

Who is missing?

Approaches to overcome selection bias in studies of abortion access in the United States

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Background

Clinic-based studies of abortion patients in the United States have highlighted that numerous barriers, particularly financial factors, restrict people's ability to access abortion.¹⁻³ For instance, among women who obtain abortion care in the United States, 75% are low-income and nearly half (49%) live below the Federal Poverty Level.⁴ In one survey of 639 women obtaining an abortion at six clinics in the United States, 69% of respondents paid for their abortion care out-of-pocket, one half relied on someone else to cover the full cost of care – including transportation costs, lost wages, and childcare expenses – and several had to delay or miss payments on rent or other important bills as a result of paying for their abortion care.¹ Nearly half of Americans say they would not have enough money to cover a \$400 emergency expense;⁵ since the average cost of both medication abortion before nine weeks' gestation and surgical abortion before 10 weeks' gestation is over \$500,⁶ for some people, learning the cost of abortion care may immediately deter them from seeking care. Further compounding these financial barriers to care, legal restrictions on abortion may increase costs. A recent study in Texas found that women whose nearest abortion clinic closed after the passage of HB2 were 1.5 times as likely to spend more than \$100 on an abortion, and twice as likely to report difficulty in accessing a clinic, as compared to women whose nearest clinic had not closed.³

Findings from these clinic-based studies, however, may be biased. The vast majority of research studies exploring experiences with abortion care, including those that assess financial barriers to care, recruit participants from abortion clinics. This sampling mechanism suffers from selection bias, as it fails to include people who have unintended pregnancies and consider utilizing abortion care, but are unable to do so due to financial or other reasons. These individuals are unable to make it to an abortion clinic, even for a first visit, and thus are never recruited into clinic-based studies. Given the many barriers to care reported by those who do eventually access an abortion clinic, these barriers are likely insurmountable for some proportion of those with unwanted pregnancies such that they never make it to an abortion clinic.

To fully understand the abortion seeking process, the impact of abortion restrictions, and the scope and magnitude of the barriers that people face when seeking abortion care, research studies must sample from the entire population of people considering abortion, not just those who visit an abortion clinic. The aim of this study is to adapt techniques for recruiting non-clinic-based samples from other fields of research to abortion research and establish the feasibility of recruiting a non-clinic-based sample for a study about people's abortion-seeking experiences. Results from this study will provide preliminary evidence on experiences seeking abortion, factors associated with the abortion decision-making process, and barriers to care for a crucial population that has, until now, been missing from studies about abortion.

Theory and methods

The rationale for this study is based on a conceptual framework that posits that people who are unable to access abortion clinics could benefit from information about abortion services, as well as from access to the full spectrum of financial, logistical, and social resources available for these services. Absent those resources, some people may be forced to carry an unwanted pregnancy to term. Limited knowledge of and/or access to abortion services on pregnancy outcomes is operationalized in three different ways:

1. People for whom incomplete information about the cost of abortion prevents them from going to a clinic to seek care. Incomplete knowledge encompasses uncertainty about individual factors such as insurance coverage and medical leave policies, as well as access

factors such as knowledge of the closest provider, local variation in available procedures and their associated costs, the perception that abortion itself or affiliated costs such as travel, lost wages, childcare, lodging, and more are too costly to be financially feasible.

2. People for whom incomplete information about or limited access to available resources to help offset the known costs and/or logistical needs of abortion prevents them from going to a clinic to seek care.
3. People for whom delays in pregnancy recognition or other delays in the abortion-seeking process result in more expensive abortion procedures or unanticipated increases in cost of the procedures preventing them from continuing to seek an abortion.

In order to determine the feasibility of recruiting a non-clinic-based sample using recruitment techniques from other fields of research, we designed a brief survey about barriers to abortion access and simultaneously piloted recruitment through three social media/web-based methods, Google AdWords, Facebook, and Reddit for one month (August 15th – September 15th, 2018). Eligible participants were people of reproductive age (i.e., <50 years old), residing in the United States, currently pregnant or pregnant within the last five years, who self-identified as not having obtained a wanted abortion for a current pregnancy or a pregnancy within the past five years. People who obtained an abortion for any pregnancy in the last five years were ineligible.

The survey, which took approximately five minutes to complete, asked participants open- and closed-ended questions about their experiences with unwanted pregnancy, why they considered abortion, why they did not obtain abortion care, and demographic characteristics, with a focus on finances. The recruitment materials and survey were available in both English and Spanish. The number of participants who viewed recruitment materials on each site (when available), number who completed the screening questions (i.e., express interest), number who were eligible, number who consented to participate, number who completed the survey, and total cost of each recruitment method, including personnel time, were tracked – overall, and separately by each recruitment platform. The Allendale Investigational Review Board approved this study.

Expected results

We will report results of participant recruitment comparing the three recruitment methods (Google AdWords, Facebook, and Reddit), as well as findings from the pilot survey. When comparing the methods, our main outcome of interest is the recruitment rate (number of eligible participants recruited during the month) and cost per eligible recruit for each of the three recruitment methods.

The overall recruitment rate by method will be calculated by summing the total number of recruited individuals and dividing this number by the number of months over which enrollment was open (one month for this pilot). We will consider people “recruited” if they completed the screening process, met eligibility criteria, consented to participate, and participated in the brief demographic survey. The cost per eligible recruit for each platform will be calculated by summing the total cost spent on building each platform specific campaign (hiring a social marketing firm and researcher time), creating the advertisements (bidding for position on each platform and purchasing images), and managing the postings and dividing this total by the number of participants recruited through that method.

In addition to the two primary outcomes above, we will also report the proportion of people eligible out of all interested participants (those who clicked on the advertisement and viewed the study landing page), as well as the average number of participants recruited per week and the proportion

of the sample recruited using each method. When possible, we will also report the number of people exposed to each method of recruitment.

With regard to survey data, descriptive analyses will summarize participant responses to the closed-ended questions, including demographic characteristics. Findings from the survey will be reported in aggregate and stratified by recruitment method. Responses to open-ended questions will be inductively coded and reported to provide additional context for the closed ended responses.

References

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