Introduction to the Turnaway Study

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The Turnaway Study is ANSIRH’s prospective longitudinal study examining the effects of unintended pregnancy on women’s lives. The major aim of the study is to describe 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 women from 30 abortion facilities around the country—from Maine to Washington, Texas to Minnesota. We interviewed nearly 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 facility’s gestational limit.

We interviewed participants by phone every six months over a period of five years. We conducted nearly 8,000 interviews over the course of the study, and the stories that women shared with us about their lives are fascinating. We will continue to document their experiences in articles and other publications for the next several years.

The Turnaway Study is an effort to capture women’s stories, understand the role of abortion and childbirth in their lives, and contribute scientific data to the ongoing public policy debate on the mental health and life-course consequences of abortion and unwanted childbirth for women and families.

Turnaway Study annotated bibliography


Describe some of the reasons why women seek abortion.


Provide our estimate that even before most 20-week bans were implemented, more than 4,000 women were denied wanted abortions due to gestational limits.


Examines the predictors of seeking later abortions and the stories of women who sought them.


Provides a description of our study recruitment.


Describes what counseling occurs in abortion clinics; shows that most women don’t feel pressured and that they find counseling less helpful when it is state-mandated.
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Shows that being denied a wanted abortion results in economic insecurity for women and their families, and an almost four-fold increase in odds that household income will fall below the Federal Poverty Level.


Show the effect of receiving or being denied a wanted abortion on drug, alcohol, and tobacco use. Women continuing unwanted pregnancies reduce/cease some, but not all, substance use, while women who have abortions tend to continue substance use patterns from before their abortions. There is no indication that having an abortion leads women to increase binge drinking, alcohol-related problem symptoms, tobacco use, or drug use.


Show that carrying a pregnancy to term slows the dissolution of romantic relationships with the man involved, but by two years, there is no difference in romantic relationships between those who had the abortion and those who carried the pregnancy to term. For women who carry to term, ongoing contact with the man involved results in continued exposure to violence.


Illustrates that attitudes about abortion morality and legality are not always congruous. Also shows that women who are denied abortion become less supportive of abortion rights.


Describe the effect of receiving or being denied an abortion on self-esteem, life satisfaction, stress, social support, and life plans. Women denied wanted abortions initially have worse self-esteem and life satisfaction. Over time, there are no major differences in self-esteem, life satisfaction, stress, or social support. Women who receive abortions have six times higher odds of having positive life plans and are more likely to achieve them.


Describe the effects of receiving or being denied abortion on women’s mental health. There is no evidence that abortion causes mental health problems, including depression, PTSD, and suicide. Women who are denied abortion initially have higher anxiety than women receiving an abortion; however, over time, there are no differences in depression or anxiety between the groups.


Show that women experience a mix of positive and negative emotions after an abortion, with relief predominating, and all emotions diminishing over time. The vast majority of women who have negative emotions about their abortion still think it was the right decision. Overall, 95% of women feel that abortion was the right decision.


Demonstrates the burden women face trying to raise money to pay for an abortion and that women who did not have access to public or private insurance coverage were delayed due to raising money for the abortion.


Describes who chooses to view their ultrasounds and women’s emotional responses to viewing, which are not all negative, and some are even positive.


Demonstrates that choosing adoption is rare even when abortion is no longer an option and describes the experiences of the women who make that choice.


Describes women’s exposure to protesters and shows that the more contact, the more upsetting the protesters are. But also shows that protesters don’t change how women feel about their abortions.


Shows that carrying an unwanted pregnancy to term is far riskier to women’s physical health than having an abortion.


Women who have an abortion are more likely to use less effective methods of contraception, and more likely to experience unintended pregnancy after the abortion.


Shows there is no difference in the rate of unintended pregnancy between women who received an abortion and women who were denied a wanted abortion. Women who receive an abortion are more likely to have an intended pregnancy in the next five years compared to women who are denied.


Demonstrates that when women have control over the timing of having children, the children benefit. We find measurable differences in the economic wellbeing and development of existing
Additional Resources:


Socioeconomic outcomes of women who receive and women who are denied wanted abortions. (2018) Jan; http://bit.ly/2mIBhYS

