The life circumstances of women accessing abortion services in the US

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Abstract
New data from a nationally representative sample of 9,483 abortion patients in the US and 49 in-depth interviews with abortion patients at three abortion clinics collected in 2008-2009 examine women's life circumstances at the time of their abortion. The survey data reveal that 42% of women having abortions in 2008 were poor. 61% had one or more children and 85% were unmarried. In the last 12 months, patients reported that they had experienced unemployment (20%), separation from a partner or husband (16%), and falling behind on rent or mortgage payments (15%). The qualitative data found that difficult life circumstances that led to the unintended pregnancy were closely related to the reasons for choosing an abortion, making it even harder for these women to effectively manage the legal barriers to abortion services (e.g., waiting periods and lack of Medicaid coverage).

Introduction
Previous research has established that the majority of women having abortions is poor or low-income, most have children and most are unmarried (Jones et al. 2002). Moreover, while abortion rates for most groups of women declined between 1994 and 2000, they increased for economically vulnerable women (Jones et al. 2002). Counter to popular perceptions that most women who access abortion services are teenagers and college students focused on pursuing educational and career opportunities, these patterns suggest that women obtaining abortions are often struggling to "make ends meet." Qualitative research confirms that family responsibilities and obligations, particularly to children the woman already has, influence the pregnancy decisions of women who access abortion services (Finer et al., 2005; Jones et al. 2008).

Poverty status is often assumed to represent difficulties meeting financial obligations such as paying rent and buying food. But the difficulties faced by poor women in many cases extend to many aspects of their lives. Social turbulence, that is destabilizing life events, can upset an individual's ability to take care of themselves, and, for women, increase the risk of unintended pregnancy. It is logical that these types of events occur more commonly for individuals living in poverty and/or may create conditions that lead to poverty. Notably, losing one's health insurance, moving repeatedly, having a baby, experiencing a divorce or separation akin to a divorce, and drug and alcohol abuse, just to name some of the possibilities, can disrupt women's lives to the point where they have difficulty taking care of themselves. A pregnancy in such a situation can undermine the steps a woman may have taken to try to get back on her feet. If, for example, as a result of divorce/separation, a woman starts working again, morning sickness that she may experience can endanger her employment. Similarly, an unintended pregnancy to a woman already struggling to raise an infant endangers her ability to care for the child she already has. Investigating these events of social turbulence provide insight into why unintended pregnancies occur as well as women's motivations for having an abortion.

Using data from a nationally representative sample of abortion patients and in-depth interviews with 49 women accessing abortion services, this study provides a more in-depth examination of the life circumstances of women terminating their unintended pregnancies in 2008-2009.

Methods
This survey of abortion patients is the Guttmacher Institute's fourth of such surveys, and uses a design and questionnaire similar to those for the three earlier studies, which were conducted in 1987, 1994-1995 and 2000-2001--a self-administered survey instrument. For the first time, the 2008-2009 survey incorporated a qualitative component, interviewing 49 women at three abortion clinics to further explore the experiences of women electing to have an abortion. The topics of the in-depth interviews are topics that are not likely to be well captured on a closed-ended survey

instrument. The questionnaire, in-depth interview guide and procedures were approved by the Guttmacher Institutional Review Board.

Quantitative survey. Facilities asked to participate in the 2008-9 Abortion Patient Survey (APS) were selected 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 Survey. Facilities were stratified by provider type (hospital or non-hospital) and 2005 caseload. Facilities that reported fewer than 25 abortions in 2005 were not included because of the high likelihood that that they would perform few or no abortions during the survey period. Their exclusion could cause little bias regarding the representativeness of women obtaining abortions because these facilities only accounted for 1% of all reported procedures in 2005.

The four-page questionnaire, available in both English and Spanish (and, at one facility's request, Portuguese) was distributed to women by facility staff. Participating facilities decided when 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. In some instances, incentives were used to improve participation rates.[1]

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. (See Table 1 for demographic characteristics of the sample.) Fifty-eight percent of the sample was between 20-29 years of age; 36 percent were non-Hispanic white, 30 percent were non-Hispanic black and 25 percent were Latina. Facility staff supplied information about age, race/ethnicity, insurance coverage and method of payment for 1,162 women who did 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 2,210 women.

Qualitative in-depth interviews. Three facilities which provide abortions were approached about their willingness to have their clients interviewed for the study. The sites were selected to include a facility in a state in which Medicaid does not cover the cost of abortion, a facility in a state in which Medicaid does cover the cost of abortion, and a facility that had a substantial African-American population that it served as the first two sites generated very few African-American respondents. One of these cites was located in the South, one was located in the Northwest, and one was located in the Northeast region of the country.

Project staff went to each of the clinics for approximately a week to recruit the number of desired respondents. Potential respondents were screened by intake staff at each of the facilities to confirm that the woman was over 18 years of age, spoke English, and was at the facility to obtain an abortion. If the woman met these criteria, the clinic staff indicated who the potential respondents were and the project staff (two of whom are co-authors) approached them about participating in the study. In most cases, women were interviewed during the time that they were waiting to begin the various medical steps they needed to obtain the abortion: ultrasound, counseling, and the actual medical procedure. In a few cases, women were interviewed when they came back to the clinic for their follow-up appointments which usually occur two weeks after the procedure.

[1] Incentives were used when if the facility requested something for themselves or their clients to help ease the burden cased by administering or filling out the survey or as a way to facilitate facility cooperation. These were either gift cards for facility staff to thank them for administering the survey, gift cards for patients for completing the questionnaire, or honorariums made to clinics or hospitals to be used for medical books, etc. In all, we spent a total of $8,326 among the 22 facilities where incentives were used.

The informed consent form was administered in a private location and recorded, verbal consent was required before the interview began. All interviews were audio-recorded and respondents received $35 cash as remuneration[2] as well as referral information about abortion counseling and other services that the respondent may have indicated she would be interested in including HIV testing, STI testing and domestic violence resources.

The transcripts were transcribed by a professional transcription service and then checked for accuracy by a member of the study team. (Two of the individuals who checked the transcripts were interviewers, and two others were research assistants with experience in transcript cleaning.) Once cleaned, the data were coded in NVIVO8 (QSR International, Melbourne, Australia) using a pre-established coding structure that could also accommodate new ideas and themes which emerged unanticipated from the interviews. Two of the interviewers coded all of the interviews, holding frequent meetings with the third interviewer to discuss ambiguous text, emerging concepts and overlapping ideas. Once all the data were coded according to broad categories of interest, analysis commenced, progressing from Excel matrices that summarized like responses to similar questions and identified primary ideas which emerged under the topics of interest, to bullet points which summarized the primary ideas under the various topics and identified the most illustrative and eloquent quotes. Those bullet points were shared among the co-authors for discussion, critique, and revision informed by the matrices and returning to the transcripts when necessary (e.g. to read around the quote to get a better understanding of what the respondent was saying to make sure that we were accurately representing that woman's thoughts and experiences). The bullet points formed the skeleton of text that was then used to develop arguments and present the findings.

Results

Forty-two percent of women obtaining abortions in 2008 were poor (incomes below 100% of the federal poverty level) and an additional 27% were low-income (incomes between 100-199% of the federal poverty level). For the purposes of this paper, women with incomes above 200% of the federal are identified as non-poor. This is a substantial increase from 2000 (when the last APS was conducted), when 27% of women obtaining abortions were poor and 31% were low-income (calculated the same way with inflation-adjusted numbers). As in previous years, most women obtaining abortions in 2008 were unmarried (85%) and had one or more children (61%). 37 percent were Protestant, 28 percent were Catholic and 28 percent indicated they had no religious affiliation. 28 percent had a high school degree or the equivalent, while 40 percent had some college. 40 percent had never given birth, 27 percent had one prior birth and 35 percent had had two or more previous births. (See Table 1 for the demographic descriptions of the sample.)

Table 2 presents the demographic characteristics of the qualitative sample. Half the sample was 20-24 years old, over half were White and the majority of the rest were Hispanic, Catholic, had some college experience, lived below 200% of the federal poverty line, and three-fifths were having their first abortion. It is noteworthy that half the sample was nulliparous as that is a higher proportion than the national demographic profile of women having abortions. Information on insurance coverage and Medicaid status was not collected systematically, and therefore cannot be reported in the table.

Social Turbulence

In 2008, poor women were more likely than non-poor women to be under the age of 30, non-white, unmarried and to have one or more children. We asked women whether they had experienced any of 11 potentially disruptive events in the last 12 months (Table 2). Most commonly, abortion patients reported that they had experienced unemployment (20%),

[2] Staff had been trained to make sure that women had enough money to cover the cost of the abortion before they were asked if they wanted to participate so that no woman felt compelled to participate to be able to pay for her abortion.

separation from partner or husband (16%), and falling behind on rent or mortgage payments (15%). Unemployment, moving two or more times and having had a baby in the last year were all reported more commonly by poor women than women in other income groups, and future analysis will test whether these differences are statistically significant.

Just over half of the qualitative respondents described an event occurring within the last year that they themselves described as "major" or that we classified as potentially destabilizing including some that were not identified in the quantitative survey. The destabilizing events that the respondents in the qualitative sample had experienced included: having had a baby in the past year/having small children, having moved once or more in the past year/living in an unstable situation, having changed union status or having difficulties with their partner, losing or quitting her job, starting or stopping school, a personal medical problem, a medical problem of a family member, having a close relative die, drug use and getting sober. Many of respondents experienced more than one of these destabilizing events in the past year. The phrase, "A lot was going on," was used by multiple respondents to describe their lives during this time frame. The unintended pregnancy on top of everything else that they were coping with was more than these respondents could manage. The following respondent talked about how she travels a lot, is currently holding down four jobs and can barely support herself. She was in the process of getting sober (had only been off of alcohol a month and a half at the time of the interview), her partner—who she was in the process of leaving—was manic-depressive was sometimes violent with her.

> I have been through a whole lot in [the] last, like, a month and half, just like [the] last 6 months. It's been just like pouring raining on me: I have been a complete mess. And then when this [the pregnancy] hit, it was like this numbing euphoric feeling. I was like, "Well, it just really doesn't get much worse than this, so like, I think that I can forget about everything that's been going on and just live my life, get this done and move on." Instead of my digging my hole deeper, it was, like, "I'm digging out."
> --23 year old White, low income, uninsured, state does not allow Medicaid to cover abortions, no previous births or abortions

The overwhelming majority of women who experienced these events were lower-income.

One of the most commonly experienced areas of social turbulence experienced among the qualitative sample was a severe problem with a partner or a change in union status. This included recent marriages, marriage/relationship dissolutions, instances of physical abuse, abandonment due to the pregnancy, and relationships that the respondent classified as unstable.

> Well, at the time [that I became pregnant] my boyfriend who I was currently with, we were good, things were stable between us and then his mom had kicked us out of the house so we were living out of a motel. We were going from motel to motel and just trying to get money, bring in money. He was trying to bring in money because I was sick, I couldn't work - I [was] constantly throwing up [because of morning sickness]. And then I guess the pressure on him of taking care of me and knowing that I was pregnant got to him and just all of a sudden out of the blue he said, "Go your way, I will go my way, I have to take care of my own and you take care of your own." And that's where I ended up.
> --23 year old Hispanic, low income, insurance status unknown, state does not allow Medicaid to pay for abortions, 1 previous birth, no previous abortions

Having a close relative die recently also destabilized some women. Often the emotional distress was coupled with having to assume the responsibilities left behind by the deceased.

> My mother just recently passed away...Yeah, so, I know like that's put, like, a stress on me too, like an aggravation. And my family, we have gone through a lot, because she was, like, you know, my mother, and no one, you know, you don't have to really explain that part. But yeah right now would not be a good time to have to be able to take care of the baby at this point for me...And at home, since my mother's gone, like, we lived

> together, my mother, me, and my sister and my son. So now she is gone, so it's like now I am the head of household. So I have to make sure everything that has to do with the house is under control.
> --23 year old Black, low income, private insurance did not cover abortion, state does allow Medicaid to pay for abortions, one previous birth, three previous abortions

Disruptions in contraceptive use

Contraceptive non-users who make up 11 percent of the population of women at risk of an unintended pregnancy (sexually active, able to become pregnant and not currently pregnant, postpartum or seeking pregnancy), contribute 52 percent of the unintended pregnancies. The remaining 48 percent of abortion patients come from the 89 percent of women using contraception (Mosher et al. 2004, Finer and Henshaw 2006). In order to understand more about how the unwanted pregnancy occurred, women were asked about their recent contraceptive use. Nearly half of the qualitative respondents reported that something about their recent circumstances prevented them from using contraception consistently which resulted in this pregnancy.

The most commonly-cited problem with using contraception was access to contraception. Women reported that they had trouble obtaining their preferred method because of things like demanding work schedules or a recent move after which they failed to locate a new provider:

> Interviewer: So, what happened when you didn't go back for your Depo shot?
> Respondent: You go and get them like every three months, and it had been like five, and I just took over a new business, and I am working like 90 hours a week. I mean, I am not making any money from my business, but I am working like you wouldn't imagine. So, I completely didn't even think about it, I mean we don't even really have sex really all that often anymore. I mean it's like when I am going 90 hours a week, I am waitressing, bartending and trying to take over [the] coffee shop and not really thinking about like sleeping with him.
> --22 year old Hispanic woman, low income, used Medicaid to pay for abortion, state allows Medicaid to cover abortions, no previous births, one previous abortion

> I am very forgetful. I work 6 days a week, I am tired. I worked last night, a double shift, and I am here today and it's my only day off. I am tired [...] I am constantly working, and when I am not working I am home with the kids. I am just always so beat that I just – I don't make it to places that I should make it to, like my appointment and stuff like that. If something comes up in my job, I have to be at my job, you know. It's a lot going on.
> --25 year old Black woman, low income, used Medicaid to pay for abortion, state allows Medicaid to cover abortions, two previous births and three previous abortions

Another problem was the cost of contraception. Women who lost their health insurance were at risk of discontinuation:

> I was on birth control pills at one time, but I lost my insurance and I lost the pills. I had to pay for it. I was paying for a while and then it was just like, "Oh okay."
> --21 year old Black woman, low income, used Medicaid to pay for abortion, state allows Medicaid to cover abortions, no previous births, one previous abortion

Other factors affecting women's contraceptive use were pregnancy promotion, contraceptive sabotage and sexual violence. Six women reported that they thought their partners might have tried to impregnate them against their will. Mechanisms that women mentioned experiencing were coercion to have unprotected sex because her partner was trying to impregnate her, condom manipulation to render the condom ineffective, refusal to withdraw (although that had been their agreed-upon method of preventing pregnancy) and discouragement of birth control use. The following woman was impregnated by her husband three times, the second two pregnancies occurring within a month of the birth of a child. Although she did not want to continue having

babies “back to back”, she felt that he would continue to refuse to withdraw or allow her to use birth control until she had a girl. This respondent was going against her husband’s wishes by having an abortion.

> Interviewer: So were you guys sort of pulling out sometimes?
> Respondent: Yeah, that’s what I always tell him, but it didn’t always work maybe like a couple of times, but it really don’t make sense […]
> Interviewer: Did you ever talk to him about it?
> Respondent: Yeah.
> Interviewer: What were those conversations like?
> Respondent: You know, “Why didn’t you? You already know what my situation is if I *[sic]* pregnant again. I don’t want to be sick. And what we want to do if I get pregnant again?”
> Interviewer: So what was his response to when you would say this kind of thing?
> Respondent: He’ll do it, he swear he’ll do it the next time.
> Interviewer: Do you think he wanted you to be pregnant?
> Respondent: I think so.
> Interviewer: How come?
> Respondent: He wants a girl.
> Interviewer: What would he have said if after your second baby you said, “I want to get on the pill now?”
> Respondent: He was kind of like, “Maybe” or he would just basically -- he won't let me take anything. I’m like, “How could I not take anything?”
> Interviewer: How did he feel about it when you were on it?
> Respondent: He was telling me to get off.
> --21 year old Black woman, low income, used Medicaid to pay for the abortion, state allows Medicaid to cover abortions, two previous births, no previous abortions

Two women in the sample were impregnated by rape.

Other problems related to turbulence in women’s lives that affected their contraceptive use were health problems and recent births.

Payment for abortion
In 2005, the average abortion patient paid $413 for a first trimester abortion. Poor women who lack health insurance and many of those with Medicaid coverage[3] may find it difficult, if not impossible, to secure this amount of funding while they are still in the first trimester. In 2008, 33% of all women obtaining abortions were uninsured while 31% had Medicaid coverage. Almost one-half of poor women obtaining abortions (46%) were uninsured and 67% were covered by Medicaid. Slightly more than one-half of all women with Medicaid coverage were able to use it to pay for abortion services. The remainder paid out-of-pocket, sometimes receiving discounts from the clinic or financial assistance from charitable organizations. In the total sample, fifty-seven percent of women were paying out of pocket for their abortions, 20 percent were using Medicaid, 13 percent were receiving financial assistance, and 13 percent had coverage from their health insurance. Subsequent data analysis will explore issues of insurance coverage and payment among poor women obtaining abortions, including differences in Medicaid coverage and payment for services according to whether the women lived in a state where Medicaid pays for abortion services.

Of the small number of women in the qualitative sample who reported being privately insured, some used this insurance to pay for the abortion and some did not. Two contrasting cases of young women covered under their parents’ insurance illustrate the complications of availing themselves of this option:

[3] Many women with Medicaid coverage are required to pay out-of-pocket for abortion services as the Hyde Amendment mandates that federal Medicaid funds cannot be used to pay for this service. Only 17 states fund abortion for women on Medicaid.

> I do [have insurance] but it's my father's so it's I really don't need that showing up on the bill.
> --21 year old White, low income, declined to use private insurance, state allows Medicaid to pay for abortions, no previous births or abortions

> I said to myself, like, either I can not go through my insurance and pay the entire cost, which is like $800 something, and not have to deal with parents, or I can save myself all that money and just do it the right way, and I have to pay my little co-pay, and suck it up and tell them the truth. And it would have been a costly secret to have…
> --21 year old White, high income, paid with private insurance, state allows Medicaid to pay for abortions, no previous births or abortions

Women described coming up with the money for the abortion themselves as well as getting help from partners, parents and others. Most often, women had to draw on a number of sources to be able to accumulate enough money for the abortion. A large number of women in the qualitative sample (n=13) reported that paying for their abortion, or the associated costs of travel, childcare and missed work, caused them considerable hardship. These women spoke about shifting various payments around to minimize the impact of being behind on their bills, deciding which payments could be late or could be put on a credit card, and rearranging shifts at work to get in more hours. Most of the respondents who talked about this kind of hardship were low income.

> Well, I am going to be very short till the next paycheck. So it's going to be very difficult to just even buy gas and groceries until the next paycheck, because I paid rent and other bills, and this isn't planned for, so. [My boyfriend is] paying for most if it, but it's still money that I didn't want to spend on this.
> --28 year old Hispanic, low income, private insurance will not cover abortion, state does not allow Medicaid to cover abortions, no previous births or abortions

> Interviewer: So will having to lose the wages set you back at all financially?
> Respondent: Oh, definitely. Just because we are still at that point, you know, when you make a big move, it costs way more than I had expected it to, and anticipated it to, and you know, we are really budgeted, definitely, I mean like to the dollar and so not having, God, what it's going to be, like, $300 something plus dollars, yeah, that's going to be pretty profound impact on our income, so. [...] I think that will end up just paying half the bills, and having to pay on the next pay period the other half, so I think that's how we'll handle that, and that's what we discussed. I think that's the plan, so that we are not, like, drastically behind, and have cutoff notices and things like that, and we have a plan, but, yeah, it's definitely going to make an impact.
> --32 year old Hispanic, low income, used Medicaid to pay for abortion, state allows Medicaid to cover abortions, four previous births, previous abortions

For some women, help was not available:

> I did it all of my own [came up with the money for the abortion]. I don't have that much help. My parents help pay for diapers [for her other children]; I can't expect them to pay for this.
> --24 year old While, low income, uninsured, state does not allow Medicaid to cover abortions, three previous births, no previous abortions (this respondent also took out a small bank loan to pay for the abortion)

Sometimes deception was carried out to obtain money from individuals that the respondent didn't want to know about the abortion. In the following case, the respondent's mother was helping her pay but her mother had to hide the expenditure from her husband (the respondent's stepfather):

> It's just the fact that she is helping me that she doesn't want him to know about because like how they helped me, they would try to help me overs and overs, and I still chose to take the other route. I still chose to go this way [not doing what they want her to do]. So I guess he is really fed up with it, but it's my mom, and I'm her only daughter and of course she is going to do everything in her power to try to help me.
> --23 year old Hispanic, low income, insurance status unknown, state does not allow Medicaid to pay for abortions, one previous birth, no previous abortions

Discussion

The substantial increase in poverty among women obtaining abortions in 2008 as compared to 2000 that is observable in the quantitative data may be due to several conditions including increased difficulties of low-income women to prevent unintended pregnancies, and/or increased ability of higher income women to do so. The fact that the survey occurred during a recession almost undoubtedly contributed to this pattern. In addition to poverty, a substantial minority of women accessing abortion services had been confronted with a range of potential disruptive events in the last year, including unemployment, separation and falling behind on their rent or mortgage. These disruptions were more common among poor women but were not restricted to them. The difficulty women have paying for the abortion either because they are uninsured or do not want to have the abortion show up on the insurance claim makes some women reveal to individuals their intention to have an abortion that they would not otherwise want to know about the abortion. Not having access to the money for the abortion can cause women to delay when they get the abortion, increasing the cost and the physical strenuousness of the procedure for the woman. The array of difficult circumstances and disruptions that many women experience are exacerbated by the legal barriers to abortion services (e.g., waiting periods, lack of Medicaid coverage) implemented in many states.

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Table 1. Percentage distribution of all U.S. women obtaining abortions in 2008-2009; by selected characteristics

Age group		
	< 20	17.6
	<15	0.4
	15-17	6.2
	18-19	11.0
	20-24	33.4
	25-29	24.4
	30-34	13.5
	35-39	8.2
	40+	2.9
Union Status		
	Married	14.8
	Cohabiting, not married	29.2
	Never married, not cohabiting	45.0
	Previously married, not cohabiting	11.0
Race and ethnicity		
	Non-Hispanic White	36.1
	Non-Hispanic Black	29.6
	Non-Hispanic Other	9.4
	Hispanic	24.9
Education†		
	<12th grade	12.3
	HS grad or GED	28.3
	Some college or associate degree	39.5
	College graduate or above	19.9
Prior births		
	0	39.1
	1	26.5
	2 or more	34.5
Poverty		
	<100%	42.4
	100-199%	26.5
	200+%	31.1
Religious affiliation‡		
	Protestant	37.3
	Roman Catholic	28.1
	Other	7.1
	None	27.5
Native or foreign-born		

Born in the United States	83.6
Born outside the United States	16.4
Unweighted N	9,493

† Limited to women aged 20 and older
‡ Limited to women aged 18 and older

Table 2. Characteristics of In-Depth Interview Respondents

		Total	% of Total
Age			
	18-19	**5**	10.2%
	20-24	**25**	51.0%
	25-29	**8**	16.3%
	30-34	**9**	18.4%
	35+	**2**	4.1%
		49	100.0%
Race*			
	White	**31**	63.3%
	Black	**6**	12.2%
	Hispanic^	**19**	38.8%
	Asian Pacific Islander	**2**	4.1%
	Native American	**1**	2.0%
	Other	**1**	2.0%
		49	100.0%
Religion			
	Protestant	**7**	14.6%
	Catholic	**19**	39.6%
	Jewish	**0**	0.0%
	Other+	**10**	20.8%
	None	**12**	25.0%
		48	100.0%
Education			
	0-8th	**0**	0.0%
	9-11th	**4**	8.2%
	High school/GED	**7**	14.3%
	Some college	**31**	63.3%
	College grad	**7**	14.3%
		49	100.0%
Poverty status			
	Lower (below 200%)	**32**	65.3%
	higher (200% +)	**17**	34.7%
		49	100.0%
Parity			
	0	**24**	49.0%
	1	**8**	16.3%
	2	**11**	22.4%
	3+	**9**	18.4%
		49	100.0%
Previous Abortion			
	Yes	**20**	40.8%
	None	**29**	59.2%
		49	100.0%

* totals more than number of respondents as four women responded white and Hispanic and one woman as Lebanese

(other) and Hispanic
+ includes Christian/non-denominational, "natural," 7th Day Adventist
^ includes a Hispanic/Lebanese respondent

Table 3. Percent of women obtaining abortions who experienced the following disruptions, Abortion Patient Study, 2008-2009

In the last 12 months have you experienced any of the following?	Total	Level of poverty <100%	100-199%	200+%
I was unemployed or looking for work for at least a month	19.9	25.1	18.8	13.8
I separated from my partner/husband	16.2	17.1	16.9	14.3
I fell behind on my rent or mortgage	14.5	16.1	15.9	11.0
I moved 2 or more times	11.8	14.3	11.7	8.4
A close friend died	10.2	10.6	10.1	9.6
I had a baby	10.2	13.9	10.5	5.0
A dependent/family member had a serious health problem	6.9	6.5	7.4	7.2
My partner was in jail or incarcerated	5.7	7.1	5.8	3.7
Had a serious health problem	3.2	3.4	3.1	3.2
I was the victim of a robbery or assault	1.6	1.8	1.5	1.3
My home was burglarized	1.5	1.6	1.7	1.2
Unweighted N	9493	3990	2544	2959