



Bixby Center for Global Reproductive Health

T E S T I M O N Y F O R T H E S E N A T E
J U D I C I A R Y C O M M I T T E E H E A R I N G

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Advancing New Standards in
Reproductive Health (ANSIRH)

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My name is Diana Greene Foster. I am a professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of California, San Francisco. I am also the Director of Research at the university's Advancing New Standards in Reproductive Health (ANSIRH) program. I am a research scientist and I earned my doctorate in Demography from Princeton University.

For 20 years, I have done research on the impact of contraception and abortion on women's lives. As part of that work, I lead the Turnaway Study, a longitudinal study of almost 1,000 women who sought abortions from thirty abortion facilities across the country. The Turnaway Study follows women who received an abortion at a gestation just below the limit of these abortion clinics as well as women denied an abortion because their pregnancy was just above the gestational limit. With a team of researchers, I have followed both of these groups of women, along with women receiving first trimester abortions, through semiannual phone interviews over the past five years. It is the largest study of women seeking later abortions and the only one that follows women over time to track their health and wellbeing.

It is important to understand that nearly one in three American women has an abortion in her lifetime.¹ Later abortions, those at or after 20 weeks, are rare, comprising less than 2% of abortions performed in the United States.² However, women are increasingly unable to get the abortions they seek. It is my goal to take a scientific, empirical look at what happens to women who have abortions and what happens when women are denied abortions.

This is what we find. First, women who seek later abortions are very similar to women who have abortions earlier in pregnancy. Some women are delayed because they do not realize they were pregnant – because they have recently given birth or they have never been pregnant before. Once a woman is a few months into pregnancy, the logistical hurdles to getting an abortion, such as finding and getting to a clinic or raising money to pay for the procedure, become much larger. Young women and low-income women often face prohibitive obstacles.³

We find no significant differences between women seeking later abortions and women seeking first trimester abortions in their emotional or psychological responses. Women feel a range of emotional responses to having had an abortion including, in decreasing order, relief, sadness, guilt, happiness and regret. But at every time point in the five years interviewing these women, we have found that over 95% of women report that the abortion was the right decision for them.⁴

In terms of the consequences of denying women wanted abortions, we find that women are thoughtful, even prescient, in the reasons they give for wanting to end a pregnancy. For example, women most frequently cite financial reasons—that they cannot afford to raise a child or another child.⁵ And we find that women who must carry unwanted pregnancies to term are more likely to live in poverty three years later than women who were able to receive an abortion. They are more likely to receive public assistance and less likely to have full time jobs. They are less likely to have aspirational life plans, like getting a better job or finishing school, and six times less likely than women who receive an abortion to achieve an aspirational plan in the year after being turned away.⁶

Another common reason women in our study cited for wanting to terminate a pregnancy was their concern about being able to care for the children they already have. Our data show that there are negative consequences for women’s existing children when their mothers are denied the abortions they seek. For these children, we see measurable reductions in achievement of child developmental milestones and an increasing chance of living in poverty.⁷ Our research indicates that abortion enables women to take care of the children they already have and to plan a wanted pregnancy later.⁸

We also find that some women seeking abortion do so out of a concern for their physical safety from an abusive partner. Many women seeking abortion care have poor relationships with the man involved and one in twenty report physical violence from the man involved in the pregnancy in the six months prior to seeking an abortion.⁹ Women who are able to get their abortions are able to exit abusive relationships; they experience a sharp decrease in violence from the man involved, whereas women who carry the pregnancy to term experience no such decrease.¹⁰ They continue to be exposed to abuse.

One of the likely consequences of a nationwide ban on later abortion is that women will try to end their own pregnancies. As a 21 year old woman in our study, who was turned away from a clinic in Texas, told us, “If worse comes to worst, I can go to Mexico and get an abortion or get pills in Mexico. Because everyone knows that’s available.”

As a researcher, I believe that any law restricting the provision of medical care should take into account its effect on women’s health and wellbeing as determined by sound empirical research, especially laws restricting a medical procedure that nearly one in three American women experience. In this case, the evidence indicates that a nationwide 20-week ban on abortion will adversely affect the lives of women and their children across the country.

This testimony contains a summary of my professional research findings. I present this testimony in my personal and individual capacity, and not as a representative of UCSF or the Regents of the University of California. Any statements herein do not necessarily represent the opinions or positions of the University of California.

¹ Jones RK and Kavanaugh ML, Changes in abortion rates between 2000 and 2008 and lifetime incidence of abortion, *Obstetrics & Gynecology*, 2011, 117(6):1358–1366.

² Pazol K et al., Abortion surveillance—United States, 2008, *Morbidity and Mortality Weekly Report*, 2011, Vol. 60, No. SS-15.

³ Upadhyay UD, Weitz TA, Jones RK, Barar RE, Foster DG. (2013). Denial of Abortion Because of Provider Gestational Age Limits in the United States. *American Journal of Public Health*.

⁴ Rocca CH, Kimport K, Roberts SCM, Gould H, Neuhaus J, Foster DG (2015) Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. *PLoS ONE* 10(7): e0128832.

⁵ Biggs MA, Gould H, Foster DG. Understanding why women seek abortions in the US. *BMC Women’s Health*. 2013. 13:29

⁶ Upadhyay UD, Biggs MA, Foster DG. The effect of abortion on having and achieving aspirational one-year plans. *BMC Womens Health*. 2015. 15(1):102.

⁷ Presentation at North American Forum for Family Planning 2015. Effect of an unwanted pregnancy carried to term on existing children’s health, development and care. DG Foster and MA Biggs.

⁸ To be presented at the American Public Health Association Annual Meeting. November 2016 Denver, Colorado.

⁹ Chibber KS, Biggs MA, Roberts SCM, Foster DG The Role of Intimate Partners in Women’s Reasons for Seeking Abortion. *Women’s Health Issues* 24-1 (2014) e131–e138.

¹⁰ Roberts SCM, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of Violence from the Man Involved in the Pregnancy after Receiving or Being Denied an Abortion. *BMC Medicine*. 2014 Sept. 12:144.