Reproductive Health Experiences and Access Study

URBAN INSTITUTE

Grassroots Organizers Persist Despite Restrictive Abortion Policies in Mississippi

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The Reproductive Health Experiences and Access (RHEA) study team visited Mississippi in summer 2025, conducting seven interviews with 16 policymakers, community leaders, and advocates, and two focus groups with 16 women[1] ages 18 to 49. In 2018, Mississippi passed a 15-week abortion ban, which was quickly challenged in court by Jackson Women's Health Organization, the state's only abortion clinic at the time. Following the Supreme Court's ruling in *Dobbs v. Jackson Women's Health Organization*, a near-total state abortion ban that had passed in 2007 took effect, forcing the clinic to close. Under Mississippi's ban, performing an abortion can lead to a felony charge that carries a term of imprisonment between one and 10 years.

We present key findings from the site visit below. These findings represent the views of people we spoke with and may not be generalizable.

RESTRICTIVE STATE POLICIES POSE SIGNIFICANT ABORTION ACCESS BARRIERS

While the *Dobbs* decision triggered further abortion restrictions, interviewees said little had changed since the decision, given Mississippi's history of limited abortion access. Jackson Women's Health Organization had been the only abortion clinic in the state since 2006. Mississippi also had targeted regulation of abortion providers (TRAP) laws, fetal abnormality restrictions, and parental consent requirements before *Dobbs*. Interviewees did not think legislative change was feasible in the current political environment.

"I don't think we are going to see anything with abortion. I don't. When they got rid of the [last abortion clinic], I was like, 'This is really it. This is truly it.'" —Advocate interviewee

Ballot initiatives are not an option for establishing abortion protections. In 2021, a state Supreme Court decision made it functionally impossible to advance citizen-led ballot initiatives. The ruling held that Mississippi's ballot initiative process "no longer functions" because signature requirements cannot be met; the provisions reference five congressional districts, but there have only been four districts for approximately 25 years. As of July 2026, policymakers had not restored the ballot initiative process. Interviewees noted that policymakers had proposed several bills that would restore the ballot initiative, with some restrictions. For instance, one proposed measure would have forbidden the use of ballot initiatives to establish abortion rights, and another would have allowed the legislature to overturn voter-approved initiatives.

Mississippi's abortion ban includes exceptions for the preservation of a mother's life and certain cases of rape, but barriers are sizeable, and providers are cautious. Interviewees reported that providers worried about legal ramifications of providing care, even in an emergency. One advocate explained, "There is an overwhelming sense that if [a provider] had to make a decision about an emergency procedure, [they] would need to get a lawyer involved."

To qualify for a rape exception, Mississippi law requires that the assault be reported to law enforcement. Interviewees described concerns about the availability of and processing times associated with rape kits and uncertainty about the implications for those seeking an exception to abortion laws due to rape. Several interviewees reported that in the past, many hospitals did not have rape kits or providers who were trained to administer them—leaving those who might need documentation to pursue legal action or a rape exception without options.

[1] The RHEA focus groups consist of people assigned female at birth.

"I had heard stories of victims that had gone to three different hospitals before they were ever treated. How are we going to prosecute these perpetrators without evidence, without a rape kit?" —Policymaker interviewee

INCREMENTAL POLICY CHANGES AND GRASSROOTS EFFORTS SEEN AS OPPORTUNITIES TO IMPROVE CARE ACCESS

In 2023, state policymakers passed legislation aiming to improve rape kit administration and processing. That law requires hospitals, law enforcement, and crime labs to process rape kits within certain timeframes and address backlogs. In 2025, the legislation was amended to require hospital emergency departments to have at least one staff member on site who can conduct a forensic exam and prepare a rape kit. This change took effect in July 2025.

Given the policy environment, interviewees were most focused on improving access to reproductive health care and information through grassroots organizing and coalition building. Community-based organizations coordinated direct assistance for people traveling out of state to receive abortion care, technical assistance and education opportunities for other organizations, and community engagement initiatives. One interviewee described a leadership initiative that educates people on state history and the documented connection between racism and reproductive health policies and outcomes.

"We talk about the biases that exist, particularly in places like the South where our bodies have not been ours because of white supremacy…We talk about reproductive health and who is dying—it is women who are dying. Mississippi has one of the highest maternal mortality rates in the country, and it is disproportionately Black women." —Advocate interviewee

Interviewees and focus group participants hoped that stakeholder and community education initiatives would reduce stigma around reproductive health care in the state. One participant said she provided a sex education course for families in her community because the schools and other institutions were not offering anything. Several explained that religion plays a large role in Mississippi communities, and they thought that religious institutions contributed to the stigmatization of reproductive health, particularly abortion. They added that abstinence-based sex education curricula also fuel stigma.

"Our school systems and churches teach young people not to talk [about reproductive health]. In our communities, we need to teach them how to talk and express themselves again." —Advocate interviewee

Though interviewees felt short-term policy change was not feasible, they identified long-term goals for reproductive health care in Mississippi. They noted that returning to *Roe*-era policies was insufficient; access was already severely limited in the state before *Dobbs*, and legal protections did not translate into widespread availability of care. Instead, advocates expressed the goal of implementing policies to enshrine accessible, affordable abortion care without restrictions like gestational limits or waiting periods.

Interviewees also emphasized that although the *Dobbs* case brought a lot of interest from stakeholders in other states, long-term change should be driven by Mississippians. One advocate explained, "People are more interested in Mississippi because of *Dobbs*, in a way that they didn't really care before. [They thought] Mississippi was just backward…To the extent that the interest points to the right people who have been doing the work for so long … that would be a hope for me."

ABOUT THE RHEA STUDY

This fact sheet is part of the RHEA Study, a multiyear assessment of reproductive health access, experiences, and preferences following the 2022 US Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, especially among people facing barriers to care. For this study, the Urban Institute, the Reproductive Equity Action Lab at the University of Wisconsin–Madison, and SisterSong Women of Color Reproductive Justice Collective are collaborating to produce evidence-based research findings through a large national survey and qualitative data collection in 13 states.

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