concerned to be realized:

"Besides the Pro-life Movement's 48 years of incremental laws that do nothing to abolish abortion, I don't know of any that besides our bill of equal protection for total abolition that has heavily impacted, or will heavily impact, the abortion rates, if anything these iniquitous decrees will only drive the abortion rates up. The Pro-life Movement's 48-year Holocaust is a failure for humanity in Ohio and the rest of the United States and really the rest of the world."

Participant A2 indicated that the current regulatory environment is more permissive as far as abortion is concerned. A2 further added that such permissiveness may contribute to increased abortion rates: "*I think they are more permissive than they used to be. And I think it's like anything else, if you permit it, that will increase it*." A2 also thinks that the heartbeat law that emerged from *Roe v. Wade* case is akin to the government "sitting on the fence" and not actively cracking down on abortion. A2 views such laws as permissive since they literally allow anybody to have an abortion as long as the fetus is young enough: "*I don't really know; I mean, it goes*

back to Roe v. Wade. I mean, if you're on the fence, you don't really think about it that much, it goes back to permitting it in general."

However, A6 had a slightly different view, arguing that even though the regulatory environment is permissive, abortion rates in Ohio and neighboring states have declined thanks to increased access to contraception: "*It's been permissive; but abortions all over the country and in Ohio I think are less than they were before Roe v. Wade because there's more forms of contraception that women have access to than ever before.*"

Abortion Rates and the Perceived Restrictive Regulatory Environment. Participants perceived Ohio laws to be prohibitive thus discouraging abortion. For instance, participant A12 stated that Ohio has implemented restrictions on access to abortions, especially with the new heartbeat law that only permits abortion if the fetus is 8 weeks old or less:

> *"In the state of Ohio, there is not unlimited access to abortions, there are restrictions in the State. Obviously with Roe v. Wade being overturned that helped our heartbeat bill to go into effect. One of the first restrictions was that an abortion could not be performed on a fetus that is at the age of viability which is approximately 20-22 weeks, well now that has changed to where a heartbeat can be detected externally, so that takes it back to about 8 weeks that it can be detected depending on the size of the mom."*

Participant A12 further added that Ohio has always been a pro-life state considering the many restrictions to abortion. A12 further contended that such restrictions significantly limit abortion rates in the State:

> *"Prohibitive. More so now than in the past decade, Ohio has traditionally been a pro-life state. We have legislation that proves that. And our state is a purple state, so there is a*

mixture of platforms active in Ohio; but as it stands we do have restrictions and while other states may have more restrictions, but definitely those restrictions limit abortions."

Participant A13 also held the view that Ohio's regulatory environment is prohibitive. According to A13, the restrictive regulatory environment, coupled with increased awareness and access to contraception, significantly lowers abortion rates in the State:

"*Well I think that Ohio has some of the most prohibitive abortion restrictions, but I also think that there has been more of a focus on family planning and access to contraception. So, I think going in order, it would be Ohio being prohibitive, followed by family planning and access to contraception. This will significantly lower abortions in the State*."

While responding to another query, A13 also contended that the restrictive regulatory environment has made abortions in Ohio extremely difficult: "*I think that Ohio's public policies are very prohibitive; I think that, um, they've gone, to great lengths to make abortions difficult in the state of Ohio."*

In another submission, A14 acknowledged that Ohio had very strict anti-abortion laws, which, according to the participant, would force women to consider out-of-state abortions. A14 also acknowledged that the restrictive environment coupled with limited funding were depriving women of their fundamental rights and freedoms in the name of reducing abortions:

"Prohibitive, I believe individuals will seek services in nearby states with less restrictive policies, all work to deprive women of their fundamental rights and freedoms. Increased Medicaid funding, support of reproductive health clinics such as Planned Parenthood, and reversal of restrictive abortion laws such as Ohio's heartbeat bill."

Participant A15 expressed her concerns that the restrictive anti-abortion laws in Ohio may have a negative impact on the at-risk population of women to whom abortion may be necessary:

> "*I think that in the past decade I think that they have been as they should be in my opinion. Um, I think we are backsliding because Governor DeWine believes that, and I think he has heavy pressure in response to the federal, the recent changes there. It's highly political. And so, I am very concerned that that will change our rates, will go, but we have an at-risk population that is not being addressed and I think that bad things will result from that."*

Participant A3 also expressed concerns that getting an abortion in Ohio is extremely difficult due to restrictive policies. A3 gave the example of a woman being forced to wait for 48 hours before an abortion request is granted. A3 also cited the regulation requiring a woman's husband's signature be appended on abortion papers if the woman is married. As such, getting an abortion in Ohio is difficult and prevents many women from accessing the service:

> *"Also, you have to wait 48 hours and if you're married, you have to have your husband's signature. Um, on tying your tubes, I think there's hurdles, barriers. I mean, A woman cannot just walk in and say I want this done and move forward. So, I do think there's barriers that should not be there."*

Responding to another interview question, A3 also raised the issue of the restrictive legal environment in Ohio and how it undermines the rights of women. In particular, A3 referenced the heartbeat regulation that restricts abortions only to fetuses that are 8 weeks old or less. According to A3, such regulations do not give women adequate time to think and come up with proper decisions regarding abortion:

"Ohio is pretty fair; you can currently get an abortion up to 14 or 16 weeks, or something like that. Um, I think that's OK. I haven't read lately of any changes. I don't know, I was pretty terrified of the heartbeat law; that would have been horrific I think. Um, and I hate that Texas did that. There're horrible stories of women making choices based on fear because there is no time to process and make a decision. So, they're just doing things out of emotion instead of having enough time to process and use logic. So, I do think you need to have time. 14-16 weeks I think is very fair, it gives a person some time."

Participant A5 also expressed concerns that anti-abortion laws may hurt women, especially those from minority communities who lack access to abortion services. A5 also expressed her fear that pro-life extremists and the Ohio State government would soon start fighting contraceptive usage after they are done with abortion:

I guess for Ohio, I just, I just fear for women in the State, especially poor women, minority women. Women in rural areas that maybe don't have the access that women in urban areas do. They are coming after abortion now, and I think afterwards they'll be coming after contraception next which is just crazy! I mean, if you're against abortion why would you be against contraception, but I think that's next.

Participant A4 indicated that abortion laws in Ohio are prohibitive, and are the main reason behind declining abortion rates in Ohio. Combined with defunding of abortion clinics, as A4 explained, the anti-abortion regulations may cause abortion rates to decline even further:

Prohibitive in the last decade I would say; I know that some recent news shares that it may be unlawful if that possibility exists. This would be a deterrent; it would reduce the amount of abortions in the State. Um, I think right now, it's had some influence to the decline. But I would imagine that our government not supporting abortion clinics and

> *reducing funding on top of laws making it harder to get one, such as late term abortions, reduces abortions. Ohio is going more in this direction and it's one of the reasons why there has been a decline.*

Participants A8 and A9, however, argued that the restrictive anti-abortion laws may soon raise abortion rates in Ohio. From A8's perspective, the state government scrapped off a legislation giving either parent autonomy to keep the child or not. For instance, if a woman does not want the child but the man does, she can keep the fetus until delivery and give the child thereafter to the man. However, scrapping off only implies that some women have greater autonomy of terminating pregnancy, which may increase abortion rates in the State:

> *"Things that they do fund for it are more like the fact that they stopped allowing men to sign off on a birth certificate, it used to be a guy could pay $300 to sign off and not have anything to do with the kid. You know, they were no longer seen as the father. Now they can't. And they should have never have done that. Just like if a woman doesn't want a kid, but the guy does and she's willing to carry it for him, she should be able to sign off so that only his name is on the birth certificate and not hers. You know, I think that would solve a whole lot of things and reduce abortion rates."*

Participant A9 also contended that the restrictive laws may increase abortion rates by compelling women to consider alternative ways of accessing illegal abortion services:

> *I believe uh, in the last decade abortion has become more prevalent because of Pro-life guided laws that basically gives an outline of where, and when and how to murder their babies by abortion. Laws act as a school master and with wicked laws it will inevitably instruct the population to act wickedly. People will call good evil and evil good.*

Education and Awareness has Affected Abortion rates

A majority of the participants interviewed (n = 8) indicated that education and awareness have played a significant role in changes in abortion rates in Ohio. Notably, six participants indicated that increased education and awareness have reduced abortion rates; and two more declared that a lack of education and awareness increase abortion rates. Only three participants indicated that increased awareness and education have increased abortion rates in Ohio. A detailed discussion on each sub-theme obtained regarding the impact of education and awareness on abortion rates is conducted in the sub-sections that follow.

Increased Education and Awareness increases Abortion Rates. Participants held that increased education and awareness have increased abortion rates in Ohio. Participant A4, for instance, argued that exposure of young women to modern social media applications such as Tic Toc erodes their culture and values thus making them perceive pregnancy as a normal and simple thing. As such, contraceptive usage in Ohio has gone down as a result, which could increase abortion rates significantly:

> *Um, with that, I think I've heard that there's been with contraceptive usage, like in Tic Toc videos of women being proud of being pregnant. Um, and, so there's been like a cultural aspect, that maybe having a child isn't such a bad thing. Um, a lot of those have played into this, this question. So, contraceptive usage is down probably because of that.*

Participant A7, however, argued that educational material and items given to women sometimes give them an opportunity to access abortion services. However, A7 did not elaborate how such educational material and items promote abortion among women:

> *The educational items received about abortion and different communities are able to access those resources. So, um, as those resources were shared with communities, there was more of an opportunity for women to receive abortions. So, to really to say an*

increase or decrease doesn't really seem correct; more so, um, there is a constant it fluctuates.

Lastly, A9 condemned Planned Parenthood and sex education programs given to lower grade children as promoting promiscuity rather than addressing the problem of abortion at hand. According to A9, such educational programs tend to normalize certain things such as early pregnancy, which puts these children into situations that require abortion:

I recently watched the documentary "Who's Children Are They?" And it was shocking to see who is behind the so called "sex education," given to children K through 5th grades in public schools around the country. Our generation had the same thing, so what did we do, our interests were peaked we all had sex and did drugs, the very things we were told were bad we did anyway, but today they are told "do what feels good" it's all good, and celebrated. This will totally destroy these children, and the children they will have aborted from having sex while on drugs. Planned Parenthood is behind those sex education programs, when the teachers refuse to show the curriculum Planned Parenthood steps in and teaches it for them. Planned Parenthood throws gas on the fire and has created a machine to promote promiscuity and fatherless homes. Literally what the Bible says will pollute the land and destroy a nation in Leviticus 19.

Increased Education and Awareness Reduces Abortion Rates. Participants contributing to this sub-theme claim that increasing awareness and education on key issues such as contraception and dangers associated with abortion reduce abortion rates in Ohio. Participant A11, a Public Administrator in Ohio, indicated that her office has issued funding to pregnancy centers in her administrative region to give them greater capacity to educate women on all birth control options available and their associated effects. In fact, A11 takes credit for the decrease in

abortion rates, claiming pregnancy center funding is one of the programs they have implemented that have helped reduce abortion rates by educating women:

> *And then just education. We've um, increased funding for, not just family planning, but also for pregnancy centers. They have a greater availability to reach out to young men and women who find themselves in this situation of unwanted pregnancies to educate them on all of their options. Abortion rates in Ohio have now reduced thanks to our programs.*

A11 further added that nowadays, there is easy access to and consumption of contraceptives courtesy of funding and educational and awareness programs that have been implemented over the years:

> *education and contraceptives to prevent unwanted pregnancies in the first place. And that's really, in my opinion where we should be. We should be concentrating efforts on helping young people avoid unplanned pregnancies in the first place. And I also think that, over the years, you know I'm passed child-bearing years and having to deal with that, but the perception of family planning and contraceptives are common place now. I'm around young people who are in their twenties and the use of contraceptives is, it's wide; and most are on some form of birth control; and I think that's a good thing. I think the societal view of birth control has gotten better and safer.*

Participant A12 supported the idea that availability of information, awareness, and advancement in technological capabilities have reduced abortion rates. However, A12 had a unique submission on how awareness and information actually reduce abortion rates. According to this participant the ability of people to "see the unborn" through modern scanning technology helps them identify with the fetus as a real person. This reduces abortion rates:

> *Sure, so, from my perspective, there is information, we have increased technological abilities; so, it seems to me that people are able to understand now that life begins at conception. We can look into the womb and see the child; the age of viability has changed somewhat. And as technology grows, awareness grows. And I believe that the community believes that as well, so people more and more are seeing the unborn as life and it's getting closer and closer to conception. You know, there are people who believe that life begins at the moment of conception, and that's my perception. So, to rank them, I do believe that it has a lot to do with technology, education, and awareness.*

A13 hailed school systems and family planning educational programs for the job well done in reducing abortion rates in Ohio: "*I do think our school systems have done a better job of providing sex education. I think family planning has gotten better and is more promoted in Ohio, and I do think that these things have also contributed to the decrease to the number of abortions in the state of Ohio*." A3, on the contrary, hailed modern parents who are more open with their children, giving them (parents) an opportunity to educate these children on various things pertaining reproductive health:

> *Umm, I think the willingness to talk about this stuff and the widespread education, I think is probably the number one factor contributing to it. I really do believe that. I think parents are—our generation in general, I think is different. We are much more willing to talk about hard issues than past generations, so I think parents and families talk more openly about things so it's not as much of a shame factor as it used to be.*

A7 also echoed the sentiments of A3, indicating that sex education plays an important role in reducing abortion rates in Ohio:

Um, the knowledge of what gets a person to that point, so, kind of back to that basis of sex education. What it means to engage in sex interaction but also um, understanding reproduction as well. Understanding the woman's menstrual cycle and how that plays a part in um, the fertilization of a woman's egg. Um, I would also say the fact that Planned Parenthood is pretty non-existent at this point. Which I know, for me personally, that has been a consistent agency that I used to work with in the past when it came to easy access to contraception. You know, birth control, condoms, those types of things. But then also the supportive atmosphere.

Lack of Education and Awareness Increases Abortion Rates. Two participants held that there is a lack of education and awareness in Ohio, which could increase abortion rates in the future. Participant A4 argued that school-going children lack parental education and guidance on Planned Parenthood. Instead, parents rely on schools to provide such education and guidance:

And with family planning, the knowledge just isn't there, especially when the family is not providing the knowledge and information, and so now the reliance is on schools or like Planned Parenthood. But by the time people go to Planned Parenthood, I believe it might be too late.

Participant A8 lamented that schools are not giving children enough teaching on sex education, which could see a significant upsurge in abortion rates:

Well, they're not really teaching kids safe sex the way they did before; in all honestly. So, I mean, I can see some numbers going up because of that. I mean, just compared to what my kids learned in school compared to what I learned. It's still the same with the incest and such like that, people try to run out and fix that sort of thing right away. But other than that, yeah, the sex education, you know, there was that fear for a while over AIDS

that slowed things down for a while there, but they aren't as worried about that now because Magic Johnson is still alive.

The Role of Pro-life and Pro-choice movements

Participants expressed different views regarding the impact of pro-choice and pro-life movements. Part of the participants argued that the pro-choice movement has been impactful. Another section of the participants argued that neither the pro-choice nor pro-life movement has been impactful.

Pro-choice has been more Impactful. Participants A1, A2, A4, and A7 generally perceived the pro-choice movement to have had a greater effect on abortion rates in Ohio. A1 contended that up to the COVID-19 period in 2020, the pro-life ideologies had dominated the media. However, after churches were shut down, the pro-choice movement took over influence through the media:

what happened in 2020 is that churches were shut down, people had despair, and uh man, people had no shortage of access to the media machine that loves death. And so, we took away the influence of the church and we increased the influence of the media and I would say the result has been a lot more killing of babies. So, the pro-life movement was doing a lot of great things, mainly through the church, and churches made a really big mistake closing down for as long as they did.

Participant A2 also agreed that the pro-choice movement has greater influence as far as abortion rates are concerned, especially through the media: "*I think pro-choice and pro-life have good movement; but between the two, pro-choice gets the benefit of the doubt more so in media; and we've had some people in pro-life who have carried things too far too.*"

A4 argued that pro-life has had a lesser impact especially among women since it prevents them from seeking the appropriate healthcare they deserve. However, A4 further contended that women may only speak pro-life language in the public but practice pro-choice in private:

> *I believe that the popular vote regarding pro-choice has given women reassurance that they have support; however, those seeking abortion services still want to protect their privacy. Confrontation is traumatic and may likely deter women from seeking the care they need or want. I believe that women will also speak pro-life for social acceptance but under the auspices of anonymity, support and seek pro-choice services.*

According to A4, even though the pro-life movement has been quite influential through demonstrations and discouraging women from exercising their freedoms, the pro-choice movement has had a greater overall impact as far as women's freedom is concerned:

> *Pro-choice has encouraged seeking abortion services, pro-life has discouraged. I know that, on occasion I would drive by abortion clinics in the city, and frequently seen protestors. Pro-life protestors. And I think it has, which has, I mean, I don't know that it's had much of an impact; but, it certainly discourages people from going and getting help that they need. But I believe that the pro-choice movement has increased women's decision to have an abortion. Pro-choice has had a bigger impact over pro-life.*

A7 stated pro-choice has been more impactful: "*So, I think that it's not so much pro-life, more they are pro-birth. So that's why I think that pro-choice is the way to be. However, I respect all humans, pro-life or pro-choice, I respect them all. I just wish that the rest of the world would not be so derogatory toward each other.*"

Lastly, A9 held that the pro-life movement curtails the rights and freedoms of women by forcing its ideologies down their throats:

> *I know a lot of people who feel like they have no choice in the matter because the pro-life movement was just drilled down their throats and, even though they knew that the baby wasn't going to live, or that they would be very messed up because of choices they made, because you know, they were pretty much told that they had no other option or they were going to hell. I mean, I know a girl whose baby, the brains and intestines were all on the outside at birth and the kid lived about 14 days, you know, and she just went through hell going through the pregnancy and hoping beyond hope that God was going to save it and it's just really bad.*

None between Pro-life and Pro-choice has been Impactful. A section of participants believes that neither the pro-life nor the pro-choice movement has had an impact on abortion rates in Ohio. Instead, these participants view pro-life and pro-choice movements as purely divisive along political and gender lines. Particularly, participants A11, A13, A5, A6, and A9 contributed to this sub-theme. For instance, A11 contended that abortion is now a divisive issue:

> *Well they are certainly active, I will say that. And you know, unfortunately, abortion has become a very divisive issue; and it's hard for people to even talk about abortion. I mean, I've seen even especially with the recent ruling in the state of Ohio there are families, families in the public eye, with very different views on abortion, and so, they are very loud movements on both sides.*

Participant A13 argued that none of the movements has had any significant impact. Instead, the movements have created divisions where people join the movement of their choice based on what they are passionate about. Most importantly, A13 noted that the movements tend to divide people along gender lines, considering that a majority of pro-life advocates are men:

I don't, I'm not sure the movements have had a big impact. I think, from my conversations with people, I don't think they are heavily influenced one way or the other. People are really just passionately one way or the other. I think people's passion allows them to join these movements, and I've always been somewhat chagrinned that a lot of the most pro-life advocates are men. Again, that's my personal opinion. I don't think the movements have influenced the public a whole lot.

A5 also indicated that pro-life and pro-choice are movements that create divisions among people. For instance, A5 argued that the pro-life movement is more active in rural areas and pro-life in urban areas. A5 further added that the movements depict a kind of a war:

Pro-life is very, uh, active in Ohio. The Pro-Choice I would say is more active in the urban areas. While pro-life is more active in the rural areas. But I think it's kind of a war; and I think you're going to see it get even more intense once the supreme court ruling comes down.

A6 argued that the pro-life and pro-choice movements have had a very minimal effect, if any:

It hasn't changed my opinion, but there are likely a few who have been swayed by this. I think this is very few though. It's a very personal decision that is yours to decide. No one has the right to influence you, it's your decision to make privately. Or you and your partners. If you have been raped, or it's a matter of incest or whatever, it's a very personal decision to make. I've always looked at it as a decision between a woman and her God, that's how I've looked at it for 50 years.

Lastly, A9 believes the pro-choice and pro-life movements reflect deep-seated divisions in society. Notably, the pro-choice supporters are part of the modern feminist movement, while pro-life supporters are part of the Christian religious movement:

> *The feminist movement, that is the real war on women supports empowering women through abortion, there is no neutrality, both the Pro-life Movement and the Pro-Choice Movement are both religious organizations that deny Jesus Christ and the power of His resurrection to change lives, the Pro-life establishment just looks outwardly Christian while the Pro-Choice group has descended into total outward depravity, and Satan worship. Both are guilty of brainwashing women into becoming pawns, useful for their ill-gotten and political gain, exploiting them.*

Comparing the Results to Ohio Legislation Surrounding Abortion

There is strong evidence at this point that public policy concerning abortion has at least a moderate impact on abortion rates. As a result, the researcher took a deeper look as well into the specific enacted bills, including their amendments and substitutions, over the past decade in Ohio. Beginning with the 128th General Assembly (2009-2010), there was nothing in this year that directly impacted abortion. The 129th General Assembly (2011-2012) however, had three bills worthy of note: Amended House Bill 63 (Am. H.B. 63), House Bill 78 (H.B. 78), and House Bill 79 (H.B. 79).

Beginning with Am. H.B. 63, enacted on February 3, 2012, A court may give judicial consent for a pregnant minor to have an abortion and to require a court to make its findings with respect to such a hearing by clear and convincing evidence (Young & Slaby, 2012). In this case, the minor can apply with juvenile court, after which, a hearing will take place. The court will then take this opportunity to inquire with the minor what their current understanding is of the

possible consequences with having an abortion as well as their extent to which someone may have instructed them to act a certain way during the hearing or to obtain an abortion. The court then grants the application for abortion if the minor is found to be reasonably mature and informed about the decision to have an abortion (Young & Slaby, 2012).

Under H.B. 78, a revision was made to the criminal laws that govern post-viability abortions. In this bill, persons who performed or induced an abortion may be further punished financially if they are found in violation of section 2919.17 and 2314.21 of the Revised Code (Uecker & Roegner, 2011, p. 2). Lastly, H.B. 79 prohibited qualified health plans from providing coverage for certain abortions; namely, the prohibition of funding nontherapeutic abortions (Bubp & Uecker, 2012). In summary for the 129th General Assembly (2011-2012) then, one can reasonably summate that one bill provided increased access to abortions (allowing minors to appeal to the court for an abortion) and two bills provided decreased access to abortions (greater financial risk to providers and restrictions on health coverage use for abortion).

Like the 128th General Assembly, the 130th General Assembly (2013-2014), also found no reporting of bills, amendments, or substitutions that impacted current policy pertaining to abortion. The 131st General Assembly (2015-2016) however, found two. The first is Substitute House Bill 294 (Sub. H.B. 294). This substitution is to 3701.034 of the Revised Code and stands to amend Section 289.20 of Am. Sub. H.B. 64 of the 131st General Assembly. It stands to "require the Department of Health to ensure that state funds and certain federal funds are not used either to perform or promote nontherapeutic abortions, or to contract or affiliate with any entity that performs or promotes nontherapeutic abortions" (Patmon & Conditt, 2016, p. 1). The other bill is Substitute Senate Bill 127 (Sub. S.B. 127). In this bill, it became illegal to conduct an abortion after 20 weeks gestation or more (Lehner & Hottinger, 2017, p. 1). One can summate

from the 131st General Assembly then, that zero counts were enacted to increase access to abortion, while two counts were enacted to decrease access to abortion.

The 132nd General Assembly (2017-2018) also showed two enactments that impacted abortion policy. The first is that of House Bill 214 (H.B. 214) which prohibits abortion if the unborn child has or may have Down Syndrome (LaTourette & Merrin, 2018). The second is Substitute Senate Bill 145 (Sub. S.B. 145). Under Sub. S.B. 145, legislatures set out to "criminalize and create a civil action for dismemberment abortions" (Huffman & Wilson, 2019, p. 1). Summation for the 132nd General Assembly then equates to zero counts enacted to increase access to abortion, and two counts to potentially decrease access to abortion. Scorecard results of the 132nd Ohio General Assembly, as reported by the Ohio Women's Public Policy Network (2019) provides support for the researcher's analysis by stating "The legislature advanced numerous bills to restrict access to abortion and reproductive health care, earning an 'F' grade for the policy goal related to 'preventing lawmakers and employers from interfering with healthcare decision'" (p. 9). The Ohio Women's Public Policy Network (2019) also makes note of a House Bill that was not mentioned above. House Bill 258 (H.B. 258) was proposed to place a ban on abortions performed after six-weeks' gestation; however, the Governor vetoed the bill prior to implementation and the veto was carried. Recall again however, that since *Roe v. Wade* has been overturned, this bill has officially been enacted within the State.

The 133rd General Assembly (2019-2020) also shows two relevant enactments. First, Amended Senate Bill 27 (Am. S.B. 27) namely concerns that of the disposition of fetal remains after an abortion has been performed. However, the bill also addresses the requirement of abortion providers to upload materials that inform the pregnant woman about family planning information on their website (including resources available to those whom prefer to carry out the

pregnancy). Abortion providers are also required to inform the pregnant woman about the characteristics of the fetus at the time of possible termination. Lastly, Am. S.B. 27 requires medical practitioners who believe an abortion is medically necessary to document and inform patients "prior to its performance or inducement if possible…of the medical indications supporting the physician's judgment that an immediate abortion is necessary" as well as fulfill all prior requirements under the Amended bill as discussed previously and in greater depth within the Ohio Revised Code (Uecker, 2020, p. 3).

The second bill from the 133rd General Assembly is that of Senate Bill 260 (S.B. 260) which regards abortion-inducing drugs. Under this bill, the physician whom approves the drug's usage must ensure safe packaging and quality of the drug prior to it being administered. Furthermore, the physician must be present when the drug is administered to the patient (Huffman, 2021). To summarize the enactments from the 133rd General Assembly, while two bills were enacted that impact abortion policy, neither of them directly increased nor decreased access to abortion. However, both bills can be declared as increasing access or motivation toward pro-life initiatives.

This brings us to current day changes made to Ohio's legislation; the 134th General Assembly (2021-2022). The 134th General Assembly has four enactments that are proposed and will hold some impact on abortion. Beginning with Senate Bill 157 (S.B. 157), this bill requires reporting of live births after the attempt of an abortion, as well as penalizes the failure to preserve the health or life of said child. Failures to adhere to said stipulations result in felony charges of the first degree for abortion manslaughter (Johnson & Hoffman, 2021). Senate Bill 123 (S.B. 123) is also listed in the current General Assembly, and it moves to prohibit abortions

based upon a condition precedent. Failures to adhere to this bill result in fourth degree felony charges. Also subject to this bill:

> No abortion shall be considered necessary under division (A) of this section on the basis of a claim or diagnosis that the pregnant woman will engage in conduct that would result in the pregnant woman's death or a substantial and irreversible impairment of a major bodily function of the pregnant woman or based on any reason related to the woman's mental health (Roegner & O'Brien, 2021, p. 3).

Also worthy of note here, the female of which an abortion was induced will be immune from prosecution, while the practitioner will be charged and their license to practice removed (Roegner & O'Brien, 2021).

The next bill is that of House Bill 355 (H.B. 355) which authorizes "a pregnant minor to consent to receive health care to maintain or improve her life or the life of the unborn child she is carrying" (Boggs & Hicks-Hudson, 2021, p. 1). The bill specifies that the phrase "health care" pertains only to the maintaining or improvement of one's health and such care includes family planning services (Boggs & Hicks-Hudson, 2021). House Bill 42 (H.B. 42), which enacts the "'Save Our Mothers Act' for the purpose of establishing continuing education requirements for birthing facility personnel and an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the healthcare system" is yet another (Crawley, 2021, p. 1). Lastly, while the bill has not been voted into law yet within the State, currently Ohio is attempting to enact a bill that will fully ban abortions. House Bill 480 (H.B. 480)

> which is sponsored by State Representatives Jena Powell and Thomas Hall with 33 other Republican co-sponsors, would ban abortions in Ohio by making it illegal for any person to administer, procure, or sell *'any instrument, medicine, drug, or any other substance,*

> *device, or means with the purpose to terminate the pregnancy of a woman, with knowledge that the termination by any of those means will, with reasonable likelihood, cause the death of the unborn child* (Life Site, n.d., para. 7).

The bill is to be used in civil actions only and cases cannot be brought forth by state officers, Ohio government employees, or the "person who impregnated the abortion patient through an act of rape, sexual battery, gross sexual imposition, or any other act prohibited by Title XXIX of the Revised Code" (Powell & Hall, 2022, p. 5).

Continuing the conversation for present-day legislation concerning abortion, along with House Bill 480, Senate Bill 123 (S.B. 123), also referred to as the Human Life Protection Act, if passed, will also support the overruling on *Roe v. Wade* by potentially banning abortion except for cases of written certification for medical necessity (Bounds, 2021; Tebben, 2021). Including in cases of medical necessity: "appropriate neonatal services for premature infants must exist at the facility where the physician performs or induces the abortion" (Bounds, 2021, para. 12). The bill also bans the promotion of abortion: "possessing, selling or advertising 'drugs, medicine, instrument(s) or device(s) to cause an abortion'" (Tebben, 2021, para. 6). Promotion of abortion under the bill, is subject to a first-degree misdemeanor if guilty; while abortion manslaughter as discussed within the bill, is treated as a first-degree felony (Tebben, 2021). The bill places the bulk of the burden on practitioners whom can lose their license if found guilty of abortion manslaughter, criminal abortion, or abortion promotion; while patients are cleared of conviction and can even file a wrongful death lawsuit against an abortion provider if the abortion is performed in violation of the anticipated regulation (Tebben, 2021).

To summarize the bills that are established within the 134th General Assembly, the first bill discussed neither increases nor decreases access to abortion; it pertains to operations

considered after an abortion is already attempted. The second bill discussed herein decreases access to abortion by providing a new stipulation to prohibit abortion. The third bill neither increases nor decreases access to abortion; however, it does promote pro-life initiatives by removing barriers to minors whom wish to keep their child but need resources to feasibly do so. The fourth bill discussed herein, neither increases nor decreases access to abortion; however, one can reasonably argue that it also supports a pro-life initiative as many scholars discussed within this work (Lavelanet et al., 2020; Legge, 1985; Levine, 2020; Murray et al., 2014; Myers, 2017; Upadhyay et al., 2018) have expressed concern for demographic disparities of people whom most seek abortions. Lastly to finish, the fifth and sixth bills, that are not yet enacted, proposed a major barrier to abortion access by essentially abolishing it within the State entirely.

The overall tally for abortion related policies enacted within the state of Ohio since 2009 concludes that 15 total bills were discussed that hold a direct impact on abortion utilization and/or family planning. Of those 15 bills, only one bill could reasonably be argued as increasing access to abortions, while nine bills could be argued as decreasing access to abortions. Similarly, four bills were equated to neither increasing nor decreasing access to abortions; however, they could be argued as promoting pro-life initiatives nonetheless. Finally, only one bill neither increased nor decreased access to abortion, and neither contributed to pro-life nor pro-choice initiatives.

Summary

Upon conducting the analysis for both research questions one and two of this study, the triangulation method proves successful in finding cohesive results. Research question one considered current literature, quantitative data, and qualitative data and the majority of all three data sources agreed that the Ohio abortion rate has decreased since 2009. Research question two

was highly reliant upon literature review and qualitative data; however, it nonetheless also proved successful in finding cohesive results. The summary of major factors that have influenced Ohio's declining abortion rate includes: the prevalence of contraceptives and family planning in the State; Ohio's restrictive laws prohibiting easy access to abortions which includes a vast majority ruling that public funding for abortion services is another major factor within policy that contributes to the decrease; and awareness along with education on the topic. Pro-life and pro-choice advocacy groups were seen to have minimal impact on abortion rates directly with conflicting opinions of the participants. Rather, as the literature suggests, these groups instead hold greater weight over political agendas than they do individual's choice on abortion. Lastly, in specifically looking at Ohio's policies surrounding abortion (both proposed and enacted) since 2009; of the 15 that were noticed, nine of them were impactfully restrictive to abortion access; again, showing agreement with the literature as well as with the qualitative data within.

Chapter 5: Discussion, Recommendations and Conclusion

The problem addressed in this mixed-method study was that the discussion of abortion, whether it be right or wrong, has been with people ever since its inception and the talks are only increasing today in 2022 as legislation surrounding the topic continues to change. However, beyond the ethical aspect of right and wrong (Sommer & Forman-Rabinovici, 2019), the preliminary review of the literature on the topic proves to be rather lacking. Literature pertaining to the wide range of what causes abortion rates to rise and fall rarely goes beyond what is considered ethical when taking a person's life at any given age. The current literature is limited in researching the direct causes to abortion rates rising and falling. The abortion rate among the state of Ohio's residents has declined by over 8,000 abortions from 26,959 abortions in 2009 to

18,913 in 2019 (Ohio Department of Health, 2020). And yet, little research is conducted to show which measurable factors (if any) are significantly contributing to this decline.

After conducting the analysis, the findings indicated that generally, there had been a decrease in abortion rates between 2009 and 2020. The quantitative results revealed that the abortion rate had generally declined between 2009 and 2020 in Ohio State. Qualitative analysis indicated that participants gave different responses regarding their perceived changes in abortion rates in Ohio, with some claiming there has been a decline, and others claiming there has been an upsurge. However even still, the majority of qualitative respondents shared that generally speaking, the abortion rate in Ohio has declined over the past decade. Chapter 5 presents the interpretation of findings, limitations, recommendation for future research, implications and Conclusion.

Discussion: Interpretation of Findings

The chapter compares the results from quantitative analysis with previous studies reviewed in chapter two of this dissertation. The discussion and interpretation of findings were based on research questions and their subsequent themes as discussed below.

Research Question One: The trend. Have abortion rates changed in Ohio from 2009-2019, if so, how?

The quantitative results revealed that the abortion rate had generally declined between 2009 and 2020 in Ohio State. Qualitative analysis indicated that participants gave different responses regarding their perceived changes in abortion rates in Ohio, with some claiming there has been a decline, while others claim there has been an upsurge. The findings indicate that there was a trend in the rate of abortion in Ohio, whereby the numbers of abortion cases and rates generally declined between 2009 and 2020. The findings imply that cases of abortion have

drastically decreased from the year 2009 up-to the year 2020, although there were years when the rates fluctuated upwards in terms of number of abortion cases in Ohio. The findings are important because they provide a significant insight on how abortion cases have been on the decrease and relevant measures taken to reduce the upward trend.

The findings above have been reported in other studies regarding the trends in abortion rates. For instance, in comparing these results to the United States as a whole, Kortsmit et al. (2021) reported that a total of 629,898 abortions for 2019 were reported to the CDC from 49 reporting areas. Among 48 reporting areas with data each year during 2010–2019, in 2019, a total of 625,346 abortions were reported, the abortion rate was 11.4 abortions per 1,000 women aged 15–44 years, and the abortion ratio was 195 abortions per 1,000 live births. From 2018 to 2019, the total number of abortions increased 2% (from 614,820 total abortions), the abortion rate increased 0.9% (from 11.3 abortions per 1,000 women aged 15–44 years), and the abortion ratio increased 3% (from 189 abortions per 1,000 live births). These findings are consistent with the current study findings indicating there was a general decline in the abortion rate in Ohio between 2009 to 2020.

Generally, from the year 2010 to 2019, the total number of reported abortions, abortion rate, and abortion ratio decreased by 18% (from 762,755), 21% (from 14.4 abortions per 1,000 women aged 15–44 years), and 13% (from 225 abortions per 1,000 live births), respectively (Kortsmit et al., 2021). These findings mirror the decreasing abortion trend found within Ohio for the decade between 2009 and 2019, indicating that the United States as a whole has also seen a consistent drop in abortion rates. Nash and Dreweke (2019) mirrored these findings by highlighting that the national decline in abortions may be less because of public policy and more

because of overall declines in births and pregnancies. The findings have added to the literature by establishing that the abortion rate has generally decreased between 2009 and 2020.

Theme 1. Perceived change in Abortion rates between 2009 and 2020 in Ohio.

Regarding the perceived change in abortion rates between 2009 and 2020 in Ohio, participants held differing views on how abortion rates in Ohio have changed. According to the majority of participants, abortion rates have actually reduced, and this coincides with the data obtained from the Ohio Department of Health (2020). Some participates indicated that abortion rates had decreased between 2009 and 2020 because of increased access to alternative birth control methods such as contraception. Most participants contended that there had been a reduction in abortion rates both in the general female fertile population (females aged between 15-44 years) and also among high school students. According to some of the participants, the number of abortions had decreased because of better insurance coverage for different types of birth control and increased education and awareness on such alternative birth control method. These findings concur with the quantitative analysis results which indicated that generally there was a decrease in the abortion trend in Ohio between 2009 and 2020. The findings imply that the rate of abortion in Ohio has been on a decline from 2009 to 2020.

The findings above are consistent with the previous literature regarding the trend in abortion rate between 2009 and 2020. As an illustration, Nash and Dreweke (2019) reported that the United States as a whole had seen a consistent reduction in the abortion rate between 2009 and 2020. Nash and Dreweke (2019) noted that the national decline in abortions may be less due to public policy and more due to declines in births and pregnancies overall. The results have contributed to the previous literature by establishing that there was a consistent decline in the abortion rate in Ohio.

However, some participants believed that abortion rates in Ohio had increased, although based on their response, the participant seemed to lack information on the current and historical abortion rates in Ohio or defined the question differently. Though, most participants indicated that the increase can be attributed to a gradual change in societal values where people are gradually accepting abortion as a norm. However, some participants still gave a different reason for why they believed the rates have increased. One of which includes the notion that strict Ohio laws, which they labeled as 'pro-life laws,' force women to seek alternative abortion services—thereby contesting that the abortion rate is not decreasing, it is simply not being reported as women are seeking these services elsewhere. Although these findings indicate that the abortion rate had increased between 2009 and 2020, they are few among the overall responses from the qualitative portion of this study. The majority of respondents mirrored that of the previous literature as well as Ohio Department of Health (2020) data which indicate on the contrary that the reported abortion rate had decreased between 2009 and 2020. The current study results add to the previous empirical literature by indicating that there was a general decrease in the abortion rate in Ohio between 2009 and 2020.

Research Question Two: Factors that contribute to the trend. What are the most likely factors that have impacted the declining abortion rates within the state of Ohio over the decade of 2009-2019?

Theme 2. Availability of Alternative Birth Control Methods has Affected Abortion Rates. Generally, the participants believed that alternative birth control methods have had some impact on abortion rates. A section of the participants believed that alternative birth control methods have actually reduced abortion rates. However, some participants indicated that existing alternative methods, particularly contraception, are faced with several limitations that reduce or

hinder their intended effect on abortion rates. Some of the limitations raised include the inability of contraceptives to prevent unwanted pregnancies with 100% efficacy, implementation of some anti-abortion laws on funding that end up affecting contraception, lack of information and awareness on contraception, and low contraception consumption among Ohio women, which may lead to an increased rate of unwanted pregnancies thereby resulting in abortion. The findings indicate the availability of alternative birth control methods such as contraceptives results in a decreased rate of abortion. However, some limitations such as implementation of some anti-abortion laws on funding that end up affecting contraception, lack of information and awareness on contraception, and low contraception consumption among Ohio women could lead to an increased rate of abortion.

The study results support the current empirical literature regarding the availability of alternative birth control methods and abortion rates in Ohio. For instance, McFarlane and Meier (2001) reported that family planning and access to contraceptives contribute to a reduction in abortion rates (McFarlane & Meier, 2001). Family planning also shows a big impact by decreasing infant deaths (6,500 fewer in a 1982-1988 evaluation of family planning effectiveness) and neonatal deaths (5,500 fewer) (McFarlane & Meier, 2001). McFarlane and Meier (2001) reported that this result was due to family planning focusing on unwanted pregnancies by means of prevention versus focusing directly on infant mortality. The benefits of family planning services have been seen in evaluations of the program consistently in the 1960s through the 1980s (McFarlane & Meier, 2001). In consideration of the declines in abortion in Ohio from 2011 to 2019, access to contraceptives increased during this time.

Similarly, Nash (2020) indicated that the use of reversable long-term use contraception increased during this time within the State. Specifically, it increased in use among women in

their early twenties, which Nash (2020) remarks as the group holding the largest proportion of all abortions within the State. Other factors that may have affected abortion rates include changes in pregnancy desires and shifts in economic status (Nash, 2020). The study results add to the current literature by establishing that availability of contraceptives decreases the abortion rate in Ohio. The findings have answered the research question by indicating the factors affected the abortion rate with the availability of and access to contraceptives.

Theme 3. Restrictive and Permissive Laws. Regarding this theme, participants held different views regarding the abortion regulatory environment. Some participants felt that Ohio's regulatory environment was highly restrictive to abortion, while others felt that the environment was highly permissive to abortion. Concerning funding regulation and abortion rates, most participants maintained that funding such as Medicaid funding of abortion and Planned Parenthood increases abortion rates, whereas some participants indicated that defunding reduces abortion rates. According to most participants, cutting down on funding would imply they seek alternative options since they cannot fund their abortions with their own money. However, some participants indicated that funding or defunding had no effect on abortion rates in Ohio. The overall findings imply that funding and defunding of abortion increases and reduces abortion rates respectively.

The findings are consistent with previous literature. For example, Ohio Department of Medicaid SFY2021 Annual Report (2022, p. 16) indicated that Ohio had increased its Medicaid coverage under their Maternal and Infant Support Program which works to improve infant and maternal outcomes with a strong focus on reducing racial disparities, indicating the State's commitment to family planning initiatives over that of abortion. This concept was found to have a large impact on the number of abortions that are legally performed as well as access to

abortions overall. Prior to the Hyde Amendment being enacted, Legge (1985), along with McFarlane and Meier (2001), and Salganicoff et al. (2021) share that in 1965 Medicaid originally paid for abortion for low-income women to reduce the abortion rate in the United States.

Some of the findings also indicated that Ohio has a permissive regulatory environment as far as abortion regulation is concerned. Most participants acknowledged advocating for total abolition of abortion. Some even went as far as to indicate that unless abortion is fully abolished, current Ohio law is permissive to allowing innocent children to be murdered. Some participants also argued that the anti-abortion laws in Ohio are not as restrictive as they expect. The participants expected total abolition of abortion in Ohio in order for desirable results as far as decline of abortion rates is concerned to be realized. Interestingly, Legge's (1985) research found that Medicaid funding was negligible during these times of restriction, women seeking abortions would seek private funding for the procedure when Medicaid would not cover it thereby lending to the theory that women seeking an abortion will get one whether public funding for the procedure exists or not. Upadhyay et al. (2020) discovered different findings however in indicating that Medicaid coverage was another significant indicator of access to abortion. These findings support the current study results that anti-abortion laws were permissive.

Although some participants indicated that Ohio laws were permissive, a slight majority of participants perceived Ohio laws to be prohibitive thus discouraging abortion. These participants reported that Ohio had very strict anti-abortion laws, which, according to the participants, would force women to consider out-of-state abortions. However, some participants argued that the restrictive anti-abortion laws may soon raise abortion rates in the State because the restrictive laws may increase abortion rates by compelling women to consider alternative ways of accessing

illegal abortion services. Even still, a few participants noted the importance that abortion first requires pregnancy; if pregnancy and avoidance of unwanted pregnancies becomes the focus, strict abortion laws in Ohio are less restrictive then to the overall desire of unwanted parenthood. This is supportive to previous literature findings reported by McFarlane & Meier, 2001, pp. 16-17) who reported that due to its impact on medical procedure legalities as well as use of public funding, the most major contributor to access to abortions is public policy. The politics surrounding controversial topics such as abortion, affect both the adoption and the implementation of restrictive policies to regulate abortion in Ohio. McFarlane and Meier (2001) share that abortion policy remains exceedingly dynamic in its susceptibility to change. The findings contribute to current literature.

Theme 4. Education and Awareness has Affected Abortion rates. Participants indicated that education and awareness have played a significant role in changes in abortion rates in Ohio. Some participants indicated that increased awareness on education have increased abortion rates in Ohio, while most participants indicated that increased education and awareness have reduced abortion rates. A detailed discussion on each sub-theme obtained regarding the impact of education and awareness on abortion rates is conducted in the sub-sections that follow. Some participants argued that exposure of young women to modern social media applications such as Tic Toc erodes their culture and values thus causing them to perceive pregnancy as a normal and simple thing. For instance, Warner, (2020, para. 1) reported that since 2020, twenty-two pro-life initiatives have been signed into law. Supportive measures such as the Parenting and Pregnancy Support Act provide education and awareness that has enhanced the reduction in abortion rates. These regulations also called for stronger safety protocols to take place keeping women and children in better health during pregnancy procedures. Warner reports that increased

support and increased safety are easily a net positive for women across Ohio, as is a 31% percent decrease in abortions over that same period" (Warner, 2020, para. 1).

The majority of participants reported that increasing awareness and education on key issues such as contraception and dangers associated with abortion reduce abortion rates in Ohio. In addition, there is easy access to and consumption of contraceptives courtesy of funding and educational and awareness programs that have been implemented over the years, which have reduced the rate of abortion. According to some participants, there is a lack of education and awareness in Ohio, which could increase abortion rates in the future. These findings are consistent with previous literature. For instance, Farrell et al. (2017) shared similar results in reacting to Ohio's 2016 policy regarding a ban on abortions after 20 weeks of gestation. Speaking on behalf of medical care providers, Farrell et al. (2017) share that overly restrictive policies that limit the level of care that providers can deliver to their patients only pushes their patients away to seek care from less safe mechanisms, however, there is need for education and awareness regarding these policies and negative effects of abortion. The findings have contributed to current empirical literature by establishing that education and awareness may have a significant effect on the abortion rate in Ohio.

Theme 5. The Role of Pro-life and Pro-choice movements. Concerning this theme, participants expressed different views regarding the impact of pro-choice and pro-life movements. Some participants indicated that the pro-choice movement has been impactful, while most participants highlighted that neither the pro-choice nor the pro-life movement has been impactful. Of those whom did believe that an impact could be seen by these movements, the majority of those participants indicated that the pro-choice movement has greater influence as far as abortion rates are concerned, especially through the media. However, participants indicated

that the pro-life movement had been quite influential through demonstrations and discouraging women from exercising abortions. Again however, most of the participants indicated that neither the pro-life nor the pro-choice movement has had an impact on abortion rates in Ohio. Instead, these participants view pro-life and pro-choice movements as purely divisive along political and gender lines and they organize to gain legislative traction for their respective causes.

However, recall the politics surrounding controversial topics such as abortion, affect both the adoption and the implementation of policies. In an effort to appease special interest groups who tend to have high levels of influence, politicians may be swayed to produce public policies that serve the extremes of these influential groups even if the policies do not meet the interests of the majority of the public (McFarlane & Meier, 2001, pp. 16-17). Due to the legislative influence that these organizations hold therefore, they inadvertently do impact abortion rates within the State as public policy impacts access and access impacts abortion rates. These findings also then contribute to current literature by establishing that pro-life and pro-choice movements have an influence on the abortion rate in Ohio.

Limitations of the study

The researcher understood that there was relevant and useful data to be collected among those whom have personally undergone, or forgone an abortion. However, those individuals had a right to their privacy and the researcher did not move to impose upon them this research study. The researcher also understood the potential sample size of participants for this research study was smaller than perhaps desired for more reputable results. The perspective of those whom are interviewed, as well as the potential perspective interreference of the researcher making the interpretations of data proved limiting to the reliability from the overall results.

A limitation to research questions one was also found in the fact that abortion rates can only be considered for abortions that are officially reported. If abortions occur outside of legal means, those numbers were not known. Lastly, the nature of research question two leaves much up to interpretation as well as debate. This research endeavor was meant to serve as a precursor to further research; the researcher understood that the results of this research study were philosophical in nature and could vary in comparison to other states or timeframes based on the fluctuation of the variables that are being measured.

Recommendations for Future Research

The researcher recommends that future research should be conducted using a larger sample size to permit generalizability and transferability of findings. The research should also be reevaluated upon release of Ohio Department of Health 2023 data which should include partial impact of Ohio's recently enacted heartbeat bill. It is also recommended that future studies be conducted in different geographical settings other than the state of Ohio to allow generalizability of transferability of results to different populations and settings. Lastly, a thorough analysis of the birth rate in comparison to the abortion rate in Ohio for these consecutive years is also warranted. For example, according to the National Center for Health Statistics (2022) the birth rate in Ohio in 2009 was 63.8 while in 2019 it was 60.8 (see Figure 6 below). "In 2019, there were 134,461 live births in Ohio. The population of women of childbearing age (ages 15-44) in Ohio in 2019 was estimated to be 2,212,147" (National Center for Health Statistics, 2022, para. 1). Also worthy of note, Ohio recorded more deaths than births for the first time in history in the year 2020; with more than 14,000 more people dying (143,661) than were born (129,313) (Choi, 2021). So, while the abortion rate in Ohio has fallen, so too has the birth rate. This lends further support that increases in contraception as well as family planning may further decrease the

abortion rate. Researching this matter further will prove helpful to the overall picture of family planning within the State.

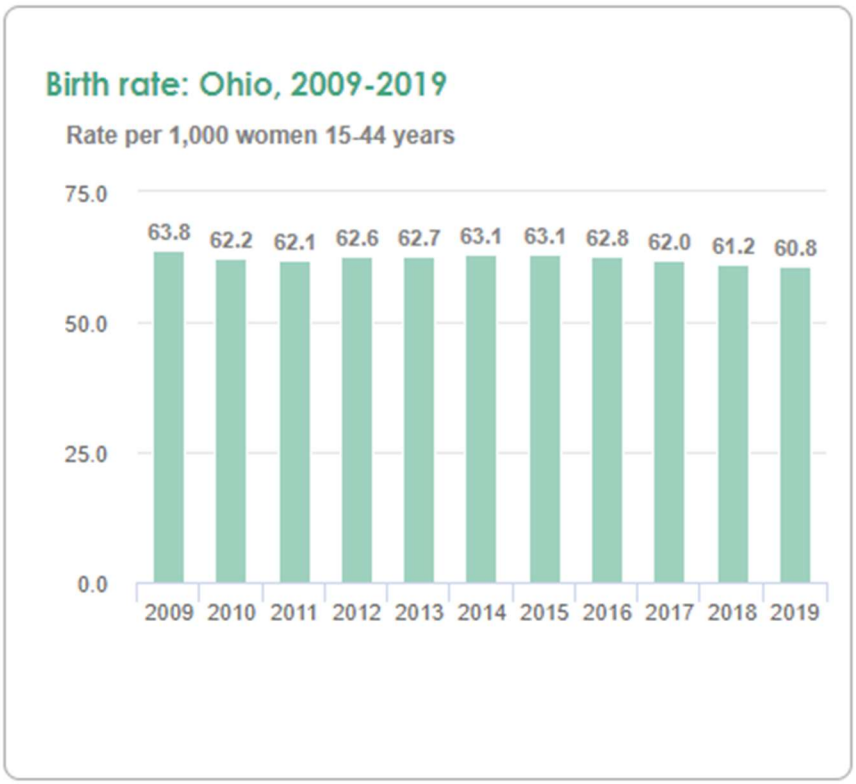

Figure 6: *The Ohio Birth Rate from 2009 to 2019 per 1,000 women aged 15-44 years*

Implications for Future Research

Influential Sources

It was noted that abortion policy at the state level remained unpredictable; such as in the changes seen with modern-day abortion policy. According to Haaland et al. (2020), even with how long abortion has been around, it remains instable because of a lack of knowledge, policy, and practice that balances power dynamics with the public interest, thereby deeming the topic of abortion and the *Roe v. Wade* case as ongoing topics worthy of review. According to Murray et al. (2014) abortion became a special interest topic because of the *Roe v. Wade* case; thus, it is a prime reason as to why the debate is still ongoing after nearly 50 years. The debate only

cultivates with the overturning of the Supreme Court Case. Furthermore, Doan and Schwarz (2020) share that it was immediately after this case that activists against abortion came alive; and this too contributes to why the case is still so controversial and noteworthy. The findings provide a clear understanding of factors affecting the abortion rate in Ohio. These findings may be used by researchers to investigate further how these factors influence the rate of abortion in Ohio. Government may also conduct further research on the factors influencing abortion rates for more understanding.

Implications for practice

The study findings may be used by the Ohio State government to articulate and implement policies of regulating abortion to enhance the desired reduction or increase of the abortion rate in the State. The United States government may as well find these findings useful because they may help the government in enforcing constitutional level abortion policies across various states if a Supreme Court case such as *Roe v. Wade* should ever occur again. Young women in Ohio may also use the study findings to understudy the various laws and consequences of undertaking an abortion as well as its subsequent risk factors. Both public and private abortion clinics may also use these findings to enhance the education and awareness companies against unlawful abortions and its subsequent risks to the victim. Overall, the findings could help policy makers in understanding the various factors affecting abortion rates in the state of Ohio.

Conclusion

The problem addressed in this mixed-method study was that abortion has been a hot topic of discussion for nearly 50 years; and it's only increasing in special interest today in 2022 as regulation concerning the matter continues to evolve. However, beyond the ethical aspect of whether or not it should be a constitutional right (Sommer & Forman-Rabinovici, 2019), the

preliminary review of the literature on the topic proves to be rather lacking. After conducting the analysis, the findings indicated that generally, there had been a decrease in Ohio's abortion rate between 2009 and 2020. The quantitative results revealed that the abortion rate had generally declined between 2009 and 2020 in Ohio State. The qualitative results revealed that while participants gave different responses regarding their perceived changes in abortion rates in Ohio, most agreed that they had decreased. Deeming overall agreement between the literature, quantitative, and qualitative data that the abortion rate in Ohio over the past decade has seen a general decrease.

Participants also claimed alternative birth control methods have decreased rates while other participants indicated that such methods have faced several limitations inhibiting their intended effect. Additionally, participants were sharply divided on the perception of Ohio abortion laws regarding whether they are permissive or restrictive, and how they have affected abortion rates. However, there was a majority agreement that Ohio's policy do have a major impact on the ease of access to abortion within the State. Regarding education and awareness, a majority of participants reported that awareness and education had decreased abortion rates. However, a few participants indicated that awareness and education had increased abortion rates. Concerning the role of pro-life and pro-choice movements, participants were sharply divided on how these movements have affected abortion rates. According to some participants, both pro-life and pro-choice have had a very limited impact, if any, on abortion rates in Ohio. However, given the impact that each movement has on politics concerning the issue of abortion, it is still argued to have an inadvertent impact on the abortion rate as it has a direct impact on public policy which holds a direct impact on access to abortion.

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