

Study finds vulnerable young, single women of color most likely to receive financial assistance for abortion

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Abortion fund patients who get aid to help pay for abortions are younger and more likely to be African American when compared to general abortion patients in the U.S., according to the findings of a study just published online in the journal *Social Work in Health Care*.

These patients receive over \$1,000 in aid on average to pay for procedures that would otherwise be unaffordable, given their limited resources

"The patients in this study are trying to fund procedures that can cost over \$2,000 on average, while they report having about \$500 of their own resources to contribute to the procedure. These are vulnerable patients who are piecing together funding from a variety of sources," said Gretchen Ely, an associate professor in the University at Buffalo School of Social Work.

The longer it takes for patients to gather the funding the longer the procedure is delayed, which in turn increases cost.

"Given that findings suggest that aid for second-trimester procedures has increased from 2010 to 2015, it appears that the quest for funding may be causing delays in accessing an abortion. This parallels increasing state-level restrictions," said Ely.

"It shows the dire circumstances of people who are vulnerable – that includes vulnerability because of race or where they live."

Abortion funds are advocacy organizations that also help patients pay for the cost of an abortion by pledging financial assistance directly to a health-care provider. In the U.S., the National Network of Abortion Funds (NNAF) is the main umbrella organization for 70 independent-member abortion funds. The NNAF also maintains the Tiller Memorial Fund, its own abortion fund, which provides [financial assistance](#) to patients who are unable to cover the entire cost of the procedure on their own. Data of patients funded through the Tiller fund was used for this study.

"These abortion funds are filling in where [public health policy](#) should be picking up the costs," said Ely.

Ely analyzed nearly 4,000 NNAF case records between 2010 and 2015 and compared the data with the demographics from the Abortion Surveillance Report, which collects data on the national level from [abortion patients](#).

The results suggest that women who couldn't afford an abortion and received funding to pay for their procedures were more likely to be single, young adolescent or African-American, populations that also sought to fund expensive procedures performed later in the pregnancy, averaging about \$2,000, but received about half that in aid.

The increase in funding pledges for second trimester abortions parallels the unprecedented state-level restrictions on abortion that picked up after the 2010 midterm elections, according to Ely.

The legality of abortion does not always translate into access. In fact, Ely said, although it varies by region, abortion services are very inaccessible

in the U.S.

Texas recently finalized new laws requiring fetal remains to be buried or cremated. Utah recently became the first state to require doctors to administer anesthesia to women having abortions. Tennessee now has a mandatory waiting period that involves visiting a doctor two days before an abortion, then returning for the procedure.

Ely said these kinds of requirements cause delays and increase costs, impeding the process and pushing abortions into the second trimester.

"A good many people who need [abortion](#) services are already using Medicaid," said Ely. "If funds were available to everyone, they would not have to piece together financing, which would promote access to very early, less expensive first trimester abortions," she said.

Provided by University at Buffalo

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