

## Diana Greene Foster, PhD

### Director of Research



Diana Greene Foster, PhD, is a professor and demographer who uses quantitative models and analyses to evaluate the effectiveness of family planning policies and the effect of unwanted pregnancy on women's lives. She leads the Turnaway Study, a nationwide longitudinal prospective study of the health and well-being of women who seek abortion including both women who do and do not receive the abortion. She is collaborating with scientists on a Nepal Turnaway Study. Dr. Foster has worked on the evaluation of the California State family planning program, Family PACT. This work

demonstrated the effectiveness of the program in reducing the incidence of unintended pregnancy and the effect of dispensing a one year supply of contraception. Dr. Foster created a new methodology for estimating pregnancies averted based on a Markov model and a microsimulation to identify the cost-effectiveness of advance provision of emergency contraception. In 2017, Dr. Foster received the [Robert A. Hatcher Family Planning Mentor Award](#) by the [Society of Family Planning](#); a transcript of her acceptance speech is available [here](#). Dr. Foster received her undergraduate degree from UC Berkeley, her MA and PhD in Demography and Public Policy from Princeton University.

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### Research projects and studies

**Turnaway Study.** The Turnaway Study is a prospective longitudinal study examining the mental health, physical health, and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term. From 2008 to 2010, we recruited from 30 abortion facilities around the country to recruit about 1,000 women who sought abortions, some who received abortions because they presented for care under the gestational limit of the clinic and some who were “turned away” and carried to term because they were past the gestational limit.

**Global Turnaway Study.** Inspired by the success of the [Turnaway Study](#), the goal of this project is to launch a multi-country study to compare the consequences of legal abortion, illegal abortion, and carrying an unwanted pregnancy to term in a variety of settings.

**Ultrasound viewing.** Ultrasound in the context of abortion care has received more attention in recent years as states have passed regulations mandating specific ultrasound procedures. Already 23 states have enacted such laws, requiring abortion providers to perform ultrasounds and/or offer fetal images and heart tone sounds to patients.

**IUD Self-Removal.** For many women, the fact that the Intrauterine Device (IUD) is provider-controlled is a barrier to its use. In keeping with ANSIRH's commitment to novel and forward-thinking approaches to reproductive health research, the IUD Removal Options Study examines the feasibility and appeal of self-removal of the IUD.

**Reproductive Autonomy.** ANSIRH's work in Reproductive Autonomy investigates women's power to control matters regarding contraceptive use, pregnancy, abortion, and childbearing. Our research is done in the U.S. and internationally and involves measurement development, social science research, and literature reviews.

**ADAPT Study: Attitudes and Decision-making After Pregnancy Testing.** Nearly half of pregnancies in the United States are considered “unintended,” and at least half of these pregnancies are carried to term. Although accidental pregnancies are common, evidence about how women make decisions about their pregnancies and the health care they want and are able to obtain is surprisingly limited.

**Gender-based Power and Contraceptive Use among Adolescents and Young Adults.** ANSIRH’s Reproductive Autonomy Scale was developed based on data from a sample of adult women of childbearing age. The next phase of ANSIRH’s work on Reproductive Autonomy involves, in part, testing and adapting the scale for use with adolescents. To do this, Dr. Ushma Upadhyay is leading a project to examine the pathways between power, gender norms, and contraceptive use among young people ages 15 to 24. The project entails three components:

**Reproductive Autonomy Scale.** Based on data collected from 1,892 women at 13 family planning and 6 abortion facilities in the United States, ANSIRH researchers, led by Dr. Ushma Upadhyay, developed the first-ever Reproductive Autonomy Scale. This validated, multidimensional instrument that can measure reproductive autonomy, or a woman’s ability to achieve her reproductive intentions using 14 items grouped into 3 subscales: freedom from coercion; communication; and decision-making. Increased scores on the scale were associated with lower likelihood of unprotected sex in the past three months.

**Assessing the Cost-Effectiveness of Providing Contraceptive Services.** The financial and human cost of unintended pregnancy is much debated, but the public sector savings realized through the provision of contraception is well-established, largely due to work done by ANSIRH researchers, Drs. Diana Foster and M. Antonia Biggs, and the **Bixby Center** for Global Reproductive Health at UCSF.

**Contraceptive Preferences.** Nearly all women in the United States have used a method of contraception. Most commonly, women use condoms or the pill, but an increasing number choose an Intrauterine Device (IUD) or contraceptive implant. Inconsistent use and discontinuation rates are high for all methods. ANSIRH researchers have found that currently available methods do not have all the features that women say are important to them.

**Desire to Avoid Pregnancy (DAP) scale.** The Desire to Avoid Pregnancy (DAP) scale is a psychometrically validated measure of a woman’s preferences about a future pregnancy and childbearing.

## Recent publications

- June 2019. [Stability of Retrospective Pregnancy Intention Reporting Among Women with Unwanted Pregnancies in the United States \(\*Maternal and Child Health Journal\*, June 2019.\)](#) ...Request pdf
- June 2019. [Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study \(\*Annals of Internal Medicine\*, June 2019.\)](#) ...Request pdf
- June 2019. [The Turnaway Study summary \(June 2019.\)](#)
- April 2019. [Turnaway Study annotated bibliography \(April 2019.\)](#)
- February 2019. [Psychometric Evaluation of an Instrument to Measure Prospective Pregnancy Preferences: The Desire to Avoid Pregnancy Scale \(\*Medical Care\*, February 2019.\)](#) ...Request pdf
- January 2019. [Women’s access to abortion improves children’s lives \(January 2019.\)](#)
- January 2019. [Intended pregnancy after receiving vs. being denied a wanted abortion \(\*Contraception\*, January 2019.\)](#) ...Request pdf
- November 2018. [Support for and interest in alternative models of medication abortion provision among a national probability sample of U.S. women \(\*Contraception\*, November 2018.\)](#)
- October 2018. [Effects of Carrying an Unwanted Pregnancy to Term on Women’s Existing Children \(\*The Journal of Pediatrics\*, October 2018.\)](#) ...Request pdf

- October 2018. Improving abortion service delivery and quality of care: Recommendations based on experiences of women turned away from abortion care (October 2018.)

### Media coverage

- Why Women Getting Abortions Now Are More Likely to Be Poor (The New York Times, 7.9.19)
- Twelve months of birth control pills at once is beneficial, new research says (USA Today, 7.8.19)
- A New Study Reveals Just How Much The Hyde Amendment Is Hurting Women (The Huffington Post, 6.20.19)
- Separating fact from fiction in abortion talking points (Washington Post, 6.12.19)
- Abortion Limits Carry Economic Cost For Women (All Things Considered, 5.23.19)
- Abortion Bans Create a Public Health Nightmare (Wired, 5.21.19)
- 'Women will die': how new abortion bans will harm the most vulnerable (The Guardian, 5.19.19)
- Here's exactly how restricting abortion harms public health (Popular Science, 5.16.19)
- Right-wing media can't stop mis-citing a 2013 abortion study -- and other outlets are repeating the error (Media Matters, 4.8.19)
- Abortion is Good for Children. You Heard Right. (Lilith Magazine, 3.6.19)