



## Reproductive Health

# Experiences Accessing Abortion Care in Alabama among Women Traveling for Services



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## ABSTRACT

**Background:** In Alabama, more than one-half of reproductive-aged women live in counties without an abortion provider. State regulations require in-person counseling (or confirmed receipt of materials sent by certified mail) followed by a 48-hour waiting period. We explored the impact of this service and policy environment on experiences accessing abortion care for women traveling long distances to clinics.

**Methods:** We conducted in-depth interviews with 25 women who traveled more than 30 miles to an Alabama clinic providing abortion care between July and September 2014. Women were interviewed by telephone at least 1 day after their consultation, procedure, or follow-up visit. We used content analysis methods to code and analyze interview transcripts.

**Findings:** Almost all women found a clinic by searching online or talking to others in their social networks who had abortions. These strategies did not always direct women to the closest clinic, and some described searches that yielded inaccurate information. The majority of women did not believe an in-person consultation visit was necessary and found it to be burdensome because of the extra travel required and long waits at the clinic. Two-thirds of the women were unable to schedule their abortion 48 hours later owing to work schedules or because appointments were offered only once a week, and four women were delayed until their second trimester even though they sought services earlier in pregnancy.

**Conclusions:** It is often difficult for women in communities without an abortion provider to find and access timely abortion care. Efforts are needed to make abortion more accessible and prevent further restrictions on services.

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According to recent estimates, 89% of U.S. counties lack a clinic that provides abortion, and 38% of reproductive-aged women live in these counties (Jones & Jerman, 2014). As a result, many women needing abortion care must travel long distances for services. In 2008, US women traveled a mean one-way distance of 30 miles to reach an abortion provider, and 27% of women traveled 50 miles or more (Jones & Jerman, 2013). There also are considerable geographic differences in women's access to abortion. In Southern states, 49% of reproductive-aged women reside in counties without a clinic offering abortion, and women in these states travel greater distances for services (Jones

& Jerman, 2013, 2014; Roberts, Fuentes, Kriz, Williams, & Upadhyay, 2015).

Additionally, many states have established or extended mandatory waiting periods of at least 24 hours after an initial consultation, along with passing other abortion regulations that proponents argue will give women time for informed decision making and ensure their health and safety. Because two in-person visits are required in many states, these regulations are likely to increase women's overall travel burden (Guttmacher Institute, 2015; Jones & Jerman, 2013). A 1981 study in Tennessee found that, after passage of a law requiring a 24-hour waiting period before an abortion, women who did not live in the community where a clinic was located reported greater costs related to transportation, childcare, and arranging time off work than women living in the same city (Lupfer & Silber, 1981). However, there are few recent studies that have examined the experiences

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of women who must travel long distances for services in settings with few providers and extensive restrictions on abortion care. It is important to understand the combined impact of the policy and service environment on women as more states pass legislation that makes it more difficult for women to obtain an abortion and pose administrative burdens on clinics offering this service (Boonstra & Nash, 2014; Zurek, O'Donnell, Hart, & Rogow, 2015).

In this paper, we report on findings from in-depth interviews with women who had to travel outside their communities to obtain abortion care in Alabama. More than one-half of women ages 15 to 44 in the state live in a county without a clinic that provides abortion (Jones & Jerman, 2014). Women seeking abortion care in Alabama must be offered state-published information on fetal development, alternatives to abortion, and risks of the procedure, and then are required to wait 48 hours before obtaining an abortion (Guttmacher Institute, 2015). Although Alabama law allows this information to be provided in person or by certified mail, not all clinics offer to mail the materials because it is administratively burdensome; therefore, women often make a minimum of two clinic visits. The results from this study highlight the types of challenges women encounter in their process of obtaining abortion care in this setting and have implications for identifying approaches that may reduce barriers to access where abortion services are limited.

## Methods

This qualitative study was conducted between July and September 2014. At that time, two Alabama clinics had temporarily suspended services, leaving three clinics providing abortion care in the state; at two locations, abortion procedures were offered only 1 day a week. We recruited participants at the two clinics with the highest client volume. Clinic A offered services up to 16 weeks from a woman's last menstrual period (LMP), and Clinic B offered services up to 20 weeks from LMP. For the current study, staff at Clinic A referred women traveling from out of the area to an on-site member of the research team, who then screened them for eligibility for the study. At Clinic B, staff directed all women to speak to the on-site researcher after checking in for their visit. Women were eligible for the study if they were attending any abortion-related visit (i.e., consultation, procedure, or follow-up), were at least 19 years of age (age of consent in Alabama), and spoke English. Because we were interested in the experiences of women traveling longer distances for services, we also limited our sample to those who traveled more than 30 miles one way, the mean distance U.S. women travel for abortion care (Jones & Jerman, 2013). If a woman was unsure about how many miles she traveled, we approximated the distance by asking if it took her at least 35 minutes to get to the clinic.

After determining a woman was eligible, the on-site member of the research team described the study and asked if she would be willing to participate in a phone interview about her experiences seeking abortion services. We conducted the interviews by phone because women had limited availability to spend additional time at the clinic. A total of 59 women agreed to be interviewed, and we intentionally sampled women with diverse experiences (e.g., residing in smaller urban or rural areas, traveling from a community with a closed clinic, or obtaining care later in pregnancy) to enhance the richness of our data. Three women no longer wanted to participate when they were re-contacted, one of whom had decided to continue her pregnancy. A female interviewer with training in qualitative research

methods completed semistructured phone interviews with 25 women, at which point we ceased interviewing because we had reached thematic saturation about women's processes obtaining abortion care. Nineteen interviews were completed within 1.5 weeks of recruitment, and six women were interviewed between 2 and 7 weeks later.

Before the interview, the interviewer asked the woman if she was in a safe, private place where she felt comfortable talking about her experiences and, if so, obtained her oral consent to participate. The semistructured interview guide, which was based on published literature about women's steps obtaining abortion care and the research team's experience studying abortion services and policies, included open-ended questions about experiences accessing health care in their community (including reproductive health services), confirming pregnancy and locating an abortion provider, experiences arranging and having the consultation and procedure visits, and plans for follow-up care. At the end of the interview, we collected information on women's age, race/ethnicity, number of children and previous abortions, employment, and insurance status. Women were mailed a \$30 Visa card for participating in the study. Interviews lasted an average of 35 minutes, were audio recorded and transcribed. The Institutional Review Board at the University of Alabama at Birmingham approved all aspects of the study protocol.

After completing the interviews, we learned that one woman who reported traveling 35 minutes during eligibility screening lived approximately 25 miles from the clinic. Her narratives on identifying a clinic and logistical challenges arranging an appointment did not differ significantly from those of other women; therefore, we included her data in our analysis.

Before beginning analysis, the interviewer reviewed all transcripts for accuracy against the original recordings and removed any identifying information about the participants. We used directed content analysis (Hsieh & Shannon, 2005) and NVivo software to code and organize the transcript data. First, two of the study authors independently reviewed several transcripts, and then met to discuss women's narratives of their experiences and develop a preliminary coding scheme. They independently coded the remaining transcripts, met to review consistency in coding, and resolved discrepancies through consensus. When new themes were identified, they re-read previous transcripts to identify relevant text and assign the most appropriate code. This analysis focuses on women's processes obtaining abortion care and themes related to the ways in which distance intersects with the service and policy environment to shape their experiences. We use quotations to illustrate key topics that emerged in women's narratives.

## Results

### *Participant Characteristics*

The majority of women were less than 30 years old, identified as Black, and had children; four women had at least one previous abortion (Table 1). Most had their current procedure at 12 weeks or less from LMP, and 9 of these women had a medical abortion; 3 of the 25 women had completed their consultation visit only at the time of the interview and had a first trimester abortion visit scheduled between 1 and 6 days later. Although many women had insurance, almost all of them paid out-of-pocket for their procedure, and only one woman used a flexible spending account through her work. More than two-thirds of participants

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