**Background**

On June 24th, 2022, the Supreme Court of the United States (US) overturned the landmark decision of Roe v. Wade, deciding that the US constitution does not explicitly offer women the fundamental right to have an abortion (ACLU, 2022). Abortion rights across the US immediately became subject to state constitutions and laws without federal protections. For instance, Florida House Bill 5 (HB5), which went into effect as of July 1, 2022, stipulates a new gestational limit of 15 weeks to any woman seeking an abortion in the state, where the previous limit left abortion legal until the third trimester (27-40 weeks of pregnancy) (*Reducing Fetal and Infant Mortality*, 2022). Despite continued attempts to challenge HB5, as of August 2022, Florida courts have shown repeated support for this bill while upholding the new 15-week abortion ban, demonstrating that women living in Florida now have more restricted access to safe abortion services (ACLU, 2022).

It is important to consider two consequences of more restrictive abortion laws: unintended pregnancies and unsafe abortions. Unsafe abortions and abortion-related deaths are more likely to occur in political environments with more restrictive abortion laws (Haddad, 2009). Sepsis, severe bleeding, genital injury, chronic pelvic infection, and infertility may occur as complications from unsafe abortions (Áinle, 2022; Haddad, 2009; Harris, 2020). Unintended pregnancies can lead to negative health consequences including increases in premature deliveries, child abuse, maternal mental health problems, and worse prenatal care (Hernandez, 2020; Msetfi, 2018).

Late adolescents and emerging adults (ages 15-24) engage in the highest rates of risky sexual behavior and experience the highest unintended pregnancy rates in the US (Hahn, 2017; Thomas, 2015). Most recent data available suggest that as of 2011, 42% of unintended pregnancies end in abortion (Guttmacher Institute, 2022;). Further, most US women who had abortions in 2019 (56.9%) were in their twenties (Kortsmit, 2021).

It is also important to consider that Florida has the third-highest population of Hispanic people in the US (Office of Minority Health, 2022). Hispanic women experience greater state-level sexism and greater barriers to accessing healthcare when compared to non-Hispanic, white women (Rapp, 2021). Hispanic women also experience some of the highest rates of unintended pregnancy in the US (Dehlendorf, 2013). With Florida’s more restrictive abortion law in place, it is important to better understand the knowledge, attitudes, perceptions and behaviors of Florida’s late adolescents and emerging adults and Hispanic women surrounding this new decision to overturn Roe v. Wade, especially considering these populations’ greater risk of unplanned pregnancy and the new restrictions they may face in accessing abortion services.

Among the 37 million 15-24-year-olds in the US, approximately 32% are enrolled in an institution of higher education (Census.gov, 2022). Prior research has reported that individuals in this age bracket who are a part of the college community engage in riskier sexual behaviors, such as having sex with multiple partners and engaging in unprotected sex (Habel, 2018; Pham, 2019; Shannon, 2018; Vasilenko, 2015).

Institutions of higher education are ideally situated to help address the specific reproductive and sexual health needs of their enrolled students, especially in light of the recent overturning of Roe v. Wade and the implementation of HB5 in Florida (*Reducing Fetal and Infant Mortality*, 2022).The primary aim of the present study is to assess the knowledge, attitudes, perceptions, sexual behaviors, and associated factors among members (i.e., students, faculty, staff) of a large minority serving institution of higher education in Florida. Specifically, the study will help illuminate institutional members’ level of awareness and knowledge about the overturn of Roe v. Wade, their level of concern about the ruling (i.e., perceptions about oneself and others), and their perceived impact that the ruling has on their sexual behaviors.

**Methods**

A cross-sectional, anonymous survey was conducted to address the primary aim of the study. The survey study, including the eligibility screener, consent, and study questionnaire were web-based and hosted by the university’s Qualtrics account. The study survey was first pilot tested with 15 volunteers with various academic backgrounds, ages, and ethnicities, along with one expert in conducting surveys on sexual health. Their feedback was then incorporated to improve the survey flow, comprehension, and item responses. All study procedures and materials were approved by the university’s Institutional Review Board prior to recruitment.

*Recruitment and Eligibility Criteria*

Both active and passive recruitment strategies were used to inform interested individuals about the survey study over a 6-week time period in Fall 2022. Passive recruitment strategies included posting flyers in high-traffic areas on campus. Active strategies included: 1) distribution of emails to administrators of course and school listservs, institutional department chairs, professors with large lecture classes, and student clubs and organizations; 2) in-person distribution of flyers on campus and tabling at events. All recruitment materials contained a brief study description, IRB approval information, a QR code, and study weblink.

To be eligible, individuals had to meet the following criteria: 1) be 18 years of age or older, 2) self-identify as a current student, staff, or faculty at the university, and 3) correctly answer two out of three questions regarding university affiliation (i.e., currently identify the school mascot, number of digits in one’s University ID, etc.). Individuals were deemed eligible if they met all criteria. Individuals who reported being less than 18 years of age, not currently a student, staff or faculty at the university, and/or who incorrectly answered two or more of university affiliation questions were deemed ineligible to participate.

*Study Procedures*

Once deemed eligible, respondents were then presented a consent form and prompted to provide consent. Once consented, individuals were then directly taken to the study survey. Total study participation was estimated to take 7-10 minutes. No incentive was provided, and all individuals, irrespective of whether in/eligible and consented or not, were provided a list of weblinks to local and university-affiliated relevant sexual health resources.

*Measures*

*Independent Variables*

Standard demographic items captured and described participants’ age, gender identity, sexual orientation, ethnicity, religious and political affiliation, and whether they were born in the US. Except for age, all other demographics were captured categorically.

Participants’ subjective socioeconomic status (SSS) and perceived economic restriction to using any urgent medical care if and when needed (PER) were also captured. The Macarthur Scale of SSS is a 1-item validated measure that includes an image of a ladder where participants select where on the ladder they perceived to be economically relative to society (Operario, 2004). Perceived economic restriction to using any urgent medical care if and when needed was measured with one item. Participants were asked to indicate their level of agreement with: “My current financial situation would restrict my ability to seek out urgent medical care that I may need” via a 5-point, Likert scale, from ‘1 - Strongly disagree’ to ‘5 - Strongly agree’.

*Roe v. Wade Outcomes: Stance on Abortion, Awareness, Knowledge, Level of Concern for Self, Level of Concern for Others, and Perceived Impact on Sexual Behaviors*

Participants were asked to indicate their attitude about abortion, regarding its morality and legality in society, by choosing one of the following 5 responses that they felt aligned with: ‘I believe abortion is morally acceptable and should be legal’, ‘I am personally against abortion for myself and my family but I don’t believe the government should prevent a woman from making that decision for herself’, ‘I believe abortion is morally wrong, but should be allowed in the instance of sexual assault (rape)’, ‘I believe having an abortion is morally wrong and should be illegal’, and ‘I don’t know / Unsure’.

Participants’ awareness and knowledge of the recent Roe v. Wade decision was measured with two items adapted from Solon et al. (Solon, 2022). For awareness, participants were prompted to select yes/no on whether they heard about the recent overturning of Roe v. Wade. Afterwards, participants were then prompted to indicate what constitutional right the recent overturning of Roe v. Wade pertained to via options presented: ‘Abortion’, ‘Desegregation of schools’, ‘Corporate political donations’, ‘Unsure / Do not know’. Once these items were answered, all participants were provided with a description of the recent Roe v. Wade decision and related consequences: “Roe v. Wade federally protected the right for women to have an abortion. This decision was overturned by the US Supreme Court in June 2022, leaving abortion protection, restriction, or outlaw up to individual state governments. In short, the US Supreme Court decided to no longer constitutionally protect women's right to abortion on a federal level.” Participants were then prompted to indicate how much they agreed with overturn of Roe v. Wade using a 5-point Likert-type scale response ranging from ‘Strongly agree’ to ‘Strongly disagree.’

Participants’ level of concern was measured by prompting them to indicate the degree they were worried that the recent overturning of Roe v. Wade would affect them in accessing abortion services by using a 5-point, Likert-type scale with responses ranging from ‘Not at all worried’ to ‘Extremely worried’ with a ‘Does not affect me’ option. A similar item was used to assess the degree that participants were worried about how the overturning would affect their family members, loved ones, and/or those close to them in accessing abortion services.

Participants’ perceived level of behavior impact that the overturning has had on their sexual behaviors was measured with two items. The first item asked “How much of an impact has this [Roe v. Wade] decision had on your sex life?” with a 3-point ordinal response set of ‘no impact’, ‘some impact’, or ‘major impact’. Respondents who answered ‘some’ or ‘major impact’ were then prompted to specify in what general ways their sexual behaviors had changed by selecting one or more of these options: ‘Decreased number of sexual partners’, ‘Increased number of sexual partners’, ‘Decreased frequency of sex’, ‘Increased frequency of sex’, ‘Decreased use of contraception’, ‘Increased use of contraception’, and ‘Other (fill-in)’.

**Analytic Plan**

All data were extracted from Qualtrics and uploaded to Stata version 17.0 (StataCorp LP, College Station, TX) for data management (e.g., missingness, cleaning) following recommendations detailed by Acock (Acock, 2022). Descriptive statistics were calculated to reveal distribution and missingness of all variables. Responses to some items were appropriately re-categorized due to small subsample sizes (e.g., gender identity: female, male, other; ethnicity: Hispanic of any race vs. Non-Hispanic of any race) or to align with previous literature regarding sexual risk behavior among youth and emerging adults as being defined as 24 years of age and younger (i.e., 18-24 vs. 25+) (Hahn, 2017; Thomas, 2014). Several dummy variables were also created (e.g., Level of concern dichotomized to not at all worried vs. some level of worry) for analytic purposes.

*Unadjusted and Adjusted Multinomial and Logistic Regression Models*

Unadjusted bivariate multinomial regression models were constructed for attitude about abortion for each independent variable. Unadjusted bivariate logistic regression models were constructed for all other outcomes (i.e., level of concern, perceived impact on sexual behaviors) for each independent variable. Independent variables that had a p-value of 0.05 or less in the unadjusted models were included in the multivariate adjusted models.

**Results**

In total, there were 363 eligibility screener entries. Of those screeners, 309 met all eligibility inclusion criteria and only three of them did not provide consent where the rest did and started the study survey. Overall, 269 individuals met all eligibility criteria, provided consent, completed study survey for the present analysis, and were enrolled for this study.

*Demographic characteristics of the sample*

As shown in Table 1, the sample was evenly divided by age (i.e., 49.1% were 24 years or younger). More than half of participants self-identified as female (77.5%), Heterosexual (69.4%), Hispanic of any race (60.4%), were born in the US (70.4%), had some religious affiliation that was not Agnosticism or Atheism (58.1%), and tended to self-identify as being more liberal than conservative regarding their political affiliation (59.7%). For subjective socioeconomic status, few perceived themselves to be in the lower third relative to the rest of society (8.6%), yet many participants agreed that money would restrict their ability to access urgent medical services if and when needed (63.9%). Approximately three-fourths of participants (76.1%) strongly disagreed with the recent overturning of Roe v. Wade.

*Awareness, Knowledge, Attitude about Abortion, Level of Concern for Self, Level of Concern for Others, and Perceived Impact on Sexual Behaviors regarding the Overturning of Roe v. Wade*

A large proportion of participants were aware of the overturning of Roe v. Wade (96.7%) and accurately identified what the topic was about (96.3%). As noted in Table 2, two-thirds of participants believed abortion was moral and should be legal (68.8%) whereas 13.3% believed abortion was morally wrong. The majority of individuals (i.e., >80%) had some level of concern (i.e., worry) about how the recent overturn would affect their own and others’ (i.e., family members, loved ones, friends) access to abortion services. About two-thirds of participants (63.2%) indicated that the overturned ruling had not had any impact on their sexual behaviors. Of those who reported that the overturned ruling had some or high impact on their sexual behaviors, 21.4% indicated it to be a decreased number of sexual partners, 24.6% indicated a decreased frequency of sex, 40.5% indicated an increased use of contraception, and 0.8% indicated it to be an increased frequency of sex.

*Results from Adjusted Multivariate Multinomial and Logistic Regression Models*

*Attitude about Abortion*

Table 3 provides results from both the unadjusted and adjusted multivariate multinomial and logistic regression models.

*Attitude about Abortion:* Compared to participants who did not believe abortion should be morally and legally acceptable, those who did were more likely to self-identify as non-heterosexual (aRRR=12.37 [CI 1.56-97.10], *P*<0.05) and not have a religious affiliation (aRRR=23.44 [CI 3.04 – 180.78], *P*<0.01).

*Level of Concern for Self:* The odds of being concerned for self because of the overturning Roe v. Wade were positively associated with those who self-identified as non-heterosexual (aOR=4.33 [CI 1.22-15.34], *P*<0.05), not having a religious affiliation (aOR=4.81 [CI=1.57-14,78], *P*<0.01), as well as among those who believed they had economic barriers restricting them from emergency medical care (aOR=2.96 [CI=1.05-8.36], *P*<0.05).

*Level of Concern for Others:* The odds of being concerned for others were positively associated with those who self-identified as non-heterosexual (aOR=3.19 [CI=1.05-9.69], *P*<0.05) and among those who did not have a religious affiliation (aOR=9.96, [CI=2.94-33.73], *P*<0.01).

*Perceived Impact on Sexual Behaviors*: The odds of perceiving an impact on one’s sexual behaviors based on the overturning of Roe v. Wade were positively associated with being between the ages of 18-24 years old (aOR=2.25 [CI=1.25-4.03], *P*<0.05). The odds of perceiving an impact on one’s sexual behaviors were negatively associated with reporting a higher self-reported social status (aOR=0.81 [CI=0.66-0.99], *P*<0.05).

**Discussion**

Our study provides key findings about the varying ways that the overturning of Roe v. Wade may affect individuals affiliated with a large minority-serving university in Florida. Compared to Heterosexually-identified individuals, those who do not self-identify as Heterosexual (i.e., are of a sexual minority group) were more concerned about the perceived impact of the overturning of Roe v. Wade for themselves as well as for others whom they care about. Non-heterosexual individuals also strongly believed that abortion ought to be morally acceptable and legal. Members of the Lesbian, Gay, Bi, Trans, and Queer (LGBTQ) community are known to carry a more pro-reproductive rights attitude when compared to people who identify as Heterosexual, even when controlling for political affiliation (Henry, 2022; Schnabel, 2018; Silver, 2017). Sexual orientation has long created a social divide in the US, and therefore can be a predictive factor for defining one’s attitudes surrounding a social issue, such as abortion (Schnabel, 2018). Recent research cautions that gender equality influences both LGBTQ and abortion rights, and as long as this remains true, the association between LGBTQ-identifying community members will demonstrate pro-reproductive rights attitudes (Henry, 2022). Our findings align with this rationale.

Yet, additional explanations may exist for why sexual minorities in our sample believed abortion should be morally acceptable and legal, as well as having greater concerns about the overturned ruling for themselves and others whom they care about. Reproductive and sexual health services are often offered in conjunction with one another (i.e., at the same organization), given their interconnection to one’s health and wellbeing (Silver, 2017). It is reasonable to suggest that if a court ruling (i.e., overturning of Roe v. Wade) limits access to reproductive health services, then this same ruling may also impact one’s sexual health, whether it be their quality of sex life, the ways they may express themselves sexually, and/or their engagement in sexual behaviors with others. Further research that includes qualitative data collection is warranted to better understand in what ways the overturned ruling of Roe v. Wade has impacted sexual minorities lives, including their reproductive and sexual health.

Minority groups, including LGBTQ+ individuals, have been subject to varying ways of oppression – particularly in the state of Florida. For example, laws that restrict the discussion and coverage about LGBTQ+ and sexual health have recently been passed in Florida, including Florida’s HB1557, or commonly known as the “Don’t Say Gay” law (*Parental Rights in Education*, 2022).

The implementation of this law has added to social stressors that the LGBTQ+ community already experience, exacerbating disparities in mental health, physical health, and public health issues among this community (Kline, 2022). Having already experienced oppressive laws such HB1557, those belonging to the LGBTQ+ community in Florida may be primed to react negatively to the implementation of other restrictive laws like HB5.

Non-religious participants in our sample also had greater concern about the overturn of Roe v. Wade affecting themselves as well as for others whom they cared about. One nation-wide survey revealed that those with no religious identity were more accepting of abortion, and that those who attended religious services were less accepting of abortion (Newport, 2022). The nation-wide Religious Landscape study with a sample of 35,000 Americans found that as ones’ importance of religion increased, the more likely they thought abortion should be illegal in all or most cases (Pew Research Center, 2022). Our findings align with these recent national survey research findings.

Young adults (i.e., 18-24-year-olds) in our study were more likely to report their sexual behaviors changing due to the recent overturning of Roe v. Wade. As noted by prior work, the majority of sexually active college females are not seeking to become pregnant (Bryant, 2009). Moreover, participants in this age group may realize that a plethora of potential life changes would occur if they were to become pregnant or contributed to someone becoming pregnant. As such, it is reasonable to postulate that 18-24-year-olds in the sample may be taking additional precautions to decrease the chances of an unintended pregnancy for themselves or their partner(s).

Participants with a higher subjective socioeconomic status were less likely than other participants to report a perceived change in sexual behavior. Individuals with higher subjective socioeconomic status (i.e., greater economic means) may believe they have the financial resources available to travel to states with more relaxed abortion laws than the ones that currently exist in Florida. Previous qualitative studies on abortion access have shown that travel serves as a source of burden and a barrier to abortion for those in restrictive states because of the high associated costs of gas, hotel, securing time off work, and paying for the procedure (Barr-Walker, 2019; Karasek, 2015).

It is important to note that ethnicity did not show notable associations with any of the outcome variables. Contrarily, literature shows that Black and Hispanic women of any race accounted for the highest abortion rates, with 23.8 and 11.7 abortions per 1,000 women, respectively, compared to 6.6 for non-Hispanic White women (Kortsmit, 2019). It is possible that the institution’s location in a predominantly Hispanic metropolitan city in Florida, as well as the institution’s minority-serving status, may act as protective factors that mitigate common nation-wide barriers faced by Hispanic populations. Future research in predominantly Hispanic areas should seek to capture Hispanic ethnicity in greater detail by providing additional response options about ethnic background (e.g. Venezuelan, Cuban, Puerto Rican, etc.), as well as differentiating between generational status, acculturation within the US, and the degree of identification with one’s respective Hispanic culture to better capture risk factors within the Hispanic community more clearly.

**Limitations**

Several limitations exist for the study. The use of a convenience sample along with a cross-sectional study design precludes the ability to generalize the results or assess for causality. A relatively small sample size was obtained for the study, which may have impacted the findings or other variables that could have been associated with the outcomes. We recommend using an incentive, if possible, to help improvement enrollment rates. As such, the study conclusions must be interpreted and applied with caution. Although the sample was fairly diverse, most participants were cis-gendered females and had a liberal political affiliation. Social desirability and recall bias may have also played a role where individuals may have answered based on what they thought how others would want them to answer and/or estimates about their prior engagement in sexual and related behaviors. Despite these limitations, the current study is one of few to examine individuals’ perceptions about how the overturning of Roe v. Wade has impacted themselves and others’ sexual and/or reproductive health within a diverse University setting.

**Conclusion**

Findings from the present survey study suggest that although many were aware about Roe v. Wade and the recently overturned ruling, different groups within the university community may be uniquely and differentially impacted. Findings offer suggestions for future research opportunities about the intersection of reproductive and sexual health relative to changes in policy and potential access to services. Findings from the study may also be used by different university key stakeholders to assess whether the sexual and reproductive health services and access to such services align with its students’ needs, particularly when changes in policies may affect the quality and offering of such services directly and indirectly. In conclusion, findings from the study further highlight the ways of how changes in policy positively (e.g., increased use of contraception) and negatively (e.g., decrease number of sexual partners, frequency of sex) affect one’s sexual and reproductive health, and that a further longer-term examination of these impacts are needed to inform future policy.

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