



Original article

Abortion Patients' Experience and Perceptions of Waiting Periods: Survey Evidence before Arizona's Two-visit 24-hour Mandatory Waiting Period Law


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A B S T R A C T

Background: More than one-half of U.S. states now have laws requiring women to wait at least 24 hours between receiving information about abortion and the actual abortion procedure, with a few requiring longer waits, and one-fourth requiring that women receive this information in person. Although public discussions of waiting periods focus on how they affect women, we know little about abortion patients' perceptions of these requirements.

Methods: We collected data from 379 women seeking abortion care at an abortion facility in Arizona before Arizona's 24-hour waiting period two-visit requirement went into effect. Surveys focused on patients' experiences receiving abortion care before the waiting period and perceptions about how the additional clinic visit would affect them.

Results: Most women reported one or more financial or logistical challenges in obtaining abortion care. More than two-thirds reported difficulty paying abortion appointment-related expenses. These expenses prevented or delayed almost one-half from paying other expenses, such as rent, bills, and food, with lower income women more affected. The majority expected that the additional visit would result in additional financial and logistical hardships and delay them in having an abortion, with 90% reporting that the waiting period would lead to at least one hardship. Eight percent reported that the waiting period would have a positive effect on emotional well-being, and more than one-half reported that it would have a negative effect on emotional well-being.

Conclusion: Only a small minority of women seeking abortion care view a two-visit waiting period law as benefiting them; the overwhelming majority expect a waiting period to have adverse consequences.

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The past decade has seen an unprecedented increase in the number and scope of state laws restricting provision of abortion care ([The Guttmacher Institute, 2014](#)). These laws include limiting the gestational ages at which abortion can be provided, requiring parental involvement, requiring viewing of ultrasounds, and requiring women to receive state-mandated information and wait 24 to 72 hours before having the abortion. Although abortion rights advocates and abortion opponents often invoke messages of how restrictions will affect women's

ability to receive abortion care, limited survey research has directly examined how women report their economic and emotional experiences would be affected.

The Arizona legislature passed the Abortion Consent Act (HB 2564/SB 1206) in the spring of 2009. The bill, signed into law later that year, contained provisions that imposed new restrictions on abortion care. Among the provisions, the Arizona law requires women to visit an abortion facility to receive state-mandated information and informed consent materials and then wait for 24 hours (referred to as a "reflection period" in the law) before making a second visit to obtain an abortion. The law went into effect without the two-visit requirement in September 2009, when a trial court issued a preliminary injunction on the requirement that a woman be given information in person, by her physician, 24 hours before the abortion procedure, and instead allowed information to be given over the telephone by a staff member. The state appeals court

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later struck down the injunction and the two-visit requirement of the law went into effect in 2011. The period before enforcement of the law offered an opportunity to evaluate women's experiences accessing abortion care in the absence of the two-visit waiting period and their opinions about the impending change. As waiting periods continue to be proposed and enacted ([The Guttmacher Institute, 2014](#)) for longer periods of time and with more requirements, it is important to gain information about abortion patients' perceptions of these restrictions.

Background

A small number of previous studies have examined the effects of waiting period laws on abortion rates and timing of abortion. Waiting period laws differ in whether they mandate an in-person abortion information visit before the abortion procedure, or require provision of information via Internet or telephone. Research has found that requiring women to get information via mail, telephone or internet before the abortion appointment imposes relatively little cost on patients beyond the implied delay of abortion timing ([Joyce, Henshaw, Dennis, Finer, & Blanchard, 2009](#)). In contrast, after implementation of Mississippi's waiting period law, which requires an additional in-person visit before the procedure, abortion rates decreased ([Althaus & Henshaw, 1994; Joyce, Henshaw, & Skatrud, 1997](#)), the number of women seeking abortion care in neighboring states rose ([Althaus & Henshaw, 1994; Joyce & Kaestner, 2001; Joyce et al., 1997](#)), as did the proportion second-trimester abortions ([Althaus & Henshaw, 1994; Joyce & Kaestner, 2001](#)).

Previous survey research about effects of restrictions on individual women is also limited. In a study conducted after the 1979 implementation of a mandatory waiting period in Tennessee, women reported increased costs as well as increased perceived negative physical and mental consequences associated with having to make two visits ([Lupfer & Silber, 1981](#)). Much of the remaining literature on waiting periods is challenged by design limitations, such as lacking an appropriate comparison group ([Joyce et al., 2009](#)).

Previous research concerning the financial status of and financial challenges experienced by abortion patients informs hypotheses about how the waiting period and two-visit requirements could affect women's experiences. In particular, previous research has found that the majority of abortion patients are low income and that, even in the absence of waiting periods or other restrictions, women incur financial hardship associated with obtaining an abortion ([Jones, Upadhyay, & Weitz, 2013](#)). Previous research has demonstrated that finding money and arranging insurance coverage for an abortion contributes to delays in seeking and receiving care ([Drey et al., 2006; Janiak, Kawachi, Goldberg, & Gottlieb, 2014; Roberts, Gould, Kimport, Weitz, & Foster, 2014](#)). Because 35% of reproductive aged women live in one of the 87% of U.S. counties without an abortion provider ([Jones & Kooistra, 2011](#)), the two-visit requirement may be substantial in terms of the amount of time and financial costs associated with travel, arranging for childcare, and taking time off of work. However, research to date has not examined abortion patients' perceptions of how restrictions, such as waiting periods and two-visit requirements, would affect them.

The stated purpose of waiting periods and two-visit requirements is to give women time to reflect on their decision ([Burke, 2008](#)). Previous research has found that most women have made their decision when they present for care ([Foster,](#)

[Gould, Taylor, & Weitz, 2012; Gatter, Kimport, Foster, Weitz, & Upadhyay, 2014](#)). Only one previous study (conducted >30 years ago) explored women's perceptions of how waiting periods and two-visit requirements affect their decisions ([Lupfer & Silber, 1981](#)).

This study investigates the experiences of women seeking abortion and their perceptions of a 24-hour waiting period between clinic visits. Using abortion patient survey data, we describe the financial costs women incurred when accessing abortion, assess anticipated emotional response to a change in the law, and identify women who may be particularly affected by a 24-hour waiting period.

Materials and Methods

Procedures

Between June 2009 and June 2010 (before the two-visit requirement), women seeking abortion at an abortion and women's health clinic in Tucson, Arizona, were asked to complete a survey at the beginning of their appointment. Women over 18 years of age were eligible to participate if they were seeking abortion care at the clinic. Clinic staff were instructed to give eligible women a study information sheet along with the anonymous self-administered written survey. The survey was available in English and Spanish. Participants were not compensated for completing the survey. If a woman chose not to participate, she left the survey blank. Paper surveys collected by clinic staff were mailed to the University of California, San Francisco (UCSF), for data entry. No personal identifiers were collected. The Institutional Review Board of UCSF approved the study protocol.

Measures

The 25-question survey included items on demographics, timing of last menstrual period, pregnancy recognition, abortion decision, and experience with making a clinical appointment. Clinic staff reported that a first trimester procedure at the clinic cost \$450. The survey also included items assessing travel distance to the clinic and time off work or school. To gauge hardships of the current visit, participants were asked to report expenses (in dollars) for travel time, missed work, costs of the procedure, childcare, staying overnight, and any other expenses. They were also asked how easy or difficult it was to pay of these expenses (5-item Likert scale) and if anyone helped them to pay. Participants were next asked if the expenses of the procedure prevented or delayed them from paying any other expenses that month, including rent, bills, buying food, childcare, medical bills, or other expenses. These survey questions allowed for the construction of an "economic tradeoff" score for each participant, operationalized as the cumulative number of prevented or delayed expenses.

The survey also included information about perception of the 24-hour waiting period law. At the beginning of the survey, participants read a statement about the waiting period law: "Arizona recently passed a law that would require a woman seeking an abortion to wait 24 hours between her first clinic visit and her abortion procedure." A series of questions assessed how an additional appointment after the 24-hour waiting period would affect the abortion experience, eliciting expected financial difficulties, emotional response, and overall opinion. We generated a hardship score for the number of anticipated

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