



THE INFORMATION PROJECT

Online Abortion Information in Rhode Island

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Introduction

In June 2022, the U.S. Supreme Court ruled in *Dobbs v. Jackson Women's Health Organization* to strike down *Roe v. Wade*, the 1973 landmark ruling that guaranteed the right to an abortion. The overturning of *Roe* and the shifting legal landscape it left have put challenges to reproductive rights at the forefront of discussion over the past year. Without a consolidated federal stance on abortion, the task has been left to the states to decide on its legality and restrictions. In the months since, 19 states that are home to more than 28 million women of reproductive age have either enacted bans on abortion or gestational limits on the [procedure](#).

Today, abortion remains legal in Rhode Island. In 2020, the rate of abortion in the state was [12.6 per 1,000](#) women ages 15 to 44 — the 13th highest of all states and Washington, D.C. In 2019, the Rhode Island Reproductive Privacy Act codified the right to abortion in the state. In July 2022, Gov. Dan McKee signed an [executive order](#) that establishes Rhode Island as a safe harbor, protecting patients traveling from out of state to receive abortion care, those who assist them, and healthcare practitioners who perform abortions on patients from outside Rhode Island. However, legality does not guarantee access, and significant barriers to obtaining an abortion in Rhode Island remain.

Legal access to abortion care isn't the only issue at hand: On April 7, 2023, U.S. District Court Judge Matthew Kacsmaryk of Texas suspended the Food and Drug Administration's more than two-decade-old approval of the abortion pill mifepristone. [In response](#), a federal judge in Washington state blocked the FDA from changing access to the pill in Rhode Island and 16 other states, plus the District of Columbia, that sued over it. A federal appeals court allowed partial access to the pill while prohibiting shipments by mail, but these restrictions were [reversed](#) by the Supreme Court on April 21 while the underlying case plays out.

Why We Are Doing This Work

The recent discourse surrounding access has largely focused on legal and logistical barriers and has overlooked a key determinant to obtaining an abortion: access to reliable and relevant reproductive health information. Legal and logistical barriers create their own set of information needs while simultaneously pre-existing information challenges, such as misinformation, work as another barrier to obtaining an abortion.

Information about accessing an abortion is critical across the trajectory of the abortion decision-making process, even before a decision to have the procedure has been made. Research has demonstrated how an individual's perception of feasibility and self-efficacy are influential variables in the decision to abort an unwanted or unintended pregnancy. For example, if someone cannot find information about options for financial support for abortion or the information incorrectly emphasizes risks over safety, they might perceive abortion as unattainable and [forgo care](#).

The right to reproductive and sexual health information has been explicitly [recognized](#) as essential to the realization of reproductive and sexual rights. Lack of access to abortion information has long been recognized as a central barrier to obtaining abortion care, and a [growing body of research](#) has begun to examine how our current information ecosystem can make getting abortion information difficult.

The aim of this report is to examine what Rhode Islanders are sharing about abortion online, the questions they are asking, and the accessibility of relevant and reliable abortion information.

Individuals with unwanted or unintended pregnancies need comprehensive and accurate information about what options are available, what each option requires, and how to access resources. Obstacles to this information can limit a person's freedom to decide whether, when and how to have a child.

Black and Indigenous people, immigrants, low-income and rural residents face the [greatest harm](#) as the groups most likely to seek an abortion, live in places without access to prenatal services and obstetric care, and suffer from disproportionately high rates of maternal morbidity and mortality.

By uncovering information needs and challenges, we can get a better understanding of the potential obstacles to abortion information and care for people in Rhode Island.

Definition and Focus

Under the larger umbrella of reproductive health, this report focuses on the information landscape around abortion. We set out to learn about how Rhode Islanders find practical information about abortions, such as who can access one, where to go, how to get financial assistance, and what the risks are. We also set out to learn who was providing this information and who might be absent from the discourse. There is a world of related topics that are difficult to separate from these conversations — sex education, maternal care, social determinants of health — and these may be areas for future research.

Methodology

We used a combination of qualitative and quantitative methods in this report. Among them:

- We established a database of keywords and phrases associated with abortion and the ongoing discussions happening in Rhode Island. They include “is abortion legal,” “Equality in Abortion Coverage Act” and “mifepristone.” We used these keywords to observe results on Google, Facebook, Twitter, Instagram, TikTok, YouTube and Reddit.
- We used our keywords to create boolean queries and put them into multiple search engines and social media platforms. These include:
 - **EACA OR "Equality in Abortion Coverage Act" OR H5006 OR born-alive "infant protection act" OR H5047 OR mifepristone OR "abortion pill"**
 - **abortion OR EACA OR "right to life" OR pro-choice OR pro-life OR "born alive"**
- We used CrowdTangle and Tweetdeck — social media monitoring tools — to understand the spaces and conversations taking place on Facebook, Instagram and Twitter.
- For TikTok and YouTube, we conducted general searches using queries such as “abortion rhode island” in the platforms’ native search engines.
- To see what information Google was providing when people were searching our keywords, we collected questions from Google's “People also ask” section.

Key Findings

Here we share some of our general observations about how Rhode Islanders are discussing abortion online.

Cost estimates are available, but true costs are much harder to find.

Financing an abortion prompts a number of essential questions: What is the cost of an abortion? What is the cost difference between a medication abortion and surgical abortion? Is there financial support if I can't afford it? Can I pay in installments? For people who are uninsured or on health plans that don't provide abortion coverage, these questions become even more important.

Our investigation found that abortion providers in Rhode Island offer varying degrees of information about costs, and in most cases there are additional steps one must take in order to obtain exact amounts. For example, the [webpage](#) for the Planned Parenthood clinic in Providence instructs patients to contact the clinic to get detailed information about cost.

There are a handful of organizations, such as Brown University's [BWell Health Promotion](#), that attempt to compile out-of-pocket fees for different services, but it is still necessary to call providers for up-to-date information, or to call one's insurance company to ask about coverage. Some [virtual providers](#) provide exact costs for shipment of the abortion pill, but these options have narrower windows for eligibility, based on where one is in their pregnancy.

This graphic attempts to show how determining the true cost of an abortion can be a complex and lengthy process.

Questions: What a person might want to know about financing an abortion

- How much will it cost?
- Does my pregnancy timeline qualify me for more affordable options?
- Will my insurance cover it?
- How much will my insurance cover?
- Can I get help funding it?
- What payment methods are available?
- Are there options for discreet financing?
- Can I pay in installments?
- Can I be reimbursed for travel costs?

Barriers: Factors that might make it difficult for people to answer those questions

- Most abortion providers do not provide exact costs online
- Determining insurance coverage requires calling one's
- Some people do not have insurance
- Some may not have the space to make or take a confidential
- Clinics have limited appointment slots, especially outside working hours
- English might not be one's first

insurance, which can be a lengthy process

- phone call
- Some work during the call hours of abortion providers

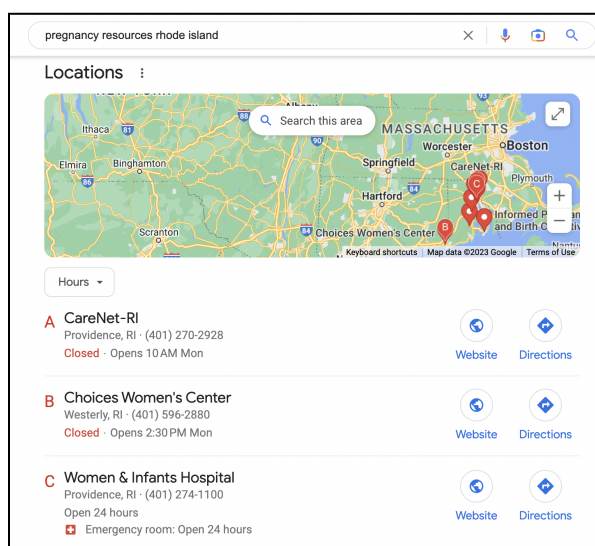
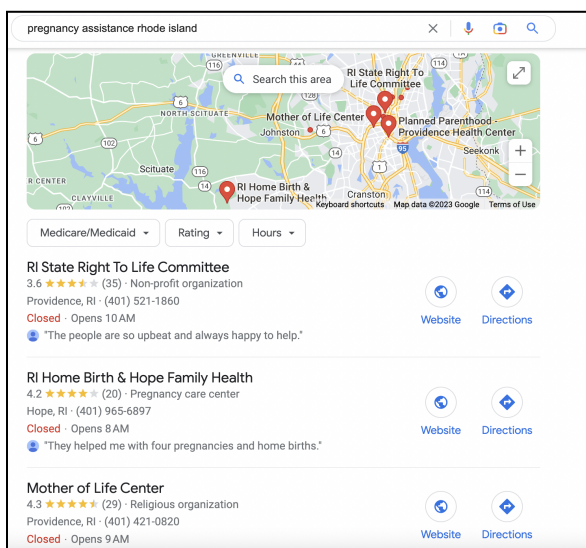
- language
- Funding sources don't partner with all abortion providers

Consequences: What can happen when information needs are not being met

- As pregnancy advances, costs for services generally become more expensive
- As pregnancy advances, eligibility windows for certain types of care close and the number of provider options decreases
- As receiving care becomes more urgent, people may need to travel out of state for the earliest appointment times
- Traveling for an abortion can result in lost wages
- Negative effects on mental health

Google points users searching for pregnancy resources to Crisis pregnancy centers, which outnumber regulated reproductive care facilities.

We searched a number of key terms related to pregnancy and analyzed the search results to see what kinds of information Google is pointing users to. Notably, searches relating to resources and support, such as “pregnancy assistance,” “pregnancy resources” and “free pregnancy test” were most likely to yield results for anti-abortion organizations and Crisis Pregnancy Centers, especially in Google Maps.

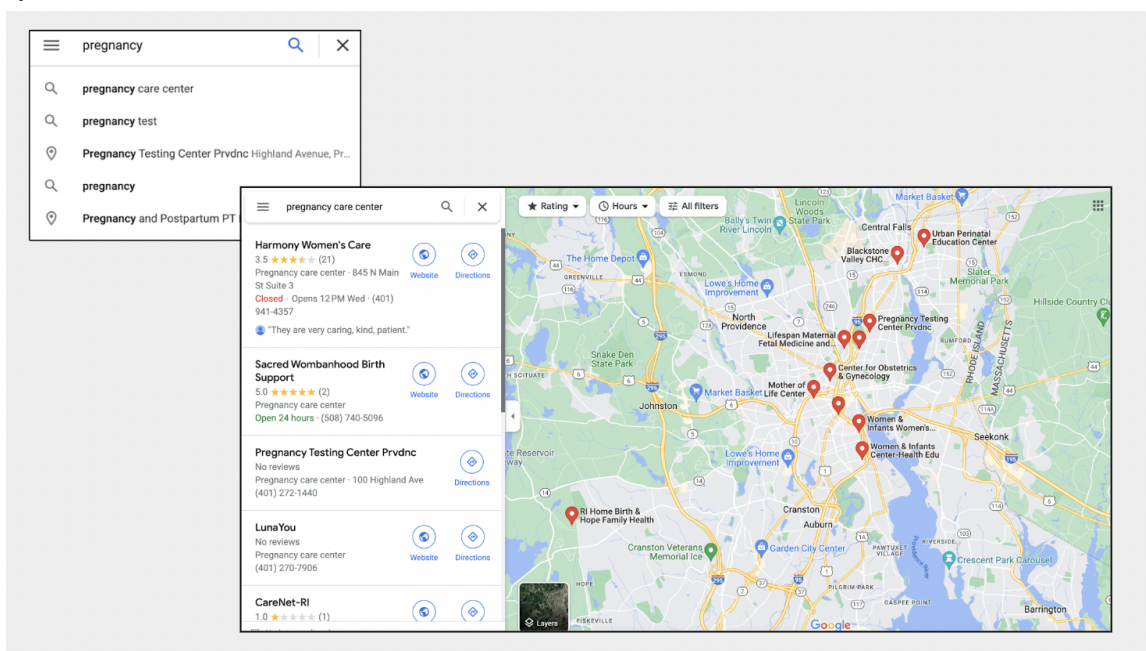


Left: Search results for “pregnancy assistance rhode island.” RI State Right to Life Committee is one of Rhode Island’s most prominent anti-abortion organizations. Mother of Life Center is a crisis pregnancy center. Right: Search results for “pregnancy resources rhode island.” CareNet-RI and Choices Women’s Center are both CPCs. Previous [research](#) suggests that the inclusion of a geographic location in these types of queries might yield higher results for CPCs generally.

“Crisis pregnancy centers” (also known as “CPCs,” “pregnancy care centers” or “pregnancy resource centers”) outwardly look like reproductive health clinics, but their real aim is to [persuade](#) those with unwanted pregnancies to choose adoption or parenting over abortion. Recent guidelines from the Associated Press have acknowledged this, advising reporters to avoid such misleading terms in favor of “anti-abortion centers,” with context explaining that the centers’ main goal is to dissuade people from having an abortion.

[These centers](#) are not regulated as health care facilities (many call themselves “educational institutions” to escape regulation), and thus are not required to follow HIPAA privacy standards. Websites of CPCs will often state that they offer pregnancy tests, ultrasounds and sometimes “abortion counseling” but never abortion.

In Rhode Island, these types of centers are almost all labeled “pregnancy care centers” on Google. In addition to the frequency with which CPCs turn up in searches about pregnancy assistance, we also noticed that when typing “pregnancy” in the Google Maps app, Google automatically suggests “pregnancy care center.” Upon selecting this option, all the top results in the menu of options are CPCs rather than medical clinics. (Interestingly, the results depicted on the map are a mix.) These CPCs also significantly outnumber in-person abortion providers in Rhode Island, [according to a 2021 report](#) by The Womxn Project.



When typing “pregnancy” into Google Maps, the app auto-suggests “pregnancy care center” as a search. The results of that search in the menu bar are predominantly CPCs. The results depicted in the map are a mix of CPCs and other health providers.

We are not suggesting that women who search for pregnancy resources, generally, should be pointed to information about abortion services, specifically. However, women should be pointed to institutions that can give them accurate information about their reproductive health options. CPCs are [documented](#) as exaggerating the risks of abortion, as well as encouraging women to delay their decision, which in turn narrows their window for obtaining an abortion.

It is also worth noting that many CPCs emphasize that their services are free. Considering the complexity of finding exact quotes and financial assistance for abortion services, this could be a significant draw for women who are financially disadvantaged or simply overwhelmed by the labyrinth of information they must navigate.

Google's "People also ask" section is limited and points people toward press releases

People also ask	
Is abortion still legal in Rhode Island?	▼
What is the Hyde Amendment Rhode Island?	▼
Is abortion covered by Medicaid in Rhode Island?	▼
What is the Rhode Island Equality in abortion Coverage Act?	▼
Feedback	

We also explored Google search results quantitatively so that we could get a sense of what information people might find when researching online. To do this, we scraped data from Google's "People also ask" section — the curated list of questions and snippet answers that Google sometimes provides after a search

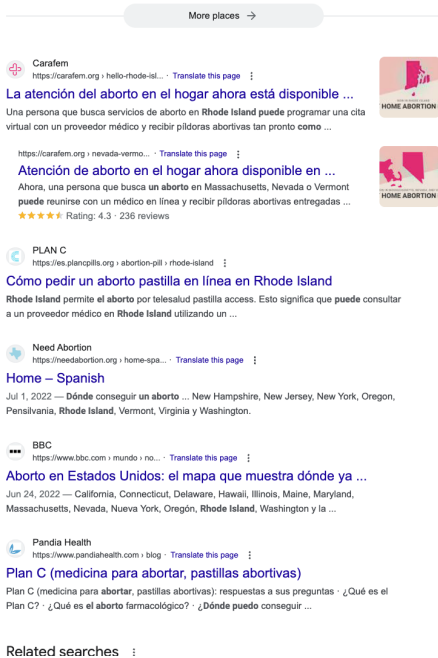
— and analyzed the results.

Despite compiling a dataset of over 100 suggested questions on the topic of abortion, the information provided in the snippet answers came from only 12 unique sources – four of which produced the majority of the results. This group of sources also includes [a very short profile](#) on Rhode Island abortion protections from the Center for Reproductive Rights, and three press releases:

- A 2019 Rhode Island General Assembly [press release](#) on the Reproductive Privacy Act.
- A 2020 Rhode Island General Assembly [press release](#) on commemorating *Roe v. Wade* (State of Rhode Island General Assembly, 2020).
- A 2023 Rhode Island General Assembly [press release](#) on Sen. Bridget Valverde's Equality in Abortion Coverage Act.

These government press releases are densely written; they could be especially hard to read for those who speak English as a second language. This finding underscores the fact that sometimes information *availability* and *accessibility* are not always the same thing.

Information challenges for particular communities



Resources in languages other than English are limited

The webpage for the Planned Parenthood clinic in Providence states that the location offers services in English and Spanish with “interpretation by telephone available for other languages.” A Google search using the question “¿Dónde puedo abortar en Rhode Island?” or “Where can I get an abortion in Rhode Island?” produces search results that are not from local providers themselves but from national abortion information sources such as abortionfinder.org.

Women & Infants Hospital does not provide information about language or interpretation on its [webpage about abortion services](#), but does state [elsewhere](#) on its website that it has staff who are fluent in Spanish, French and Portuguese.

[Abortionfinder.org](https://abortionfinder.org) has a roundup of financial support options available in Spanish, but abortionfunds.org, which is where the

Planned Parenthood in Providence [website](#) sends people for more information, does not.

Religious communities have strong ties to anti-abortion alternatives

Many CPCs in Rhode Island are [connected](#) to religious institutions, either formally or informally. The Diocese of Providence is led by Bishop Thomas Tobin, who has been a staunch [anti-abortion advocate](#) since *Roe v. Wade* first came into effect.

Some [42%](#) of the state's residents identify as Catholic. This could mean that those from a religious background might be seeking information in a social environment saturated with pregnancy services and “counseling” options that seek to prevent abortion. Some who are pregnant might [fear stigmatization](#) from family, friends or community if they look for information on abortion, and run the risk of being exposed to [more misinformation](#) about abortion risks.

On social media, conversations about abortion are scant

We observed relatively little conversation and activity on social media related to the topic of abortion in Rhode Island. Here is a snapshot of what we did find.

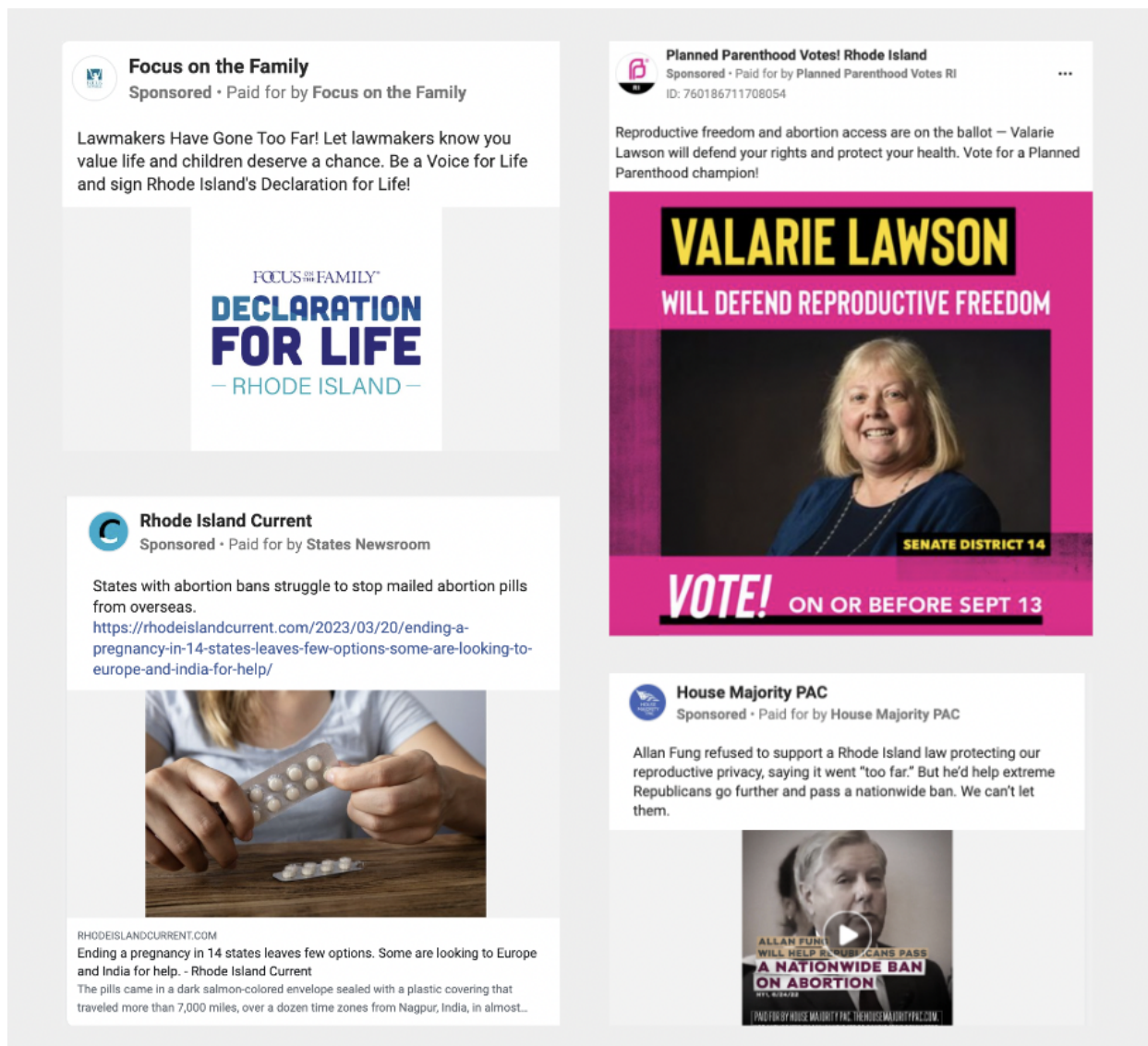
Facebook

We used Facebook monitoring tool Crowdtangle, with a “local relevance” filter set to Rhode Island, to look at the 100 Facebook pages with the most engagement from the last year. Notably missing from the list are abortion providers and advocacy groups. [Planned Parenthood of Southern New England](#) and a page titled “[Planned Parenthood Votes! Rhode Island](#)” each had one post in our dataset, and they were both about donations from a doughnut shop. The vast majority of high-performing content came from

local news organizations and Rhode Island politicians. Most of these lean anti-abortion, but the comment sections are filled with posts about Rhode Island's legislative battle over the Equality in Abortion Coverage Act (EACA).

Facebook Ads

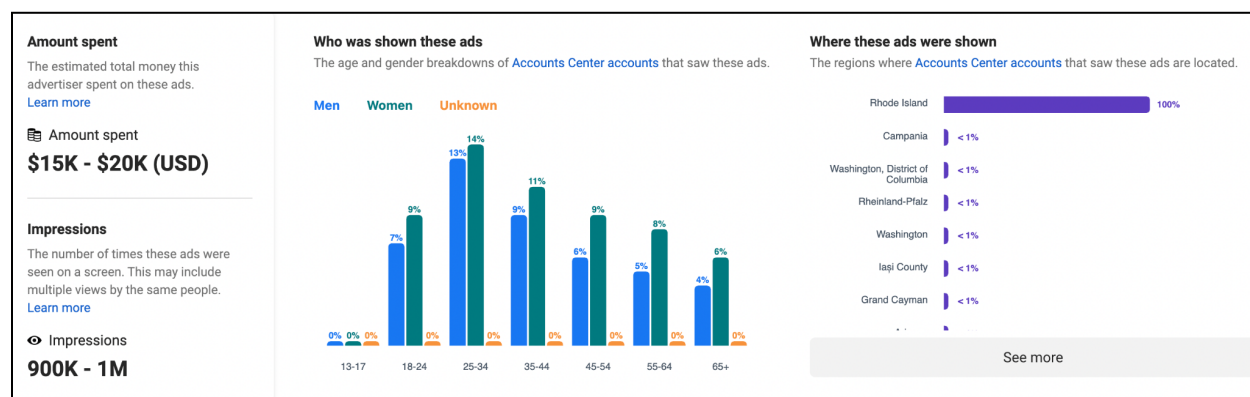
The [Facebook Ad Library](#) surfaces a collection of over 900 ads based on the query “abortion Rhode Island” alone. While we can't point to specific trends in the data at this moment (although this could be an area of further research), it is nonetheless interesting to see the range of organizations spending money on abortion-related ads. These include Protestant pro-life organizations, Planned Parenthood, Rhode Island digital news publications, and political action committees.



Clockwise, from upper left: (1) Protestant organization “Focus on the Family” asks users to sign “Rhode Island’s Declaration for Life;” (2) Planned Parenthood’s local advocacy organization Planned Parenthood Votes! Rhode Island declares its support for a state Senate candidate; (3) Digital news group Rhode Island Current advertises an article from its website about how states with abortion bans have not been able to keep abortion pills from delivered by mail; (4) The House Majority PAC criticizes a Republican congressional candidate in Rhode Island for his stance on abortion.

The Facebook Ad Library provides some basic details about who has seen these ads and how much was spent on them. For example, the graphic below shows Facebook’s data for an ad taken out by the

House Majority PAC, a political action committee. Facebook reports that the ad was primarily seen by women in Rhode Island ages 24-35, and that the PAC spent between \$15,000 and \$20,000 to place them. Facebook also reports that the ads were seen between 900,000 and 1 million times.



Data from Facebook's Ad Library about an

advertisement from House Majority Pac (see previous image, bottom right). The ad was primarily seen by women in Rhode Island of reproductive age. The estimated total money spent was between \$15,000-\$20,000 and it was seen between 900,000 and one million times.

TikTok and Instagram

TikTok and Instagram are less conducive to searching and interacting with geographically specific content; we had great difficulty identifying Rhode Island-specific abortion content. State Sen. Tiara Mack is a notable example of a local politician using [her TikTok account](#) to speak about various topics, including abortion. Several of her videos have received tens of thousands of views.

YouTube

On YouTube, most of the top results when searching for abortion-related content are videos from traditional newsrooms that focus on breaking news, such as legislative action and abortion-related protests.

What is missing on the platforms

In general, what we did not find on social media were the kinds of practical questions one might expect from someone considering abortion: Where do I get one? How much does it cost? Is it safe for me? In our sweep of the local abortion discourse, we could find only one strong example of this — from five years [ago](#) on Reddit.



r/providence

by [REDACTED] 5 yr. ago



Where can I get an abortion quickly and safely in RI? Any experiences?

I recently found that I'm about 6 weeks pregnant despite being on birth control (IUD). My boyfriend and I can't raise or afford a child right now.

I want to get an abortion ASAP because it's put my job and life on hold. I've called a couple places, but Planned Parenthood doesn't have an appointment for about 2 weeks and I'd like to get it done sooner than that so I can recover and return to my life.

I've already had an ultrasound. Does anyone have any suggestions or experiences (positive or negative) of places to go? I know this is personal so please private message me if you don't want to say anything publicly. Any help would be greatly appreciated.

A post on the r/providence subreddit from five years ago is one of the only examples we could find of people asking or talking about local abortion provider experiences.

There are many reasons this might be the case. Platforms might not feel like safe spaces for people who are most in need of abortions to talk about them. These conversations may also be happening offline, and we did find some evidence of this; for example, this [luncheon](#) advertised by the Rhode Island Right to Life Committee, as well as “health town halls” organized by The Womxn Project.

These findings follow trends from [previous research](#) — namely that internet searches related to abortion are directly proportional to local restrictions on abortion, which are low in Rhode Island. A [study on Rhode Island](#) information needs also reported that although people seek news on social media, few reported trusting it and few reported that it was important to have journalists present there.

Background

How Abortion Barriers Harm Women

Restricting a person's access to safe and legal abortion has substantial and [lasting effects](#) on their health and well-being. Abortion is one of the safest procedures performed in the United States and is [much safer](#) than childbirth. The risk of mortality from childbirth in the United States is estimated to be [14 times](#) higher than the risk from abortion. The situation is even more dire for people of color: Black and Indigenous people are [two to four times](#) more likely than white people to die during pregnancy or around the time of childbirth.

Longitudinal research shows that women who could not obtain a desired abortion are [more likely](#) to experience poorer health outcomes, including gestational diabetes and gestational hypertension.

Beyond the consequences to health, research has found that compared with women who received an abortion, those who wanted the procedure but were denied it [fared worse](#) in numerous aspects of their life, including financial security, mental health and education.

Abortion access in Rhode Island

Despite the legality of abortion in Rhode Island, real barriers to access remain, including:

Out-of-pocket costs

Currently, Rhode Islanders enrolled with Medicaid or state health insurance plans must [pay out of pocket](#) for abortion procedures — the result of specific state laws that prohibit both from covering them and the [Hyde Amendment](#), which blocks federal funds from being used to pay for abortion outside the exceptions for rape, incest, or if the pregnancy is determined to endanger the woman's life. There are close to 80,000 people enrolled in Medicaid and 6,500 people covered by the state employees plan of [reproductive age](#) in Rhode Island. Medicaid funding restrictions for abortion have been associated with an [average delay](#) of receiving care of two to three weeks.

However, this may change. In April 2023, the Rhode Island House of Representatives [passed](#) the Equality in Abortion Coverage Act (EACA). While the state Senate [has yet to vote on it](#), the [EACA](#) would incorporate abortion coverage for those on Medicaid and state health plans.

According to pregnancydecisionline.org, costs in Rhode Island range from \$600 for medication abortion up to \$1,500 or more for surgical abortion. People seeking an abortion also face [other expenses](#), including transportation, child care and time off work.

Research from the [Turnaway Study](#), a study with 1,000 women who sought abortions recruited from 30 abortion facilities across the U.S., found that “median out-of-pocket costs for women for whom insurance or Medicaid did not pay was \$575. For more than half, out-of-pocket costs were equivalent to

more than one-third of monthly personal income; this was closer to two-thirds among those receiving later abortions.”

The potentially prohibitive cost of abortion affects economically disadvantaged women and women of color in Rhode Island; they are more likely to be covered by Medicaid or be uninsured. These groups are also [more likely](#) to experience high-risk pregnancies and deliveries.

Provider shortages

According to abortionfinder.org, there are currently [only two](#) in-person abortion providers in Rhode Island: a Planned Parenthood clinic and the Family Planning Clinic at Women & Infants Hospital, both located in Providence. Rhode Island residents can also order abortion pills through several telehealth providers. Patients who are more than nine weeks and six days pregnant are not eligible for medication abortions and must receive a surgical abortion at a clinic. For patients outside Providence, distance and transportation may be significant barriers.

Particularly vulnerable communities

Throughout our research, we paid specific attention to communities who may face unique information and health challenges.

People who are living in poverty, uninsured, and/or enrolled in Medicaid

More than [11%](#) of women in Rhode Island had incomes below the federal poverty line in 2019. Almost [6%](#) of women of reproductive age were [uninsured in 2017 and 35% are enrolled in Medicaid](#). Information on financial support or payment options for abortion might be essential for these groups, and barriers could delay accessing care or forgoing the procedure.

Additionally, their economic situation and insurance status generate their own information challenges. For example, adults enrolled in Medicaid have [lower rates](#) of health literacy than those with employment-based insurance.

Immigrants and people who speak a primary language other than English.

More than 22% of Rhode Island residents do not speak English. [Of this group](#), the top two language populations are Spanish speakers (55%) and Portuguese speakers (13%).

People under 18

Rhode Island [requires](#) those under 18 to have guardian approval for an abortion unless a judicial bypass is granted. Young people might not seek out information from healthcare practitioners because of [privacy concerns](#).

Communities of Color

Black, Indigenous and Hispanic/Latino residents in Rhode Island are [more likely](#) to be economically disadvantaged, uninsured or enrolled in Medicaid — thereby increasing the odds they will face the information challenges we have outlined.

Throughout history, these groups have suffered worse health outcomes because of systemic racism shaping multiple, interconnected health determinants such as [inequitable access to care](#) and [forced sterilization programs](#). This [history](#) of structural racism and unethical practices underlies the mistrust of medicine and science felt by communities of color.

Research has also shown that these groups experience “greater challenges to accessing and navigating information on how to obtain an abortion compared to white women” because of [inequitable](#) access to internet access and language barriers.

A [2021 study](#) exploring the information needs of Rhode Islanders from the Social Science Institute for Research, Education, and Policy found that many of these groups both struggled to find local information and were underrepresented in the media. Participants overall reported feeling more informed about national events than their state’s. Economically disadvantaged residents were represented in only about 5% of news stories, and Black and Hispanic residents were less likely to be quoted or discussed, according to the study. These findings underscore our belief that significant challenges remain for making quality information about local reproductive care easily found.

Recommendations

Based on our investigation, we are providing the following recommendations for care providers, advocacy organizations, and news and media outlets reporting on abortion in Rhode Island.

Make locally oriented abortion information more available

There is a wealth of information about abortion care online for people within the first 10 weeks of pregnancy seeking medication abortion; abortion pills are more accessible than other options. However, there is limited information that specifically addresses obtaining an abortion at a clinic in Rhode Island. More information is needed for people who are approaching or are more than 10 weeks into their pregnancy and who require a surgical abortion.

Provide more ways to access abortion information besides making a phone call

For some providers, basic information, such as the cost of services and whether financial assistance is available, requires a phone call. This can create problems for women who need to be more discreet or do not have breaks during working hours. Maximizing the amount of information that could be provided through other channels, such as chat services, email and FAQs, can minimize the burden for women in these situations.

Create explainers that fill information gaps and are easy to understand

We discovered that a lot of abortion information is inaccessible by virtue of its complexity. While abortion as a procedure is safe and effective, basic questions about costs and logistics depend on a web of factors that can change and become more restrictive over time. Rhode Islanders could benefit from more guides or “explainers” written in plain language that pull together information about local abortion options and basic logistical hurdles — cost, insurance coverage, transportation, viability, financing, privacy protections — in a more comprehensive way. Let’s say that someone wanted to find an abortion option that (1) delivered abortion pills by mail, (2) partnered with a local fund to help cover costs and (3) provided discreet packaging. There is no one website or resource that provides all of this.

The continuous stream of breaking news on abortion at the national level makes it even harder to understand whether local information is up to date. For example, news articles about temporary bans on mail-order abortion pills may confuse residents about whether local mail-order providers, such as [Lilith Care](#), can still legally provide services. Basic explainers that track the national headlines and describe what they mean for Rhode Islanders could prevent such confusion.

Make resources that are relevant to particularly vulnerable communities

As previously outlined, marginalized communities in Rhode Island — including communities of color, immigrants, religious individuals and young people — have unique information needs. Information regarding abortion care can attend to these specific needs. For example, strengthen the availability of details on financial support for patients paying out of pocket, offer information in ways that are accessible to groups with lower levels of health literacy, and make it easier to get information in languages other than English.