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# Why Do Women Have Abortions?

By Aida Torres and Jacqueline Darroch Forrest

## Summary

Most respondents to a survey of abortion patients in 1987 said that more than one factor had contributed to their decision to have an abortion; the mean number of reasons was nearly four. Three-quarters said that having a baby would interfere with work, school or other responsibilities, about two-thirds said they could not afford to have a child and half said they did not want to be a single parent or had relationship problems. A multivariate analysis showed young teenagers to be 32 percent more likely than women 18 or over to say they were not mature enough to raise a child and 19 percent more likely to say their parents wanted them to have an abortion. Unmarried women were 17 percent more likely than currently married women to choose abortion to prevent others from knowing they had had sex or became pregnant.

Of women who had an abortion at 16 or more weeks' gestation, 71 percent attributed their delay to not having realized they were pregnant or not having known soon enough the actual gestation of their pregnancy. Almost half were delayed because of trouble in arranging the abortion, usually because they needed time to raise money. One-third did not have an abortion earlier because they were afraid to tell their partner or parents that they were pregnant. A multivariate analysis revealed that respondents under age 18 were 39 percent more likely than older women to have delayed because they were afraid to tell their parents or partner.

## Background

Each year since the late 1970s, approximately 30 percent of all pregnancies in the United States have ended in abortion (miscarriages excluded).<sup>1</sup> The likelihood that a pregnant woman will have an abortion differs substantially among subgroups of women,<sup>2</sup> reflecting the influence of two factors—the frequency of unintended pregnancy and the likelihood that an unintended pregnancy will be resolved by abortion. The latter factor raises the question of whether there are differences in the reasons women have abortions, across the subgroups of women who do so.

By means of a survey of abortion patients, the study reported in this article addresses the question of why certain women elect to have an abortion. The study also examines why some women who have abortions obtain them fairly late in gestation. Nationally, four percent of abortions occur at 16 or more weeks of gestation.<sup>4</sup> Medical data show that the normally low rates of complication and death associated with induced abortion increase substantially at later gestations.<sup>5</sup> In addition, obtaining late abortions poses difficulties because they are more expensive,<sup>6</sup> providers are fewer and harder to find,<sup>7</sup> and many find late abortions more troubling than those performed early in gestation. Previous studies have looked exclusively at the social and demographic characteristics of women who have late abortions,<sup>8</sup> at problems related to access<sup>9</sup> or at personal factors, such as the ability to

recognize signs of pregnancy.<sup>10</sup> In the study reported here, we investigate all these factors simultaneously and provide some indication of their relative importance.

## The Sample

The Alan Guttmacher Institute (AGI) has periodically surveyed U.S. abortion providers to obtain data on the number of abortions performed in a year; the last such survey was conducted in 1985. A total of 819 abortion facilities in the United States performed at least 400 abortions each in 1985; they represented 31 percent of all abortion providers, but accounted for 90 percent (1.4 million) of all abortions.<sup>11</sup> Only such facilities were eligible for the study, and priority was given to providers that had participated in past AGI surveys. The selected providers were primarily (but not exclusively) nonhospital facilities.\*

Some 42 facilities were originally invited to participate in the study; these included six at which a relatively large number of late abortions (those at 16 or more weeks' gestation) were performed. However, five general facilities and one provider of late abortions refused to participate. The latter was replaced by another such provider, and one more facility where a large proportion of late procedures were performed was added because of uncommonly low attendance during the survey period at one facility providing late abortions.†

Over a five-month period beginning in November 1987, patients at each partici-

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\*The 689 nonhospital facilities that provided 400 or more abortions in 1985 accounted for 81 percent of all procedures in that year (see reference 1).

†Although such a purposive sample departs from the goal of having a random probability sample of all

providers, it was deemed necessary because past experience led us to believe that obtaining agreement for participation from some facilities, especially hospitals, would have cost a great deal of staff time. The characteristics of patients at facilities included in the study were compared with those of patients at facilities not included, based on information from a larger study involving a probability sample of 9,480 patients in 103 facilities (see S. K. Henshaw and J. Silverman, page 158 of this issue); there were no substantial differences between patients at the two groups of facilities.

pating general abortion facility were surveyed during a 1–3-week period (the length depended on the facility’s caseload). Providers of later abortions were asked to administer the survey to 60 consecutive patients; this process took 4–6 weeks. Although providers were asked to give a questionnaire to each woman obtaining an abortion during the study period, responses were not received from every patient, primarily because some facilities skipped some days or did not give out surveys during very busy times. Because of concern that such lapses in the administration of the study could yield a biased sample of patients from some providers’ failure to supply the questionnaire to every patient, we established a minimum response rate that would have to be met before a facility’s patients could be included in the analyses. Eight facilities (none providers of large proportions of late abortions) had a total response rate of less than 56 percent and were eliminated.

The data analyzed below come, therefore, from a sample of 30 providers, seven of which had high proportions of patients who obtained abortions at 16 or more weeks’ gestation. All but three of the 30 are nonhospital facilities; each of the four

regions of the country is represented, but midwestern providers are somewhat over-represented. The average patient response rate was 80 percent, and was 81 percent or higher in 17 of the 30. The number of respondents per facility ranged from 12 to 127, with an average of 63.

In all, 1,900 women responded with usable information, of whom 420 had been pregnant for 16 or more weeks. Because such women had been oversampled, their responses concerning their reasons for having an abortion were weighted to reflect the proportion of U.S. abortion patients who obtain midtrimester abortions. Analyses of causes of delay are based on un-weighted responses, however.

Distributions of respondents by age, race, ethnicity, Medicaid status, marital status and region were compared with available national data. Respondents were more likely than all abortion patients nationally to be white (75 percent vs. 69 percent) and less likely to be Hispanic (seven percent vs. 13 percent). The discrepancies probably arose because a greater proportion resided in the North Central region than is the case among all abortion patients (34 percent vs. 18 percent) and a lesser proportion were from the South (23

percent vs. 29 percent) or Northeast (20 vs. 26 percent). Distributions of respondents by age and marital status were quite similar to those of all abortion patients, but 17 percent of respondents were covered by Medicaid, compared with 24 percent nationally.

There was little difference among regions in the most important reasons given for obtaining an abortion, but there were differences by race and by Medicaid status. In an attempt to obtain a more appropriate description of the reasons U.S. women have abortions, responses were weighted by these two factors, as well as by the gestational distribution of abortions.

### The Questionnaire

Information was collected by means of a self-administered questionnaire distributed by clinic staff to patients. The survey instrument was reviewed by a number of professionals with some experience in the provision of abortions and was pretested with some 150 patients at seven facilities. It was made available in both English and Spanish. The questionnaire explained that participation was voluntary and that the information collected would remain confidential. The questionnaire covered both the women’s reasons for choosing to have an abortion and (for those at least 16 weeks pregnant) their reasons for having delayed obtaining an abortion.

An attempt was made to include as precoded, closed-ended questions every possible reason for having an abortion, so that the survey form would be easy for respondents to fill in quickly. However, most questions contained an additional, unspecified category, where women could add information if their reason was not covered by the precoded options. They were asked a series of questions about whether specific factors had contributed to their abortion decision, but they were not asked to identify the degree to which each reason contributed to their decision or to state the relative importance of each.

Both to ensure that no reasons were missed and to find out which were most important, respondents were also asked to write, in their own words, why they were having an abortion; if they had more than one reason, they were requested to note the most important first. This question preceded the precoded questions, so as not to influence respondents’ replies.

The five precoded questions asked: “Is one reason you are having an abortion

- because you cannot afford a baby now?”
- because you don’t want to be a single mother or because of problems with your

**Table 1. Percentage of abortion patients reporting that a specific reason contributed to their decision to have an abortion, by age, and percentage saying that each reason was the most important**

Reason	Total* (N=1,900)	Age†					% most important* (N=1,773)
		<18 (N=275)	18–19 (N=309)	20–24 (N=645)	25–29 (N=337)	≥30 (N=319)	
Woman is concerned about how having a baby could change her life	76	92	82	75	72	69	16
Woman can’t afford baby now	68	73	73	70	64	58	21
Woman has problems with relationship or wants to avoid single parenthood	51	37	46	56	55	50	12
Woman is unready for responsibility	31	33	40	36	25	18	21
Woman doesn’t want others to know she has had sex or is pregnant	31	42	41	35	21	22	1
Woman is not mature enough, or is too young to have a child	30	81	57	28	7	4	11
Woman has all the children she wanted, or has all grown-up children	26	8	12	23	31	51	8
Husband or partner wants woman to have abortion	23	23	29	25	18	20	1
Fetus has possible health problem	13	9	13	12	14	17	3
Woman has health problem	7	3	4	7	8	15	3
Woman’s parents want her to have abortion	7	28	12	4	3	2	‡
Woman was victim of rape or incest	1	1	1	1	1	‡	1
Other	6	2	5	8	5	8	3

\*Ns are unweighted.

†The Ns upon which the age-breakdowns are based do not add to 1,900 because age was not available for some women.

‡Less than 0.5 percent.

relationship with your husband or partner?"

- because having a baby would dramatically change your life in ways you are not ready for?"
- because of some physical problem or problem with your health?"
- because of possible problems affecting the health of the fetus?"

The first three questions had subcategories offering several factors to further describe the woman's situation; the others simply asked the respondent to give more information about her situation. The woman was asked to circle one or more of these subcategories or to provide further information in her own words.

A sixth question asked "What other reasons contribute to your decision to have an abortion?" Respondents were to select as many of the following eight precoded subcategories or two or more open-ended subcategories as were relevant:

- "My husband/partner wants me to have an abortion."
- "My parents want me to have an abortion."
- "I don't want my parents or other people to know I had sex."
- "I don't want my parents or other people to know I got pregnant."
- "I was raped."
- "I became pregnant as a result of incest."
- "I do not feel I am mature enough to raise a(nother) child."
- "I already have as many children as I want."
- "I have another reason."
- "None of the above."

All of the 1,900 survey respondents checked at least one of the six precoded reasons (including "other"), and 1,773 (93 percent) wrote in a reason in response to the open-ended question. If a reason offered in response to the latter question also fell into one of the precoded categories (including "other"), it was classified there; if not, a new category was developed. If a respondent gave a reason spontaneously and later checked it from among the precoded categories, the response was counted only once. If only one reason was provided, whether written spontaneously or circled in answer to a specific question, it was coded as the most important reason.

Almost all of the responses to the open-ended question fell into one of the 13 precoded categories listed above. However, some women said in their replies to that question that they were choosing to have an abortion now because they were "not ready for the responsibility of having a child." As is discussed below, these

women did not fall clearly into any one of the 13 categories, so their response was left as a separate category.

The question of why women have later abortions was explored by means of another set of questions directed only at respondents 16 or more weeks pregnant at the time of their abortion. They were asked to answer the following set of precoded questions: "Is one reason you are having an abortion now instead of earlier

- because it took some time before you knew you were pregnant or how far along you were?"
- because it took you a long time to decide to have an abortion?"
- because it was hard for you to make arrangements for an abortion?"

Women who replied that one of these factors contributed to the delay were asked to further describe their situation; the first and third listed possible explanations, while the second was open-ended.

These women were also asked to mark which, if any, of a series of other factors described why they were having a later abortion. These were:

- "I did not think it was important to have it earlier."
- "I did not know I could get an abortion."
- "I was waiting or hoping for my relationship with my husband or partner to change."
- "I was afraid to tell my partner or my parents that I was pregnant."
- "Someone I am close to put pressure on me not to have an abortion."
- "I found out late in the pregnancy that the fetus has a defect or is not normal."
- "Something in my life changed since I became pregnant."
- "I have another reason."
- "None of the above."

Respondents were also asked to specify which of the reasons they cited for having a late abortion had delayed their obtaining the abortion for "the longest amount of time." Of the 420 respondents at 16 weeks or more of gestation, 95 percent gave a reason for having delayed, but only 74 percent also cited the reason responsible for the largest share of delay.

### Reasons for Choosing Abortion

Most respondents said that more than one factor had contributed to their decision to have an abortion: Only seven percent cited just one reason for having decided to obtain an abortion. Even among the few women who said their pregnancy had resulted from rape or incest, 95 percent gave at least one other factor that had contributed to their decision. On average, the re-

spondents cited 3.7 reasons, with 63 percent reporting 3–5 different reasons and 13 percent noting 6–9.

No strong patterns tied different reasons together. An examination of cross-tabulations and correlations among reasons and an attempt to identify a smaller number of more general reasons through factor analysis both indicated little justification for collapsing categories further. Women who cited a specific reason gave other factors as having contributed to their decision in proportions similar to women who did not give that specific reason.

In the cases of four reasons, there were significant differences between the respondents who described themselves as not ready for the responsibility of having a child and those who did not say they were unready. However, there were no significant differences for the remaining reasons, and most respondents in both groups gave a number of other reasons. Because "not ready" was not clearly substituting for one or more other reasons, it was kept as a separate category.

Three reasons were each cited by at least half of all respondents, as shown in Table 1. Three-quarters said they had decided to have an abortion because they were concerned about how having a baby would change their life. About two-thirds said they could not afford to have a child now; half said that they did not want to be a single parent or had relationship problems.

Slightly fewer than one-third of respondents said they had decided to have an abortion because they were not ready for the responsibility of having a child, because they did not want others to find out that they were sexually active or had become pregnant or because they were not mature enough to have a child. Ninety-nine percent who did not want others to know said they were concerned about people finding out that they had become pregnant; 15 percent specified that they did not want others to know they were sexually active (not shown). As noted above, there was no precoded question regarding unreadiness for the responsibility of having a child; the proportion giving this response might have been higher if it had been offered as a precoded question.

The six most commonly mentioned factors were given by 82 percent of the patients as the most important reason they were having an abortion. The rank order of the most important reasons differed, however, from the overall ranking of factors reported to have contributed to the women's decision. The two factors most frequently given as most important were

that the woman could not afford a child and that the woman was not ready for the responsibility (both cited by 21 percent). Although feeling concerned about the changes a baby would bring or about single parenthood or relationship problems were noted by over half of all respondents, these reasons were described as most important by only 16 and 12 percent of respondents, respectively. These four were mentioned by 70 percent of all respondents. The other factors cited by many respondents as having contributed to their decision were in most cases mentioned by few as the most important reason.

Respondents were asked to provide more descriptive detail about five of the precoded reasons. Table 2 shows these more specific descriptions, given by women who cited the three most common reasons for abortion and who offered additional details. Two-thirds of those who said they were concerned about the changes their lives would undergo explained that they chose abortion because having a child now would interfere with their job, employment or career. (This represented half of all abortion patients in the survey.) Almost half said that having a child now would conflict with their schooling, while more than a quarter reported that children or other people depended on them for care. Overall, only eight percent of the women failed to provide any additional, explanatory information.

Some 33 percent of those who said they could not afford to have a baby gave no further explanation. Of those who did, two in five said they were students or were planning to study, one in five that they were unmarried or unemployed and one in seven that they had a low-paying job.

Among women who said that they did not want to be single parents or that they had relationship problems, the reasons most commonly reported were that they did not want to marry their partner (given by half of such women who provided explanations), that their current relationship might break up soon (by one-third), that their partner or was unable to marry them (by three-tenths) or that they were not in a relationship with anyone (one-quarter). Nineteen percent gave no further information.

Of those women who said that possible fetal problems had contributed to their decision and who gave further details (not

shown), 42 percent were worried about medication they had taken before discovering they were pregnant, and 45 percent reported having used alcohol or drugs before realizing they were pregnant. Only eight percent said, however, that a physician had advised them that the fetus had a defect or was abnormal. Among women who said that their own health had contributed to their decision to have an abortion and who provided additional information, 79 percent cited a serious physical problem, 13 percent mentioned other physical complaints and 11 percent gave a mental or emotional problem. In all, 53 percent of those having an abortion because of a health problem said that a doctor had told them that their condition would be made worse by being pregnant.

**Differences in Reasons for Abortion**

The reasons women gave for having decided to have an abortion differed by age, as can be seen in Table 1. At all ages, the most commonly cited reason was that the respondent was concerned about the ways in which having a baby would change her life; respondents under age 18 were most likely to have cited this factor (92 percent), while women 30 and older were least likely to have mentioned it (69 percent).<sup>\*</sup> Not being mature enough to have a child was the second most commonly cited reason among the youngest patients, and financial problems ranked third. These reasons were ranked third and second, respectively, by women aged 18–19. Financial reasons were cited by an equal proportion of 18–19-year-olds and those under 18; in fact, financial concerns were the second most important reason for those 18 and over, although women 25 and older were less likely than younger women to have obtained an abortion for this reason. Among those aged 20–29, the desire to avoid single parenthood or relationship problems (given by 55–56 percent of respondents) was the third most common reason, while the fact that they had completed childbearing was cited by substantially fewer (23–31 percent). Among respondents 30 and over, however, the latter reason was given by about the same proportion as the former (51 percent and 50 percent, respectively).

In contrast to the large proportion of teenagers who said they were not mature enough to have a child, only 28 percent of 20–24-year-olds gave this as a reason, as did only 4–7 percent of those 25 and older. Younger women were most likely to say they did not want others to find out that they were having sex or had become preg-

nant; however, unexpectedly, we found that 21–22 percent of respondents 25 and older also gave this reason. As anticipated, adolescents were more likely than older women to say that their parents wanted them to have an abortion; 18–29 percent of women of all ages reported that their husband’s or partner’s desire that they have an abortion influenced their decision.

Never-married respondents were the most likely to attribute their abortion decision to their concern about the effect bearing a child would have on their lives (82 percent), but this reason was also noted by 58 percent of currently married abortion patients (not shown). Both never-married and formerly married women were more likely to say they could not afford to have a child (69–71 percent) than were currently married women (52 percent). Thirty-eight percent of never-married and 26 percent of formerly married women said they were having an abortion because they did not want others to know they were having sex or had become pregnant. (Surprisingly, 10 percent of currently married women gave this reason as well.) Seventy percent of formerly married and 53 percent of never-

**Table 2. Percentage of respondents offering various additional details for each of the three leading reasons women gave for having an abortion**

Reason	% citing main reason
<b>Unready for how having a baby could change her life (N=1,339)</b>	
A baby would interfere with job, employment or career	67
A baby would interfere with school attendance	49
Children or other people depend on her for care	28
<b>Can't afford baby now (N=856)</b>	
Woman is student or is planning to study	41
Woman is unmarried	22
Woman is unemployed	19
Woman has low-paying job	14
Woman can't leave job	9
Woman is on welfare	7
Woman's husband or partner is unemployed	6
Woman can't afford basic needs	5
Woman receives no support from her husband or partner	4
<b>Problems with relationship or with single parenthood (N=790)</b>	
Woman doesn't want to marry partner	49
Couple may break up soon	32
Partner doesn't want to or can't marry	29
Woman is not in a relationship	25
Woman's husband or partner mistreats respondent or children	6
Woman is unready to commit herself to a relationship	5

<sup>\*</sup>Because the sample was not a random probability sample, standard statistical tests of significance are used here only as rough indicators. The differences discussed in the text were "significant" at a level of probability less than 0.05 percent.

married women cited relationship problems as an explanation, compared with 18 percent of currently married women. Unexpectedly, the proportions reporting that they were influenced by their partners' desire for them to have an abortion differed little between these groups, ranging from 19 percent of formerly married women to 24 percent of currently married or never-married women.

Some 77 percent of women with incomes under 100 percent or between 100 and 149 percent of the poverty level\* said they were having an abortion because they could not afford to have a child, compared with 69 percent of those with incomes between 150 and 199 percent and 60 percent of those with incomes at or above 200 percent of the poverty level (not shown). In addition, women with incomes under the poverty level were more likely than those with incomes at or above 200 percent of poverty level to report that they already had all of the children they wanted (34 percent vs. 22 percent) or that they had relationship problems (57 percent vs. 48 percent); such women were also less likely than high-income women to be seeking abortion because of concern that others would find out they were pregnant (27 percent vs. 35 percent). Finally, women with incomes between 100 and 200 percent of the poverty level were less likely to say they were having an abortion because they were not ready to raise a child or because their parents wanted them to than were those with lower or higher incomes.

There also were several substantial differences by race (not shown). For example, black women were less likely (25 percent) to have elected to have an abortion in order to keep others from knowing they were having sex or had become pregnant than were whites (33 percent) and "other" women† (40 percent), and were less likely (eight percent) than whites and others (15–16 percent) to cite fetal health problems. On the other hand, white women (26 percent) were more likely than blacks or others (17–18 percent) to say that they were influenced by their partner's desire for them to have an abortion. Twenty-five percent of white patients and 30 percent of blacks said they had had enough children, compared with 20 percent of other women.

A multivariate analysis was conducted so that numerous variables could be taken into account simultaneously. Table 3 shows the results of regression analyses incorporating a wide range of personal characteristics that might affect the likelihood that a specific reason contributed to a woman's decision to have an abortion.

**Table 3. Multivariate regression coefficients (unstandardized) showing association between selected independent variables and reasons for choosing to have an abortion**

Independent variable	Reasons				
	Unready for change in life	Don't want sexual activity or pregnancy known	Not mature	Have enough children	Parents want abortion
<18	—	-0.091	0.315	—	0.186
≥30	—	—	-0.126	0.103	—
Unmarried	0.110	0.166	—	—	0.039
Hispanic	—	—	—	-0.079	—
Student	0.178	0.139	0.096	—	—
Employed	0.069	0.052	-0.055	—	-0.033
No children	0.094	0.121	0.269	-0.432	0.032
≥16 weeks' gestation	—	—	—	—	0.032
Catholic	—	0.077	—	—	-0.028
No religious affiliation	0.060	—	—	—	—
Covered by Medicaid	—	-0.095	—	—	—
No previous abortions	—	0.083	0.047	—	—
R <sup>2</sup>	0.105	0.114	0.293	0.295	0.096

Note: Only coefficients significant at  $p < 0.05$  and equations for which the  $R^2$  was 10 percent or greater are shown in this table. Measures of poverty status (<100 and 100–149 percent of poverty level) and of race (black) were included in each equation, but are not shown here because they were not significant.

All variables used in these analyses are expressed as dummy variables—coded as "1" if a respondent has the characteristic and as "0" if she does not. Thus, the unstandardized coefficients shown in Table 3 can be interpreted as showing the likelihood that a woman with a given characteristic (net of all other characteristics, or independent variables, in the analysis) will report a specific reason for having an abortion. Again, standard tests of significance have been used as a rough guide, and only the regression coefficients with less than a five percent probability of occurring by chance are shown.

Regression analyses were conducted separately for each of the 13 reasons shown in Table 1, using as dependent variables both whether a woman cited a specific reason at all and whether the reason was the most important one. Results of the two analyses were similar, so Table 3 shows outcomes based on whether a specific reason was cited at all. The factors included in the analysis explained anywhere from 0.4 to 29.5 percent of the variance in the likelihood that each reason would be cited, an indication that other factors not included in the analyses had a substantial influence in determining whether a woman cited a specific reason. The results shown in Table 3 exclude equations in which less than 10 percent of the variance was explained. All regressions were run using unweighted data, since the factors used to calculate weights (race, Medicaid status and gestation) were included as independent variables in the equations.

Confirming the earlier bivariate analyses, Table 3 shows that women under 18 were 32 percent more likely than those 18 or older to have decided to obtain an abortion because they weren't mature enough to raise a child, and they were 19 percent more likely to have elected to have an abortion because their parents wanted them to do so. Women 30 and over were 10 percent more likely than those younger than 30 to have made such a decision because they did not want to have more children and 13 percent less likely to have done so because they thought they were not mature enough.

A surprising result is that women under 18 were less likely than older women to say that concern about others knowing that they were having sex or that they had become pregnant was a factor in their decision. Table 1 shows this factor to have been cited by nearly one-third of all women and by two-fifths of those under 20. However, given the negative coefficient seen in the multivariate analysis, factors other than young age must have contributed to the higher proportion observed among those under 20. This also may reflect the fact that young adolescents concerned about others knowing are underrepresented among abortion patients because they are less

\*In 1987, the federally designated poverty level for a nonfarm family of four was \$11,200. (See: *Federal Register*, 52:5341, 1987.)

†Asian and Native American women, as well as some Hispanic women, classify themselves as "other," rather than as "black" or "white."

**Table 4. Percentage of women who reported that various reasons contributed to their having a late abortion and who cited specific reasons as accounting for the longest delay**

Reasons	All (N=399)	Longest delay (N=311)
Woman did not recognize that she was pregnant or misjudged gestation	71	31
Woman found it hard to make arrangements for abortion	48	27
Woman was afraid to tell her partner or parents	33	14
Woman took time to decide to have abortion	24	9
Woman waited for her relationship to change	8	4
Someone pressured woman not to have abortion	8	2
Something changed after woman became pregnant	6	1
Woman didn't know timing is important	6	•
Woman didn't know she could get an abortion	5	2
A fetal problem was diagnosed late in pregnancy	2	1
Other	11	9

\*Less than 0.05 percent.

likely to confide in an adult and to receive help in arranging access to services.

Unmarried women were 17 percent more likely than currently married women to have chosen to obtain an abortion to prevent others from knowing they were having sex or had become pregnant, and were 11 percent more likely to have done so because having a child would interfere with other plans or responsibilities.

Surprisingly, race and poverty status were not significantly related to any of the reasons. Although women with an income less than 200 percent of poverty were significantly more likely to say they were having an abortion because they could not afford to raise a child, the regression explained only five percent of the variance in the range of those giving that reason.

It was expected that students would be more likely than nonstudents to be concerned about the changes a baby would bring or to feel that they lacked the necessary maturity, but students were also 14 percent more likely not to want others to find out about their sexual activity or pregnancy. Roman Catholic respondents were eight percent more likely than those with other religious beliefs to be having an abortion because they did not want others to know, and were three percent less likely to say that their parents wanted them to have an abortion.

### Reasons for Delay

A multivariate regression analysis was conducted with gestation as the dependent variable (a dummy variable equal to "1" if gestation was 16 weeks or more) and patient characteristics and the reasons for abortion as independent variables. The equation explained only 9.7 percent of the variance in whether a woman has an abortion at less than 16 weeks' gestation, indicating that these factors were relatively poor predictors of who has later abortions. Independently of other factors, teenagers under 18, black women, unemployed women and women covered by Medicaid were significantly more likely than others to be obtaining a later abortion; in addition, women were more likely to be having a later abortion if they were obtaining an abortion because of possible fetal health problems, if their parents wanted them to have an abortion or if their pregnancy had resulted from rape or incest. They were less likely to be having a later abortion if they were 30 or older, if they had no religious affiliation, if they were having health problems or if their husband or partner wanted them to have an abortion. However, these analyses simply indicate which women were more likely to have later abortions, without indicating why later abortions occur. This question can be explored by studying the responses of the 399 women who had abortions at 16 or more weeks' gestation and provided reasons for why they had not obtained an earlier abortion.

Of all the factors contributing to delay, one stood out: For 71 percent of all respondents who were having a later abortion, some time had passed before they had realized they were pregnant or had learned the actual gestation of their pregnancy (see Table 4). Thirty-one percent of respondents said this factor accounted for the longest segment of delay, and 20 percent said it was the only factor explaining why they did not get an abortion earlier (not shown).

Close to half of the respondents said that they had been delayed because they had found it difficult to make arrangements for the abortion, and 27 percent said this had contributed most to their delay. In fact, some 45 percent of women having abortions at 16 or more weeks' gestation had tried to get an abortion from another provider, compared with only five percent of those obtaining earlier abortions (not shown). Only five percent of women reported that they had not known they could get an abortion.

One-third of all women having a later abortion said that they had not had it ear-

lier because they were afraid to tell their partner or their parents; 63 percent of minors who were having later abortions cited this reason for delay (not shown). Even though no participating facilities performing abortions at 16 or more weeks' gestation required parental consent or notification, some younger women may have come from states with such requirements or may have sought services from a provider with such requirements.<sup>12</sup> Fifteen percent of all women under age 18 having a later abortion said they had not had it earlier because of the time taken to notify or get consent from their parents (not shown). About one-quarter of women having a later abortion said their delay was attributable (at least in part) to the long time they had needed to make the abortion decision.

More detailed information on specific reasons for delay was requested for three of the reasons given; the responses are shown in Table 5. Nearly all (99 percent) of those who attributed their delay to problems in recognizing that they were pregnant provided more detailed responses. Half said that they had not felt any physical changes, such as morning sickness or breast tenderness, and half indicated that they had been hoping they were not pregnant and would get their period; these reasons each represented more than a third of all women having later abortions (not shown). One-third did not know they had missed a period because their periods were irregular, and almost as many (32 percent) believed they had had a period. Others had suspected or known they were pregnant, but had received inaccurate or misleading information: One in five said that a doctor had misjudged the duration of the pregnancy, and one in 10 claimed that a pregnancy test had indicated they were not pregnant.

Ninety-eight percent of those who had delayed because of problems in making arrangements gave more detailed information. Some 60 percent said they had needed time to raise money; such women represented 29 percent of all later abortion patients (not shown). About one-third said they had been delayed because the first provider or providers they had contacted did not offer the needed services. The study did not question the women as to the specific reasons these providers could not help them (e.g., the providers did not offer abortion services, did not provide them at the relevant gestation, cost too much or put other restrictions on whom they would serve). More than one-quarter said they could not find a provider nearby



and had had to arrange transportation to a provider in another area; 20 percent said they had been delayed because they had not known where to get an abortion.

Of the respondents delayed because of the time it took them to make the decision, 78 percent gave more detailed information. Of these, 78 percent volunteered that deciding whether to have an abortion had been difficult, 19 percent specifically mentioned religious or moral reasons and 11 percent said that their decision-making was lengthy because they had included their parents or their husband or partner.

Multivariate regression analyses using the social and demographic characteristics of respondents and the reasons they were having abortions were conducted to explore the reasons that might account for delay. As with the regressions reported above, all measures were expressed as dummy variables, and the data were unweighted. Only results with a minimum explained variance of 10 percent and regression coefficients with less than a five percent likelihood of occurring by chance are discussed here.

Independently of other sociodemographic characteristics and of reasons for having an abortion, respondents under age 18 were 39 percent more likely than those 18 or older to say they had delayed because they were afraid to tell their parents or their partner about the pregnancy; women covered by Medicaid were 17 percent less likely than those not covered to have delayed for this reason. Not surprisingly, respondents whose pregnancies had resulted from rape or incest were 35 percent more likely to have delayed because they were afraid to tell others than were those whose pregnancies had not. In addition, women who did not want others to know about their sexual activity or pregnancy and those who had relationship problems were more likely (13 percent and 11 percent, respectively) to have delayed because they were afraid to tell others. It is somewhat unexpected, however, that delay associated with the fear of telling others was 17 percent more common among young women whose parents wanted them to have an abortion; this finding may indicate that they delayed telling their parents because they themselves either were undecided or did not want to have an abortion but believed their parents would pressure them to do so. Delay associated with fear of telling others was 14 percent more common among those saying they were not mature enough to raise a child.

Those who reported that relationship problems or pressure from their husband

or partner had contributed to their abortion decision were significantly more likely to have delayed obtaining an abortion because they hoped their relationship would change (11 percent and 10 percent more likely, respectively), while students were nine percent more likely to cite this factor. Similarly, women 30 or older or those seeking an abortion because of fetal health problems were more likely than younger women or those with no such problems to have attributed delay to late diagnosis of a fetal defect (nine percent and six percent, respectively), and women citing this reason were less likely to be having an abortion because they felt worried about the changes they would face in having a baby or because of relationship problems (six percent and three percent, respectively).

### Discussion

The women who participated in this study obtained abortions for a myriad of reasons that do not fit into simple patterns. Primarily, these reasons show concern about the effects of having a child at that time; they do not indicate that these women want no more children at all. However, perhaps the most striking finding from this study is not that subgroups of women choosing abortion have a wide variety of reasons for doing so, but that most individual women have several reasons. Ninety-three percent of respondents cited more than one reason for having decided to have an abortion, and on average they reported almost four. On average, women having abortions at 16 or more weeks' gestation reported that more than two factors had contributed to their delay. The multiplicity of reasons for choosing to have an abortion suggests that even if one specific problem is solved, it will not be enough to change most women's decision. It is also striking that social and demographic variables explained such small proportions of the variance in the reasons for abortion, indicating that other unmeasured, perhaps idiosyncratic, factors played an important role. This suggests that actions directed toward helping women who are unintentionally pregnant avoid abortion would be most effective if tailored to the individual.

Five of the six factors most commonly cited as reasons for having decided to obtain an abortion—feeling concerned about the impact that having a child would have on their lives, being unable to afford a baby, not wanting to be a single parent or having relationship problems, not being ready for the responsibility of raising a child, and not being mature enough to raise

a child—reflected the high proportion of women who had unintended pregnancies when they were young, unmarried or trying to delay childbearing.

The findings of this research indicate the difficulties many women face in delaying childbearing until they feel able to care for a baby and are in a relationship that they believe will last. Having a baby and raising a family can be an expensive proposition.<sup>13</sup> Many young, unmarried or poor women are not covered for the costs of even prenatal care and delivery.<sup>14</sup> Maintaining an adequate standard of living increasingly requires that women work, and to do so they must have an adequate education. Both aims can be threatened by an accidental pregnancy, not just among young, unmarried women, but among older, married women as well: About three-quarters of abortion patients aged 20–29 and more than two-thirds of those 30 and older said that having a child would interfere with various responsibilities, and 58–70 percent of those 20 and older said they could not afford a baby now.

The proportion of women who reported that they had decided to seek an abortion because they did not want others to know

**Table 5. Among women who provided additional information relating to three specific reasons for having abortions at 16 or more weeks' gestation, percentage who gave various detailed reasons for delay**

Reason	%
<b>Woman failed to recognize pregnancy or misjudged gestation (N=277)</b>	
She didn't feel physical changes	50
She hoped she was not pregnant	50
She had irregular periods	33
She thought she had had her period	32
Her MD underestimated gestation	20
She was practicing contraception	20
Her pregnancy test was negative	9
She didn't know where or how to get a pregnancy test	7
<b>Woman found it hard to make arrangements for an abortion (N=185)</b>	
She needed time to raise money	60
She tried to get an abortion from a different clinic or MD	32
She had to arrange transportation because there was no nearby provider	26
She didn't know where to get an abortion	20
She couldn't get an earlier appointment	16
She took time to notify her parents or get their consent	11
She needed child care or a Medicaid card	9
She needed time to obtain court permission	0
<b>Woman took time to decide to have an abortion (N=74)</b>	
She found having an abortion to be a difficult decision	78
She had religious or moral reasons for waiting	19
She talked with her parents/husband/partner	11



they were sexually active or had become pregnant is surprising; this finding may reflect the degree of ambivalence about sexuality in the United States, as well as the continued societal disapproval of young and unmarried women who become pregnant and have children. Yet, although adolescents and unmarried women were more likely to have cited this reason, two in 10 women 25 and older and some married women did so as well. Such responses may represent communication problems with partners or disagreements between spouses or partners over whether to have a child or what type of relationship to have. Many of these respondents were unmarried and had relationship problems; it is not clear, however, how many of these women were generally embarrassed to have become pregnant or feared displeasure (or even harm) from family, partners or employers. Especially for the youngest women, such concerns result in a delay in obtaining an abortion, which probably increases both the difficulty of getting an abortion and its cost, as well as the risk of complications. About one-third of those having an abortion at 16 or more weeks' gestation—and as many as 63 percent of those under age 18 having a later abortion—attributed the delay to their reluctance to reveal that they were pregnant.

Concern about the reactions of partners or parents is also reflected in the proportion saying that others' wishes figured in their decision. More than one in five women chose to have an abortion at least in part because their husband or partner wanted them to. Almost one-quarter of married women said they had been influenced by their husband's desire for them to have an abortion, and more than one-quarter of those under age 18 were influenced by their parents' wishes.

Women's reasons for having an abortion and for delay indicate the degree to which unexpected events can intervene: Seven percent of women in this study decided to have an abortion because of a personal health problem, and 13 percent did so because of possible fetal health problems. Six percent of women having a later abortion said they delayed because something in their lives had changed after they became pregnant—for example, a relationship had ended or a job had been lost.

In their reasons for deciding to terminate a pregnancy, women having a later abortion were more likely than others to cite factors over which they had little control, such as their own health or that of the fetus, or experience with rape or incest. Those who had delayed were somewhat

more likely to be having an abortion because their parents wanted them to, and less likely to be doing so because their husband or partner wanted them to. Most of those who had delayed said the chief reason was that they had not recognized that they were pregnant early enough. Smaller proportions got faulty results from a pregnancy test or received inaccurate information from a physician. Although some might have avoided delay if they had had better knowledge of their bodies and the signs of pregnancy, delay may have been unavoidable for many, especially for those who delayed because they needed time to make the decision. Almost half of the women having later abortions, however, were delayed because of problems in obtaining abortion services. Many could not immediately afford the cost or had problems either finding or getting to a provider who would serve them.

Findings from this survey indicate that eliminating (or even substantially reducing the number of) abortions once women have become unintentionally pregnant will be very difficult, if not impossible, because the reasons women turn to abortion are so numerous and varied. The level of unintended pregnancy is in part a reflection of poor contraceptive practice among American women.<sup>15</sup> About half of all unintended pregnancies occur among women who become pregnant despite use of a contraceptive method, either because of inconsistent or incorrect use or because of method failure.<sup>16</sup> The number of unintended pregnancies and abortions could be lessened if these women were helped to practice contraception more effectively, either by changing from less-effective methods to those with lower failure rates or by improving their use of less-effective methods. Nonetheless, as is described elsewhere in this issue (Henshaw and Silverman, p. 158), a number of abortion patients do not use any contraceptive method around the time of conception. While education and discussion focused on the real health risks and benefits of using and not using contraceptives could help such women avoid unintended pregnancy; some who do not use any method may only be helped if new methods of contraception are developed and made available.

One recent study shows that women's attitudes toward oral contraceptives and the condom are becoming more favorable, and that reliance on these methods has been increasing.<sup>17</sup> Nevertheless, these changes are slower and smaller than what is needed if levels of unintended pregnancy and abortion are to be substantially

reduced. The research reported in this article indicates that preventing a large proportion of abortions among women with unintended pregnancies will be a difficult and complex task. Experience from other countries has shown that lower abortion rates can be achieved through improved contraceptive use, even with continued ready accessibility of abortion services.<sup>18</sup>

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