

Original research article

# What women seek from a pregnancy resource center

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## Abstract

**Objectives:** Twenty-nine states enable taxpayer funding to go to pregnancy resource centers (PRCs, often called crisis pregnancy centers), which are usually antiabortion organizations that aim to dissuade women from abortion. Some abortion rights advocates have called for the elimination of PRCs. However, we know little about why women visit PRCs.

**Study design:** We analyzed deidentified intake survey data from first-time clients to a secular, all-options PRC located in Indiana between July and December 2015 on their reason(s) for seeking services, material resources provided and content of any peer counseling. We analyzed visitor logs of all (not just first-time) clients for repeat clients. Frequencies were computed in Excel.

**Results:** A total of 273 first-time clients visited the PRC during the study period. Their most frequent reason for seeking services was free diapers (87%), followed by baby clothes/items (44%). They most frequently discussed parenting resources/referrals in peer counseling (55%). Only 6% of clients discussed pregnancy options and only 2% discussed abortion during peer counseling. Nearly half of the PRC's total clients were repeat visitors.

**Conclusion:** PRC clients largely sought parenting, not pregnancy, resources. The underutilization of pregnancy-options counseling and high demand for parenting materials and services point to unmet needs among caregivers of young children, particularly for diapers. Our findings are limited in their generalizability to typical PRCs, which are conservative Christian and antiabortion. Nonetheless, our results suggest the need to rethink the allocation of resources toward funding or eliminating PRCs solely for the purpose of influencing women's decisions about abortion.

**Implications:** Understanding the services women who go to PRCs seek (i.e. diapers and parenting support) can help women's health advocates better meet those needs, notably in contexts that are nonjudgmental about women's pregnancy decisions.

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## 1. Introduction

Pregnancy resource centers (PRCs), often called crisis pregnancy centers (CPCs) by abortion rights advocates, are generally defined as nonprofit organizations that provide resources for women seeking reproductive-related — and usually pregnancy-related — counseling. Twenty-nine states enable taxpayer funding to go to these centers [1], and in the early 2000s, the federal government gave PRCs over US\$60 million in funding support [2]. Although ostensibly neutral

about women's pregnancy choices, in practice, most PRCs are run by evangelical Christian abortion opponents to dissuade women from seeking abortion, often through delay tactics, misinformation and sometimes outright falsehoods [3]. Simultaneously, PRCs dispense material resources, such as free pregnancy tests [3,4]. Current estimates place the number of PRCs in the US at around 2300 [5], compared to fewer than 1000 abortion-providing facilities [6].

Scholars [7,8], legal experts [9], journalists [10,11], legislators [12] and advocacy organizations [1] have critiqued antiabortion PRCs, accusing them of deceiving women and propagating misinformation. Some advocacy organizations, including NARAL Pro-Choice America, have moved to eliminate PRCs altogether [1]. Despite this attention, the scholarly record on PRC clients is notably thin. Scholarship has cogently examined staff motivations

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and strategies as well as the origins of these centers [3,5,13–15], the medical accuracy of the information they disseminate [7,8] and the content of their postabortion counseling [16], but little research has attended to the client experience. We do not know why women go to PRCs. Without this knowledge, the implications of the robust findings of PRC practices are partial at best: we cannot know the effect of PRC practices on women — and, more pointedly, whether they harm women's ability to autonomously make a pregnancy decision — without information on PRC clients and why they seek PRC services and support.

Here, drawing on intake data from a PRC, we examine what services and supports clients seek when they first go to a PRC. This analysis cannot fully redress the gap in the literature because the PRC we analyze is secular and provides full-options counseling, unlike typical PRCs, which are avowedly evangelical Christian and antiabortion. Our methodological choice stems from access challenges owing to most centers' antiabortion ideology (although we note that Kelly [3,5] is an exception in having successfully gained research access to antiabortion PRCs) and, more importantly, because typical PRCs often do not keep comprehensive records of client visits [5]. Mindful that findings from a secular PRC may not be generalizable to all PRCs, we focus our analysis on the incoming client population — e.g. their reasons for visiting — rather than on client outcomes, on which a center's all-options or antiabortion ideology may have a clearer and divergent impact. Although the services at the secular PRC are unique, we argue their incoming clients are similar. These results help flesh out why women seek PRC (typical or all-options) services and support.

## 2. Materials and methods

The All-Options Pregnancy Resource Center (hereafter “the Center”), in Bloomington, Indiana, is a secular program of Backline, a national nonprofit organization that describes itself as offering unconditional and judgment-free pregnancy, parenting, abortion and adoption support. The Center describes itself as offering “open-hearted support across all your pregnancy and parenting turning points” [17]. In this way, it notably differs from typical PRCs, which are antiabortion in their mission [5]. It offers pregnancy-options counseling and also supplies free pregnancy tests, material support like diapers and baby clothes, abortion referrals and funding and referrals to local community services. To our knowledge, it is the only non-antiabortion PRC in the US.

Abortion access is limited in Indiana. As of 2011, there were 12 abortion providers in the state, and 61% of Indiana women lived in a county with no abortion provider [6]. In contrast, according to a 2014 count by NARAL Pro-Choice America, there are 86 PRCs in Indiana [1]. Moreover, the state legislature is hostile to abortion: it has enacted several restrictions on abortion care, including a ban on abortions

after 20 weeks gestation, a requirement that all abortion patients receive and be offered the opportunity to view a preabortion ultrasound scan and parental consent for minors seeking abortion [18]. Compared to national rates, abortion is a less frequent pregnancy outcome: in 2011, while 18% of pregnancies nationwide ended in abortion, only 9% of pregnancies ( $n=9430$ ) in Indiana ended in abortion [6].

Staff members or peer-counseling advocates at the Center complete an intake survey of every person who comes to the Center and identifies it as their first visit. Specifically, they present all visitors with a paper intake form that includes a consent form. Following completion of this form, a staff member or peer-counseling advocate takes the client to a private counseling room, gives them a confidentiality disclosure and begins asking them open-ended questions about what brought them to the Center and how they are feeling. For most people, this turns into a peer-counseling session and can last anywhere from 5 min to 1 h. After counseling is complete, the staff member or peer-counseling advocate explains the services available and provides the client with any resources or referrals requested. The staff member or peer-counseling advocate then completes a visit log using the online platform SurveyMonkey. Generally, they complete the visit log right after the client interaction; in the event they do not, they always complete the log on the same day. Staff members and peer-counseling advocates completed a survey for everyone who entered the center during the study period and indicated it was their first visit, with the exception of a handful of people (specific number not collected) who came only to get condoms or a pregnancy test and had no further interaction with staff or advocates.

The survey includes closed-ended questions about client demographics (age, race, gender, city of residence); what services, support and/or information the person sought; for whom they sought these services; what services and/or support the person received; and the content of any peer counseling. Answers were not mutually exclusive; staff or advocates could select all that applied. All questions also included an open-field “other” option, with the opportunity to specify. For example, the possible responses to the prompt “What brought [the client] to All-Options?” offered the following answer options: pregnancy test, one-on-one peer counseling, abortion funding, diapers, baby clothes/items, condoms, support or information about pregnancy, support or information about parenting, support or information about abortion, support or information about adoption, support or information about miscarriage, support or information about pregnancy loss, support or information about reproductive health and other (please specify).

Separate from this collection regarding first-time clients via SurveyMonkey, staff members and peer-counseling advocates tracked all client visits and materials dispensed. These counts include clients who visited only to obtain a pregnancy test and/or condoms and did not complete an intake form, and thus, these describe a larger number of clients than the survey data. The Center assigns each client a

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