



## Characteristics of U.S. Abortion Patients, 2008

Rachel K. Jones, Lawrence B. Finer and Susheela Singh

### HIGHLIGHTS

- In 2008, the majority of women obtaining abortions (58%) were in their 20s; women in their 30s made up the second largest age-group (22%).
- Non-Hispanic white women accounted for 36% of abortions, non-Hispanic black women for 30%, Hispanic women for 25% and non-Hispanic women of other races for 9%. While no group made up the majority of abortion patients, black and Hispanic women were overrepresented.
- The overwhelming majority of women having abortions (85%) were unmarried, including 29% who were cohabiting. Among never-married women obtaining abortions, almost one-half had been in a relationship for a year or longer with the man who had made them pregnant.
- Most women having abortions (61%) already had at least one child, including 34% who had two or more children.
- Some 42% of women having abortions were poor, a substantially greater proportion than were poor in 2000 (27%).
- Women obtaining abortions in 2008 were less likely than their counterparts in 2000 to be married or to have a religious affiliation, and were more likely than the earlier cohort to have a college degree. These patterns largely reflect changes in the population of all women of reproductive age.
- Thirty-three percent of women obtaining abortions lacked health insurance, 30% had private health insurance, 31% were covered by Medicaid and 5% had some other type of health insurance.
- Although 66% of women having abortions had some type of health insurance, 57% paid for their abortion out of pocket. Among women with private health insurance, 63% paid out of pocket.



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# Background

Abortion is one of the most common medical interventions undergone by U.S. women of reproductive age,<sup>1</sup> and an estimated one in three women have an abortion by age 45.<sup>2</sup> Nationally representative surveys are a primary source of information about many sexual and reproductive behaviors. However, only about one-half of abortions are represented in these types of studies, perhaps because stigma prevents some women from reporting their abortions or because some populations of women who have abortions are underrepresented even in surveys regarded as nationally representative.<sup>3,4</sup>

Additionally, much of what is known about women having abortions is incomplete or out of date. The Centers for Disease Control and Prevention (CDC) compiles and releases annual abortion statistics, including demographic characteristics of women having abortions.<sup>5</sup> However, some states do not require abortion reporting, and the information that is gathered is limited to a few basic demographic characteristics. The Guttmacher Institute periodically conducts nationally representative surveys of women having abortions, collecting information on a wider

range of background characteristics. One such survey was conducted in 2000, and a number of societal changes have occurred since that time. For example, the population of women has become more racially and ethnically diverse;<sup>6</sup> more women have college degrees;<sup>7</sup> and fewer women are married and more women are cohabiting.<sup>8</sup> These changes may have affected the need for or use of abortion among different subgroups of women and, in turn, altered the social and demographic composition of the population of abortion patients.

This report draws on data from the latest Guttmacher survey to provide a profile of the population of U.S. women who accessed abortion services in 2008. It includes new information about several previously unexamined characteristics: length of relationship with male partners, foreign-born status, attendance at religious services, health insurance status and payment for abortion services. Information from this report can help identify those groups most likely to be affected when new abortion restrictions are implemented, as well as those most at risk of unintended pregnancy.

# Data Collection and Analytic Strategy

This is the Guttmacher Institute's fourth national survey of abortion patients. It uses a design, questionnaire and field-work procedure similar to those of earlier studies, which collected information from women obtaining abortions in 1987, 1994–1995 and 2000–2001.<sup>9–11</sup> Between April 2008 and May 2009, we collected information from U.S. abortion patients using a four-page, self-administered survey available in English and Spanish. In all, 12,866 abortions were performed at the 95 participating facilities; we obtained usable surveys from 9,493 women, for a response rate of 74%. We constructed weights to correct for any bias produced by deviation from the original sampling plan and nonresponse, and to produce nationally representative results. Missing information on key demographic variables was imputed on the basis of the responses of women with similar characteristics. For a detailed description of the data collection procedure and copies of the survey instruments, see the appendices.

We present descriptive findings (percentage distributions, means and numbers) on key demographic characteristics of abortion patients: age, union status, race and ethnicity, parity, education, poverty, religious affiliation and participation, and foreign-born status. Confidence intervals are provided to show the level of uncertainty around estimates of each population mean. We assessed changes over the past decade by comparing the demographic profile of abortion patients in 2008 with that of women obtaining abortions in 2000.\* All analyses were based on weighted data, and the complex sampling feature of SPSS 13.0 was used for all estimates. We used t tests to assess whether changes in subgroup characteristics between 2000 and 2008 were statistically significant.

We could not estimate the abortion rate (the number of abortions per 1,000 women) by subgroup for 2008, because 2005 is the most recent year for which the total number of abortions is available.<sup>12</sup> As a proxy, we constructed a measure that allows us to compare relative levels of abortion across subgroups, which we refer to as an abortion index or a relative abortion rate. Each abor-

tion index is the proportion of abortion patients who are in a given subgroup (e.g., a particular age-group) relative to the proportion of all U.S. women who are in that same subgroup. If the proportions are the same (indicated by an index of 1.0), the subgroup's relative abortion rate is the same as the overall national rate. If the subgroup is overrepresented among abortion patients (index of greater than 1.0), its relative abortion rate is above average; if it is underrepresented (index of less than 1.0), its relative rate is below average. Notably, an increase in the abortion index for a subgroup over time does not necessarily indicate an increase in the subgroup's abortion rate. If the overall abortion rate decreased between 2000 and 2008, the abortion rate for a subgroup may have fallen, even if that subgroup's abortion index rose. However, an increase in the index would mean that the subgroup's position has shifted relative to that of at least one other subgroup and relative to the national rate.

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\*The fielding period for the prior survey extended into 2001. However, because the majority of questionnaires for both surveys were gathered in the year in which fielding began—2008 and 2000—we refer to both surveys according to the single year.

# Results

## Characteristics of Women Obtaining Abortions

### Age-Group

Public discussions of abortion and the women who have them often focus on adolescents, which may create the impression that most abortion patients are teenagers. However, the majority of women who had abortions in 2008 (58%—Table 1, page 6) were in their 20s; the second largest age-group was women in their 30s (22%). Adolescents (women younger than 20) accounted for 18% of abortions, including the 7% that were obtained by minors (those younger than 18). Abortion patients in 2000 had a similar age distribution to those in 2008.

Women aged 18–29 were overrepresented among abortion patients. Those in their early 20s had the highest abortion index, and the highest relative abortion rate, of any age-group (2.03); in other words, they were overrepresented by a factor of two relative to the population of all women of reproductive age. Women aged 18–19 and 25–29 also had above-average relative abortion rates (indices, 1.76 and 1.46, respectively). All other age-groups had below-average relative abortion rates. For example, the likelihood of abortion among 15–17-year-olds was 57% of that among all women. Abortion indices changed slightly for all age-groups except women aged 40 and older, but the rank ordering of age-groups according to their abortion indices did not change over time.

### Union Status

Women's desires to have children, as well as their ability to negotiate the responsibilities of childrearing, may be influenced by relationships with male partners, and abortion varies substantially by union status. Nearly one-half of women having abortions were living with male partners: Some 15% were married, and an additional 29% had been unmarried but cohabiting with male partners in the month they became pregnant. Fifty-six percent of women had not been living with their partners, and most of these (45% of all women who had abortions) had never been married. Abortion patients were slightly (but significantly) less likely to be married in 2008 than in 2000; however, this drop can be attributed to a decline between survey years in currently married women as a proportion of the general population of women aged 15–44 (from 48%

to 44%). The proportion of abortion patients who were cohabiting was significantly higher in 2008 than in 2000. Over the last few decades, cohabitation has become a more common living arrangement,<sup>13</sup> and the change among abortion patients may simply reflect this trend; unfortunately, we lack comparable information about this living arrangement among all women in 2000.

Married women were underrepresented among those who had abortions; their likelihood of having an abortion was one-third that of all women (abortion index, 0.34). Both never-married and previously married women were overrepresented among abortion patients and had relative abortion rates slightly above the national average (1.13 and 1.33, respectively). Cohabiting women were substantially overrepresented among women who had abortions; their relative abortion rate was more than three times that of all women (3.46).

While most women accessing abortion services were unmarried and not cohabiting, many were in relationships at the time of their abortion. Sixty-two percent had been in a relationship with their male partner a year or longer, and only 12% reported that they had not been in a relationship with the man who had gotten them pregnant (Figure 1, page 7). Even among never-married women, almost one-half reported that they had been in a relationship with their male partner for a year or more.

### Race and Ethnicity

Abortion patients were diverse in terms of race and ethnicity: Non-Hispanic white women made up 36% of patients, non-Hispanic black women 30%, Hispanic women 25% and non-Hispanic women of other races 9%.\* The confidence intervals for these estimates were larger than those for other characteristics (in both 2000 and 2008), meaning that the estimates were less precise.†

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\*Overall, 7% of women obtaining abortions in 2008 identified themselves as Asian (i.e., South Asian, Native Hawaiian or other Pacific Islander), and 3% as members of another racial group (e.g., American Indian). Because the Asian and "other" racial categories were measured differently in the 2000 and 2008 surveys (see Appendix 1), we could not compare these more detailed categories over time.

†This pattern reflects that women in a given racial or ethnic group tend to be concentrated in particular facilities, and thus the estimates are more dependent on the facilities sampled.

**TABLE 1. Percentage distribution of U.S. women obtaining abortions and of all U.S. women aged 15–44, and abortion index, by selected characteristics, 2008 and 2000**

Characteristic	Women obtaining abortions		All women aged 15–44		Abortion index	
	2008 (N=9,493)	2000 (N=10,683)	2008	2000	2008	2000
<b>Age-group</b>						
<20	17.6 (16.6–18.7)	19.1 (17.9–20.4)	17.0	16.0	1.04	1.20
<15	0.4 (0.3–0.6)	0.7 (0.5–0.8)	na	na	na	na
15–17	6.2 (5.6–6.8)	6.5 (5.8–7.2)	10.7	9.5	0.57	0.68
18–19	11.0 (10.3–11.8)	12.0 (11.2–12.8)	6.2	6.5	1.76	1.85
20–24	33.4 (32.2–34.6)	33.0 (31.8–34.3)	16.4	15.1	2.03	2.19
25–29	24.4 (23.4–25.4)	23.1 (22.2–24.1)	16.7	15.6	1.46	1.49
30–34	13.5 (12.7–14.3)	13.5 (12.6–14.5)	15.5	16.5	0.87	0.82
35–39	8.2 (7.6–9.0)	8.1 (7.5–8.8)	16.9	18.5	0.49	0.44
≥40	2.9 (2.5–3.4)	3.1 (2.6–3.5)	17.5	18.4	0.17	0.17
<b>Union status</b>						
Married	14.8 (13.5–16.2)	17.0 (15.7–18.5)*	43.6	47.7	0.34	0.36
Cohabiting, not married	29.2 (27.6–30.8)	25.4 (24.3–26.6)***	8.4	na	3.46	na
Never-married, not cohabiting	45.0 (43.0–47.1)	46.6 (44.7–48.5)	39.7	na	1.13	na
Previously married, not cohabiting	11.0 (9.9–12.1)	10.9 (10.1–11.8)	8.2	na	1.33	na
<b>Race and ethnicity</b>						
Non-Hispanic white	36.1 (31.5–40.9)	40.9 (35.5–46.6)	61.5	68.2	0.59	0.60
Non-Hispanic black	29.6 (24.6–35.1)	31.7 (27.0–36.9)	14.4	13.7	2.06	2.31
Non-Hispanic other	9.4 (7.4–11.8)	7.3 (5.6–9.4)	7.1	5.3	1.33	1.38
Hispanic	24.9 (19.8–31.0)	20.1 (15.4–25.7)	17.0	12.8	1.46	1.57
<b>Education†</b>						
<high school	12.3 (10.9–13.9)	12.7 (10.6–15.2)	10.2	11.2	1.21	1.13
High school graduate/GED	28.3 (26.7–30.0)	30.3 (28.6–32.0)	25.9	30.9	1.09	0.98
Some college/associate degree	39.5 (38.1–40.9)	40.6 (39.0–42.2)	32.6	32.5	1.21	1.25
≥college graduate	19.9 (18.3–21.5)	16.4 (14.7–18.1)**	31.3	25.5	0.63	0.64
<b>Prior births</b>						
0	39.1 (37.0–41.2)	39.1 (37.3–41.0)	43.9	42.8	0.89	0.91
1	26.5 (25.2–27.8)	27.4 (26.4–28.4)	17.5	18.0	1.51	1.52
≥2	34.5 (32.8–36.1)	33.5 (31.9–35.2)	38.6	39.2	0.89	0.85
<b>Family income as % of federal poverty level</b>						
<100	42.4 (39.8–45.1)	26.6 (24.2–29.2)***	15.9	12.8	2.66	2.08
100–199	26.5 (25.4–27.7)	30.8 (29.2–32.4)***	18.6	17.5	1.42	1.76
≥200	31.1 (28.7–33.6)	42.6 (39.6–45.7)***	65.4	69.8	0.48	0.61
<b>Religious affiliation‡</b>						
Protestant	37.3 (33.5–41.3)	42.8 (38.4–47.3)	50.0	51.0	0.75	0.84
Roman Catholic	28.1 (24.9–31.5)	27.4 (23.6–31.5)	26.9	27.5	1.04	1.00
Other	7.1 (6.3–8.1)	7.6 (6.9–8.4)	5.8	5.4	1.23	1.41
None	27.5 (25.5–29.5)	22.2 (20.4–24.3)***	17.3	16.2	1.59	1.38
<b>Foreign-born</b>						
No	83.6 (80.8–86.1)	na	82.6	na	1.01	na
Yes	16.4 (13.9–19.2)	na	17.4	na	0.94	na

\*p<.05. \*\*p<.01. \*\*\*p<.001. †Among women aged 20 and older. ‡Among women aged 18 and older. *Notes:* Ns are unweighted. na=not applicable. Figures in parentheses are 95% confidence intervals. *Sources:* **All percentages, 2000:** reference 11, with special tabulations for union status using the 2000 Abortion Patient Survey. **Percentages by age-group, union status, race and ethnicity, education and foreign-born status, 2008:** Special tabulations of the 2008 Current Population Survey, March Supplement. **Percentages by prior births, 2008:** Special tabulations of the 2008 Current Population Survey, Fertility Supplement. **Percentages by poverty status, 2008:** Special tabulations of the 2009 Current Population Survey, March Supplement. **Percentages by religious affiliation, 2008:** Special tabulations of data on women aged 18–44 in the 2006 and 2008 General Social Survey.

Thus, while some of the changes in the racial and ethnic composition of abortion patients between 2000 and 2008 seem substantial—for example, the decline in the proportion who were white and the increase in the proportion who were Hispanic—they were not statistically significant.

Black and Hispanic women were disproportionately represented among women obtaining abortions and had higher relative abortion rates than all women (abortion indices, 2.06 and 1.46, respectively). The likelihood of abortion among white women was 59% that among all women. Abortion indices were largely unchanged for white women and women of “other” races. Black women’s abortion index declined, suggesting that their relative abortion rate was closer to the national average in 2008 than in 2000.

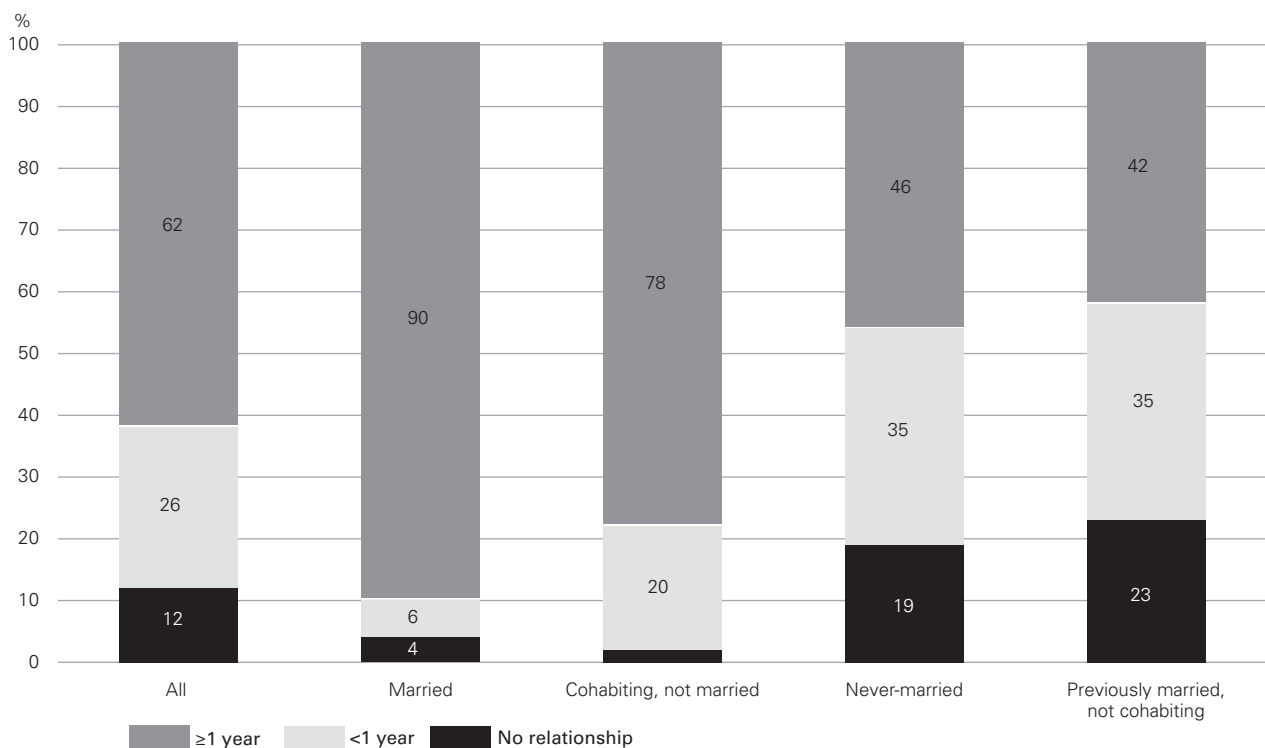
### Education

Education can influence fertility intentions in several ways. For young women in particular, the desire to pursue or complete education can provide motivation to delay childbearing, and both attendance and completion of schooling can provide access to information and resources (e.g., sex education, health care) aimed at preventing

unintended pregnancies. The overwhelming majority of abortion patients aged 20 and older had graduated from high school—88%, including the 20% who had at least a bachelor’s degree. The latter proportion represents a statistically significant increase (from 16%) since 2000, which is largely attributable to an increase in education among all women aged 15–44: Nationwide, 31% had college degrees in 2008, compared with 25% in 2000.

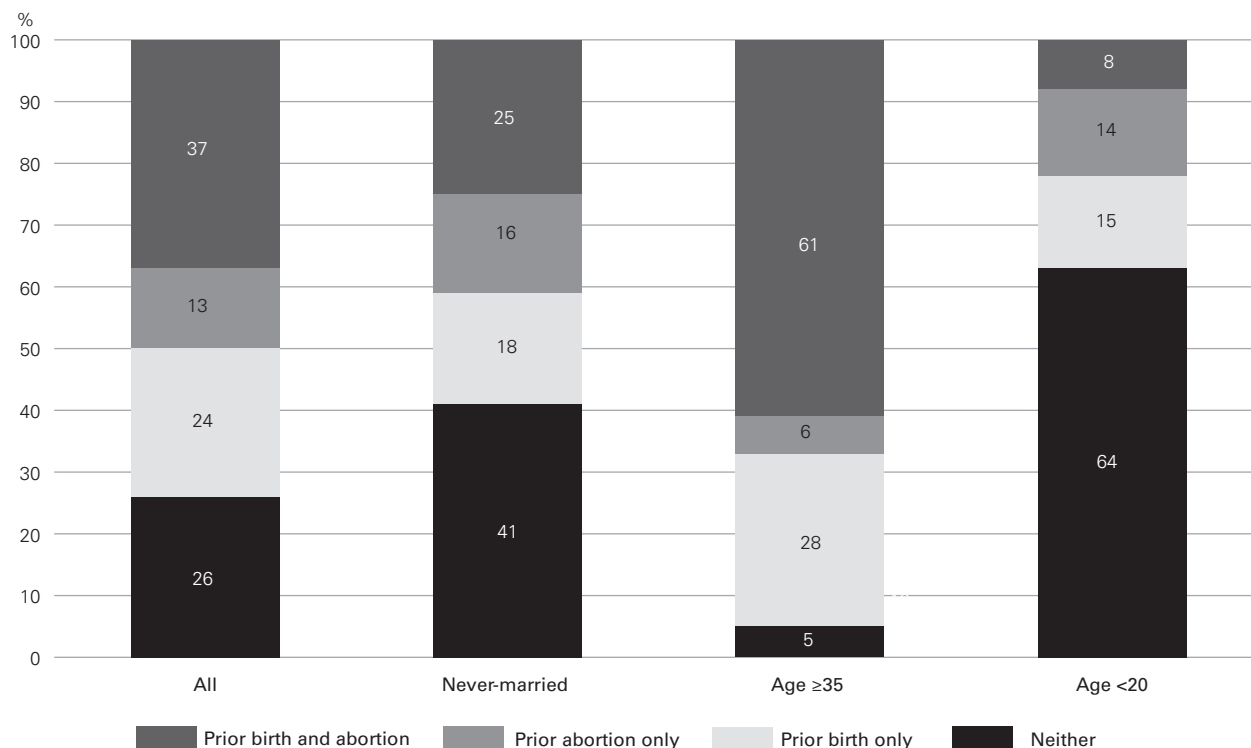
One common reason women give for terminating unintended pregnancies is that having a baby would prevent them from achieving goals such as pursuing an education.<sup>14</sup> Patterns in abortion indices by educational attainment may be due, in part, to educational goals. For example, the fact that women with some college education were more likely than all women to have an abortion (as suggested by an abortion index of 1.21) may reflect that these women were in school or hoping to complete their schooling, and having a baby would have prevented them from achieving this goal. That women with college degrees were less likely than average to have an abortion (as suggested by an index of 0.63) may reflect that higher education provides exposure to information about and access to contraceptives, and perhaps that it offers

**FIGURE 1. Percentage distribution of abortion patients, by length of relationship with man responsible for pregnancy, according to union status, 2008**



Source: Special tabulations of the 2008 Abortion Provider Survey.

**FIGURE 2. Percentage distribution of abortion patients, by pregnancy history, according to selected characteristics**



Source: Special tabulations of the 2008 Abortion Provider Survey.

increased motivation to avoid unintended pregnancy in the form of job and career opportunities. Between 2000 and 2008, abortion indices increased for two educational subgroups and decreased for one; all of the changes were relatively small.

**Prior Pregnancies**

Abortion and motherhood are often regarded as opposing interests, and it is often assumed that women who obtain abortions do not want to be mothers because they are unable or unwilling to assume the responsibilities of raising a child.<sup>15</sup> But 61% of women obtaining abortions in 2008 already had children, including 34% who had two or more. The distribution of abortion patients by number of prior births was virtually unchanged between 2000 and 2008.

The relative abortion rate for women with no children and with two or more children was lower than the overall average (abortion index, 0.89 for each), while the relative rate for women with one child was 1.5 times that for all women. Between 2000 and 2008, the abortion indices for these subgroups changed little.

Abortion patients in 2008 had quite varied pregnancy histories. Half reported one or more prior abortions; most

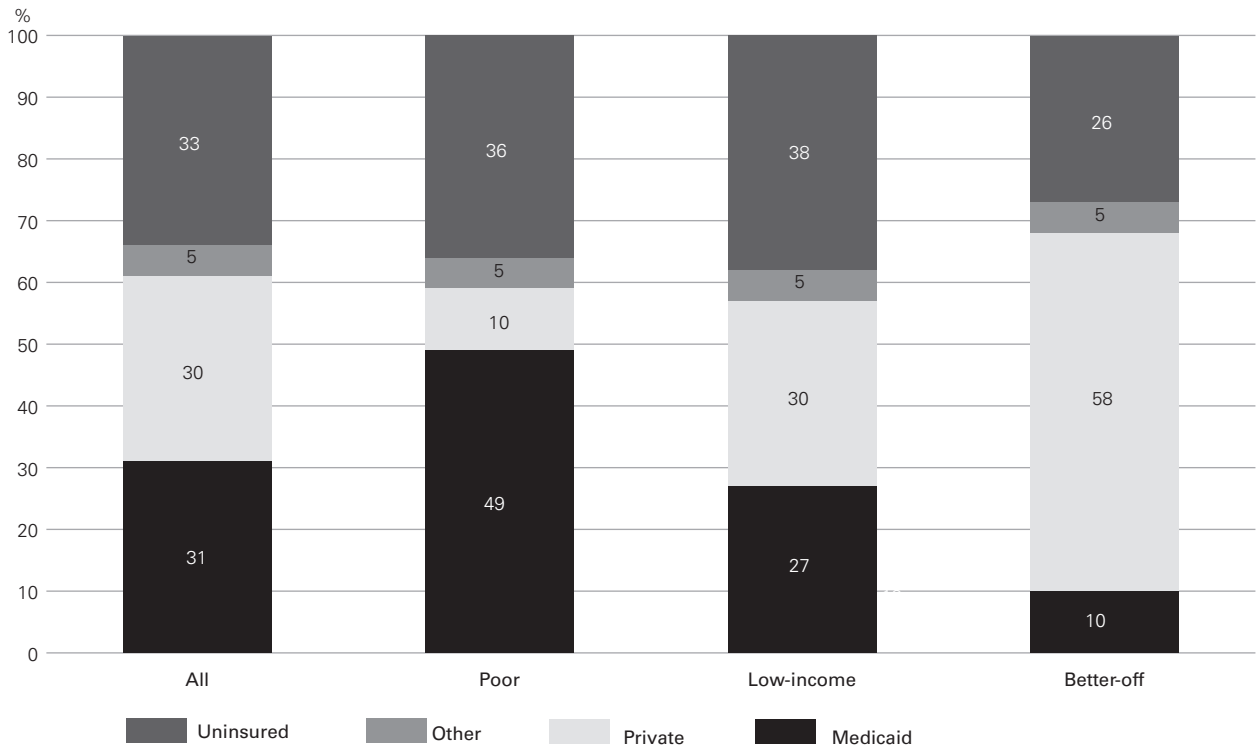
of these women (37% of all abortion patients) reported both a prior birth and a prior abortion (Figure 2). Multiple abortions are often regarded as a cause for concern, on the assumption that they indicate that women rely on abortion as a means of birth control.<sup>16</sup> However, the occurrence of multiple abortions is strongly associated with age; therefore, multiple abortions may indicate mainly prolonged exposure to the risk of unintended pregnancy. Among abortion patients aged 35 and older, 89% were mothers, and 61% had had a previous abortion as well as a prior birth. By contrast, 64% of abortion patients younger than 20 had had neither a birth nor an abortion before; women in this subgroup were about as likely to be mothers (23%) as to have had a prior abortion (22%).

**Poverty Status**

Forty-two percent of women obtaining abortions in 2008 reported family incomes that qualified them as poor, and an additional 27% were low-income (i.e., had family incomes of 100–199% of the federal poverty level). By contrast, the proportion who were poor in 2000 was 27%; the increase was statistically significant and continued a trend that had begun between 1994 and 2000.<sup>11</sup> The



**FIGURE 3. Percentage distribution of abortion patients, by type of health insurance, according to poverty status**



*Notes:* Poor women are those who reported a family income below the federal poverty level; low-income, those at 100–199% of the poverty level; better-off, those at 200% or more of the poverty level. *Source:* Special tabulations of the 2008 Abortion Provider Survey.

decreases in the proportions who were low-income and better off (i.e., reported family incomes of at least 200% of the poverty level) were also statistically significant.

Poor women were overrepresented among abortion patients. Their relative abortion rate was more than twice that of all women in 2008 (abortion index, 2.66) and more than five times that of women at 200% or more of the poverty level (0.48). The abortion rate for low-income women (1.42) was three times that of better-off women. Not only do poor women have above-average relative abortion rates, the abortion indices suggest that the difference increased between 2000 and 2008 (from 2.08 to 2.66). In contrast, the abortion indices for both low-income and better-off women decreased.

### Religious Characteristics

Almost three-quarters of women obtaining abortions in 2008 reported a religious affiliation. The largest proportion were Protestant (37%),\* and most of the rest said that they were Catholic (28%) or that they had no religious affiliation (27%). One in five abortion patients identified

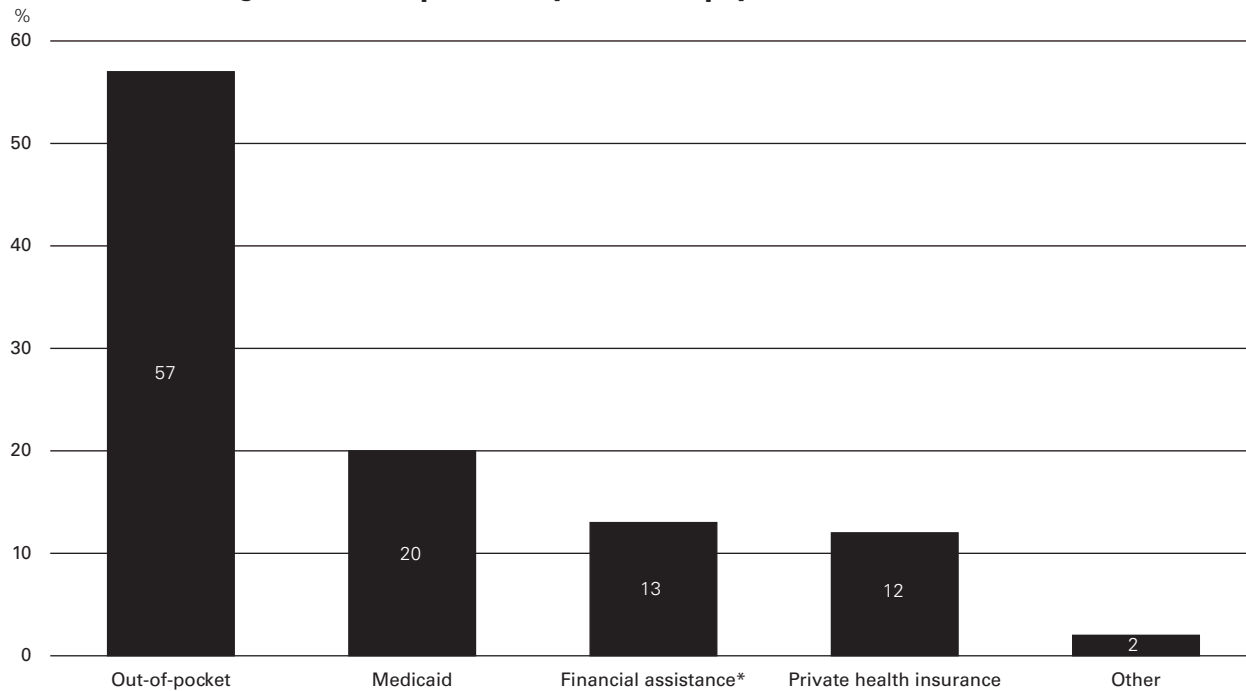
themselves as born-again, evangelical, charismatic or fundamentalist; 75% of these were Protestant (not shown).† The proportion of abortion patients lacking a religious affiliation increased significantly, from 22%, in 2000.

Protestants were underrepresented among abortion patients, and the relative abortion rate for this group was lower than the rate for all women (abortion index, 0.75). While the Catholic Church has strong proscriptions against abortion, the relative abortion rate for Catholic women was no different from that for all women (1.04). Women with no religious affiliation had a relative abortion rate one and one-half times that of all women (1.59). The abortion indices for Protestant and Catholic women changed little

\*As in the previous surveys, Protestants include women who wrote in that they were Christian and did not specify a denomination (8% of abortion patients in 2008).

†In 2000, some 13% of abortion patients aged 18 and older identified as born-again or evangelical. However, the item was reworded slightly for the 2008 survey, and we therefore cannot compare changes according to this characteristic over time.

**FIGURE 4. Percentage of abortion patients, by method of payment for abortion**



\*Private abortion funds or reduced fees. *Note:* Percentages add to more than 100% because women could indicate more than one response.  
*Source:* Special tabulations of the 2008 Abortion Provider Survey.

between 2000 and 2008.

Attendance at religious services is sometimes regarded as an indicator of an individual’s adherence to religious doctrines. In 2008, 15% of women having abortions reported attending religious services once a week or more, 13% attended 1–3 times a month and 32% attended less frequently; 41% never attended religious services (not shown). According to the General Social Survey (see Appendix 1), 23% of U.S. women aged 18–44 in 2006 and 2008 reported that they never attended religious services, and 24% that they attended once a week or more. Thus, tentative evidence suggests that women obtaining abortions attend religious services less frequently than all women.

\*Policy or court decisions in 17 states require the use of state funds to cover all or most medically necessary abortions for low-income women enrolled in Medicaid. Nonetheless, two states under court order to fund abortion services (Arizona and Illinois) report very few procedures. (Source: Sonfield A, Alrich C and Gold RB, Public funding for family planning, sterilization and abortion services, FY 1980–2006, *Occasional Report*, New York: Guttmacher Institute, 2008, No. 38, Table 3.9, <<http://www.guttmacher.org/pubs/2008/01/28/or38.pdf>>, accessed Mar. 16, 2010.) As a result, for analyses that distinguish between abortion patients residing in Medicaid and non-Medicaid coverage states, we do not include Arizona or Illinois in the former.

#### Foreign-Born Status

Sixteen percent of women obtaining abortions in 2008 were foreign-born. This proportion was similar to the proportion of the larger population of women who were foreign-born; the relative abortion rate for this subgroup was therefore about the same as the overall rate. Women who responded listed more than 70 countries of origin, most commonly Mexico, countries of the West Indies, India and countries of western Europe (not shown). Abortion patients born outside the United States were most likely to identify as Hispanic (49%); 23% were Asian or South Asian, 15% identified as black and 13% were white or reported other racial identities (not shown).

#### Health Insurance Coverage and Payment For Abortion Services

Although most women in the United States have some type of health insurance,<sup>17,18</sup> poor and low-income women, who make up the majority of abortion patients, are more likely than average to be uninsured.<sup>19</sup> Many of the poorest women qualify for Medicaid, but federal funds are restricted to paying for abortion services only in cases of rape, incest and life endangerment, and only a minority of states uses their own funds to cover abortions for low-income women.\*<sup>20</sup> Thus, the 2008 survey attempted

to assess what kind of health insurance coverage women have in general and how they pay for abortion services.

Thirty-three percent of women obtaining abortions in 2008 lacked health insurance (Figure 3, page 9), and comparable proportions had private coverage (30%) or were covered by Medicaid (31%); 5% had some other type of insurance. Not surprisingly, Medicaid coverage differed substantially by poverty status. Forty-nine percent of poor abortion patients were covered by Medicaid for general health care, compared with 27% of low-income women and 10% of those who were better off.\* Only 10% of poor women had private insurance, compared with 58% of better-off women. More striking than this difference was the similarity in the proportion uninsured among poor and low-income women (36% and 38%, respectively). Even among women with family incomes of at least 200% of poverty, 26% lacked health insurance.

Although most abortion patients had some type of health insurance, 57% paid out of pocket for this service (Figure 4). The second most common payment method was Medicaid, reported by 20% of abortion patients; in fact, in states that use their own funds to pay for abortions, 92% of patients with Medicaid coverage made use of this payment method (not shown). Thirteen percent of women obtaining abortions relied on financial assistance programs such as private abortion funds and reduced fees to cover some or all of the cost of the service. Another 12% used their private insurance to pay for the procedure,<sup>†</sup> but 63% of women with private insurance paid out of pocket for the procedure (not shown). Finally, 2% reported using other strategies to pay for their procedures—for example borrowing money from a friend, partner or family member. A small proportion of women reported multiple methods of payment, and almost all of these had both paid out of pocket and received financial assistance or a discount.

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\*The survey's income question referred to the previous year, so some women may have had a relatively high income that year but been eligible for Medicaid coverage at the time of the survey.

<sup>†</sup>This figure includes the 4% of all abortion patients who reported paying out of pocket but expected to file for reimbursement by their health insurance companies.

# Discussion

The profile of women obtaining abortions in 2008 closely resembled that of abortion patients in 2000. Women who obtain abortions are predominantly poor or low-income, in their 20s and unmarried; black women and Hispanic women continue to be disproportionately represented among abortion patients. Most changes that occurred—abortion patients are now less likely to be married and more likely to have college degrees than they were a decade ago—reflect trends in the larger population of women. The most notable change is that economic disadvantage became increasingly concentrated among abortion patients between 2000 and 2008.

The proportion of abortion patients who were poor increased 59% between surveys, from 27% to 42%. While less accurate measurement of income in the 2008 survey could account for some of the change (see Appendix 1), this shift likely reflects a real increase in poverty among abortion patients. Indeed, unintended pregnancy has become increasingly concentrated among women with the fewest economic resources. Between 1994 and 2000, the proportion of women obtaining abortions who were poor or low-income increased 15%; similarly, while the overall abortion rate declined, the rate for economically disadvantaged women increased.<sup>11</sup> It is important to recognize that poor women were not just having more abortions. Between 1994 and 2001, rates of unintended births increased 45% for this group, but only 10% for all women.<sup>21</sup>

The survey occurred during an economic recession, which may account for some of the substantial increase in poverty among abortion patients between 2000 and 2008. Most directly, the proportion of all women aged 15–44 living in poverty increased 25% during this time (Table 1); thus, we would expect an increase in poverty among women having abortions. More indirectly, recent studies have found that because of financial constraints, women want to delay childbearing or limit the number of children they have, but these same constraints have made it harder for them to access contraceptives and to use them consistently.<sup>22,23</sup> In these situations, poor women may have found it more difficult than better-off women to obtain and use contraceptives and prevent unintended pregnancies. Additionally, when confronted with an unintended pregnancy during the recession, poor women who

might have felt equipped to support a child (or another child) in financially stable times may have decided that they simply were not equipped to do so now.

In 2006, the average woman paid \$413 for a first-trimester abortion and \$1,300 for an abortion at 20 weeks.<sup>12</sup> Although most women obtaining abortions in 2008 had some type of health insurance, the majority paid for abortion services out of pocket. Nearly one in three abortion patients had private health insurance, but two-thirds of this group did not use it to pay for the procedure. We suspect that several factors contributed to the lack of reliance on private insurance among women who had it. First, some may have had health care plans that exclude abortion services—for example, if they were employed by the federal government. Others may have been unaware that their plan covered abortion. Some women may have been reluctant to have the abortion on their insurance records out of concern that an employer, regular health care provider or family member whom they did not want to know about the abortion would have access to this information. Finally, some women with private health insurance have deductibles of several hundred, or even several thousand, dollars that have to be met before they can be reimbursed. Given that most women having abortions are in their 20s, and probably relatively healthy, and that the deductible may have exceeded the cost of abortion, it is quite possible that the deductible prevented these women from using their private insurance for this purpose.

A sizable minority of women (13%) obtained services on a sliding fee scale or relied on outside organizations to cover some or all of the cost of their abortion. We know of several situations that could account for this level of reliance on financial assistance. Some clinics charge reduced fees for women who can demonstrate financial need (for example, women with Medicaid who reside in states where it does not cover abortion services). Additionally, organizations such as the National Abortion Federation and the National Network of Abortion Funds, as well as some Planned Parenthood affiliates, receive charitable donations that are used to help low-income women pay for abortion services. The number of women helped by funds from multiple sources has increased in recent years,<sup>24</sup> and media reports have highlighted the increased demand for such support during the recession.<sup>25,26</sup> The increase in

these types of subsidies may have made abortion services more accessible for poor women and contributed to the increase in the proportion of all abortion patients who were poor. While it is fortunate that some women can take advantage of various forms of financial assistance, women in many parts of the country do not have access to subsidies; moreover, the availability of funds can fluctuate depending on the economy, the generosity of contributors and other factors that are difficult to predict.

Of all the groups examined in this report, cohabiting women had the highest abortion index, suggesting that their rate is more than triple the overall average and is one of the highest relative abortion rates of any subgroup. Cohabiting women also have above-average rates of contraceptive failure<sup>27</sup> and unintended births.<sup>21</sup> Future research might help uncover the relationship dynamics that contribute to these patterns. For example, do cohabiting couples have sex more frequently than other groups, use less effective methods or use their methods less consistently? Does the “less legal” status of the relationship make discussing or agreeing upon childbearing goals harder for cohabiting couples? Are unintended pregnancies more common among cohabiting couples who already have one or more children than among cohabiting couples with no children? At any given point, only a small proportion of women are in cohabiting relationships (8%), but at least half will occupy this relationship status at some point in their lives.<sup>13</sup> Additional information about the dynamics of contraceptive use and pregnancy among this population could identify strategies to help cohabiting women and men avoid unintended pregnancies.

One in six women having abortions in 2008 were foreign-born, and the relative abortion rate for this group apparently is no different from the rate for all women. Notably, information on abortion patients, by definition, does not take into account women who have an unintended pregnancy but are unable to access abortion services. For women of all backgrounds, barriers to abortion services could include money, distance to a provider and inability to travel; these barriers may be especially pronounced for foreign-born women because of difficulties related to language and culture. Undocumented immigrants may have concerns about coming into contact with the health care system, and women from countries where abortion is highly restricted may be unsure if abortion is legal in the United States. Our estimates are a useful first step in documenting the experiences of foreign-born women.

## Limitations

This study has several limitations. First, our measure of poverty is imprecise, and levels of poverty among abortion patients in 2008 may be somewhat overestimated (see Appendix 1). If so, the increase in the proportion of abortion patients who were poor is not quite as large as reported. Furthermore, although it is unquestionable that abortion providers in 2008 were serving a population of women who were poorer than the 2000 cohort, we must be careful not to overinterpret these findings, because we lack information about the number of abortions and the abortion rate in 2008. Both the number of abortions and the abortion rate declined every year between 1991 and 2005,<sup>12</sup> but we cannot assume that this trend was sustained between 2005 and 2008. Statistics compiled by the CDC, while incomplete, suggest that both the number and the rate of abortions increased by 3% between 2005 and 2006.<sup>5</sup> This could be a one-year anomaly, or it could be the start of a trend reversal. The current analysis does not allow us to assess differences between 2000 and 2008 in the number of abortions and abortion rates among all poor and low-income women in the United States.

Our measures of insurance status also are imperfect, partly because of the complexity of the U.S. health insurance system and women’s uncertainty about what type of health insurance they have. Nonetheless, we expect that the overall patterns in poverty and insurance among abortion patients are real.

The 2008 survey was the first to ask about foreign-born status, but this information may be slightly inaccurate, as the questionnaire was typically available only in English and Spanish (see Appendix 1). Foreign-born women who primarily spoke other languages may have been unable to participate, and foreign-born women may be underrepresented.

## Conclusions

While abortion is one of the most common medical interventions undergone by women aged 15–44,<sup>1</sup> it is also one of the most regulated aspects of health care. In 2009 alone, 18 states enacted 34 abortion-related laws, none of which was intended to expand or protect access to abortion.<sup>28</sup> These new laws include mandated information (“counseling”) and a waiting period in a state that did not previously have these requirements (Arizona), and the tightening of existing parental consent laws for minors (also in Arizona). One policy implication of this study is that increased restrictions on abortion services would disproportionately affect poor and low-income women, black and Hispanic women, and young adults.

Rather than restricting access to abortion, policy efforts could accomplish more by increasing access to a broad array of reproductive health services, including abortion. Groups overrepresented among abortion patients also have above-average rates of contraceptive failure<sup>27</sup> and unintended birth.<sup>21</sup> Increased public funding to expand access to contraceptive services, particularly for women who are unable to pay, could help reduce levels of unintended pregnancy and improve the lives of many women. Just as essential, access to abortion must be maintained and improved. Given that most women obtaining abortions are poor or low-income, nationwide public funding of abortion for poor women could help reduce the economic burden posed when these services have to be paid for out of pocket, as well as increase access to services for women who are currently unable to afford them.

# Appendix 1: Methods

## Data Collection

The 2008 survey of abortion patients was the Guttmacher Institute's fourth in a series and used a design and questionnaire similar to those used in the earlier surveys, which were conducted in 1987, 1994–1995 and 2000–2001.<sup>9–11</sup>

We developed a four-page questionnaire to collect information about demographic items contained in prior surveys (e.g., age, race and ethnicity, and educational attainment) and several new issues (e.g., health insurance coverage, how women paid for abortions services and foreign-born status). To keep the questionnaire within four pages and minimize survey administration time, we used a module design to create two versions of the questionnaire. All core demographic and contraceptive methods items were asked of all respondents. Items unique to module A, and asked of only one-half of respondents, included the woman's happiness about the current pregnancy and whether the man who had gotten her pregnant knew about the pregnancy and about the abortion. Items unique to module B included a series of nine questions about abortion stigma. Within each facility, consecutive patients received different modules. Much of the information from the questionnaires not discussed in this report will be summarized in subsequent analyses. The questionnaires are included as Appendix 2.

The facilities in the survey were sampled from all hospitals, clinics and physician's offices where abortions were performed in 2005, according to information from the Guttmacher Institute's 2006 Abortion Provider Census.<sup>12</sup> The universe was stratified by provider type (hospital or nonhospital) and 2005 caseload, rounded to the nearest 10 (30–390 abortions; 400–1,990 abortions; 2,000–4,990 abortions; or 5,000 or more abortions), and then listed by census region and state within each stratum. Facilities that reported fewer than 25 abortions in 2005 were not included because of the high likelihood that they performed few or no abortions during the survey period. Their exclusion caused little bias regarding the representativeness of women obtaining abortions, because these facilities accounted for only 1% of all reported procedures in 2005.<sup>12</sup> Next, we systematically sampled facilities from each stratum by selecting them at specified intervals within the list; the interval varied by stratum. For example, we took

every fourth facility that reported 5,000 or more abortions in 2005 and every 21st of those reporting 30–390 abortions. (We oversampled clinics with large caseloads to obtain adequate representation of the variety of facilities in the sample.)

Each facility was assigned a sampling period that was inversely proportional to its probability of being selected. Facilities were asked to administer the questionnaire to all women who obtained an abortion during the specified period, which ranged from two weeks in the largest clinics to 12 weeks in the smallest facilities. Our goal was to recruit 107 facilities; our final sample consisted of 10 hospitals and 85 nonhospital facilities.\*

The questionnaire, available in English and Spanish (and, at one facility's request, Portuguese), was distributed to women by facility staff. Participating facilities decided when during the patient's visit to distribute the questionnaire; in most cases, women completed it along with other paperwork while they waited for their procedure. The questionnaire included an introduction explaining the purpose of the survey and informing women that participation was voluntary and anonymous. Nonhospital facilities that served 10–35 abortion patients per week (40% of the sample) were offered the option of using audio computer-assisted self-interviewing; five facilities agreed to this mode of administration, and three of these completed the survey successfully. The questionnaire and procedures were approved by the Guttmacher Institute's federally registered institutional review board.

Participating facilities reported performing 12,866 abortions during the sampling period. Usable questionnaires were obtained from 9,493 patients, for a response rate of 74%. Seventy-three percent of these women obtained abortions during the second half of 2008, and the remaining 27% during the first half of 2009. Facility staff supplied information about age, race, ethnicity, insurance coverage and method of payment for 1,162 of the women who did

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\*If a facility declined to participate or did not obtain usable questionnaires from at least half of the target women, it was replaced by the next facility listed in its stratum, which in most cases was in the same state or in a neighboring state in the same region. Of the initial 107 providers sampled, 48 participated in the study; 59 had to be replaced, but we succeeded in replacing only 47. Of the 12 facilities that could not be replaced, seven were in the smallest caseload category sampled (30–390 abortions in 2006).

not complete the questionnaire. (Reasons women did not complete the questionnaire included refusal to participate, failure of the clinic to distribute questionnaires and lack of time to complete the questionnaire.) No information was available for the remaining 2,211 women.

As in prior surveys, to correct for any bias produced by deviation from the original sampling plan and nonresponse, we employed a three-stage weighting process. First, individual weights were developed to adjust for the demographic characteristics of the 1,162 nonrespondents for whom the facility staff provided information. Second, facility-level weights adjusted for the 2,211 nonrespondents for whom no demographic data were available. Third, stratum weights were constructed to correct for departures from the number of facilities to be sampled in each grouping by caseload and provider type. With the final weight adjusted to a mean of 1.0, the standard deviation is 0.21, and the range is 0.71–2.37.

Nonresponse was around 2% for most questions, but it ranged from 0.2% (for age) to 15% (for family income). Missing information on key demographic variables was imputed on the basis of the responses of other women with similar characteristics using a “hot-deck” procedure.\*

## Data Quality and Comparability

While many of the survey items were adopted from the previous patient surveys conducted by the Guttmacher Institute, several were revised to improve accuracy.

### Race

The 2000 survey replicated an item on race from the 1995 National Survey of Family Growth (NSFG), which provided four response categories (Alaskan Native/American Indian, Asian/Pacific Islander, black and white) and asked respondents to indicate the one that best described their racial background. The NSFG is administered by a live interviewer, which allows for clarification and “forced categorization” for individuals who are unsure how to classify their race or who identify with more than one race.

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\*We used cross-tabulations to identify the variables most strongly associated with each item requiring imputation. Respondents were sorted according to these variables in the order of the strength of the item’s association with the variable to be imputed, so that similar cases were adjacent to one another in the file. A missing value was then replaced by the value of the preceding case in the file.

†In keeping with coding strategies for prior surveys, women who indicated multiple races were typically classified as belonging to the least common of the racial groups checked off, although women who indicated “other” and a specific race were classified as the specific race. Women who checked off both black and one or more other racial groups were classified as black.

We attempted to incorporate greater flexibility into our measurement of race in the 2008 survey. We adopted the item used in the 2006–2008 NSFG, which provided five response categories (American Indian or Alaska Native, Asian, Native Hawaiian/other Pacific Islander, black/African American and white), but made two additional adjustments. We changed the second category to “Asian/South Asian,” to make clear for women in the latter group that this racial category was the most appropriate for them (and to better match federal statistics), and we provided an open-ended “other” category, with space for women to write in their race. Hispanic ethnicity was measured as a separate item.

Initially, 15% of women identified with an “other” race; 90% of these also indicated that they were Hispanic, and were coded as such on the combined measure of race and ethnicity used in our analysis. Our coding scheme allowed for only one racial group per respondent.† We do not know how the 2% of women who identified their race as an unspecified non-Hispanic “other” would have been classified, or would have classified themselves, if we had adopted the wording from the 2000 survey. As a result, we are somewhat cautious in our comparisons of race and ethnicity between the 2000 and 2008 surveys.

### Health Insurance and Payment for Services

Prior surveys assessed whether women obtaining abortions were covered by Medicaid, but did not distinguish between private health insurance and lack of health insurance among women without Medicaid coverage. For the 2008 survey, we expanded the item to assess whether women had Medicaid, had private health insurance, had some other type of insurance or were uninsured. Because of changes in both the item wording and the response categories, measurement of Medicaid coverage is not comparable across the 2000 and 2008 surveys.

Even with more response categories, our measure of health insurance coverage is imprecise. Some women may be unclear about which kind of health insurance coverage they have. The “other” response category allowed for write-in responses, and some respondents wrote in programs that we identified as state Medicaid programs. (Perhaps because some state programs did not include “Medicaid” in the name, respondents did not identify them as such.) Additionally, a number of insurance programs straddle the state and private realms, providing more affordable coverage to individuals and families whose incomes are too high to qualify for Medicaid. We coded such programs as “other” types of health insurance. The “other” category also includes Indian Health Services, military health plans such as the Civilian Health



and Medical Program of the Uniformed Services, student health plans and unspecified types of health insurance.

Similar issues pertain to the item collecting information about how women paid for abortion services. For example, 2% of women who indicated that they had private health insurance reported using Medicaid to pay for their abortion. We suspect that such seeming inconsistencies were due to the complexities of the U.S. health care system and respondents' lack of clarity about their type of health insurance coverage.

### **Income and Poverty**

We asked women their total family income, before taxes, in the previous year. We constructed a three-category measure of poverty status based on reported family income and number of family members in the woman's household at the time of the abortion. The three poverty status categories are less than 100%, 100–199%, and 200% or more of the federal poverty threshold; on the basis of these categories, we describe women as poor, low-income or better-off.

Income and, in turn, poverty status are susceptible to higher levels of measurement error than characteristics such as race and age because of lower response rates. In addition, income reporting may have changed between the 2000 and 2008 surveys. In both years, respondents were provided with 11–12 income categories, listed in increments of \$5,000 or \$10,000 and ranging from “under \$9,999” to “\$70,000 or more” (in 2000) or “\$75,000 or more” (in 2008). For the 2008 survey (but not the prior one), weekly incomes were provided in parentheses. This may have resulted in underreporting of family income, because some women may have a better sense of their weekly income than their yearly income, but the former is more likely to be the posttax figure. Additionally, the 2008 survey was fielded during the recession, and some women likely reported their current (weekly) family income as opposed to family income in the previous year. Women who lived in a household in which one family member had recently become unemployed, or who had otherwise experienced a recent drop in family income, may have reported a lower income than their family had earned in the prior year. Potential changes in reporting of income between 2000 and 2008 may have inflated the number of poor abortion patients in 2008 relative to 2000.

### **Analytic Strategy**

We first performed univariate tabulations of women obtaining abortions in 2008 by age-group, union status, race and ethnicity, parity, education, poverty, religious affiliation and foreign-born status. We provide 95% confidence intervals to show the level of uncertainty around estimates of each population mean. We then compared demographic characteristics of abortion patients in 2008 with those of women obtaining abortions in 2000, and using t tests, we relied on the complex sampling feature of SPSS 13.0 to assess whether changes were statistically significant. All analyses were based on weighted data. As discussed on page 4, we relied on abortion indices to assess relative levels of abortion across subgroups.

Most of the population information used in our calculations comes from the 2008 Current Population Surveys (CPS), usually the March supplement, but we also relied on the fertility supplement for population information on births. Because the CPS uses family income from the prior year to measure poverty status, we use the 2009 CPS to estimate this characteristic. Our survey items on religious affiliation and attendance at religious services were worded to replicate the 2006–2008 NSFG. However, the NSFG data are not yet available. The best available data to estimate religious affiliation and attendance at religious services among all women aged 18–44 was the General Social Surveys for 2006 and 2008. However, these estimates have a margin of error of around three percentage points (for the largest groups) because of the relatively small sample (1,745 for the two years combined). (We will be able to generate more reliable estimates when the 2006–2008 NSFG data are released.) Data on abortion patients in 2000, as well as population data for that year, come from a previously published article on abortion patients in that year.<sup>11</sup>

# Appendix 2: Questionnaires

## Module A

### NATIONAL PATIENT SURVEY

(1-5)

440r (6-9)

a (10)

#### The Guttmacher Institute

A not-for-profit organization for reproductive health research, policy analysis and public education  
125 Maiden Lane, New York, NY 10038 Phone: (800) 355-0244 Fax: (212) 248-1951 Web: [www.guttmacher.org](http://www.guttmacher.org)

The Guttmacher Institute, a non-profit research organization, is asking abortion patients across the country to provide us with information in order to improve health programs and policies in the United States. Please help by answering the below questions about yourself, your decision to have an abortion and other aspects of your life.

Your participation is voluntary and will not affect the services you receive. There are no direct benefits to participating in this study. While the risks are minimal some of the items are about sensitive issues such as sexual assault and may make you uncomfortable; you can skip these questions as well as any that you are unable to answer. The survey should take 5 to 10 minutes to complete. When you are done with it, place it in the attached envelope and return it to a staff member. **Your name is not requested here.** This survey is confidential and anonymous. The information you provide will be used for research purposes only.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact Dr. Rachel Jones, the survey director, via email ([rjones@guttmacher.org](mailto:rjones@guttmacher.org)) or at the above address and phone number to find out more about the study.

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (11-16)  
Month Day Year

1. What is your age? \_\_\_\_\_ (17-18)

2. Are you Hispanic or Latina or of Spanish origin?  
-1 Yes -2 No (19)

3. Which of these groups **best** describes your racial background?

- 1 American Indian
  - 2 Asian or South Asian
  - 3 Native Hawaiian or other Pacific Islander
  - 4 Black or African American
  - 5 White
  - 6 Other: \_\_\_\_\_ (20)
- (21)

4. Which of the following types of health insurance do you currently have? (*check all that apply*)

- 1 Temporary Medicaid coverage (does not cover regular health care) (22)
  - 2 Medicaid or another state-run health insurance program (23)
  - 3 Private or employee-sponsored health insurance (24)
  - 4 Some other type of health insurance: \_\_\_\_\_ (25)
  - 5 I do not have health insurance (26)
- (27)

5. How are you paying for this abortion? (*check all that apply*)

- 1 I am paying for it out of pocket, but will be reimbursed by my insurance company (28)
  - 2 The clinic accepts my private health insurance (29)
  - 3 I am using Medicaid (state-sponsored health insurance) (30)
  - 4 I am paying for all or part of it out of pocket (includes cash and credit cards) (31)
  - 5 I received financial assistance from an outside organization (32)
  - 6 I qualified for a price reduction (33)
  - 7 Other: \_\_\_\_\_ (34)
- (35)

6. Indicate if you experienced any of the following in the LAST 12 MONTHS (check all that apply):

- 1 A close friend died (36)
- 2 I fell behind on my rent or mortgage (37)
- 3 I separated from my husband/partner (38)
- 4 I was unemployed and looking for work for a month or more (39)
- 5 I had a serious medical problem (40)
- 6 A dependent or close family member had a serious medical problem (41)
- 7 I had a baby (42)
- 8 I was the victim of a robbery (mugging or stick-up) or personal assault (43)
- 9 My home was burglarized or broken into (44)
- 10 I had a partner who was arrested or incarcerated (45)
- 11 I moved 2 or more times (46)

7. When you made this appointment, had you already made up your mind to have an abortion?

- 1 Yes
- 2 No (47)

8. What was the first day of your last menstrual period?

\_\_\_\_/\_\_\_\_/\_\_\_\_  Don't remember (48-53)  
Month Day Year (54)

9. About how many weeks pregnant are you?

\_\_\_\_\_ weeks (55-56)

10. Before you became pregnant this time, had you stopped using all methods of pregnancy prevention, including condoms, withdrawal, rhythm, etc.?

- 1 Yes
- 2 No
- 3 Never used any pregnancy prevention (57)

11. What was the **LAST** method of pregnancy prevention you used before you found out you were pregnant? (check all that apply)

- 1 Pill (58)
- 2 Condom, rubber (for males) (59)
- 3 Depo-Provera, the shot, injectables (60)
- 4 The patch, Ortho Evra (61)
- 5 NuvaRing, vaginal ring (62)
- 6 Implants in arm (63)
- 7 Spermicides (foam/cream/jelly/film/suppositories/inserts) (64)
- 8 Rhythm, natural family planning (65)
- 9 Withdrawal, pulling out (66)
- 10 Other method (specify): \_\_\_\_\_ (67)
- 11 I never used a method → **SKIP TO Q.14** (68)
- (69)

12. In what month and year did you stop using that method? \_\_\_\_/\_\_\_\_  Still using method (70-73)  
Month Year (74)

13. For about how many months in a row had you been using that method? Please check only one box.

- 0 Less than 1 month -12 12 months
- 1 1 month -13 13 months
- 2 2 months -14 14 months
- 3 3 months -15 15 months
- 4 4 months -16 16 months
- 5 5 months -17 17 months
- 6 6 months -18 18 months
- 7 7 months -19 19-21 months
- 8 8 months -20 22-24 months
- 9 9 months -21 25-27 months
- 10 10 months -22 28 or more months
- 11 11 months (75-76)

14. In the month you became pregnant, what was your formal marital status?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married (77)

15. In the month you became pregnant, were you living with your husband or boyfriend?

- 1 Yes
- 2 No (78)

16. What is the highest grade of school you have completed?

- 1 0-11th grade
- 2 High school graduate or GED
- 3 Some college or Associate degree
- 4 College graduate or more (79)

17. What religion are you?

- 1 Protestant (for example, Baptist, Methodist, Lutheran, Pentecostal, etc.)
- 2 Catholic
- 3 Jewish
- 4 Other (specify) \_\_\_\_\_
- 5 None (80)
- (81)

18. Which of these do you consider yourself to be, if any?

- 1 Born-again Christian
- 2 Charismatic
- 3 Evangelical
- 4 Fundamentalist
- 5 None of the above (82)

19. About how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 1-3 times a month
- 4 Less than once a month
- 5 Never (83)

20. Including your children, how many family members do you currently live with?

Myself + \_\_\_\_\_ family members (84-85)  
*(This includes your husband or boyfriend if you live with him, and any of his family members that live with you.)*

21. What was the total household income last year (2007), before taxes, of yourself and all the family members counted in Q.20? Please provide your best estimate if you do not know the exact amount.

- 1 Under \$9,999 (less than \$192/week)
- 2 \$10,000-14,999 (\$192-287/week)
- 3 \$15,000-19,999 (\$288-384/week)
- 4 \$20,000-24,999 (\$385-480/week)
- 5 \$25,000-29,999 (\$481-576/week)
- 6 \$30,000-34,999 (\$577-672/week)
- 7 \$35,000-39,999 (\$673-768/week)
- 8 \$40,000-44,999 (\$769-864/week)
- 9 \$45,000-49,999 (\$865-961/week)
- 10 \$50,000-59,999 (\$962-1153/week)
- 11 \$60,000-74,999 (\$1154-1441/week)
- 12 \$75,000 or more/year (\$1442 or more/week) (86-87)

22. Were you born in the United States?

- 1 Yes → **SKIP TO Q.24**
- 2 No, I was born in \_\_\_\_\_ (country) (88)  
(89-90)

23. When did you come to live in the United States?

\_\_\_\_\_ Year (91-92)

24. Where do you currently live?

State \_\_\_\_\_ (93-94)  
ZIP \_\_\_\_\_ (95-99)  
(100)  
(101)

25. How many births have you had? \_\_\_\_\_ (102-103)

26. How many abortions have you had before this one? \_\_\_\_\_ (104-105)

27. Right before you became pregnant, did you want to have a(nother) baby at **any** time in the future?

- 1 Yes
- 2 No → **SKIP TO Q.29**
- 3 Not sure, don't know
- 4 Didn't care (106)

28. So would you say you became pregnant:

- 1 Too soon
- 2 At the right time
- 3 Later than I wanted
- 4 Didn't care (107)

29. On a scale of 1 to 10, circle the number that best describes how you felt when you found out you were pregnant.

1 2 3 4 5 6 7 8 9 10  
Very unhappy Very happy  
(108-109)

30. At the time you became pregnant, how long had you been in a relationship with the man with whom you got pregnant?

- \_\_\_-1 Months \_\_\_-2 Years (110-111)  
(112-113)
- 3 I was not in a relationship with him (114)

31. Does he know that you are pregnant?

- 1 Yes
- 2 No
- 3 I don't know if he knows (115)

32. Does he know that you are choosing to have an abortion?

- 1 Yes
- 2 No
- 3 I don't know if he knows (116)

33. How supportive is he of your decision to have an abortion?
- 1 He doesn't know I'm having an abortion
  - 2 Very supportive
  - 3 Somewhat supportive
  - 4 Neither
  - 5 Somewhat unsupportive
  - 6 Very unsupportive
  - 7 I'm not sure how supportive he is (117)
34. Has he ever hit, slapped, kicked or otherwise physically hurt you?
- 1 Yes                      -2 No (118)
35. Has he ever forced you to do anything sexual when you didn't want to?
- 1 Yes                      -2 No (119)
36. Is this pregnancy the result of a partner forcing you to have sex when you didn't want to have sex?
- 1 Yes
  - 2 No
  - 3 Don't know (120)

37. Do you think abortion should be:
- 1 Legal in all cases
  - 2 Legal in most cases
  - 3 Illegal in most cases
  - 4 Illegal in all cases (121)
38. Did you take any of the following to try to bring back your period or end the CURRENT pregnancy BEFORE you came here?(check all that apply)
- 1 Cytotec, or misoprostol (122)
  - 2 Emergency contraception, also known as EC or the morning-after pill (123)
  - 3 Other: \_\_\_\_\_ (124)
  - 4 None of the above (125)  
(126)
39. Have you EVER taken anything ON YOUR OWN to try to bring back your period or end a pregnancy?(check all that apply)
- 1 Yes, I have taken cytotec, or misoprostol (127)
  - 2 Yes, I have taken emergency contraception, also known as EC or the morning-after pill (128)
  - 3 Yes, I have taken another drug: \_\_\_\_\_ (129)
  - 4 None of the above (130)  
(131)

**Thank you very much for your help.**

## Module B

# NATIONAL PATIENT SURVEY

(1-5)

440r (6-9)

b (10)

### The Guttmacher Institute

A not-for-profit organization for reproductive health research, policy analysis and public education  
125 Maiden Lane, New York, NY 10038 Phone: (800) 355-0244 Fax: (212) 248-1951 Web: [www.guttmacher.org](http://www.guttmacher.org)

The Guttmacher Institute, a non-profit research organization, is asking abortion patients across the country to provide us with information in order to improve health programs and policies in the United States. Please help by answering the below questions about yourself, your decision to have an abortion and other aspects of your life.

Your participation is voluntary and will not affect the services you receive. There are no direct benefits to participating in this study. While the risks are minimal some of the items are about sensitive issues such as sexual assault and may make you uncomfortable; you can skip these questions as well as any that you are unable to answer. The survey should take 5 to 10 minutes to complete. When you are done with it, place it in the attached envelope and return it to a staff member. **Your name is not requested here.** This survey is confidential and anonymous. The information you provide will be used for research purposes only.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact Dr. Rachel Jones, the survey director, via email ([rjones@guttmacher.org](mailto:rjones@guttmacher.org)) or at the above address and phone number to find out more about the study.

Today's date:      /      /      (11-16)  
                  Month Day Year

1. What is your age? \_\_\_\_\_ (17-18)

2. Are you Hispanic or Latina or of Spanish origin?  
-1 Yes      -2 No (19)

3. Which of these groups **best** describes your racial background?  
-1 American Indian  
-2 Asian or South Asian  
-3 Native Hawaiian or other Pacific Islander  
-4 Black or African American  
-5 White  
-6 Other: \_\_\_\_\_ (20)  
(21)

4. Which of the following types of health insurance do you currently have? (*check all that apply*)

- 1 Temporary Medicaid coverage (does not cover regular health care) (22)  
-2 Medicaid or another state-run health insurance program (23)  
-3 Private or employee-sponsored health insurance (24)  
-4 Some other type of health insurance: \_\_\_\_\_ (25)  
-5 I do not have health insurance (26)  
(27)

5. How are you paying for this abortion? (*check all that apply*)

- 1 I am paying for it out of pocket, but will be reimbursed by my insurance company (28)  
-2 The clinic accepts my private health insurance (29)  
-3 I am using Medicaid (state-sponsored health insurance) (30)  
-4 I am paying for all or part of it out of pocket (includes cash and credit cards) (31)  
-5 I received financial assistance from an outside organization (32)  
-6 I qualified for a price reduction (33)  
-7 Other: \_\_\_\_\_ (34)  
(35)

6. Indicate if you experienced any of the following in the LAST 12 MONTHS (*check all that apply*):
- 1 A close friend died (36)
  - 2 I fell behind on my rent or mortgage (37)
  - 3 I separated from my husband/partner (38)
  - 4 I was unemployed and looking for work for a month or more (39)
  - 5 I had a serious medical problem (40)
  - 6 A dependent or close family member had a serious medical problem (41)
  - 7 I had a baby (42)
  - 8 I was the victim of a robbery (mugging or stick-up) or personal assault (43)
  - 9 My home was burglarized or broken into (44)
  - 10 I had a partner who was arrested or incarcerated (45)
  - 11 I moved 2 or more times (46)
7. When you made this appointment, had you already made up your mind to have an abortion?
- 1 Yes -2 No (47)
8. What was the first day of your last menstrual period?
- \_\_\_\_/\_\_\_\_/\_\_\_\_ - Don't remember (48-53)
- Month Day Year (54)
9. About how many weeks pregnant are you?
- \_\_\_\_\_ weeks (55-56)
10. Before you became pregnant this time, had you stopped using all methods of pregnancy prevention, including condoms, withdrawal, rhythm, etc.?
- 1 Yes
  - 2 No
  - 3 Never used any pregnancy prevention (57)
11. What was the **LAST** method of pregnancy prevention you used before you found out you were pregnant? (*check all that apply*)
- 1 Pill (58)
  - 2 Condom, rubber (for males) (59)
  - 3 Depo-Provera, the shot, injectables (60)
  - 4 The patch, Ortho Evra (61)
  - 5 NuvaRing, vaginal ring (62)
  - 6 Implants in arm (63)
  - 7 Spermicides (64)
  - (foam/cream/jelly/film/suppositories/inserts)
  - 8 Rhythm, natural family planning (65)
  - 9 Withdrawal, pulling out (66)
  - 10 Other method (specify): \_\_\_\_\_ (67)
  - 11 I never used a method → **SKIP TO Q.14** (68)
  - (69)

12. In what month and year did you stop using that method? \_\_\_\_/\_\_\_\_  Still using method (70-73)
- Month Year (74)
13. For about how many months in a row had you been using that method? Please check only one box.
- 0 Less than 1 month -12 12 months
  - 1 1 month -13 13 months
  - 2 2 months -14 14 months
  - 3 3 months -15 15 months
  - 4 4 months -16 16 months
  - 5 5 months -17 17 months
  - 6 6 months -18 18 months
  - 7 7 months -19 19-21 months
  - 8 8 months -20 22-24 months
  - 9 9 months -21 25-27 months
  - 10 10 months -22 28 or more months
  - 11 11 months (75-76)
14. In the month you became pregnant, what was your formal marital status?
- 1 Married
  - 2 Divorced
  - 3 Widowed
  - 4 Separated
  - 5 Never married (77)
15. In the month you became pregnant, were you living with your husband or boyfriend?
- 1 Yes -2 No (78)
16. What is the highest grade of school you have completed?
- 1 0-11th grade
  - 2 High school graduate or GED
  - 3 Some college or Associate degree
  - 4 College graduate or more (79)
17. What religion are you?
- 1 Protestant (for example, Baptist, Methodist, Lutheran, Pentecostal, etc.)
  - 2 Catholic
  - 3 Jewish
  - 4 Other (specify) \_\_\_\_\_
  - 5 None (80)
  - (81)

18. Which of these do you consider yourself to be, if any?

- 1 Born-again Christian
- 2 Charismatic
- 3 Evangelical
- 4 Fundamentalist
- 5 None of the above (82)

19. About how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 1-3 times a month
- 4 Less than once a month
- 5 Never (83)

20. Including your children, how many family members do you currently live with?

Myself + \_\_\_\_\_ family members (84-85)  
(This includes your husband or boyfriend if you live with him, and any of his family members that live with you.)

21. What was the total household income last year (2007), before taxes, of yourself and all the family members counted in Q.20? Please provide your best estimate if you do not know the exact amount.

- 1 Under \$9,999 (less than \$192/week)
- 2 \$10,000-14,999 (\$192-287/week)
- 3 \$15,000-19,999 (\$288-384/week)
- 4 \$20,000-24,999 (\$385-480/week)
- 5 \$25,000-29,999 (\$481-576/week)
- 6 \$30,000-34,999 (\$577-672/week)
- 7 \$35,000-39,999 (\$673-768/week)
- 8 \$40,000-44,999 (\$769-864/week)
- 9 \$45,000-49,999 (\$865-961/week)
- 10 \$50,000-59,999 (\$962-1153/week)
- 11 \$60,000-74,999 (\$1154-1441/week)
- 12 \$75,000 or more/year (\$1442 or more/week) (86-87)

22. Were you born in the United States?

- 1 Yes → **SKIP TO Q.24**
- 2 No, I was born in \_\_\_\_\_ (country) (88)  
(89-90)

23. When did you come to live in the United States?

\_\_\_\_\_ Year (91-92)

24. Where do you currently live?

State \_\_\_\_\_ (93-94)  
ZIP \_\_\_\_\_ (95-99)  
(100)  
(101)

25. How many births have you had? \_\_\_\_\_ (102-103)

26. How many abortions have you had before this one?  
\_\_\_\_\_ (104-105)

27. Right before you became pregnant, did you want to have a(nother) baby at **any** time in the future?

- 1 Yes
- 2 No → **SKIP TO Q.29**
- 3 Not sure, don't know
- 4 Didn't care (106)

28. So would you say you became pregnant:

- 1 Too soon
- 2 At the right time
- 3 Later than I wanted
- 4 Didn't care (107)

29. At the time you became pregnant, how long had you been in a relationship with the man with whom you got pregnant?

- \_\_\_-1Months \_\_\_-2Years (110-111)  
(112-113)
- 3 I was not in a relationship with him (114)

30. How supportive is he of your decision to have an abortion?

- 1 He doesn't know I'm having an abortion
- 2 Very supportive
- 3 Somewhat supportive
- 4 Neither
- 5 Somewhat unsupportive
- 6 Very unsupportive
- 7 I'm not sure how supportive he is (117)

31. Has he ever hit, slapped, kicked or otherwise physically hurt you?

- 1 Yes -2 No (118)

32. Has he ever forced you to do anything sexual when you didn't want to?

- 1 Yes -2 No (119)

33. Is this pregnancy the result of a partner forcing you to have sex when you didn't want to have sex?

- 1 Yes
- 2 No
- 3 Don't know (120)



34. Did you take any of the following to try to bring back your period or end the CURRENT pregnancy BEFORE you came here?(check all that apply)

- 1 Cytotec, or misoprostol (122)
- 2 Emergency contraception, also known as EC or the morning-after pill (123)
- 3 Other: \_\_\_\_\_ (124)
- 4 None of the above (125)  
(126)

35. Have you EVER taken anything ON YOUR OWN to try to bring back your period or end a pregnancy?(check all that apply)

- 1 Yes, I have taken cytotec, or misoprostol (127)
- 2 Yes, I have taken emergency contraception, also known as EC or the morning-after pill (128)
- 3 Yes, I have taken another drug: \_\_\_\_\_ (129)
- 4 None of the above (130)  
(131)

36. The following questions are about how other people's opinions and feelings about abortion may affect you.

Please indicate how much you agree or disagree with the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
a. I would be looked down on by some people if they knew I'd had this abortion. (132)	1	2	3	4	5
b. I need to keep this abortion a secret from my close friends and family. (133)	1	2	3	4	5
c. I can talk openly with people about this abortion. (134)	1	2	3	4	5
d. My friends and family would think less of me if they knew about this abortion. (135)	1	2	3	4	5
e. Having this abortion will <b>not</b> cause problems in my relationship with my current partner. (136)	1	2	3	4	5
f. Telling my close friends and family about this abortion would <b>not</b> cause problems in our relationships. (137)	1	2	3	4	5
g. My regular health care provider(s) would treat me differently if they knew I'd had this abortion. (138)	1	2	3	4	5
h. I'd be at risk of physical abuse (e.g., being hit, punched or slapped) if I told my current partner or certain family members about this abortion. (139)	1	2	3	4	5
i. What other people think or feel about my decision to have an abortion doesn't matter to me. (140)	1	2	3	4	5

**Thank you very much for your help.**

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