Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives

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CONTEXT: *Understanding women's reasons for having abortions can inform public debate and policy regarding abortion and unwanted pregnancy. Demographic changes over the last two decades highlight the need for a reassessment of why women decide to have abortions.*

METHODS: *In 2004, a structured survey was completed by 1,209 abortion patients at 11 large providers, and in-depth interviews were conducted with 38 women at four sites. Bivariate analyses examined differences in the reasons for abortion across subgroups, and multivariate logistic regression models assessed associations between respondent characteristics and reported reasons.*

RESULTS: *The reasons most frequently cited were that having a child would interfere with a woman's education, work or ability to care for dependents (74%); that she could not afford a baby now (73%); and that she did not want to be a single mother or was having relationship problems (48%). Nearly four in 10 women said they had completed their childbearing, and almost one-third were not ready to have a child. Fewer than 1% said their parents' or partners' desire for them to have an abortion was the most important reason. Younger women often reported that they were unprepared for the transition to motherhood, while older women regularly cited their responsibility to dependents.*

CONCLUSIONS: *The decision to have an abortion is typically motivated by multiple, diverse and interrelated reasons. The themes of responsibility to others and resource limitations, such as financial constraints and lack of partner support, recurred throughout the study.*

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Public discussion about abortion in the United States has generally focused on policy: who should be allowed to have abortions, and under what circumstances. Receiving less attention are the women behind the statistics—the 1.3 million women who obtain abortions each year[1]—and their reasons for having abortions. While a small proportion of women who have abortions do so because of health concerns or fetal anomalies, the large majority choose termination in response to an unintended pregnancy.[2] However, "unintended pregnancy" does not fully capture the reasons and life circumstances that lie behind a woman's decision to obtain an abortion. What personal, familial, social and economic factors lead to the decision to end a pregnancy?

The research into U.S. women's reasons for having abortions has been limited. In a 1985 study of 500 women in Kansas, unreadiness to parent was the reason most often given for having an abortion, followed by lack of financial resources and absence of a partner.[3] In 1987, a survey of 1,900 women at large abortion providers across the country found that women's most common reasons for having an abortion were that having a baby would interfere with school, work or other responsibilities, and that they could not afford a child.[4] Since 1987, little research in this area has been conducted in the United States, but studies done in Scandinavia and worldwide have found several recurring motivations: economic hardship, partner difficulties and unreadiness for parenting.[5] An extensive literature (both quantitative and qualitative) examines how women make the decision to have an abortion or a birth.[6] Here, we focus on women who have already made the decision to have an abortion.

Why revisit this topic? One compelling reason is that the abortion rate declined by 22% between 1987 and 2002,[7] and another is that the demographic characteristics of reproductive-age women in general and of abortion patients in particular have changed since 1987. For example, the proportion of abortion patients who have already had one or more children has increased, as have the proportions who are aged 30 or older, who are nonwhite and who are cohabiting. In addition, between 1994 and 2000, the proportion of women having abortions who were poor increased.[8] Because social and demographic characteristics may be associated with motivations for having an abortion, it is important to reassess the reasons why women choose to terminate a pregnancy.

A better understanding of these motivations can inform public opinion and prevent or correct misperceptions. Likewise, a fuller appraisal of the life circumstances within which women decide to have an abortion bears directly on the issue of public funding for abortions and provides evidence of how increasing legal and financial constraints on access to abortion may affect women's lives.

METHODS

Our study included a quantitative component (a structured survey) and a qualitative component (in-depth interviews), which together provide a more comprehensive examination of women's reasons for having abortions. The survey instrument, the interview guide and implementation protocols were approved by our organization's institutional review board. We also make comparisons to nationally representative surveys of abortion patients fielded in 1987 and 2000, and to a 1987 survey of reasons for abortion.[9]

Quantitative Component

The design of the structured questionnaire was modeled after the one used in the 1987 U.S. study,[10] and we kept the wording as similar as possible to the language of that survey. Our eight-page questionnaire covered in detail the reasons why the respondent chose to terminate her pregnancy. The first question was open-ended: "Please describe briefly why you are choosing to have an abortion now. If you have more than one reason, please list them all, starting with the most important one first." Nearly eight in 10 respondents provided at least one answer.

The next 12 questions asked about reasons for deciding to have an abortion. If the woman answered affirmatively to any of the first three ("Having a baby would dramatically change my life," "Can't afford a baby now" and "Don't want to be a single mother or having relationship problems"), she was asked which of a set of specific subreasons were relevant. Multiple responses were allowed, and a space was provided to write in reasons that were not listed.* The questionnaire then had a space for reasons that did not fit into any of the categories provided. Finally, women were asked about their demographic and social characteristics.

We purposively sampled 11 facilities from the universe of known abortion providers that perform 2,000 or more abortions per year; such facilities performed 56% of all abortions in the United States in 2000.[11] Our sample was chosen to be broadly representative, rather than strictly statistically representative, of all large providers. We included at least one facility in each of the nine major geographic divisions defined by the U.S. Census Bureau, and chose facilities that represented a variety of city sizes, patient characteristics and state abortion policies (such as waiting periods, parental consent regulations and use of state Medicaid funds). Most were clinics or private practices; one was a hospital. Of the 11 sites originally chosen, one clinic declined to participate and was replaced by a similar facility.

The questionnaire was pretested at a clinic that was not part of the sample to assess how well women understood the informed consent process and the survey questions.

Staff at the selected facilities asked women arriving for a pregnancy termination to participate in the survey and, if they agreed, to fill out the questionnaire by themselves and return it to a staff member in a sealed envelope.† The questionnaire was available in English and Spanish. Participation was voluntary, and no identifying information about the respondents was collected.

The fielding period ranged from one to six weeks, depending on each facility's caseload. We established a minimum response rate of 50% of all abortion clients seen by each facility during its sampling period for the data to be considered representative of the women at that facility. The overall response rate was 58%, and facility rates ranged from 50% to 76%, because some women declined participation and some staff had minor difficulties adhering to the protocol. Fielding ran from December 2003 until March 2004, and 1,209 abortion patients completed the questionnaire.

Qualitative Component

We also conducted in-depth interviews with 38 women at four sites. The interview guide included all of the same topics as the survey. The selected sites were hospital-based and freestanding, in different regions of the country and in states with differing restrictions on access to and Medicaid reimbursement for abortion services. The sites were also chosen to represent varying city sizes and to capture a cross section of abortion patients. In three of these facilities, the structured survey had also been distributed. Staff at the study clinics offered all abortion patients a chance to participate; recruitment was not based on social or demographic characteristics.

Members of the study team interviewed respondents during their medical visit, typically before the procedure. Women were informed that the interviews would be recorded, and they provided verbal consent. The interviews lasted 30–60 minutes and were anonymous. The qualitative component was limited to fluent English speakers. Women were compensated $25 in cash for their participation. The interview period began at the end of the structured survey period and continued for two months.

Data Analysis

We used chi-square tests to examine differences in reasons for abortion across demographic subgroups. Multivariate logistic regression models refined our understanding of the variables associated with each reason. In addition, we conducted a factor analysis of the closed-ended and write-in reasons and subreasons to identify logical groupings.

The 1987 study purposely oversampled women having abortions at 16 weeks of gestation or later. We therefore weighted figures for 1987 to reflect the true distribution of abortions by gestation for all U.S. women. Given that the 2004 survey was not nationally representative, individual cases were not weighted. Because the sampling design involved 11 primary sampling units, we used statistical techniques that accounted for the clustered design to calculate

*In 1987, the question about ability to afford a baby did not offer specific subreasons, but asked women to write in subreasons. The most common responses were used to create the options for the 2004 version. Hence, comparisons of subreasons between 1987 and 2004 for this question are not valid.

†The facilities were free to alter this recommended process to best fit their client flow; most had respondents complete the survey as they waited for their procedure, but some facilities asked women to participate after their procedure and recovery period were over.

TABLE 1. Percentage of women in various surveys of abortion patients, by selected characteristics, 1987–2004

Characteristic	Structured survey, 2004 (N=1,209)	In-depth interviews, 2004 (N=38)	Nationwide survey, 2000 (N=10,683)	Structured survey, 1987 (N=1,900)	Nationwide survey, 1987 (N=9,480)
Age ≤19	20	24	19	28	25
Age 20–29	57	53	56	54	55
Never-married	72	76	67	67	63
Has children	59	71	61	42	48
<200% of federal poverty level†	60	68	57	50	55
≥some college	53	u	57	53	u
Black	31	45	32	26	26
Hispanic	19	11	20	7	13
<9 weeks' gestation	61	39	u	55	50
<13 weeks' gestation	85	58	u	87	86

†The 2004 study used the federal poverty level in 2003. *Note:* u=unavailable. *Sources:* **Nationwide survey, 2000—**RK Jones, JE Darroch and SK Henshaw, 2002 (see reference 8). **Structured survey, 1987—**reference 4. **Nationwide survey, 1987—**SK Henshaw and J Silverman, 1988 (see reference 8).

accurate standard errors. We conducted all analyses using Stata version 8.2. All associations discussed were significant at p<.05 or less.

Of the 1,209 respondents, 4% gave no reasons and were excluded from most analyses. Higher proportions of these women than of the others were nonwhite and had children. In addition, nonresponse was 12–14% for age, parity, marital status, race and employment, and 26% for income, causing the Ns for the multivariate models to be lower than those for the univariate and bivariate tabulations.

The audiocassettes of the in-depth interviews were professionally transcribed, and the research team listened to every tape while reviewing the transcription. Errors were corrected, and any information that could potentially identify respondents was removed. The edited transcripts were systematically coded using categories based on the project focus as well as related ideas emerging from the data. All coding was done by one author and checked for validity by another. We used the software N6 for coding and data analysis.

RESULTS

Respondents' Characteristics

Respondents to the structured survey of reasons for abortion were not substantially different from a nationally representative sample of abortion patients surveyed in 2000[12] in terms of age, marital status, parity, income, education, race or gestation (Table 1). Twenty percent were 19 or younger, and 57% were in their 20s. Seventy-two percent had never been married, and 59% had had at least one child. Some 60% were below 200% of the federal poverty line, including 30% who were living in poverty (not shown). More than half had attended college or received a college degree. Thirty-one percent of respondents were black, and 19% were Hispanic. (Four percent completed the questionnaire in Spanish.) Sixty-one percent were at fewer than nine weeks of gestation, and 85% were at fewer than 13 weeks.

However, the characteristics of abortion patients had changed between 1987 and 2000, and these changes were reflected in the 1987 and 2004 surveys of reasons for abortion. For example, the proportion who were mothers increased from 48% to 61% in the nationally representative surveys carried out in 1987 and 2000; a similar increase (from 42% to 59%) was seen between the 1987 and 2004 surveys of reasons. The median age of respondents was 23.0 in the 1987 survey of reasons and 24.1 in 2004 (not shown). Fifty percent of women were below 200% of the federal poverty level in the 1987 survey of reasons, while in 2004, 60% were below this level. Also, the proportion who were Hispanic rose from 7% in 1987 to 19% in 2004.

The in-depth interview respondents were slightly older than the structured survey respondents; more than half were 25 or older (not shown). More than two-thirds had children, and two-thirds were living below 200% of the federal poverty level (with half at or below the poverty line—not shown). Marital status was similar between the two samples. Nearly half were black, and the proportion who were Hispanic was only 11%. Furthermore, almost half of the interview respondents were in their second trimester; a possible explanation for this overrepresentation is that these women were usually in the clinic on two consecutive days for their abortion procedures, and therefore were more likely to be available to participate in the interviews.

Reasons for Abortion

• *Reasons in 2004.* Among the structured survey respondents, the two most common reasons were "having a baby would dramatically change my life" and "I can't afford a baby now" (cited by 74% and 73%, respectively—Table 2). A large proportion of women cited relationship problems or a desire to avoid single motherhood (48%). Nearly four in 10 indicated that they had completed their childbearing, and almost one-third said they were not ready to have a child. Women also cited possible problems affecting the health of the fetus or concerns about their own health (13% and 12%, respectively).* Respondents wrote in a number of specific health reasons, from chronic or debilitating conditions such as cancer and cystic fibrosis to pregnancy-specific concerns such as gestational diabetes and morning sickness.

The most common subreason given was that the woman could not afford a baby now because she was unmarried (42%). Thirty-eight percent indicated that having a baby would interfere with their education, and the same proportion said it would interfere with their employment. In a related vein, 34% said they could not afford a child because they were students or were planning to study.

In the in-depth interviews, the three most frequently stated reasons were the same as in the structured survey: the dramatic impact a baby would have on the women's lives or the lives of their other children (32 of 38 respondents), financial concerns (28), and their current relationship or fear of single motherhood (21). Nine women cited health concerns for themselves, possible problems affecting the

*Women's reasons for abortion may vary by type of facility. For example, women who undergo abortions at hospitals may be more likely than others to have sought an abortion for health reasons. However, administrators at participating sites noted that local hospitals often refer women seeking abortions for fetal or maternal health reasons to their facilities. Thus, underreporting of health reasons, while possible, is likely not substantial.

health of the fetus or both as a reason for terminating the pregnancy.

•*Changes in reasons, 1987–2004.* Several questions were identical or virtually identical on the 1987 and 2004 surveys of reasons for abortion and are thus comparable (Table 2). The proportions of women giving four of the five most common reasons for abortion in 2004 were similar to those in 1987. Roughly equal proportions of women in both surveys indicated that a baby would dramatically change their lives, that they could not afford a baby now, that they did not want to be a single mother or had problems with their relationship, and that they were not ready for a child or another child. While some of these proportions showed statistically significant differences, in our assessment they were not substantial, because the percentage changes were small.

However, the proportion of women indicating that they had completed their desired childbearing increased substantially (and significantly) between 1987 and 2004, from 28% to 38%. To assess whether this shift was due to a change in mothers' propensity to give this reason (in addition to the change in population composition described earlier), we stratified this analysis by both survey year and whether the woman had any children. The findings showed that mothers in 2004 were more likely to report this reason than were mothers in 1987 (not shown). Thus, the overall increase likely reflected both a rise in the proportion of abortion patients who were already mothers and an increased tendency of mothers to give this reason. The proportion of women indicating that having children or other dependents was a reason not to have another child increased from 22% to 32% between 1987 and 2004. This change, however, appeared to be due solely to the change in population composition (not shown). The proportion of women who cited a physical problem with their health also increased over the period.

On the other hand, smaller proportions of women in 2004 than in 1987 said that having a baby would interfere with their job or career (38% vs. 50%), that they were not mature enough (22% vs. 27%), that their husband or partner wanted them to have an abortion (14% vs. 24%), and that they and their partner could not or did not want to get married (12% vs. 30%). In both surveys, 1% indicated that they had been victims of rape, and less than half a percent said they became pregnant as a result of incest.

•*Most important reasons.* In both 1987 and 2004, unreadiness for a child or another child and inability to afford a baby were each mentioned by about one-quarter of women as their most important reason for having an abortion (Table 3, page 114).* The proportion indicating that they had completed their childbearing, that they had others depending on them or that their children were grown increased over this period, from 8% to 19%. In contrast, the proportions reporting fear of single motherhood or relationship problems, and reporting that a child would interfere with school or career, both declined, as did the percentage describing themselves as not mature enough or too young.

Seven percent of women cited health concerns for themselves or possible problems affecting the health of the fetus as their most important reason in 2004, about the same as in 1987. Only half a percent of women indicated that their partners' or their parents' desire for an abortion was the most important reason behind their decision.

•*Number of reasons given.* Of the 1,160 women who gave at least one reason, 89% gave at least two and 72% gave at least three; the median number of reasons given was four, and some women gave as many as eight reasons out of a possible 13 (not shown). Among women who gave at least two reasons, the most common pairs of reasons were inability to afford a baby and interference with school or work; inability to afford a baby and fear of single motherhood or relationship problems; and inability to afford a baby and having completed childbearing or having other people dependent on them.

In-depth interview respondents gave an average of five reasons (range, 1–10) for why they were ending their pregnancy. However, women's responses often did not fit the categories of the structured survey; the reasons tended to overlap between the domains of unplanned pregnancy, financial instability, unemployment, single motherhood and current parenting responsibilities. For example, one 25-

TABLE 2. Percentage of women reporting that specified reasons contributed to their decision to have an abortion, 2004 and 1987

Reason	2004 (N=1,160)	1987 (N=1,900)
Having a baby would dramatically change my life	74	78*
Would interfere with education	38	36
Would interfere with job/employment/career	38	50***
Have other children or dependents	32	22***
Can't afford a baby now	73	69
Unmarried	42	na
Student or planning to study	34	na
Can't afford a baby and child care	28	na
Can't afford the basic needs of life	23	na
Unemployed	22	na
Can't leave job to take care of a baby	21	na
Would have to find a new place to live	19	na
Not enough support from husband or partner	14	na
Husband or partner is unemployed	12	na
Currently or temporarily on welfare or public assistance	8	na
Don't want to be a single mother or having relationship problems	48	52*
Not sure about relationship	19	na
Partner and I can't or don't want to get married	12	30***
Not in a relationship right now	11	12
Relationship or marriage may break up soon	11	16*
Husband or partner is abusive to me or my children	2	3
Have completed my childbearing	38	28**
Not ready for a(nother) child†	32	36
Don't want people to know I had sex or got pregnant	25	33*
Don't feel mature enough to raise a(nother) child	22	27*
Husband or partner wants me to have an abortion	14	24***
Possible problems affecting the health of the fetus	13	14
Physical problem with my health	12	8**
Parents want me to have an abortion	6	8
Was a victim of rape	1	1
Became pregnant as a result of incest	<0.5	<0.5

*p<.05. **p<.01. ***p<.001. †This was a write-in response in 2004 and 1987. *Note:* na=not applicable, because survey questions were not comparable. *Source:* **1987**—reference 4.

*We grouped some reasons slightly differently in Tables 2 and 3 to combine reasons that are conceptually similar. For example, women who indicated that they had children or other dependents were grouped with those who said they had completed their childbearing.

TABLE 3. Percentage distribution of women having an abortion, by their most important reason for having the abortion, 2004 and 1987

Reason	2004 (N=957)	1987 (N=1,773)
Not ready for a(nother) child†/timing is wrong	25	27
Can't afford a baby now	23	21
Have completed my childbearing/have other people depending on me/ children are grown	19	8***
Don't want to be a single mother/am having relationship problems	8	13***
Don't feel mature enough to raise a(nother) child/feel too young	7	11**
Would interfere with education or career plans	4	10***
Physical problem with my health	4	3
Possible problems affecting the health of the fetus	3	3
Was a victim of rape	<0.5	1
Husband or partner wants me to have an abortion	<0.5	1
Parents want me to have an abortion	<0.5	<0.5
Don't want people to know I had sex or got pregnant	<0.5	1***
Other	6	1
Total	100	100

p<.01. ***p<.001. †This was a write-in response in 2004 and 1987. *Source*: **1987—reference 4.

year-old woman, separated from her husband, said:

"Neither one of us are really economically prepared. For myself, I've been out of work for almost two years now, I just started, you know, receiving benefits from DSS and stuff. And with my youngest child being three years old, and me...constantly applying for jobs for a while now,...if I got a job, I'm going to have to go on maternity leave. And with [the father],...let's just say, with four children, I don't think he needs another one."–*Mother of two, below the poverty line*

Factors Related to Reasons for Abortion

This study also examined the relationship between various social and demographic characteristics and reasons for having an abortion. These analyses included all women who mentioned each reason; they are not restricted to women's most important reasons. In several cases, we have grouped two reasons on the basis of their similarity and the factor analysis of related reasons.

• *Interference with school or career, and unreadiness for a child or another child.* Higher proportions of younger women, of women with no children and of never-married women identified interference with education or work and unreadiness for a child or another child as reasons for having an abortion, compared with their respective counterparts (Table 4). Even among older women and women who had children, however, about one-third cited disruption of schooling or work. A higher proportion of more educated women than of less educated women gave this reason.

Nulliparity was the most important correlate of reporting interference with education or work as a reason for choosing abortion, after other variables were controlled for. Women who had children were less likely than women with no children to give these reasons (odds ratios, 0.2–0.3). In addition, women aged 30 and older were much less likely than those aged 17 and younger to cite educational or career interference (0.1).

Having no children was also the key predictor of reporting unreadiness for a child or another child: Women with children had reduced odds of citing this reason (odds ratios, 0.3–0.4). The fact that the odds ratios for women with one, two, and three or more children are similar suggests that unreadiness is more strongly linked to initiating childbearing than to limiting the number of children.

Fewer than half of the interview respondents said that having a baby now would keep them from fulfilling their goals or that they were not ready to have a(nother) child. The majority of these women were young and nulliparous; their aspirations were primarily educational. Many women who gave one of these reasons said they were too young to have children and felt they were "just starting out" in their lives. Most framed their decision in terms of the desire to have children later, when they could better provide for them. A never-married woman who had just started college and whose partner was still in high school remarked:

"You know, I'm 19 years old. I don't think I should be

TABLE 4. Percentage of women reporting interference with school or career, and unreadiness for having a child, as a reason for abortion, by selected characteristics; and odds ratios from multivariate logistic regression analysis of associations between reasons and characteristics, 2004

Characteristic	Interference with school or career		Not ready for a(nother) child	
	% (N=1,037)	Odds ratio (N=726)	% (N=983)	Odds ratio (N=693)
All	**53**	**na**	**32**	**na**
Age				
≤17 (ref)	82***	1.00	37*	1.00
18–19	71	0.46	39	0.86
20–24	58	0.26	39	1.19
25–29	47	0.20	33	1.16
≥30	35	0.12**	17	0.50
No. of children				
0 (ref)	76***	1.00	47***	1.00
1	41	0.27***	27	0.42**
2	35	0.24***	19	0.32**
≥3	31	0.31**	17	0.29**
Relationship status				
Never-married, not cohabiting (ref)	61***	1.00	38***	1.00
Cohabiting	54	1.00	37	1.06
Married	33	0.69	21	0.97
Formerly married, not cohabiting	47	1.28	14	0.62
Race/ethnicity				
White (ref)	53	1.00	34	1.00
Black	57	2.00*	31	1.05
Hispanic	46	0.78	28	0.93
Other	63	2.01	30	0.68
% of federal poverty level				
<100 (ref)	53	1.00	32	1.00
100–149	57	1.23	31	0.85
150–199	50	0.79	33	0.76
≥200	52	0.77	33	0.76
Education†				
<H.S. graduate (ref)	30**	1.00	10	1.00
H.S. graduate/GED	26	1.12	29	1.63
Some college/ associate degree	44	2.28*	20	1.57
College graduate	51	3.30	31	1.53

*p<.05. **p<.01. ***p<.001. †Percentages include only women aged 25 and older. *Notes:* Chi-square tests measured differences across the entire distribution. na=not applicable. ref=reference group.

having a child right now. I should be more focused on what I'm trying...I'm trying to do things for myself. How am I supposed to do something for another human?"–*Woman with no children, above the poverty line*

• *Financial difficulties.* Higher proportions of women who were unmarried or cohabiting, nonwhite, poorer and unemployed said they could not afford to have a child now, compared with their respective counterparts (Table 5). This reason was also more commonly given by young teenagers and women aged 20–24. Some of these social and demographic characteristics likely have overlapping influence. For example, young women are likely to be unmarried, and poor women are likely to be unemployed. In the multivariate analysis, marital status and both economic variables remained significant: Women who were married, who were in the highest income category and who were employed had reduced odds of saying they could not afford a baby (odds ratios, 0.4–0.6).

In the qualitative sample, of women who stated that they could not afford to have a child now, the majority had children already. Financial difficulties included the absence of support from the father of either the current pregnancy or the woman's other children, anticipating not being able to continue working or to find work while pregnant or caring for a newborn, not having the resources to support a child whose conception was not planned and lacking health insurance. Respondents who gave financial reasons for having an abortion frequently reported feeling stressed and strained to the limit of their current resources, as did the never-married woman who commented:

"I am on my own, and financially and mentally, I can't stand it now. That is one whole reason....It's a sin to bring the child here and not be able to provide for it....This is just in the best interest for me and the children—no, my children and this child."–*19-year-old with three children, below the poverty line*

One respondent had recently been homeless, and another's partner prevented her from working; some respondents were on government assistance:

"I have three kids already, and the guy that I was living with, he was, you know, doing good as far as helping me, but he just went to jail....I am alone with three kids, and they are all I have. It's hard....I am barely making it, you know, because it is...harder to get things,...you can't get food, you know, you cannot get food stamps....I only get 50 [dollars] in food stamps [a month]....It is just too hard."–*22-year-old, below the poverty line*

A few respondents articulated their fears that having another baby now would force them onto public assistance, an outcome they wanted to avoid. For example:

"If you think about it, OK–I get pregnant; I might not be financially stable. I got to take somebody's working money for welfare. You know what I'm saying? Why not let me get out of this situation, so I could better myself so when I do get pregnant and have another baby, I don't have to take your money, because you're working. I'm not going to be working, because I'm going to be sitting on my welfare, taking care of my baby! Why?"–*21-year-old with one child, below the poverty line*

TABLE 5. Percentage of women reporting that they could not afford another child, that they did not want to be a single mother or had relationship problems, and that they had completed childbearing or had other people depending on them, as a reason for abortion, by selected characteristics; and odds ratios from multivariate logistic regression analysis of associations between reasons and characteristics, 2004

Characteristic	Can't afford a baby now		Single mother or relationship problems		Completed childbearing or have dependents	
	% (N=1,147)	Odds ratio (N=774)	% (N=1,071)	Odds ratio (N=772)	% (N=1,147)	Odds ratio (N=828)
All	**73**	**na**	**48**	**na**	**47**	**na**
Age						
≤17 (ref)	80***	1.00	36	1.00	8***	1.00
18–19	69	0.74	39	1.40	22	4.32*
20–24	81	1.07	51	2.62	46	16.04***
25–29	70	0.80	52	3.22	58	29.05***
≥30	60	0.62	47	2.83	69	40.57***
No. of children						
0 (ref)	73	1.00	48	1.00	3***	na
1	74	1.01	46	0.73	75	na
2	68	0.89	51	1.05	81	na
≥3	73	0.93	47	0.66	90	na
Relationship status						
Never-married, not cohabiting (ref)	75***	1.00	50***	1.00	37***	1.00
Cohabiting	81	1.30	38	0.51*	48	1.49
Married	53	0.44*	25	0.29***	71	4.67***
Formerly married, not cohabiting	68	0.70	72	2.14*	72	4.39***
Race/ethnicity						
White (ref)	69**	1.00	49	1.00	41***	1.00
Black	75	1.08	45	0.85	60	2.98***
Hispanic	79	1.32	56	1.08	51	1.09
Other	77	1.51	36	0.40	44	1.06
% of federal poverty level						
<100 (ref)	81***	1.00	53	1.00	61**	1.00
100–149	79	1.04	50	0.83	48	0.51*
150–199	75	0.80	48	0.74	50	0.52
≥200	60	0.51*	43	0.64	39	0.34***
Education†						
<H.S. graduate (ref)	81	1.00	57	1.00	80***	1.00
H.S. graduate/GED	66	0.78	44	0.73	79	0.86
Some college/ associate degree	65	1.09	53	1.03	62	0.36***
College graduate	58	0.81	47	0.86	47	0.25***
Employment						
Unemployed (ref)	79**	1.00	45	1.00	48	1.00
Employed	69	0.59*	48	1.19	48	0.98

*p<.05. **p<.01. ***p<.001. †Percentages include only women aged 25 and older. *Notes:* Chi-square tests measured differences across the entire distribution. na=not applicable; parity was omitted from the third model. ref= reference group.

• *Single motherhood and relationship problems.* As might be expected, higher proportions of unmarried women who were not cohabiting (including both formerly married and never-married women) than of cohabiting or married women cited fear of single motherhood or relationship problems as a reason (Table 5). Multivariate analysis found that formerly married, noncohabiting women had elevated odds of giving this reason (odds ratio, 2.1), while cohabiting and married women had reduced odds (0.3–0.5). Furthermore, cohabiting women were more likely than married women to report this reason (not shown).

TABLE 6. Percentage of women reporting fetal or personal health concerns as a reason for abortion, by selected characteristics; and odds ratios from multivariate logistic regression analysis of associations between reasons and characteristics, 2004

Characteristic	Fetal health		Personal health	
	% (N= 1,042)	Odds ratio (N=742)	% (N= 1,058)	Odds ratio (N=747)
All	**13**	**na**	**12**	**na**
Age				
≤17 (ref)	7	1.00	4***	1.00
18–19	9	2.43	5	2.16
20–24	13	3.37	9	5.55
25–29	13	3.67	13	9.11
≥30	17	5.47	22	21.90*
No. of children				
0 (ref)	13	1.00	8*	1.00
1	14	1.01	12	1.03
2	13	0.68	15	0.85
≥3	10	0.71	17	1.09
Relationship status				
Never-married, not cohabiting (ref)	11	1.00	9*	1.00
Cohabiting	14	1.26	15	1.41
Married	16	1.15	17	0.82
Formerly married, not cohabiting	15	1.00	15	0.72
Race/ethnicity				
White (ref)	17*	1.00	14	1.00
Black	8	0.45*	9	0.67
Hispanic	11	0.54	13	1.03
Other	18	0.94	10	0.67
% of federal poverty level				
<100 (ref)	15	1.00	13	1.00
100–149	12	0.61	16	1.05
150–199	7	0.46	5	0.31*
≥200	14	0.70	12	0.62*
Education†				
<H.S. graduate (ref)	30	1.00	34	1.00
H.S. graduate/GED	10	0.94	18	0.70
Some college/ associate degree	16	1.09	17	0.67
College graduate	15	1.22	15	0.69
Weeks pregnant				
<7 (ref)	12	1.00	13	1.00
7–8	10	0.89	11	0.81
9–12	11	1.08	11	0.77
≥13	21	3.27*	10	0.84

*p<.05. ***p<.001. †Percentages include only women aged 25 and older. *Notes:* Chi-square tests measured differences across the entire distribution. na=not applicable. ref=reference group.

More than half of the women in the qualitative sample cited concerns about their relationship or single motherhood as a reason to end the pregnancy. Relationship problems included the partner's drinking, physical abuse, unfaithfulness, unreliability, immaturity and absence (often due to incarceration or responsibilities to his other children). Many of these women were disappointed because their partner had reacted to the pregnancy by denying paternity, breaking off communication with them or saying that they did not want a child. A small number of women stated that they were in new relationships and that it was too soon to have a child with their partner. Most who gave this reason had children already. They related how hard it was to raise children by themselves and how hard it would be to add another child to their families. Some felt depleted and alone:

"Well, I already had one son, and right now he's growing up without a father, just me and him....If you ain't got a lot of help with the family support, it's really hard. Sometimes I can't handle it, but I have to, you know, for my son's sake....I believe, right now, I'm gonna take care of myself and my son."*—19-year-old, below the poverty line*

A number of women stated that it was unfair to one's children to bring them up without a father figure.

• *Completed childbearing and responsibility to dependents.* Bivariate analysis of these reasons revealed some expected relationships: High proportions of older women, women with children and women who were currently married, as well as those formerly married and not cohabiting, cited completion of their childbearing or already having dependents as a reason for having an abortion (Table 5). The proportion citing these reasons increased with age. These reasons were more commonly given by black and Hispanic women, and by poorer and less educated women.

Combining all reasons that refer to other people or to future children,* we found that 74% of women, including at least two-thirds of women in every age, parity, relationship, racial, income and education category, identified concern for or responsibility to other individuals as a factor in their decision (not shown). Nine in 10 of these women (66% of all women) cited their inability to care for a child at this stage in their life or the quality of life they could provide for a(nother) child, and 45% of them (33% of all women) reported concern for other individuals, most commonly their children.

An initial multivariate analysis indicated that, as might be expected, women with children had sharply elevated odds of saying that they had completed their childbearing or that they had children or others depending on them; this variable overwhelmed the impact of other variables (not shown). Because of the extremely high odds ratios for this variable, we omitted nulliparous women from a second model (also not shown), and found that parity was no longer significant—that is, the important difference was between women with any number of children and those with no children. For the model shown in Table 5, we omitted parity entirely, and found that women aged 18 and older, married and formerly married women, black women, and poorer or less educated women had elevated odds of giving these reasons, findings that reflected the bivariate results.

Some interviewees said they were ending this pregnancy because they did not want any more children. Women cited financial reasons, their age and health, not wanting to "start over" and already having children of both genders. Many mentioned that having another baby would deprive the children they already had of financial, emotional and

*These reasons included financial, partner and relationship problems resulting in the inability to care for or support a(nother) child, possible problems affecting the health of the fetus, difficult family situations such as a current child's chronic illness, financial impacts on existing children and the need to care for other dependents.

time resources. One lower income, divorced mother said:

"There is just no way I could be the wonderful parent to all three of them and still have enough left over to keep the house clean and make sure the bills are paid and I'm in bed on time so I can be at work on time. It's impossible." *–30-year-old with two children, below the poverty line*

Women's concerns ranged from worries about their own health, to dealing with their children's chronic illnesses or severe disabilities, to a lack of adequate birthspacing.

• ***Fetal and personal health.*** Lower proportions of black and Hispanic women than of whites cited possible problems affecting the health of the fetus as a reason to end their pregnancies (Table 6). In the multivariate analysis, black women had reduced odds of reporting this reason (odds ratio, 0.5). In addition, women at 13 or more weeks of gestation had elevated odds of citing fetal health compared with those at fewer than seven weeks of gestation (3.3).

Concern for one's own health was a more common reason for having an abortion among older women and those with children; it was cited less often by women who were never married and not cohabiting. Women aged 30 and older had greatly elevated odds of citing their own health compared with the youngest age-group (odds ratio, 21.9), but we found no significant association with parity. In addition, women living at or above 150% of the federal poverty level were less likely to mention their own health than were women living in poverty (0.3–0.6).

A woman's concerns for her health or possible fetal health problems were cited as reasons to end her pregnancy by one-fourth of the qualitative sample. Women who felt that their fetus's health had been compromised cited concerns such as a lack of prenatal care, the risk of birth defects due to advanced maternal age, a history of miscarriages, maternal cocaine use and fetal exposure to prescription medications. Concerns about personal health included chronic and life-threatening conditions such as depression, advanced maternal age and toxemia. More commonly, however, women cited feeling too ill during the pregnancy to work or take care of their children.

• ***Opinions on adoption.*** Respondents were not specifically asked about adoption; nevertheless, it came up spontaneously in both parts of the study. While fewer than 1% of women in the quantitative survey volunteered that they would not consider or did not favor having a baby and giving it up for adoption, more than one-third of interview respondents said they had considered adoption and concluded that it was a morally unconscionable option because giving one's child away is wrong.

DISCUSSION

Women's reported reasons for ending pregnancies have been consistent over time. Furthermore, the proportion of women reporting each major reason changed relatively little between 1987 and 2004. The few larger changes appear to have been at least partially due to changes in the composition of the population, rather than entirely to changes in women's tendency to give those reasons.

The decision to have an abortion is typically motivated by diverse, interrelated reasons. Nearly three-quarters of respondents indicated that they could not afford to have a child now, and large proportions mentioned responsibilities to children, partner issues and unreadiness to parent. The in-depth interviews revealed that these reasons are multiple dimensions of complicated life situations. For example, financial difficulties are often the result of lack of support from one's partner, or lack of a partner altogether; and the financial and emotional responsibility to provide for existing children without adequate resources makes it too hard for some women to care for another child.

Yet some broad concepts emerged from the study. A cross-cutting theme was women's responsibility to children and other dependents, as well as considerations about children they may have in the future. Most women in every age, parity, relationship, racial, income and education category cited concern for or responsibility to other individuals as a factor in their decision to have an abortion. In contrast to the perception (voiced by politicians and laypeople across the ideological spectrum) that women who choose abortion for reasons other than rape, incest and life endangerment do so for "convenience,"[13] our data suggest that after carefully assessing their individual situations, women base their decisions largely on their ability to maintain economic stability and to care for the children they already have.

In addition, the topic of women's limited resources, such as financial constraints and lack of partner support, regularly appeared in the survey and interview responses. A large majority of women cited financial hardship, often along with other reasons. Financial problems, exacerbated by other forms of instability, limit women's ability to provide sufficient support to additional children. The concept of responsibility is inseparable from the theme of limited resources; given their present circumstances, respondents considered their decision to have an abortion the most responsible action. The fact that many women cited financial limitations as a reason for ending a pregnancy suggests that further restrictions on public assistance to families could contribute to a continued increase in abortions among the most disadvantaged women.[14]

Although these concerns appeared among all groups, different groups of women gave diverse reasons for having abortions. Younger women who had not begun their childbearing often reported that they were unprepared for the transition to motherhood, while older women, the large majority of whom were already mothers, regularly cited their responsibility to children or other dependents as a key factor behind the decision to have an abortion.

Only a small proportion of women cited concerns about their own health. However, the qualitative results showed that these concerns encompassed not just risks to future health, but also the health burden of pregnancy itself. They further revealed how health concerns are linked to the concept of responsibility: Some women saw the physical burden of pregnancy and its associated health conditions as threatening their ability to fulfill responsibilities to de-

pendents. Others underscored the importance of appropriate birthspacing for their own health and for the health and economic security of their children.

In light of the public debate over the morality of abortion, it is notable that the women in our survey emphasized their conscious examination of the moral aspects of their decisions. Although some described abortion as sinful and wrong, many of those same women, and others, described the indiscriminate bearing of children as a sin, and their abortion as "the right thing" and "a responsible choice." Respondents often acknowledged the complexity of the decision, and described an intense and difficult process of deciding to have an abortion, which took into account the moral weight of their responsibilities to their families, themselves and children they might have in the future.

In the in-depth interviews, the language women used suggests that abortion was not something they desired; instead, these women were deciding not to have a child at this time. Facing unintended pregnancies, they clearly understood the implications of having a child (most of them firsthand) and were aware of their options. They saw not having a child as their best (and sometimes only) option.

Some advocates have used highly selective samples to claim that the majority of women having abortions are coerced into the decision.[15] Such claims suggest that women lack control over their own lives, but our findings attest that women independently make the decision to have an abortion. The proportion of women citing influence from partners or parents is small (and has declined since 1987), and fewer than 1% of respondents indicated that this influence was their most important reason.

This study is subject to some limitations. Our sample is not strictly nationally representative. Also, only 58% of the abortion patients seen by the participating facilities completed the survey, and nonresponse on some variables—notably, income—was high. However, the social and demographic characteristics of respondents were similar to those of two nationally representative surveys, which provides some reassurance that the findings are representative of abortion patients in the United States.

Although the focus of this study was women's reasons for having abortions, our findings have broader implications regarding the burden of unwanted pregnancy and the need for increased access to and use of contraceptive services. Better access to emergency contraception, for example, could lead to a reduction in unintended pregnancy, a decrease in the national abortion rate and, on the individual level, a decline in the number of women confronted with the difficult decision of how to resolve an unwanted pregnancy. The fact that an increasing proportion of women having abortions are poor[16] underscores the importance of public assistance for family planning programs as an effective means of reducing the incidence of both unintended pregnancy and abortion.

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