

# **Exploration of Multiple Perceived Obstacles to Abortion Access for Women in North Carolina**

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## **ABSTRACT**

Existing research shows that legislation such as mandatory waiting periods, restriction of federal funding to pay for abortion services, and regulations causing clinic closures can make it more difficult for women to get an abortion. In 2019, North Carolina was one of the 29 states in the US considered to be extremely hostile to abortion rights based on legislative abortion restrictions, and in 2014, 90% of women in North Carolina had no clinics that provided abortions in their counties. Thus, women in North Carolina are likely to experience many challenges in attaining abortions. This qualitative study of multiple obstacles to abortion among a sample of women in North Carolina adds to existing literature on the impact of obstacles to accessing abortion by assessing the cumulative effect of multiple obstacles on women's perceptions of obtaining an abortion. I collected survey data and conducted qualitative interviews with women in North Carolina who had recently received an abortion and analyzed this data to find four key themes in women's experiences: cost obstacles, logistical obstacles, access to information, and personal/emotional obstacles. These themes reveal that multiple obstacles experienced at once interact to influence women's perceptions of their experiences in getting abortions, and that these experiences vary based on external factors, such as income, profession, upbringing, and support networks. This research demonstrates the importance of highlighting women's narratives when advocating changes in abortion policy.

## Table of Contents

<b><i>Introduction</i></b> .....	<b>6</b>
<b><i>Theoretical Framework</i></b> .....	<b>8</b>
<b>Attitudes and Stigma surrounding Abortion</b> .....	<b>8</b>
<b>Legal Foundation for the Right to Receive an Abortion</b> .....	<b>9</b>
<b>Effects of Regulations Restricting Abortion Access</b> .....	<b>9</b>
<b>Effects of Denial of Wanted Abortion</b> .....	Error! Bookmark not defined.
<b>Interaction of Obstacles to Abortion</b> .....	<b>14</b>
<b>Abortion Legislation in North Carolina</b> .....	<b>14</b>
<b><i>Methods</i></b> .....	<b>16</b>
<b>Overview of Methods</b> .....	<b>16</b>
<b>Survey and Interview Administration</b> .....	<b>16</b>
<b>Study Sample</b> .....	<b>17</b>
<b>Survey and Interview Contents</b> .....	<b>18</b>
<b>Data Analysis</b> .....	<b>19</b>
<b><i>Findings</i></b> .....	<b>20</b>
<b>Introduction to Findings</b> .....	<b>20</b>
<b>Cost Obstacles</b> .....	<b>20</b>
<i>Insurance</i> .....	21
<i>The National Abortion Federation</i> .....	22
<i>Support Systems in Financing Abortions</i> .....	26
<b>Logistical Obstacles</b> .....	<b>28</b>
<i>Profession and Time Constraints</i> .....	28
<i>Regional Attitudes towards Abortion</i> .....	30
<i>Distance from Clinic</i> .....	31
<i>Transportation</i> .....	33
<b>Access to Information</b> .....	<b>34</b>
<i>Finding a Clinic and Making an Appointment</i> .....	35
<i>Mandatory Waiting Period Counseling</i> .....	38
<b>Personal/Emotional Obstacles</b> .....	<b>40</b>
<i>The Right to Choose</i> .....	41
<i>Religious and Moral Beliefs about Abortion</i> .....	43
<i>Mental and Emotional Obstacles</i> .....	45
<i>Protestors</i> .....	46
<b><i>Conclusion</i></b> .....	<b>51</b>
<b>Summary of Findings</b> .....	<b>51</b>
<b>Limitations</b> .....	<b>53</b>

<b>Discussion .....</b>	<b>54</b>
<b>Key Takeaways.....</b>	<b>56</b>
<b><i>Appendix.....</i></b>	<b><i>61</i></b>
<b>Appendix A: Demographics of Interview Sample .....</b>	<b>61</b>
<b>Appendix B: In-clinic optional survey .....</b>	<b>62</b>
<b>Appendix C: Semi-Structured Phone Interview Guideline .....</b>	<b>64</b>
<b>Appendix D: Obstacles to Abortion Chosen by Women.....</b>	<b>66</b>
<b>Appendix E: Interview Codes.....</b>	<b>67</b>
<b><i>Works Cited.....</i></b>	<b><i>68</i></b>

## Introduction

Access to safe abortion is a historically contentious topic in the United States. Currently, the *Roe v Wade* court decision of 1973 serves as the precedent on which American abortion policy is shaped. This ruling provides a legal framework for abortion by recognizing that the decision to get an abortion falls under a woman's right of privacy. However, nationwide, regulations and restrictions on those seeking or providing abortion prevent women from accessing abortion services by circumventing the precedent established by *Roe v Wade*. These restrictions have increased in volume in recent years; between 2011 and 2017, states have enacted 401 abortion restrictions, which account for 34% of the 1,193 restrictions enacted since the decision in 1973 (Nash et al. 2018). Major abortion restrictions include burdensome regulations on clinics, mandated counseling meant to dissuade women from abortion, mandated waiting periods, parental involvement in the case of minors, and restrictions on the use of federal or public funds to pay for necessary abortions ("An Overview of Abortion Laws" 2019).

North Carolina has implemented all of these restrictions through either state or federal regulations. These legislative measures create myriad obstacles to access of abortion services in North Carolina, which may significantly affect a woman's ability to receive an abortion. Even women who are able to have the procedure may experience financial, logistical, and social obstacles as a result of this legislation, and understanding which of these obstacles are the most troublesome may provide valuable insight into how to improve and facilitate access to abortion for women nationwide. Policy changes might be necessary to ensure that all women are able to access their constitutional right to abortion freely and without undue burdens.

Research shows that women who do not receive a wanted abortion can experience negative psychological outcomes. For example, the Turnaway study, a project concluded in 2015, followed and monitored participants who were turned away after seeking abortion for five

years. The study found that the effects of unintended pregnancy and denial of wanted abortion have serious consequences on a woman's mental, physical, and social wellbeing. A woman who was denied abortion was more likely to suffer from anxiety, experience serious health complications from pregnancy, live in poverty, and fail to achieve her aspirations than a woman who received a wanted abortion (Biggs et al. 2017). These findings demonstrate the salience of this issue and the potential negative impacts of restrictions that prevent women from accessing abortion services.

While extensive research documents the effects of individual laws and regulations on women's access to abortion (Dennis, Manski, and Blanchard 2014; Roberts et al. 2016; Cartoof and Klerman 1986; Grossman et al. 2014; Colman and Joyce 2011; Joyce et al. 2009), fewer studies to date address numerous obstacles at once to assess their cumulative effect on women's experiences in obtaining this procedure. While one study does evaluate the collective effect of multiple obstacles (Jerman et al. 2017), this research links these effects to specific consequences, rather than focusing on women's perceptions of how those obstacles contribute to the difficulty of receiving an abortion. Thus, this research adds to the literature by exploring the impact of these obstacles holistically and emphasizing the perspectives of the women experiencing them. This paper aims to answer the question: what obstacles to obtaining abortion do women in North Carolina perceive to be most difficult to overcome? Each woman seeking an abortion has her own story, and this project uses data from surveys and interviews of women who have recently received an abortion to highlight those stories. Through exploration and comparison of these narratives, this qualitative study of multiple obstacles to abortion among a sample of women in North Carolina explores the nuances in these insights to determine which obstacles most significantly affect women's perceptions of their experiences in obtaining an abortion and why.

## **Theoretical Framework**

### Attitudes and Stigma Surrounding Abortion

Nationwide, approval for abortion is the highest it has been in two decades; 61% of Americans believe that abortion should be legal in all or most cases (“Public Opinion on Abortion” 2019). However, this approval varies by state, with factors like political affiliation and religious beliefs influencing opinions on abortion. For example, 62% of Republicans say abortion should be illegal in all or most cases, as do 73% of people that say religion is very important in their lives. (“Public Opinion on Abortion” 2019; “Views about Abortion - Religion in America” 2019). These attitudes surrounding abortion perpetuates negativity towards the procedure that provides a platform for anti-abortion advocates to engage in violent rhetoric.

Furthermore, stigma surrounding abortion can cause emotional challenges for women seeking this procedure, including fear of judgment, social isolation, and anxiety over keeping this procedure a secret (Hanschmidt et al. 2016). Women’s reactions to others’ perceptions of abortions can vary by characteristics such as race, income, and religion. Studies have shown that religion is particularly salient in predicting women’s experience of stigma and the ways in which they manage it (Cockrill et al. 2013; Frohwirth, Coleman, and Moore 2018). Abortion stigma is especially complex because it is both a cause and effect of strict abortion legislation; the fact that abortion is so restricted perpetuates stigma, and this stigma facilitates the creation of strict abortion legislation (Kumar 2013). Thus, the topic of abortion is especially politically and socially charged, and this reality can have a direct influence on women’s experiences with abortion and the emotional challenges they face. Attitudes towards this topic also have an impact on policy and legislation surrounding abortion. Based on these findings, I hypothesized that personal attitudes and beliefs about abortion would contribute to women’s perceptions of difficulties in obtaining this procedure.



### Legal Foundation for the Right to Receive an Abortion

In 1970, a woman using the moniker Jane Roe instituted federal action against the Dallas district attorney Henry Wade in response to a set of Texas statutes criminalizing abortion unless the woman's life was at stake ("Roe v. Wade" 2019). The result of this case, known as *Roe v. Wade*, was that the US Supreme Court sided with Roe and set the standard that the right of privacy "is broad enough to encompass a woman's decision whether or not to terminate her pregnancy" (Planned Parenthood 2014). The right of privacy is embedded within various amendments of the US Constitution, the most applicable of which is the due processes clause of the Fourteenth Amendment. This clause forbids states from denying any person "life, liberty or property, without due process of law" or from refusing "any person within its jurisdiction the equal protection of the laws" (Library of Congress 2018). Due process, a course of legal proceedings, serves to restrict and check the government's power in the interference of individual rights. By expanding the scope of the right of privacy to include abortion, the court held that the right to terminate pregnancy is a fundamental right, therefore conferring strict scrutiny, the highest standard of court review, upon the *Roe v. Wade* decision. This standard required a state to present compelling interest when justifying regulations limiting the right of privacy and therefore, safe abortion (Strasser 2018). The case set the precedent for legal abortion in the US, and the decision has been used in many subsequent abortion cases.

### Effects of Regulations Restricting Abortion Access

While *Roe v. Wade* has facilitated safe abortion for many American women, many cases since 1973 have limited its scope, and state restrictions and regulations have prevented women from accessing abortion despite their established right of privacy.

### *The Hyde Amendment*

In 1976, three years after the *Roe v Wade* decision, US Representative Henry Hyde attached a rider known as the Hyde amendment to the Congressional appropriations bill for the Department of Health and Human Services (HHS) that blocks federal funding for abortions for women enrolled in Medicaid (Salganicoff, Ramaswamy, and Sobel 2019). The amendment has been in place for over 40 years and has since been expanded to affect other federal government programs and agencies that pay for health services, including Medicare and the Children's Health Insurance program (CHIP) (ACLU n.d.).

The 1980 court case *Harris v. McRae* resulted in the ruling that "title XIX does not require a participating State to pay for those medically necessary abortions for which federal reimbursement is unavailable under the Hyde Amendment", thus limiting insurance coverage for abortions for women nationwide (*Harris v. McRae* 1980). In 2015, nearly 29 million American women did not have insurance that covered abortion (Williamson and Birchler 2015). This lack of coverage often results in cost-related difficulties for women trying to receive an abortion and emotional trauma due to anxiety leading up to the procedure (Dennis, Manski, and Blanchard 2014). Restrictive abortion legislation disproportionately affects low-income women because it can restrict funding for these services or limit the availability of clinics, which can force women to travel long distances for the procedure (Keating, Meko, and Rindler 2019). Unintended pregnancy rates for low-income women are over five times higher than those of high-income women (Sonfield, Hasstedt, and Gold 2014). Thus, while the decision in *Harris v. McRae* does not preclude abortion, it does indirectly prevent women, especially those who are poor and are often most in need of these services, from accessing abortion care by hindering their ability to

pay. Therefore, I predicted that cost would be a significant factor in women's perceptions of their experiences in obtaining an abortion.

*Planned Parenthood of Southeastern Pennsylvania v. Casey*

The 1992 case of *Planned Parenthood of Southeastern Pennsylvania v. Casey* drastically changed how future legislators would use the concept of the right of privacy to rule on abortion legislation. While restrictions on abortion were previously subject to the strict scrutiny standard, the justices of this case reduced the standard to that of 'undue burden', a looser and less demanding measure by which to judge these regulations (Litman 2018). The court defined 'undue burden' as a "substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability" and established this requirement to evaluate the validity of legislation restricting abortion (*Planned Parenthood of Southeastern Pennsylvania v. Casey* 1992). Under this standard, the court subsequently upheld four of the five provisions proposed by the Pennsylvania Abortion Control Act of 1982. These included: a requirement that abortion providers inform women seeking abortion of potential negative health outcomes (most of which are the same as potential complications in carrying a pregnancy to term), a 24-hour waiting period between deciding to have an abortion and undergoing the procedure, reporting requirements on abortion facilities, and the requirement that minors obtain consent from legal parents or guardians before having an abortion (Justia Law 2018). This court ruling set a precedent for implementation of similar legislation across the United States, and studies have shown that these laws create obstacles to access of abortion services for women nationwide (Cartoof and Klerman 1986; Colman and Joyce 2011; Joyce et al. 2009; Althaus and Henshaw 1994; Jones and Kooistra 2011).

For example, research has documented the effects of these mandatory waiting periods and the counseling providers are required to give women seeking abortion. Abortion is inherently a time sensitive issue; although surgical and medical abortions are both safer than giving birth, the procedure is generally less risky when it occurs earlier in the pregnancy (National Abortion Federation 2018). Such laws can cause substantial delays in the time it takes for women to receive an abortion and raise clinic fees because abortions that occur later in pregnancy can incur higher costs due to the increased time, skill, and resources required to perform the procedure. Additionally, an extra clinic visit to receive this counseling can be especially burdensome when factoring other elements such as the distance to the clinic, time off work, and transportation (Jones and Kooistra 2011). Thus, a study in Mississippi found that a mandatory delay law prevented around 11-13% of women who were trying to obtain an abortion from doing so (Althaus and Henshaw 1994). However, while these waiting periods can burden women with financial costs and logistical challenges and force them to dwell on decisions they have already made, they generally do not result in women changing their minds about getting an abortion. For example, only 2% of women in a Utah Survey were estimated to have changed their minds from unconflicted before counseling to continuing the pregnancy after counseling, which is similar to the proportions of women changing their minds (1-3%) in states that have no or minimal waiting periods (Roberts et al. 2016). Based on this research, I hypothesized that mandatory waiting periods and counseling would negatively influence women's perceptions of their experience in getting an abortion.

## *HB2*

In 2013, Texas passed HB2, a landmark bill which contained a set of restrictions that made it more difficult for women to access abortion. These restrictions, known as Targeted

Regulation of Abortion Providers (TRAP) laws, focus not on the women trying to obtain abortion, but on the facilities and clinicians themselves, and are implemented under the guise of improving and protecting women's health. HB2 regulations included a ban on abortions after 20 weeks, requirements that physicians performing abortions must have admitting privileges at a hospital within 30 miles, and requirements that abortion clinics must meet the requirements of an ambulatory surgical center (ASC) (Gerds et al. 2016). Hospital admitting privileges and ASC requirements do not result in fewer abortion complications for women, and in the case of surgical centers, may entail more invasive procedures with increased sedation. Furthermore, these regulations cause clinic closures because many cannot comply with the architectural or geographical qualifications required for an ASC or admitting privileges to a hospital, resulting in increased cost of abortion and distance traveled for women ("Targeted Regulation of Abortion Providers" 2019). Data from one study indicates that 38% of women in Texas seeking abortion whose nearest clinic had closed after implementation of HB2 were significantly more likely to have traveled farther for services, experience higher out-of-pocket-costs for abortion services, and report difficulties getting to the clinic (Baum et al. 2016). Similar regulations were subsequently implemented across the nation, and a recent study found that women in 27 cities in the US must travel over 100 miles to reach an abortion facility (Cartwright et al. 2018). Abortion rates declined by 13% in Texas after implementation of HB2, likely due to difficulty in obtaining abortion services, and rates of out-of-state abortions for Texan women almost quadrupled (Grossman et al. 2014). This evidence led me to believe that a lack of nearby clinics would cause women to experience increased challenges in obtaining an abortion.

### Interaction of Obstacles to Abortion

A 2017 study by Jerman, Frohworth, Kavanaugh, and Blades assessed the obstacles to obtaining abortion for women traveling across state lines or over 100 miles within their own state to reach a clinic. After identifying multiple obstacles to accessing abortion care, the study found three major consequences to experiencing these challenges: delays in care, negative mental health impacts, and considerations of self-inducing abortion rather than seeking professional help. This research concluded that these consequences could not be associated with any one obstacle. Instead, the negative outcomes these experiences created were the result of an amalgamation of obstacles, in which each challenge interacted with others to exacerbate difficulties in obtaining abortion. Thus, while research documents the impact of individual regulations on a woman's ability to obtain an abortion, this study demonstrates the complexities of the challenges women face in accessing abortion care and the effect of experiencing multiple obstacles simultaneously on a woman seeking abortion (Jerman et al. 2017).

### Abortion Legislation in North Carolina

In 2019, North Carolina was one of 29 states in the US considered to be hostile to abortion rights based on legislative abortion restrictions ("State Abortion Policy Landscape: From Hostile to Supportive" 2019). Like most states, North Carolina requires abortions to be performed by a licensed physician, restricts public funding of abortions in cases not related to life endangerment, rape, or incest, requires parental involvement for minors, and allows providers to refuse to participate in an abortion. Until recently, North Carolina also had a ban on abortions after 20 weeks, which allows only a limited window during which women can obtain abortions (Associated Press 2019). Although this ban was overturned in March of 2019, some providers in North Carolina may not yet feel comfortable with making these changes in their

clinic's policy (Text communication, Bryant).<sup>1</sup> In addition to these more common restrictions, North Carolina has also enacted some more unusual regulations; it is one of 5 states to require a 72-hour waiting period after counseling about abortion services and one of only 8 states to mandate counseling on negative psychological effects of abortion ("State Facts About Abortion: North Carolina" 2019). Mandatory counseling before abortion in North Carolina includes information about risks to abortion, alternatives to abortion and medical assistance benefits for prenatal, childbirth, and neonatal care, adverse psychological effects, the probable gestational age of the fetus, and a reminder that the woman is free to withhold or withdraw consent and any time with no repercussions (*The North Carolina Women's Right to Know Act* 2011).

Furthermore, as of 2013, North Carolina legislation dictates that the State Health Department can require any abortion facility to comply with the requirements for ambulatory surgical centers, and there are many other physical requirements for clinics such as specific air temperatures and the provision of a 'nourishment station' for meal preparation (NARAL Pro-Choice America 2019). These restrictions all create obstacles to access of abortion services for women in North Carolina by causing clinic closures due to geographic and logistical difficulties. In 2017, 91% of North Carolina counties had no clinics that provided abortions, and 53% of women lived in those counties ("State Facts About Abortion: North Carolina" 2019). Thus, many women seeking abortions in North Carolina have to travel outside of their own counties.

Based on the current regulations in place in North Carolina and findings from studies researching the impact of these regulations on women seeking abortion nationwide, I hypothesized that cost, a lack of nearby clinics, and mandatory waiting periods would influence women's perceptions of their ability to get an abortion in North Carolina. From research

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<sup>1</sup> Amy Bryant, MD, is an associate professor in the Department of Obstetrics and Gynecology at UNC Chapel Hill.

documenting the effect of stigma on women seeking abortion (Hanschmidt et al. 2016; Cockrill et al. 2013; Frohwirth, Coleman, and Moore 2018; Kumar 2013), I also anticipated that personal attitudes and beliefs about abortion would contribute to women's perceptions of difficulties in obtaining an abortion. Based on these predictions, I constructed an in-clinic survey and semi-structured interview instrument to examine the prevalence of these obstacles and explore how they influence a woman's perception of the experience of obtaining an abortion in North Carolina. In the following methods section, I explain how these instruments were used to answer the question: what obstacles to obtaining abortion do women in North Carolina perceive to be most difficult to overcome?

## **Methods**

### Overview of Methods

I obtained data from both surveys and in-depth interviews of women who had received an abortion at one of three clinics: A Preferred Woman's Health Center (APWHC) of Raleigh, APWHC of Charlotte, and the UNC Women's Options Center. I used information from the surveys to construct a quantitative picture of which obstacles women perceived to be most influential when obtaining their abortions. The information from the interviews I conducted provided a more in-depth understanding of which experiences were most burdensome for women and for what reasons.

### Survey and Interview Administration

A brief self-response survey, along with a consent form, was included with the North Carolina State abortion forms that women are required to fill out after receiving an abortion at APWHC locations and handed out directly to women in the UNC Women's Options Center. In addition to providing a means to collect quantitative data, the survey also served as a vehicle to



recruit women for longer in-depth-interviews; each survey had the option to include an email at the bottom to participate in a phone interview for approximately 30 minutes in exchange for a \$20 electronic Amazon gift card. When women provided their email, I reached out to them to provide more information, and if they responded, I emailed a consent form and set up a time for a phone call.

### Study Sample

In total, I received 140 surveys from women who received abortions. The demographic characteristics measured were age, profession, income, marital status, number of children, race, and education. Subjects presented a range of different professions, including white-collar and blue-collar jobs, part-time positions, while others were still in school or unemployed. The average age was approximately 28, the average income was \$28,640, and participants had, on average, one child. The majority of women who completed a survey were black, single, and completed at least some college or associate degree program. The full demographics of this sample can be found in Appendix A.

I also conducted 9 semi-structured interviews containing open and close-ended questions (see Appendix B). One woman had her procedure at the UNC Women's Options Center, 5 women went to the APWHC in Raleigh, and 3 went to the APWHC in Charlotte. Although direct quotes from interviewees are used throughout this analysis, each subject has been given a pseudonym to protect her privacy. See Figure 1 below for a full description of interviewees and their pseudonyms.

**Figure 1. Characteristics of Women Interviewed**

Pseudonym	Age	Profession	Pre-Tax Income 2018	Marital Status	Children	Race	Education
Sarah	22	student	\$ 2,000.00	single	0	white	some college/associates
Rebecca	29	military	\$ 30,000.00	divorced	1	black/hispanic	bachelor's degree
Anne	28	law enforcement	\$ 41,000.00	single	1	white	bachelor's degree
Caroline	34	beautician	\$ 102,081.00	separated	1	black	trade school
Maria	33	business owner	\$ 36,000.00	single	1	black	some college/associates
Jane	25	sales	\$ 30,000.00	engaged	1	black	some college/associates
Emma	43	social services	\$ 45,000.00	married	2	black	bachelor's degree
Lauren	31	design	\$ 24,000.00	separated	0	black	some college/associates
Rachel	23	student	\$ 15,000.00	single	0	hispanic	some college/associates

### Survey and Interview Contents

The contents of the survey included, in addition to demographic questions, a list of 10 obstacles women may have experienced when trying to attain an abortion (see Appendix B). These obstacles included challenges such as cost, distance, lack of insurance, time, or information, family or community opposition, personal beliefs, and mandatory waiting periods. The survey also included a 'none of the above' choice and an 'other' option where women could write in their own obstacle. Women were asked to indicate which of the obstacles they experienced and which was the most prohibitive.

Questions in the in-depth interviews focused on a subject's experience in procuring an abortion, which obstacles the subject encountered, and how subjects overcame these obstacles

(see Appendix C). I asked questions related to the impact of specific regulations as well as more general obstacles that subjects experienced that could be linked to abortion restrictions, personal circumstances, or community and support networks. These questions were derived from existing research on the impact of abortion legislations. At the end of the interview, I listed out which obstacles they mentioned and asked which obstacle was most difficult to overcome based on those experiences.

### Data Analysis

Results from the quantitative surveys establish a backdrop from which to explore these obstacles. A full summary of these results can be found in Appendix D. For the qualitative interviews, I requested to record each conversation and used a transcription service to transcribe the interviews and took notes as the interview progressed. I analyzed my data by reading the transcriptions and coding the information using NVivo 12 software to look for common trends and patterns. I created my codebook by analyzing a particularly thorough interview that encompassed most of the topics that I anticipated discussing, then looked at another interview with a subject with very different experiences to add in any codes that I might have missed. Descriptions of each code can be found in Appendix E. I then coded each interview to consolidate themes and compare and contrast subjects' experiences and opinions on different aspects of obtaining their abortions. By looking for instances where information from one subject contradicted information from another, I was able to explore why these obstacles varied for different women. After analyzing both the survey data and the interview themes, I compiled this information to examine the relationship between my quantitative and qualitative results and link women's specific contextual factors to obstacles they experienced in abortions services.

## **Findings**

### Introduction to Findings

Although each woman interviewed for this study had a unique story and personal circumstances, I identified four main themes within their insights that allowed me to compare their experiences and the factors that influenced their perceptions of obtaining an abortion. The first theme relates to the cost of obtaining an abortion and includes both the price of the procedure and additional costs in accessing services. The second theme consists of logistical obstacles relating to time and distance constraints. The third theme describes the influence of access to information about abortion, and the fourth explores personal and emotional obstacles resulting from the attitudes and beliefs of women seeking abortion and their families, partners, and communities. These difficulties intersect differently depending on each woman's specific context and situation, and I explore these intersections and how they factor into the challenges these women perceived based on their circumstances.

### Cost Challenges

Cost was one of the challenges most commonly referenced by women in both the survey results and in-depth interviews. These costs vary based on where a woman receives her procedure and the type of procedure she receives but can range between \$300-\$500 in APWHC or a few thousand dollars at UNC. Of the surveys collected, 66 women said that 'cost of procedure' was an obstacle in receiving their abortions, making it by far the most commonly chosen obstacle of those listed. Women's perceptions of cost as an obstacle varied based on their thoughts on their insurance coverage, experience with the National Abortion Federation, and the ability to reach out to support networks for financial assistance. A woman's income, profession,

and personal circumstances were all important factors in determining which of these challenges, if any, had an impact on her ability to pay.

### *Insurance*

The clinic from which most subjects were recruited, APWHC, does not process insurance as a form of payment for abortion services because, as noted by the clinic's director, "most insurance plans do not cover abortion, and it's very difficult and time consuming to work with insurance companies on coverage of care" (Email communication, Hales)<sup>2</sup>. Although, most of the subjects in this sample did not have the option of using their insurance plans even if abortion services were covered, very few of the women interviewed listed lack of insurance coverage as an obstacle. This finding was reflected in the quantitative surveys, in which only 11 women listed 'lack of insurance' as an obstacle to access. However, some interviewees did comment on whether their specific insurance plans covered abortion. When asked whether her insurance would have covered abortion, Jane, a 25-year-old student, responded, "No. I looked it up. I have Medicaid, and Medicaid covers them in every other state but North Carolina." While this is not completely accurate – the Hyde Amendment prohibits federal funding for abortion except in cases of life endangerment, rape, or incest – North Carolina is one of 15 states that do not actually cover abortions in some of these cases, which is a violation of federal law (Yurcaba 2019). This is corroborated by a statement from Rebecca, a 29-year-old marine who has the TRICARE insurance plan that provided to members of the military. Rebecca claimed that cost was prohibitive because her insurance did not cover the procedure, and thus, that lack of insurance made cost seem like a more significant an obstacle in trying to obtain this procedure. These comments demonstrate how a woman's insurance coverage may influence her perception

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<sup>2</sup> Calla Hales is the Executive Director of the A Preferred Women's Health Centers.

of challenges in financing her abortion by making the process seem more difficult if she does not have coverage.

*The National Abortion Federation*

The National Abortion Federation (NAF), a national hotline that can provide financial aid for women trying to pay for their abortion, made a significant difference in many subjects' perceptions of the significance of cost in creating obstacles to obtaining an abortion. Most women were told about the NAF after calling an APWHC location to set up their appointment. After connecting with the NAF via phone, the hotline operators asked questions about each woman's income, and the federation was often able to pay for some of the price accordingly without requiring proof of financial status. Jane noted, "they definitely helped me out financially with the National Abortion [Federation]...they went over my financial situation, they were able to give me financial aid for the procedure, and so it wasn't as costly as I figured it would be initially. So that part wasn't bad, as far as paying for it". Other women concurred with this assessment, saying that the price of their abortion was not as high as they had expected because of the fund. Of the women interviewed, many who received aid from the NAF did not mention cost as one of the biggest obstacles to access. On the other hand, some who did not use the fund listed cost as one of the more salient issues. When talking about financing her abortion, Rebecca, who did not use the NAF, said:

I had to pay the whole thing out of pocket. And then coming from [city] to Raleigh, that was just the cost of stuff because my friend, she drove me. So obviously having to give her gas money on top of this. So, \$380, plus, you know food and then gas like that was just the whole inconvenience out of it...And I'm a single mom already so...

Although she was still able to obtain her abortion, Rebecca perceived cost as a much higher obstacle to getting her procedure, noting that she had to work harder at her job to make up the

money. While Jane, who used the fund, had a similar yearly income and socioeconomic status, she perceived cost as less of an obstacle than Rebecca did. This was the consensus among most subjects, who noted that the financial aid made the cost of the abortion, and thus, the whole process more manageable.

However, for some women, paying for the procedure was challenging even with assistance from the NAF. For Lauren, a 34-year-old who named cost as a major obstacle, this aid was not sufficient for her to afford the abortion, and she was forced to turn to adoption. She recounted her attempt to get an abortion five years ago, saying:

I called them and they were able to help out, but the job I had was not very good...so we weren't able to come up with our part. So, we just ended up doing the adoption because we knew we weren't financially able to raise a child, and we ended up having to move out of the place we were at because we could no longer afford it. We were definitely like, 'we can't. There's no way we can raise a child. The child's going to get taken away if we try'.

Lauren had little to no savings when she found out she was pregnant, so she could not pay for an abortion and had to continue her pregnancy. Although abortion was her first choice, the cost of the procedure was so prohibitive that she was unable to get one. Since she knew she could not afford to raise a child either, she had to give the baby up for adoption. This is the reality for many women who do not have the savings to account for this unexpected financial burden. For these women, if raising a child is financially unfeasible, adoption is the only alternative to an unintended pregnancy. However, adoption can have negative psychological effects on a woman, such as feelings of grief or shame, depression, or guilt (“Impact of Adoption on Birth Parents” 2013). Rachel, a 23-year-old college student, noted that she never considered adoption over abortion, saying:

Just trying to have an actual healthy pregnancy I know would be... not impossible, but it would just be costly...And then, I think honestly emotionally if I did the

pregnancy and then if I ran through and had a kid it would be really, really difficult for me to just give it away.

Rachel cited both the cost of having a healthy pregnancy and the emotional effect of giving a child up for adoption as reasons why she did not want to choose adoption as a solution to her unplanned pregnancy. These are very real considerations for a woman in this situation as she assesses her options, and for the cost of the procedure to be a significant enough obstacle for a woman to choose adoption when she wanted an abortion shows just how prohibitive this obstacle can be.

Although the NAF provided useful aid for many of the subjects, multiple women told me that the process of calling the fund itself was arduous. Because the NAF is a national fund, the hotline remains very busy, and a health worker at APWHC explained that in order to get through to the operators, women have to be determined, calling until they get in touch with no breaks in between. Multiple subjects recounted experiences similar to Jane's, who said:

They're one of the only companies that I know that actually helps with things like that and makes it, I guess, hard for other people wanting to go through this and can't afford it. Because it was very, very hard to get in contact with them. You have to be very persistent, call back to back to back for hours, literally... once you get through, they're very accommodating and they help everyone, but if you can't get in contact with them, you can't pay for your procedure, and it's kind of like you're stuck.

This was the case for many women who attempted to use the NAF, and it was common for these subjects to express frustration at the difficulty of accessing these funds. Furthermore, while the subjects who were able to procure aid from the NAF were clearly able to endure this process, Rachel told me that she waited for her turn on the phone and was unable to get funding at all:

When I tried to call the line... They never picked up, and the machine said try calling at an earlier time. So, I think they opened at 7:00 AM and I would set an alarm to call at 7:00 AM. And they were so booked... And then when they got to my appointment, the office assistant, she said that they only had a handful of operators around the nation. So they were, I guess they just weren't ready for the



amount of calls they were going to be getting. So I never was able to get that financial assistance.

Rachel named price as the biggest challenge to overcome when trying to get her abortion, telling me that she had already been taking time off from school because she couldn't afford to pay for that semester, so she was not well positioned to manage the unexpected cost of the procedure. Although she was able to get together enough money, she said it was very stressful to pay for her abortion given her current financial situation and income. Many women made similar comments, such as Emma, a 43-year-old mother of two who said, "it was quite difficult in terms of managing an unexpected financial cost and then our normal day to day household". This difficulty is not an uncommon occurrence; according to the federal reserve board, 40% of adults do not have enough savings to pay for a \$400 emergency expense (The Federal Reserve 2018). Thus, because this procedure entailed an unplanned payment, some women experienced more challenges in coming up with the money, especially if they were already struggling to get by.

The difficulty of getting financial aid can also have emotional ramifications for women seeking abortion, especially because the long wait for the NAF could deter many women who are overwhelmed and do not have the resources to pay for the procedure. Indeed, Sarah, a 22-year-old nursing student, when recalling her experience with the hotline, told me:

I was honestly very overwhelmed and just really upset about the whole situation, and I called a couple of times, and I didn't get through, and I didn't really understand...I don't know, I just didn't put in the time to sit there on the phone for five hours.

For Sarah, trying to get help from the NAF in mitigating the cost of her abortion was so difficult that she could not handle the stress among the other decisions she had to make in what was, for her, a very emotional process. Thus, she did not use the fund and instead struggled to come up

with the money on her own. For her, the challenge of paying for the abortion intersected with the emotional obstacles she was experiencing to make this process even more difficult.

Thus, while the NAF is a useful resource for many women trying to finance their abortions, it is only helpful if the patient is informed of its existence, and even if they do call, these funds generally take a while to procure. Many women who were able to obtain aid noted that the fund made the financial aspect of the procedure much less prohibitive and did not name cost as one of the hardest obstacles to overcome when seeking an abortion. However, one woman, was unable to come up with the money for the abortion even with the help of the NAF due to the unexpected cost of the procedure, and another woman could not get aid at all because of the high volume of callers, even after waiting on the line to speak with an operator. Thus, while existence of this aid was helpful, the NAF did not completely mitigate the obstacle of cost for all women.

#### *Support Systems and Confidentiality in Financing Abortions*

Multiple subjects mentioned the role of various external support systems in influencing their ability to pay for an abortion. For some women, having a supportive partner who was willing to help finance the procedure played a large role in their perception of cost as an obstacle.

Anne, a 28-year-old woman in a relationship, explained to me:

It was a total of 450 because like I said, me and my boyfriend made this decision together, so we halved it up. I paid it on my credit card and then I paid it a couple of days ago because we get paid once a month. It really wasn't that bad as far as the way I feel.

Anne did not feel that cost was especially prohibitive because she was able to split the price with her significant other. In contrast, Rebecca, whose partner did not support her choice to get the procedure said,

When I had a situation occur or arise, I definitely had to like, you know, work more because my partner, or father of the child, he wasn't going to help me because he didn't want me to get it done.

These comments show the difference that having a supportive partner can make when paying for an abortion.

However, not all women felt comfortable reaching out to others for financial assistance, and in some cases, maintaining confidentiality made financing abortion more difficult. Sarah pointed out how her relationship with her family would have prohibited her from using insurance to alleviate the cost of obtaining this procedure. She said:

I'm on my parents' insurance because I'm still in school. I mean, they get an explanation of benefits, and I just didn't even want to go down that road. I would rather cough up the money and live on ramen for a couple of weeks then go down that road with them.

This statement demonstrates how a woman's support system can affect her ability to finance her abortion. Abortion can be a contentious issue, and the stigma associated with the procedure may mean that women who struggle to pay have fewer sources of financial support due to a desire to keep the procedure a secret. Sarah's perceived inability to confide in her parents meant that even if the clinic had allowed her to use her insurance, she would not have been able to do so while keeping her maintaining her privacy. Thus, women who had to shoulder the financial burden of this procedure alone often perceived cost as a more influential obstacle to obtaining an abortion. Because many women do not choose to share their decision with a wide network of people, their support system in this situation may be smaller, and thus, their options for financial resources may be fewer. Emma described the process of trying to ask friends for help, saying that her husband "tried to make contact with our support networks and family" to amass enough money. She explained that this was difficult "because of the sensitivity of it in terms of like, people having their own judgment from it, and it's obviously a personal matter that you don't really want

to disclose with everybody, but because of the precarious situation that we were in that we had to". For her, the necessity of telling multiple people about the procedure was particularly difficult, especially in the context of asking for money. Hence, the private nature of abortion can exacerbate the financial impact of an already costly procedure by restricting a woman's ability to utilize her support networks. Additionally, women without a network willing to provide financial support to begin with may also perceive cost as a more prohibitive obstacle.

The insights provided by the subjects interviewed, in addition to the high volume of women who chose 'cost of procedure' as an obstacle in the survey responses, indicate that cost was a prohibitive factor to obtaining abortion for many women. Perceptions of cost were influenced by a woman's experience with insurance, interactions with the NAF, and support systems. Next, I discuss the impact of logistical obstacles for women seeking abortion.

### Logistical Obstacles

Another type of obstacle to obtaining an abortion related to the logistics of getting to an abortion appointment, such as challenges caused by a woman's distance from a clinic and the amount of time spent in obtaining this procedure. These constraints did not just include the time spent at the clinic (although this was a factor and source of frustration for some subjects) but also extended to the time it took to reach the clinic. A subject's profession played a role in her perceived obstacles to abortion, not just because of income, but because of the capacity to take time off of work. Geographic location and distance to the clinic and the transportation required to reach that clinic also influenced many women's perceptions of obstacles to accessing abortion.

### *Profession and Time Constraints*

The women interviewed all had different professions, which affected their ability to make the time to come in for an appointment in different ways. 'Lack of time due to work or childcare'

was listed as an obstacle by 15 women who filled out the in-clinic survey, indicating that, while this obstacle was significant for some women, it was not one of the most common challenges experienced. The flexibility of a subject's schedule made a big difference in the ease in which she could obtain her abortion. For example, Rebecca, when asked about the process of getting her abortion, said:

Oh, it was very hard. Inconvenient because you know, the [military], they don't support it. Only underneath certain circumstances and guidelines, which obviously that did not, you know, fall underneath me... So in the military you're Monday through Friday or 24/7... but in my spot I'm a low ranking, I'm only E-3. So they micromanage a lot.

As a member of the military, it was difficult for Rebecca to get time away from work because her time was not her own; she had a chain of command to report to and it was difficult for her to ask for the day off. She later said that if her master guns, a higher-ranking officer, had not been understanding, it "definitely would have been a hard time...for me to get this procedure done". However, in order to get this time off, she had to tell her boss about her situation, which can be a difficult conversation, especially when the confidant is in a position of power and can affect one's career and income. This conversation can be especially risky if a woman is unsure of her boss's stance on abortion and how that will influence his or her response, as was the case for Rebecca. While she noted that she was lucky to have a high-ranking supervisor from whom she had earned respect and trust, especially because she believed her other supervisors would have given her a hard time, not all bosses are as accommodating. The sensitive nature of this topic makes it especially hard to ask for time off of work, which may play a role in a woman's perception of the ease with which she can receive an abortion.

For women who had flexible or less rigorous work schedules, the process of coming in for an appointment seemed significantly easier. Anne, who worked in law enforcement and

mainly worked nights, told me “I just scheduled it for a week that I only worked two days, and I had a Friday off, so it wasn’t that hard. I just scheduled it for one of the days I was off.” She reported that the time it took to come in for this procedure was not an obstacle in accessing abortion services, a sentiment that was also expressed by many other women with flexible hours. Thus, the nature of a woman’s profession, including her work schedule and her relationship with and the personal beliefs of her superiors, can significantly affect her sentiments towards obstacles in obtaining an abortion.

### *Regional Attitudes and Stigma Towards Abortion*

Geographic location made a difference in influencing women’s perceptions of the experience of seeking an abortion. Many women mentioned living in areas of North Carolina that were hostile to abortion. These local attitudes towards abortion often made it more difficult to obtain the procedure or even pregnancy or abortion-related care before or after the procedure itself. For example, Lauren, who described her county as “very anti-abortion very, very” said, “They’re actually anti- anything but being married and having a baby because I had my baby down there five years ago, and they didn’t follow anything that was on my adoption plans as far as being anonymous, the adoptive parents’ visitation and things like that.” Lauren lives in an area that does not support abortion or adoption, making her experience with unplanned pregnancy much more challenging. Thus, she explained, “I honestly just refuse to even go anywhere in that health system unless I have to.” After obtaining her recent abortion, she needed to get a follow-up ultrasound. When she tried to access this care locally, she told me:

They said they won’t see me because it’s the follow up to an abortion, and that OB-GYN is within the Southeastern Health Systems. And so they said nobody affiliated with Southeastern does that... And so it made me upset because it’s literally an ultrasound. Every place that handles pregnant women does ultrasounds.

Although the local clinic had the capacity to perform an ultrasound, they refused to do so because the ultrasound was a follow-up for an abortion. Furthermore, the prevalence of policy created by anti-abortion attitudes across Lauren's entire region precluded her from finding a place for this simple check-up within a reasonable distance. Thus, even though she told me, "I would rather have them see me, but fuss at me or try to preach to me, but still do it at that point because it would have been much closer", she was forced to drive a long distance to the clinic where she received her abortion. Local attitudes made a difference for Rachel as well, who told me,

The ultrasound that I went to was free of cost. But when I got there, there was an interview process and I found out shortly after... that it was a Christian clinic. So it was like a pro-life kind of clinic. But they didn't inform me that before... And they kind of worked themselves into it. Kind of just, oh okay, what are your plans? And then the person was like, "all right well what would have to change for you to keep this child?" And "how do you feel about life?" and all these questions. And I was like, wow. The experience is hard in itself, but I don't need someone interrogating me right now too.

Because the most convenient location for pre-abortion care was at an anti-abortion clinic, the care Rachel received came with biased counseling. This experience made the process more challenging because she felt that the decision she was facing was already difficult, and there was an inherent pressure to follow guidance given by the medical professional due to his greater expertise in the medical field. Thus, this location of the clinic from which she sought care influenced her perception of the experience of seeking abortion.

#### *Distance from Clinic*

Another element of geographic location that made receiving an abortion more difficult was each woman's distance from the clinic itself. These subjects came from multiple different locations to reach the Raleigh, Charlotte, or Chapel Hill abortion clinic, and the drive took two minutes for some and two hours or more for others. Of the women who filled out a survey, 16

named 'lack of nearby clinic' as an obstacle to accessing abortion, making it the 5<sup>th</sup> most significant obstacle out of the 10 listed. Some women may have attributed the challenges associated with this lack of nearby clinics to other obstacles. For example, for some subjects, this distance entailed additional cost challenges; interviewees mentioned the price of gas, the cost of meals associated with travel, and in one case, the price of a hotel to stay overnight. While these costs did not preclude these subjects from getting an abortion, they did contribute to the difficulty of the process to the point that women felt they were worth mentioning. Thus, the obstacles of cost and distance interact in ways that, when taken together, can make this experience seem particularly difficult.

For many interviewees, the distance itself was irritating, but did not pose a significant obstacle to obtaining an abortion. Multiple women were in a similar situation to Anne, who said, "I'm roughly an hour and 20 minutes away from [the location] ...It wasn't an awful drive, but like I said I just don't like driving to [the location]. The transportation wasn't bad". While she did not enjoy the drive, this interviewee did not list this challenge as more burdensome than others, a sentiment that was expressed by multiple subjects. Caroline, a 34-year-old hair stylist, stated, "the only thing was the part of the state I live in, they don't offer it. So I did have to drive about two hours...but I don't work Mondays, so it wasn't huge deal, but I did have to drive". As noted previously, the amount of time a woman can devote to this procedure is largely dependent on her profession, and for Caroline, the flexibility of her work schedule mitigated the challenges that time restrictions due to distance may have brought. Sarah noted, "the only hard thing for me is I'm in [city] and they're in Raleigh, so I have to drive. But like, the drive is worth the quality of care in my opinion." When talking about abortion, many of these women had a similar attitude: that a safe procedure was warranted the drive. Many women seemed to value quality of



care and the fact that they could come in for a procedure at all enough that the distance was not particularly prohibitive.

### *Transportation*

Women who had their own cars or easy access to a car through a significant other often concurred with this assessment, as noted by Emma, who said, “it was easy. It was easy, because we have our own transportation”. However, for women who lived far away from a clinic and did not own or have easy access to transportation, the process seemed significantly more challenging. ‘Arranging transportation to/from clinic’ was only chosen as an obstacle by 9 women who filled out a survey, meaning it was one of the less frequently listed obstacles. However, for those for whom this obstacle was a challenge, it seemed to make a significant difference. Lauren pointed out:

The major [obstacle] was distance because I don’t have my own car, so I had to depend on whoever I could because if I had my own car, I could have just popped over... I didn’t do it by myself and I’m glad I had people, but if I had my own car, I probably would have just tried to do it all myself, so I’m not inconveniencing anybody else with it.

Lauren did not have her own transportation, so she was forced to ask friends for help until she found one who could take the time off work to travel over two hours to her appointment with her. Other subjects who did not have a car shared similar experiences. While some women may have a strong support network and friends who would be willing to help them with these logistics, it can be burdensome to ask someone to drive such far distances, and getting help from a friend entails sharing this private decision with others. Thus, in addition to adding inconvenience, a lack of transportation can exacerbate the already emotional process of obtaining an abortion. When asked what she did after getting referred to the clinic two hours away, Lauren told me:

Well, I cried for one. But I just asked around and one of my friends was able to take off of work to be able to take me, so that was really good. But I looked up buses and pretty much any option that I could, Ubers and all of that because it's something that needed to happen. So I had to do it before it was too late. It was a little frantic, a little stressful.

Overall, difficulties in finding transportation made the challenge of distance much more significant for Lauren, creating both a logistical and emotional obstacle that changed her overall perception of obtaining an abortion. The stress of finding transportation quickly, not being self-sufficient, and disclosing the details of a private procedure issue like abortion can make distance a prominent obstacle to abortion in cases when the woman does not own a car.

I explored some of the different factors influencing whether a woman perceives logistical challenges as a major obstacle to attaining an abortion and abortion care, such as profession, regional attitudes towards abortion, and distance and found that a woman's perception of these logistics is largely influenced by her experience with other obstacles such as cost, time constraints, and transportation. Next, I discuss how the ability to access information about abortion can alter a women's perception of the process of obtaining this procedure.

### Access to Information

Only 3 of the women surveyed said that 'access to information about abortion services' was an obstacle in obtaining an abortion. However, interviewees' comments did provide insight to the importance of helping women to be as informed as possible about the process of getting an abortion, as well as details about how women obtained this information and which sources were more helpful than others. Subjects were able to make appointments at APWHC locations and the UNC Women's Option Center fairly easily, and they learned useful information about the abortion procedure from administrators at the clinics and from the mandatory waiting period

counseling. However, this was not necessarily the case with other clinics that subjects mentioned.

### *Finding a Clinic and Making an Appointment*

Most of the women who went to one of the APWHC locations found out about the clinic online, and the woman who went to the UNC Women's Options Center was referred there by APWHC. For most women, the experience of calling and making an appointment was fairly easy, and many praised the clinic for facilitating the process for them. Jane commented:

Honestly, I just went to Google, found somewhere with the best reviews... and they were amazing. They were super accommodating, they were very nonjudgmental, which I just thought it was going to be a horrible, terrifying, dirty experience. They accommodated me perfectly in terms of helping me out financially, if and when I needed it. So going over any and every question I had about missing work, any emotional, physical side effects, things like that. So setting it up was actually the easiest part. Making the appointment that was the only easy part about it.

Jane later noted that the decision to get an abortion was very hard for her, and as a result, she experienced uncertainty and many emotional obstacles in having this procedure. The ease with which she was able to make an appointment and obtain information helped to lift this burden incrementally and made this difficult experience slightly easier. Many subjects agreed that the operators answering phones at the clinic were helpful, knowledgeable, and unbiased. Most of them noted that making the appointment was fairly quick as well, summarizing their experiences with comments like Caroline's, who said:

The process was really easy and I didn't find it hard at all. I just looked them up online, called, made an appointment and it was that fast. I nearly found out and called and had an appointment set up all within 15 minutes.

Additionally, APWHC has a feature that allows a woman to make an appointment online using a chat box on the website. Lauren used this online feature to make an appointment and explained why this method was particularly helpful for her:

At the time, one of my roommates, we were having issues and unfortunately, I work with her and commute with her, so it was something that I didn't want her to know about at all because I'm not sure how to feel about her. So being able to do it online and not over the phone helped a lot because it was more confidential and private, so that was a huge plus.

This is an important consideration for women who do not live in an environment with many private spaces. For some women, keeping the choice to have an abortion a secret is extremely important, as abortion can be a controversial topic and accidental disclosure can be detrimental to a woman's relationships and mental health. Thus, this confidential option proves especially useful in helping a woman make her decision comfortably. Overall, subjects reported that finding information and appointments at APWHC and the UNC Women's Option Center was fairly quick, easy, and private.

In contrast, Sarah called another clinic before finding APWHC and had a very different experience. She explained how this clinic could not give her an appointment for three to four weeks, telling me:

I didn't know how far along I was. I was scared, I didn't want to wait that long...If somebody had been able to get on the phone and talk to me, and be like, "Hey, let's talk about it. Here's what you should expect, here's your options," all of that. It would have made me feel better. But...I could never get through on the phone with them. No one was able to talk to me...It was all online and like, all very impersonal and I felt very alone.

While Sarah eventually found APWHC, she initially had a very difficult time finding information about how to get an abortion, to the point where she started to feel hopeless. Many other women also felt stressed and overwhelmed, which made parsing through information on the internet and finding experts to talk to even more challenging. Sarah also commented,

In the future, I would really love to see more accessibility to care across the board. I think that unless you're like, used to the system of like finding cheap healthcare, you don't know where the clinics are, you don't know how to access resources that might be available.... Because like [other clinic], I didn't deal with them. I can't tell

you how they work when you actually work with them. But to be able to deal with them, I had to wait weeks, and I wasn't willing to wait weeks in advance.

Sarah's preliminary experience with a different clinic provides insight into the emotions and struggles many women may go through when trying to find information about obtaining an abortion, especially because the stigma around abortion means they may be less likely to feel comfortable discussing it with their peers. Thus, the ease at which women are able to find information about abortion may change their perceptions of their ability to access abortion services.

Sarah also explained how the quick timeline necessary for the procedure exacerbated the anxiety of not having access to information. She told me:

It was something that I knew I needed to do, and it was giving me so much anxiety just to wait, and I didn't know how far along I was, and I didn't have money to go and get an ultrasound to figure that out, without just going ahead and getting the procedure done. And so finding a place that would do it in a timely manner was very difficult.

The clinic she contacted before APWHC was prohibitively busy and thus, the process of getting an abortion took longer. Her comments demonstrate how this wait could be especially stressful. As noted previously, abortion is particularly time sensitive due to the increased cost and decreased safety associated with having the procedure later in a pregnancy (National Abortion Federation 2018). Therefore, women are incentivized to have the procedure quickly after making the decision to get an abortion, and extending the time it takes to come in for this procedure can add stress to this process. For women are already overwhelmed by this experience and the decision in front of them, juggling a busy schedule and prolonging the process can contribute significantly to their perception of difficulties in accessing abortion.

### *Mandatory Waiting Period Counseling*

According to data from the in-clinic surveys, 18 women listed “mandatory waiting period between abortion counseling and procedure” as an obstacle in accessing abortion, which means it was tied for the 3<sup>rd</sup> most commonly listed obstacle. However, comments from the qualitative interviews did not align with this perception of mandatory waiting period as a challenge. Instead, most women had very few negative sentiments towards the counseling. Rebecca said, “when I made this choice, I was very clear-minded and understanding what I was doing and the 72-hours...it wouldn't have influenced my decision because of the reason that made me choose what I chose.” For her, hearing about the procedure and its risks ahead of time had very little influence on her choice because she had been certain in her decision from the start. She had already weighed the pros and cons of this procedure and had assessed her current circumstances before calling the clinic, so any risks that were explained to her did not outweigh her desired outcome. Some subjects’ opinions on the waiting period were more than just neutral – they felt it was helpful. For example, Sarah said:

Honestly, I think it's good. I think it gives you time to not make a rash decision. It is something that you should think about and really take to heart I believe...It's something that I'll carry with me for the rest of my life, so you should think about it before you do it.

For Sarah, the counseling served as a moment to stop and contemplate her decision, and she thought that this point of reflection was important. Taking this time to evaluate the ramifications of her choice helped her affirm that abortion was the right decision because she still chose to have the procedure. Other women felt similarly, claiming that talking through the decision and hearing a full range of options helped them feel more control over their situation. Jane told me,

When the nurse called me, I kind of felt like it was confirmed, I'm really about to go do this right now. She did give me all the information, I felt a little better, because she was like, I can come, I can pay, and I can leave at any time. Get any money

back from procedures I put up for the service that I didn't receive there. And [it was] just completely my decision and I shouldn't feel forced or bullied or intimidated to doing this. She was asking about my mental well-being, as far as "am I being abused? Do I have thoughts of suicide, homicide?" I'm like, "No, I'm just in a place in my life right now where it's not going to work with another child." And they were very understanding and let me know ...if I wanted to opt out, I could opt out, without it going against me in the future, if I wanted to have another one in the future with them.

For this subject and others, the counseling provided useful information about the process of getting an abortion, which they felt helped them make an educated decision, and improved their understanding of the procedure. Furthermore, Jane seemed to feel that the counselors emphasized her choice and autonomy in the decision by highlighting her different options and letting her know that she could choose to change her mind at any point leading up to or during the procedure with no consequences.

Thus, the experience of making this choice in spite of knowing the risks seemed doubly affirming for some women. They felt reassured by the knowledge that the clinic would not pressure them to go through with their decision at any point because it emphasized their autonomy in the process, and, making this decision with the most information possible made them feel that they had more control over that choice. In this sense, the way in which this information is presented is important. From the statements made by interviewees, the counselors at these clinics seemed supportive and helpful; Lauren, when describing the tone of the consultation, said, "It was still not like you should choose these alternatives. It was just like, well, we're legally obligated to tell you all this, so here it is. It wasn't bad or bashing over the head or anything." Other women agreed that the neutral tone used by the counselors helped them feel comfortable with the information they were receiving.

Subjects mentioned the clinics' efficiency in providing this counseling, which ensured that the 72-hour waiting period could begin as soon as possible, so that the procedure could

happen more quickly. Although this counseling requirement sometimes warrants an extra phone call, Maria, a 33-year-old business owner, explained, “Well, they didn't have to call me because of the fact that, it was enough time for me to talk to them while I was on the phone making the appointment. So I was able to talk to the nurse that day.” For some of the women in this study, the mandatory counseling did not feel like an extra counseling session because they were able to hear the information as soon as they called in for the appointment. For others who received the call separately from making the appointment, they did not feel that the counseling caused a significant disturbance in their day.

I discovered that subjects’ experiences at APWHC and the UNC Women’s Options Center with finding a clinic, making an appointment, and obtaining information about abortions were good, and that many women felt neutral or positively about the counseling associated with the mandatory waiting period. These experiences helped women feel more comfortable in obtaining an abortion. Next, I examine how personal beliefs and emotional challenges can influence a woman’s perception of getting an abortion.

### Personal/Emotional Obstacles

While cost, logistical obstacles, and access to information all influenced subjects’ perceptions of challenges in accessing abortion care, the emotional aspect of this process often intersected with these difficulties to exacerbate obstacles to obtaining an abortion. Subjects’ mental obstacles were influenced by their personal beliefs, support systems, and the context from which they were approaching this experience. While these challenges may not be directly tied to legislation and abortion policies, for some women, they can be significant factors in altering their perception of their experience. Of the obstacles listed by women who filled out the survey, 28 named ‘personal beliefs’ as a challenge, making it the 2<sup>nd</sup> most commonly chosen obstacle. Thus,



difficulties relating to personal beliefs about abortion were a substantial factor in some women's experiences in having this procedure.

### *The Right to Choose*

Each woman interviewed had a unique story, and the details of this story shaped her perception of why it was or was not challenging to obtain an abortion. For some women, personal beliefs on abortion played a major role in their perception of the difficulty of this process. Some subjects were not as concerned about abortion as a moral issue, like Caroline, who said:

I always have felt it was everybody's right to choose... I have a daughter and this was different, this felt like it was a parasite and I needed to get out of me. It did not feel like anything I wanted. And when it was done over there, it was just relief. It was like, "Ah, finally. Thank God, it's over."

This subject had no qualms about the procedure from an ethical standpoint, differentiating between how she felt about her daughter and how she felt about the fetus. This perspective was common among other interviewees; many women did not consider abortion a moral wrong, so the emotional impact of making this decision was not as great. Women who were more focused on their own bodies and autonomy in this situation seemed to find it easier to choose to have an abortion. Many subjects related this ability to choose with their personal circumstances, like Maria:

I mean, I've never been against them. I just feel like it's your body...when it's something concerning you and something that affects you, you should be able to determine and choose what it is what's best for you. And having that done was best for me because I wasn't in a place to bring in a kid right now, even though I know that having sex, that's one of the consequences behind it. So I had to deal with the decision that I made.

She explained how her current situation in life was not conducive to raising a child, and she alone could make that choice and be responsible for her actions. Other subjects also mentioned

responsibility in terms of the fetus as well, acknowledging that they were not in a stable place themselves, so they would not be able to provide a good life or home for a child. Overall, Caroline and Maria described the process of getting an abortion as fairly easy and did not mention many significant obstacles compared to some of the other interviewees. It may be the case that this attitude towards abortion, in which the choice to have the abortion had fewer strings attached, can make other challenges throughout the process seem less difficult as well.

These subjects and others emphasized a woman's right to choose to have an abortion. Some associated this stance with a lack of ethical opposition to the procedure. For example, Lauren told me:

I've always been pro-choice...I don't have any religious or moral things about it...I feel like I don't understand why women are not, because especially in this social climate where everybody is policing a woman's body, I don't understand why a woman would also police another woman's body. We already get this from men and society, we don't need this from you too.

She concluded, "but I understand why people feel against it. I just think even if you're against it, it should be you're against it for you and not you're against it for everybody." Lauren explained that, because she does not have any personal objections to abortion, she did not face emotional obstacles such as guilt or doubt in getting the procedure, an attitude which was consistent with other subjects as well. However, her statement about not policing someone else's body resonated with all subjects; a belief in the right to choose was not limited to those for whom abortion was not a moral concern. All of the women interviewed agreed that women should be able to choose for themselves whether they get an abortion, but some were not as comfortable choosing this option for themselves, such as Jane, who said,

I've always been very pro-choice. I feel like everybody's circumstances are different, everybody's life is different. I've never been one to condemn another female from making that decision, because like I said, I don't know everyone's life and their circumstances, it's not my place to judge anyone, ever. But I was pro-

choice but just not for myself, because I never thought I'd be the one to have to go through it, you know?

For Jane and others, the choice to have an abortion was difficult because of personal beliefs on the topic. She had already begun to see the fetus as a baby, which made this decision very challenging. While she was not against the concept of abortion itself, her perspective on her own pregnancy served as a major obstacle to getting this procedure, and she described the decision and process as extremely hard. Although this subject was pro-choice, she did not feel comfortable with getting the abortion herself, and for her, emotional challenges outweighed any of the logistical issues associated with coming in for the appointment.

#### *Religious and Moral Beliefs about Abortion*

Other women shared this sentiment, and many linked their personal beliefs to their backgrounds. Emma told me:

To be honest, I really had very strong views, but more on a religious level, because of what my upbringing has been, you know? But, in terms of that, I would say that for myself, not in terms of advocating for the yes decision, but just for myself, I didn't think it would be something that I would ever do, because of the religious aspects and what my kind of value basis had been from childhood.

This subject's religious upbringing was a significant factor in shaping her perspective on the challenges to obtaining her abortion. She had grown up with certain beliefs about abortion that added an emotional element to this decision, and it was difficult for her to act in contradiction to those beliefs. Furthermore, she felt that she was unable to tell her family about the procedure because of this background, so that she was unable to turn to them for financial or emotional support. Other women whose opinions on the morality of abortion were shaped by religion made similar comments. Rebecca told me that when she confided in her aunt about her decision, "she kind of like, you know, she definitely threw God in there. And it kind of like, you know, made me feel bad. I'm not going to lie. You know, I'm human, I have a conscience." This subject's

family member was supportive of her choice, but her reference to their shared religious background still made the decision more difficult. Rebecca also mentioned personal beliefs as one of the most challenging aspects of getting her abortion, although she listed many obstacles that made this process difficult. Thus, for her, the underlying stress of making this decision in that opposed her beliefs about abortion exacerbated her perception of the difficulty of the other obstacles as well.

However, the interviewees who made this decision in spite of religious or personal beliefs knew that they were not at a place in their lives where they could support a child. Many acknowledged that this was the best option for them at the time, even if they were not completely comfortable with their choice, as indicated by Anne:

I got a four-year degree in biology, so I know that it's just a mass of cells at about six weeks old. I don't really feel like they're really a kid, but at the same time I grew up as a Baptist. I'm thinking this is a baby, and I really shouldn't be already telling it you can't have this chance to live. So that was my only hiccup, but like I said, all the mental issues that I've had, and because I didn't really think I could handle two kids at one time, I was hands down, 'there's no way that I'm going to be able to have this kid'.

This statement presents a clear outline of the thought processes many of these women went through when seeking an abortion. While some struggled to reconcile their personal beliefs with the decision to abort their pregnancy, the infeasibility of raising another child outweighed their discomfort with the procedure. Thus, the difficulty of this choice seemed to make the entire process of getting an abortion feel more challenging for these subjects, which is an important consideration when assessing their perceptions of other obstacles to obtaining their abortions as well.

### *Mental Health and Emotional Challenges*

This difficulty was also apparent for some subjects whose personal circumstances made their decision more complicated. Some interviewees were already struggling with their mental health, which often contributed to their reasoning behind getting an abortion. For example, when talking about her decision not to share her choice with her family, Anne told me,

The reason I didn't share it with my mom's side of the family was mostly because they are very pro having children. That was part of the reason why I had my first child, even though I was having a lot of difficulties mentally and emotionally with my first child, was because they spurred me to have a kid whenever I did get pregnant.

This subject experienced mental health issues during her first pregnancy, which was a major factor in her decision to abort her next pregnancy. Thus, she was forced to weigh her own mental health against her upbringing and her family's beliefs, which made her decision much more challenging. Jane, who had been experiencing mental health problems before getting the procedure said:

I was terrified of going through this weird spell of depression while being pregnant... I wasn't eating, I wasn't sleeping, I feel like I wasn't being a good mother to my daughter, I wasn't going to work, I was missing school work, it was very, very hard, and I was terrified of having a baby and going through depression while being pregnant, on top of postpartum depression, I was terrified.

These very real considerations can influence whether a woman decides to abort a pregnancy, but they can also add to the woman's burden in making this choice. Jane was already very unsure of her decision to get an abortion, and her struggle with mental health was both a reason for this choice and a source of difficulty in undergoing the procedure. In the same way personal beliefs often complicated a woman's choice to have an abortion, for some women, personal circumstances such as a history of or current struggle with mental health issues added to the

difficulty of making this decision. These underlying doubts and internal conflicts also interact with other obstacles in ways that can make the entire process more difficult.

### *Protestors*

Most women who went to an APWHC location reported that there were protestors outside of the clinic when they went to get their abortion. Fortunately, the clinic prepares for this by providing escorts with umbrellas to help abortion patients feel more secure when entering the clinic. However, some subjects were still bothered by the protestors. Their reactions varied based on factors such as their attitudes, personalities, and personal beliefs. For example, Maria said she was unfazed by the protestors, telling me, “no, it didn't affect me. I mean, everyone is entitled to their opinion. No one can make me change my mind on what it is that I'm going to do because I know what it is that I'm doing”. This subject had made her decision with such certainty that ignoring the protestors was easy for her. She reported very few challenges throughout the entire process of getting her abortion and said that in general, she faced neither logistical nor emotional obstacles. However, those who were already unsure of their decision, like the subjects who were struggling because of their personal beliefs or mental health status, were often more affected by the protestors. Emma, who had grown up in a family that did not support abortion, described her experience visiting the clinic, explaining:

That was really difficult because there was protestors outside, so it was quite daunting. And even though you've made an informed decision, you know, and a decision that's best for your family situation. Obviously, when you drive in and you've got these protestors with placards and shouting... it forces your mind into a different direction and you know, you kind of have that moment when you're not sure.

Emma seemed frustrated because she had already spent a long time thinking about her decision and had concluded that it was the most viable option, even though she had never felt comfortable with the idea of abortion. Therefore, the protestors did not change her mind, but they made the

process more difficult by exacerbating her ideological doubts and undermining her practical reasoning. For Jane, who was already struggling with mental health obstacles, some of the protesters angered and distressed her immensely:

Okay, so I'm just a firm believer that everyone has their own beliefs, and I understand that, and I definitely respect that...But then, what really pissed me off was it was like a guy out there and he's yelling like, "Abortion is murder!" and "thou shalt not kill!" And it's like, being male on top of bashing, you have no idea how hard that two-minute drive was for me. And so to come there and to have someone screaming, a male at that, who has no idea about childbirth, or being pregnant or anything just like to scream, "Abortion is murder," at me, it was traumatizing, but I was more upset than anything, because I gained the courage to make that drive. I actually sat outside, in a little building up the road for an hour, before actually pulling into the parking lot. And I finally gained the courage to get there and the first thing I hear is, "Abortion is murder."

For Jane, the protesters were one of the worst parts of what was, for her, an incredibly difficult experience. She cited emotional and personal challenges as the most prominent obstacles to getting her abortion, and the people outside of the clinic exacerbated these hardships. She had already been uncertain about the procedure, telling me, "I was still very up in the air about my decisions, and so the protesters didn't make it any easier". As noted by many interviewees, while the decision to have an abortion should not be made lightly, it should be made by the woman and the woman alone. These women found that it was much more difficult to make a rational choice when being yelled at, and that these aggressive comments added to the weight of the emotional obstacles they already perceived in getting their abortions.

#### *Attitudes from Surrounding Network*

Another element that affected each woman's personal experience with getting an abortion was the degree of support they had from their friends, family, or partners. Of women who completed a survey, 18 listed 'family opposition to abortion' as a challenge, which means it was tied for the 3<sup>rd</sup> most commonly listed obstacle. Additionally, 11 women listed 'community

opposition to abortion' as an obstacle, making it tied for the 7<sup>th</sup> most commonly chosen obstacle. These findings indicate that external opposition to abortion influenced some women's perceptions of challenges in obtaining abortion. On the other hand, women who felt they had a strong support network were often able to lighten their emotional burden by sharing their decision and challenges with their peers. For example, Sarah, who became frustrated when trying to find a clinic told me:

I did Googling around the local area, and then I got really discouraged, and honestly, I was a mess. And my partner was like, "All right, well I'm going to look. You just take a nap or something. It'll be okay." And so he did a lot of Googling, and...just Googled until he found them.

Sarah described her partner as her "best friend", and he was clearly a strong source of support in a moment where she felt overwhelmed by her situation. Although she had defined the lack of information and difficulty finding a clinic as one of the most difficult parts of the process, after calling the clinic her partner researched, she felt much more informed and comfortable. Thus, his willingness to help and share some of the responsibility made a significant difference in making the process easier. Rebecca got much of her support from her family members. She explained that she told her younger sister about her choice, claiming:

She understands, she supports me. She loves me. She just, she's there for me. Like, you know, she understands like my whole situation, she understands what my motives are in life. She understands, you know, where my heart is at.

This subject seemed to benefit from talking about her situation to certain members of her family, specifically her aunt and younger sister. She explained that the father of the child did not support the decision, but she never mentioned feeling alone or encountering difficulties with judgmental peers. Because she had a strong support network, she still struggled with her decision due to her religious beliefs, but she was bolstered and encouraged by her friends and family to do what was best for her, telling me that her aunt had called to check in on her right before our interview.



However, it was more common for study participants to tell friends about their decision than to tell their families. Many subjects were reluctant to discuss their abortion with their family for a number of reasons, including family members' "personal belief" and a fear of "a whole number of value-based judgements", concern over "[putting] strain on our relationship", a father who "doesn't really trust my boyfriend even though he doesn't really have a reason to", or a mother who might be disappointed because "pretty much since I've been married or together with my husband, she's like, 'I want a grandkid'". Rachel explained that she did not choose to share her choice with her family because:

The backlash by our family would be a lot too. Because right now they're helping us while I finish school and while my boyfriend is setting himself up and everything. So, I guess the risk that I thought about them knowing, and how they would feel about it, and how they would react.

Rachel's financial situation, relationship with her family members, and concern over not knowing how they would react meant that she did not feel comfortable informing them of this decision. Thus, she, like many others, felt that seeking support from friends was a better option. This was especially true when the subject felt that her friends could understand what she was going through. For example, Rebecca felt comforted by a good friend who was in a similar financial situation. She explained:

She's a year younger than I, but she's in the same situation. Let's see, she has an eight-year-old, she's a single mom. She works two jobs. She's actually about to get a third one...so it's like she understands my end. Like she was just there with me. So she's trying to make me laugh and you know, was trying to get me through it.

Although Rebecca had struggled with her decision because of her personal beliefs about abortion, she decided to have the procedure because her lack of financial capacity to raise a child outweighed those doubts. Thus, having a friend who understood her difficulty in making ends meet was helpful for her because she supported her decision without casting judgement. Other

women chose to tell friends who had also gone through this experience. Sarah said, “the first time around, I was very scared, and I knew that she had gone through something similar... She was kind of just able to empathize.” For her, having the support of someone who knew how she felt was influential in assuaging her fears and dealing with the emotional challenges of this procedure. She also made the point, “but a lot of my friends just haven't dealt with anything like that before, so it was... I definitely didn't want to talk about it with everybody”. This sentiment was reflected by other subjects; while it helped to have support from friends, that support was often more meaningful if they had gone through a similar experience. Conversely, as Jane stated, “I have my friends, but they're like, ‘Oh, I'm sorry. I could only imagine.’ But I need [someone], who imagines, who knows.” She described the emotional component of her experience as the most challenging aspect of seeking abortion and told me that she had no form of support system or people she could talk to. She said, “I would definitely love to have someone who has been in the same predicament as me, and I'm still going through the feelings that I'm going through after the fact.” The absence of this network draws a clear contrast between her experience and the experiences of many women who were able to talk to their friends, families, or partners, demonstrating how external support can play a major role in how a woman perceives challenges in her abortion experience.

Although all subjects believed that each woman should have the option of having an abortion, personal and emotional obstacles in obtaining this procedure presented significant challenges for many subjects based on their backgrounds, upbringing, religious beliefs or mental health status. Protestors outside of clinics could make getting an abortion more difficult for women who were already experiencing these personal and emotional challenges, while a strong

support network could help alleviate these challenges. Next, I address some limitations to this study, discuss surprises in these results, and present three key takeaways from this project.

## **Conclusion**

### Summary of Findings

This qualitative study of multiple obstacles to abortion among a sample of women in North Carolina uncovered four key themes that can affect how women perceive this experience. Cost obstacles, logistical obstacles, access to information, and personal/emotional obstacles all influenced these women differently depending on their individual contexts and situational factors.

Although cost was the most commonly chosen obstacle for women who completed in-clinic surveys, experiences with financing this procedure varied for interviewees. Most did not use their insurance plans to pay for their procedure, as the majority of subjects attended an APWHC location, which does not process insurance. Thus, while the role of insurance coverage was not as apparent for this sample, some subjects indicated that this lack of insurance made the cost feel more significant. Many subjects got financial aid from the National Abortion Federation and said this fund helped alleviate the cost burden of their abortion. However, subjects reported that the process of calling the NAF for these funds was long and frustrating, and one woman waited to be connected with an operator and still was unable to procure funds. For another, the funds provided were not sufficient, and many women who did not use the NAF felt that cost was an obstacle in obtaining an abortion. Women also discussed how financial support from partners, friends, and family could help alleviate the cost burden of this procedure, but it was not always easy to ask for this aid.

Overall, the significance of logistical obstacles in obtaining an abortion varied depending on factors such as flexibility in work schedule, financial situation, distance from a clinic, access to transportation, and the robustness of a woman's surrounding support system. For women with more control over their schedules at work, making the time to visit a clinic was not as challenging as for those who had more rigid hours. Trustworthy or understanding bosses also helped to facilitate this procedure. Time constraints could be even more of an obstacle for women who lived far away from a clinic, as were additional costs associated with this distance. A woman's geographic location often influenced the care she was able to receive depending on local attitudes on abortion, and the necessity of traveling far for a procedure was especially challenging for women who did not have their own cars. Thus, distance became a much more prevalent issue when combined with cost, time, or transportation obstacles. However, most women who did not significantly encounter one or more of these three challenges did not perceive distance alone to be as burdensome as other obstacles.

In general, most subjects did not have much difficulty accessing the necessary information to set up an appointment and get an abortion. Women were especially impressed with the ease, speed, and confidentiality they experienced while making their appointments at the APWHC locations and the UNC Women's Option Center. However, for those who did have trouble finding information, the time sensitivity of the abortion and overall stress of the situation exacerbated this difficulty, thus adding an emotional component to their perceptions of challenges to obtaining an abortion. Many women who spoke about the 72-hour mandatory waiting period stated that they thought the information was neutral or helpful, rather than problematic. These insights demonstrate how access to information can have a positive effect on

woman's perception of obtaining an abortion, while difficulties in finding information can create and exacerbate stress associated with this experience.

The women I interviewed came from different backgrounds and had varied ideologies, personal situations, and support systems. These factors all influenced the impact of emotional and personal obstacles on their perceived difficulty of getting an abortion. Overall, all subjects agreed that, regardless of their personal feelings on abortion, all women should have the option to make this choice for themselves. However, for those with fewer ideological or ethical objections to abortion, this experience was not particularly emotional, and for some, other obstacles were not as prominent, so that overall, getting an abortion was not difficult. Conversely, for those who were against abortion personally due to background or religious beliefs, this decision was often more challenging, which was also the case for those who were struggling with personal issues such as poor mental health. These women often perceived the overall process as more difficult and were more easily affected by protesters waiting outside of the abortion clinics. For many subjects, these personal beliefs also influenced their ability to share their decision with their networks, especially with family members. However, many also benefitted from the support of their family, partners, and friends, especially if those friends had gone through a similar experience previously.

### Limitations

When considering the perspectives gleaned from these interviews, it is important to keep in mind the limitations of this particular sample. One major limitation is that all of the participants came from either the Raleigh or Charlotte location of APWHC, or the UNC Women's Options Center. These clinic administrators agreed to help recruit women for this study because they care about improving access to abortions for women, so these clinics are

especially cognizant of the challenges women face when seeking abortion and may be more accommodating than others in North Carolina. Thus, the experiences of women in this sample cannot be generalized to the experiences of women at all abortion clinics. It may be the case that the problems mentioned here and the extent to which women faced them actually underestimate the obstacles that the greater population of women seeking an abortion.

Perhaps the largest limitation of this sample is that it omits the women most affected by obstacles to obtaining abortions: the women who were unable to get abortions. For this population, obstacles to access were so insurmountable that they precluded these women from getting an abortion. While this cohort would provide important insight into obstacles preventing women from obtaining abortion, these women are difficult to contact directly; one of the only studies to do this to date, the aforementioned Turnaway study, recruited women over the course of two years at over 30 abortion providing facilities (Dobkin et al. 2014). However, this timeline and scale are beyond the scope of this project. My hope is that discussing obstacles to access with women who were able to get the procedure will still provide some insight into which of those obstacles they perceived to be most difficult to overcome. However, some of the obstacles discussed may have been a minor problem for women in this study, but so significant for others that they completely prevented some women from getting an abortion. Thus, while insights from the experiences of my interviewees are valuable and may resonate with women who wanted an abortion but were unable to get one, it would be inaccurate to assume that each of these experiences can be generalized to all women seeking abortion in North Carolina.

### Discussion

I inductively created my survey and interview instrument from existing studies' findings on obstacles and challenges surrounding abortion in the United States. While this research served

as an effective foundation on which to build my understanding of how these obstacles influenced women's perceptions of obtaining abortion, my results did not always align with my expectations based on this research. For example, as noted above, the Hyde Amendment prohibits some insurance plans from funding abortion, which means that many women are forced to pay out of pocket for abortion procedures (*Harris v McRae*, 1980.) For women of low socioeconomic status, this burden can be particularly debilitating (Keating, Meko, and Rindler 2019). Therefore, I predicted that some women would have insurance plans that do not fund abortion because of the Hyde Amendment, which would impact their ability to finance their abortion. However, because the clinics from which I recruited most of my subjects did not process insurance, I was unable to directly assess the influence of this legislation on women's perceptions of cost as an obstacle to abortion. Thus, each subject, regardless of whether her insurance plan included abortion, started from an equal playing field in which she could not use insurance to alleviate the cost burden of abortion. Therefore, I was unable to compare how women with insurance experienced the process of obtaining an abortion differently from women who did not have insurance. However, this lack of an insurance option provided a window to examine the other methods and challenges women experienced in financing their procedure and assess how the cost of obtaining this procedure proved more difficult for some than others. Furthermore, while the Hyde Amendment's direct impact on perceptions of obstacles to abortion was not readily apparent, this legislation indirectly affected almost all women in my study because the difficulty it presented in working with insurance companies served as the basis for the clinic's policy against processing insurance in the first place.

While I was unable to specifically determine the impact of the Hyde Amendment on subjects' perceptions of accessing abortion due to the rules of the clinics from which I recruited

the majority of my sample, my findings from exploration of another regulation directly opposed what I had originally predicted. As stated previously, research suggests that mandatory waiting periods can prevent women from getting abortions by causing delays in the time it takes for women to have the procedure, increasing costs, and requiring an extra visit to the clinic so that women can hear the mandatory counseling in person (Jones and Kooistra 2011). Thus, I expected women to view this mandatory waiting period negatively. However, subjects reported that the clinics provided the mandatory counseling efficiently so that the regulation did not drastically increase the time they had to wait to obtain their abortion. Furthermore, women reported that the information provided was neutral or helpful, rather than prohibitive. Some noted that the counseling helped emphasize their autonomy over their own choice in the matter, and some said that the additional information helped them make an informed decision. These comments indicate that if health workers remain neutral and unbiased without assigning judgement to the decision to get an abortion, women can feel empowered by the mandatory counseling. Because North Carolina's 72-hour mandatory waiting period law allows women to hear this counseling over the phone, my subjects experienced fewer of the logistical challenges to accessing abortion that were documented in previous studies of women living in states that required in-person counseling. Thus, while many studies present these waiting period laws as restrictive, it may be the case that these obstacles are mostly a result of logistical challenges in coming in for counseling, rather than the information itself.

### Key Takeaways

The goal of this project was to answer the question: what obstacles to obtaining abortion do women in North Carolina perceive to be most difficult to overcome? However, this exploration of the obstacles these women experienced did not produce a single answer. Instead,



women's insights to their experiences in obtaining abortion generated three key takeaways that can help frame and inform future research on obstacles to accessing abortion and advocacy work to address those obstacles.

First, this exploration supports previous findings by Jerman et al. (2017) that multiple obstacles to accessing abortion care can amalgamate to create and exacerbate challenges to obtaining an abortion. Women's responses demonstrated how multiple obstacles they experienced interacted to make the process of getting an abortion more difficult. For example, some women who struggled with the decision to have an abortion expressed that other obstacles, such as the cost of the procedure or the logistics of getting to a clinic, felt more challenging due to emotional distress. Conversely, for some women who struggled to access information in a timely manner or finance their procedure, these obstacles were the source of their distress, which influenced their perception of the process of obtaining an abortion. Additionally, although many subjects claimed that traveling long distances to reach a clinic was annoying, but not particularly prohibitive, this distance seemed significantly more restrictive when coupled with a lack of transportation, additional costs, or time constraints due to a woman's profession. Overall, although many women were able to name which obstacle was most difficult to overcome when obtaining their abortion, some struggled to identify only one challenge that stood out among the others, and most experienced other obstacles that interacted with and exacerbated the difficulty they said was most burdensome. Thus, while it was often difficult to isolate the effect of a singular obstacle, these effects were compounded when experienced simultaneously, producing a cumulative impact that influenced women's perceptions of the difficulty in obtaining an abortion. This suggests that, while targeting individual obstacles may help alleviate some of the

challenges women experience in accessing abortion, addressing multiple obstacles at once may be more effective in facilitating this procedure for women.

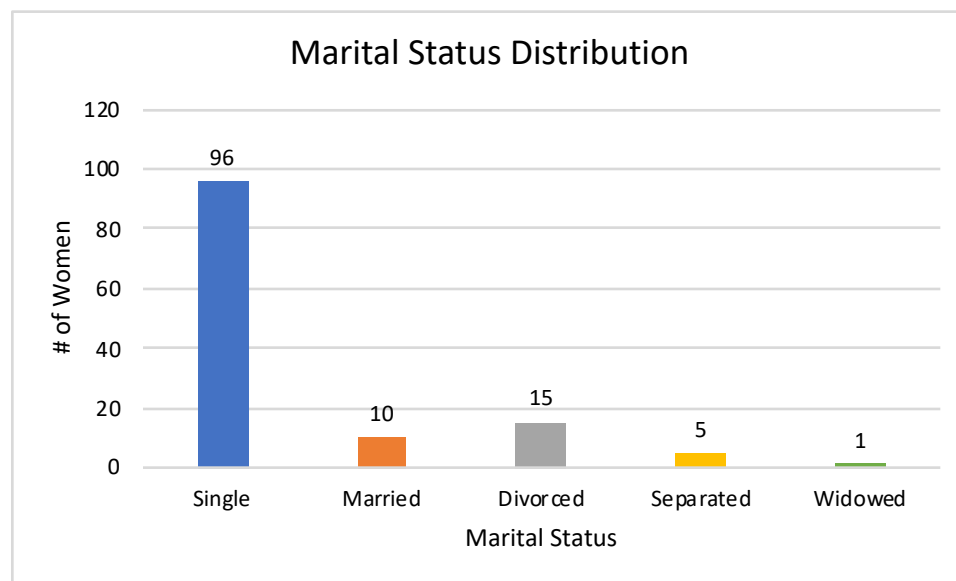
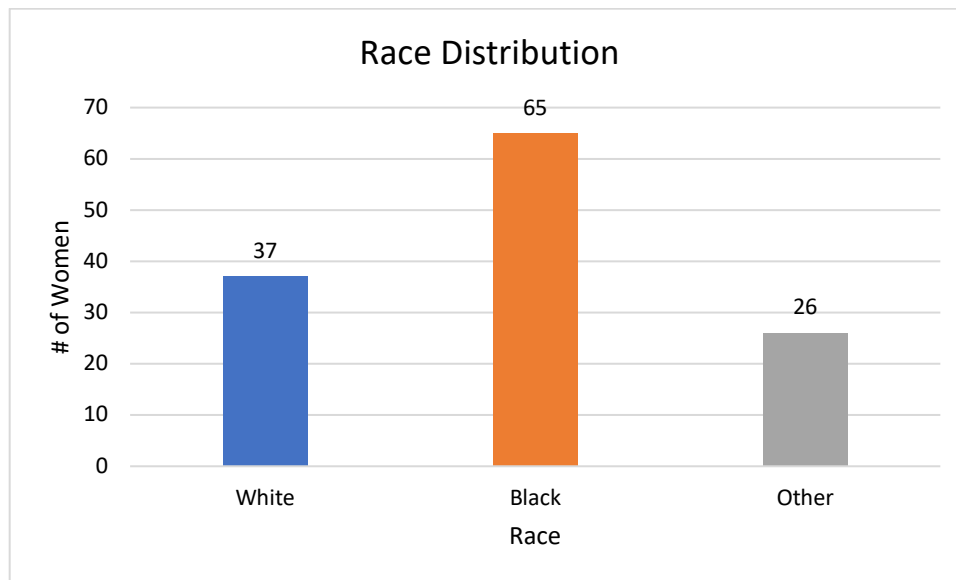
The second takeaway from this study is that women experience obstacles differently depending on external factors such as their income, profession, upbringing, and support networks. Exploration of women's narratives provides insight into how these details exacerbate some challenges and negate others. In some cases, the link between these factors and obstacles to abortion are obvious, such as the relationship between income and ability to pay; as Caroline pointed out, "I think if I wasn't in a good economic class, it probably would've been more difficult, but because I do make good money with what I do, it wasn't a hard process". However, a woman having a high paying profession did not necessarily entail that it was easier for her to obtain an abortion – some women with lower incomes had more flexible schedules than women with high-income jobs, thus allowing them to take time off to have their procedure. A woman's upbringing and background, such as religious beliefs influencing opinion on abortion, could also have a significant impact on her perception of her experience obtaining an abortion due to mental or emotional obstacles in making her decision. Her external support systems could also influence this experience; women with supportive friends, families, or partners often reported that having a confidant or someone to ease some of the burden of this process made a difference in their perceptions of getting an abortion. Additionally, for some women, these networks also provided financial support or logistical assistance such as transportation. Thus, women's personal circumstances and other external factors influenced which obstacles they experienced as most difficult and their perception of the process of getting an abortion. It is important to take these factors into account when determining how to best help women obtain abortions; different strategies may be required for women who come from different contexts and backgrounds.

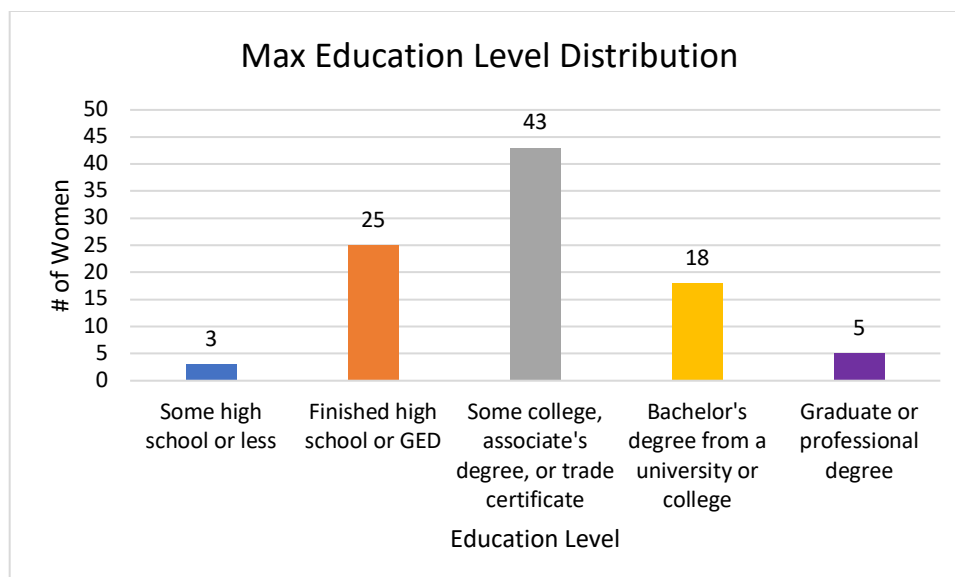
The third takeaway that this project produced is that women's stories matter. While there is merit in evaluating quantitative indicators such as trends in abortion when assessing the impact of certain obstacles, having direct conversations with these women directly forms a more complete picture of all of their experiences in obtaining an abortion. These narratives provide important insight into how obstacles in accessing abortions interact and how a woman's individual circumstances play a role in influencing her experience in getting an abortion. For example, conversations with multiple subjects who struggled with the decision to undergo this procedure due to personal upbringing highlighted a critical distinction between being pro-choice and pro-abortion; there is a great difference between believing that abortion is morally right or wrong and believing that women should be able to make this decision for themselves. All of the women I interviewed believed that a woman should be able to decide whether to get an abortion, but many did not feel personally comfortable having this procedure. This type of nuance would be difficult to capture without having an in-depth conversation with a woman who has faced this challenge.

Furthermore, these narratives illuminated how women did not make the decision to have an abortion lightly. Each woman I interviewed assessed her situation and determined that she was not prepared to have a child at that time. In some cases, this meant weighing the infeasibility of continuing a pregnancy against personal beliefs. That these women picked abortion as the best option after rationally evaluating their own personal circumstances demonstrates the importance of this allowing women to make this decision for themselves. Jane commented:

The option to have the procedure was great. Because I had been going through this mental debilitation...but having the option to do it made it easier for me. Because if I was really dead set on not having a baby and had no options, what would I have done? Or how would it have affected me mentally? I probably wouldn't be here honestly.

This powerful comment provides insight into how the option to have an abortion is so critical to ensuring the wellbeing of women who are not in a position to raise a child. These narratives serve as a reminder that women who get abortions have valid reasons for doing so, and in some cases, this choice can be as serious as the difference between life and death. Thus, policymakers and abortion advocates should highlight these stories when working towards improving access to abortion for women nationwide.

**Appendix**Appendix A: Demographics of Women Surveyed



Appendix B: In-clinic optional survey

Which of the following factors, if any, made it more difficult to receive an abortion? Check any that apply.

- Cost of procedure
- Lack of insurance
- Arranging transportation to/from clinic
- Mandatory waiting period between abortion counseling and procedure
- Lack of time due to work or childcare
- Lack of nearby clinic
- Access to information about abortion services
- Community opposition to abortion
- Family opposition to abortion
- Personal beliefs
- Other: \_\_\_\_\_
- None of the above

Can you indicate which factor was most difficult to overcome? Please put a star next to this factor.

Please use the space below if you have any comments about your experience accessing abortion services today that you would like to share.

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Please fill out the following information

- What is your age? \_\_\_\_\_
- What is your profession? \_\_\_\_\_
- What was your total income in 2018 before taxes? Your best guess is fine. \_\_\_\_\_
- Which of the following best describes you?
  - Single, never married
  - Married
  - Divorced
  - Separated
  - Widowed

How many children do you have (if any)? \_\_\_\_\_

Which of the following best describes you? *Select all that apply.*

- White
- Black or African American
- Hispanic or Latinx
- American Indian or Alaska Native

FLIP PAGE

- Asian
- Native Hawaiian or other Pacific Islander
- Other

What is the highest level of education that you have received?

- Less than high school
- Some high school
- Finished high school or GED
- Trade certificate
- Some college or associate's degree
- Bachelor's degree from a university or college
- Graduate or professional degree

Follow up:

Please enter your email address below if you are interested in participating in a longer 30-minute phone call with Stephanie Jaffe at Duke University about challenges you may have encountered when accessing abortion services. Participants in the phone interview will receive a **\$20 Amazon electronic gift card**. All personal information, including your email, will remain confidential and be stored on an encrypted online storage service. If you provide your email address, I will connect the information from your paper survey with the information that I will collect in the phone survey. If you do not wish to enter your email here but you are interested in participating in the phone interview, you can email me at [stephanie.jaffe@duke.edu](mailto:stephanie.jaffe@duke.edu).

Email Address (please print clearly) \_\_\_\_\_

## Appendix C: Semi-Structured Phone Interview Guideline

### Intro:

- How was your weekend/got any plans for the weekend?
- Tell me about yourself! What do you do for work?

### Questions about Abortion

- Can you tell me about the process of obtaining this abortion?
- IF NECESSARY: Did you face any challenges in obtaining this abortion? What were some of the things you had trouble with?
  - o If necessary, include examples: distance to the clinic, cost, lack of information, etc.?

DISCUSS ANY TOPICS MENTIONED IN ANSWER TO PREVIOUS QUESTION FIRST, THEN PROBE WITH OTHERS

- COST:
  - o Was it challenging for you to come up with the money to pay for your abortion? Why was this challenging?
  - o What did you do to come up with the money?
  - o Do you have insurance? Does your insurance cover abortion?
- ACCESSIBILITY:
  - o Why was it challenging to come in for an appointment?
  - o Was it challenging to get time off work? Harder than for a regular appointment?
    - Lack of info
  - o How far do you live from the clinic? How did you get there?
  - o Was it challenging to find transportation? Harder than for a regular appointment?
  - o Was it challenging to find a clinic? What did you do to find a clinic that could help you?
  - o What did you think about the counseling and the 72-hour waiting period you were required to go through before your abortion?
- SOCIAL FACTORS
  - o I am going to ask some questions about your family and the community you live in. Remember, if you ever feel uncomfortable, you may choose to skip the question or stop the interview.
  - o Did you share your decision to have an abortion with your family? Why/why not?
    - IF YES: How did your family influence how you felt about your abortion decision? Does your family support the decision? Why or why not?
  - o Did you share your decision to have an abortion with anyone else in your community? Why/why not?
    - IF YES: Does your community support the decision? Why or why not?
  - o How did you feel about abortion before this experience? Why did you feel like that?
- IF THEY MENTION ANOTHER OBSTACLE
  - o Why did \_\_\_\_\_ make it challenging for you to get an abortion?
  - o What did you do to get around this?
  - o

AT THE END



You've mentioned a number of things that make it challenging for women to get abortions. These things include \_\_\_\_ Would you be able to identify which of these things were hardest and easiest to overcome? Was \_\_\_\_ easier or harder than \_\_\_\_?

Anything else you'd like to share?

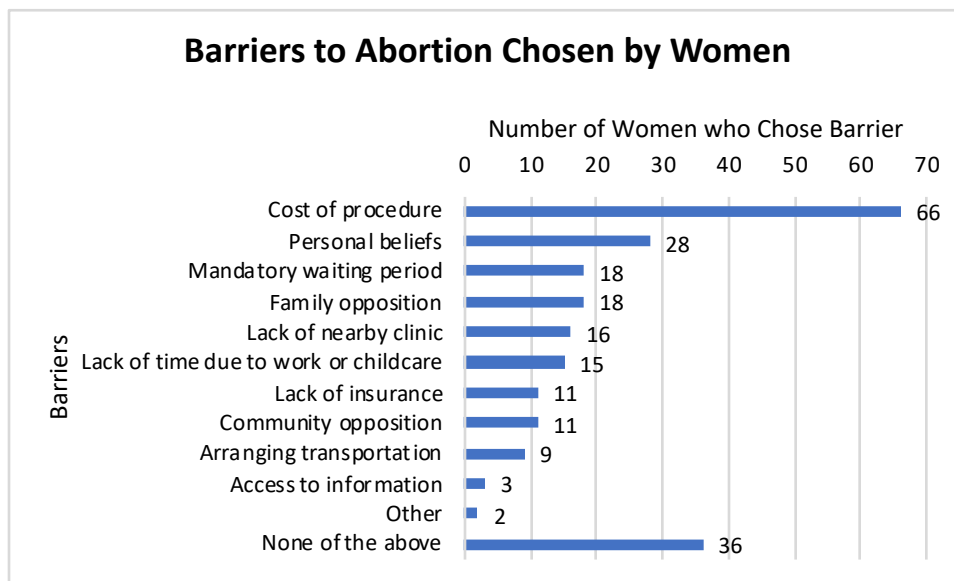
(If I do not have their demographic information from the quantitative surveys):

I have just a few questions about your background I'd like to ask you.

\*Ask demographic questions

- What is your age?
- What is your profession?
- What was your total income in 2018 before taxes? Your best guess is fine.
- Which of the following best describes you?
  - o Single, never married
  - o Married
  - o Divorced
  - o Separated
  - o Widowed
- How many children do you have (if any)?
- Which of the following best describes you? *Select all that apply.*
  - o White
  - o Black or African American
  - o Hispanic or Latinx
  - o American Indian or Alaska Native
  - o Asian
  - o Native Hawaiian or other Pacific Islander
  - o Other
- What is the highest level of education that you have received?
  - o Less than high school
  - o Some high school
  - o Finished high school or GED
  - o Trade certificate
  - o Some college or associate's degree
  - o Bachelor's degree from a university or college
  - o Graduate or professional degree

Thank you so much for your insight; I know this can be a difficult topic and I appreciate you taking the time to speak with me. Feel free to contact me at any point after the interview if you have any questions. Is the email you have been emailing you from a good email for the amazon gift card? You should be receiving your Amazon gift card shortly. Have a nice day!

Appendix D: Obstacles to Abortion Chosen by Women

Appendix E: Interview Codes

<b>Code</b>	<b>Description</b>
Profession	Anything about job, both in general or in relation to an obstacle
Personal context	Personal situation not related to profession or socioeconomic status, usually related to details of pregnancy
Children	How many children subject has, effect on decision to have abortion
Finding clinic/access to info	Process of making appointment and finding abortion clinic, obtaining information about procedure, funding, location, cost,
Experience at clinic	Experience at actual clinic, including information given, opinions, process, environment
Time	Time taken to get abortion, whether this was difficult
Protesters	Experience and opinions on protesters outside clinic
Insurance, access to other health care	Subject's healthcare in relationship to pregnancy and insurance coverage of abortion
Cost	Anything about cost of abortion
Distance	Whether subject lived far from clinic, impact of distance
Transportation	Means of getting to appointment
Mandatory waiting period	Opinion on 72-hour mandatory waiting period for phone consultation
Partner	Relationship with partner, partner's role in process
Personal feelings	How subject feels about abortion in general or her own abortion specifically
Family	How family feels about abortion, whether family was told
Community	How other people in subject's life feel about abortion, whether they were told
Stance: Support	Subject or people in subject's life support decision
Stance: Against	Subject or people in subject's life support decision
Hardest	Hardest obstacles to receiving abortion
Recs	Things subject would have liked to see or something done differently

**Works Cited**