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Perceptions of Male Knowledge and Support Among U.S. Women Obtaining Abortions

Rachel K. Jones, PhD¹, rjones@guttmacher.org

Ann M. Moore, PhD¹, amoore@guttmacher.org

Lori F. Frohwirth, BA¹, lfrohwirth@guttmacher.org

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¹Guttmacher Institute

125 Maiden Lane, 7th floor

New York, NY, 10038

Phone: 212-248-1111

Fax: 212-248-1951

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Abstract

Purpose: At least one national study has shown that most women having abortions have consulted with male partners prior to terminating the pregnancy. However, little is known about the extent to which women perceive men to be supportive of their abortion decisions or which relationship characteristics are associated with male knowledge of and support for the abortion.

Methods: We used data from a nationally representative sample of 9,493 women obtaining abortions to examine perceptions of male knowledge and support for the abortion according to three relationship characteristics: Union status, length of relationship and exposure to intimate partner violence.

Main Findings: The overwhelming majority of women reported that the men with whom they got pregnant knew about the abortion, and most perceived these men to be supportive. Cohabiting and, to a lesser extent, married women as well as those in longer relationships were more likely to report both of these outcomes, even after controlling for demographic characteristics. Exposure to intimate partner violence by the man involved in the pregnancy, reported by 7% of abortion patients, substantially reduced the likelihood that women perceived the men to know about or to be supportive of the abortion.

Conclusion: Our results suggest that most women obtaining abortions are able to rely on male partners for social support. Education and counseling efforts that incorporate or reach out to male partners may increase support for women obtaining abortions. However, this strategy may not be appropriate for all women, especially those exposed to intimate partner violence.

Introduction and Background

About one-half of the 6.4 million U.S. pregnancies that occur each year are unintended and about half of those end in abortion (Finer & Henshaw, 2006). Research suggests that, for many women, the decision to terminate an unintended pregnancy is influenced by male partners. Several studies have found not only that the majority of women having an abortion have consulted with or informed their partner, but they are more likely to have involved their partner than to have involved family members or friends (Major, Zubek, Cooper, Cozzarelli, & Richards, 1997; Finer, Frohworth, Dauphinee, Singh, & Moore, 2006). Research also suggests that most women perceive male partners to be supportive and perceive little or no conflict around the abortion (Major et al., 1997). Male knowledge and support for the abortion is positively associated with women's post-abortion well-being and adjustment (Major et al., 1997; Major, Cozzarelli, Testa, & Mueller, 1992). A better understanding of the dynamics behind these outcomes—for example, which relationship characteristics are associated with male support—could inform counseling strategies for women obtaining abortions as well as their partners.

A sizeable minority of women do not inform men about their abortions. In 2008, 12% of U.S. women obtaining abortions were not in a relationship with the man who got them pregnant (Jones, Finer, & Singh, 2010), and these women may be unable, or see little reason, to inform men about the procedure. More troublesome are associations between intimate partner violence and disclosure. In a study of 486 women having abortions, those with abuse histories were significantly less likely than nonabused women to have informed their partner of the pregnancy or to report having partner support in the abortion decision (Glander, Moore, Michielutte, & Parsons, 1998). Woo, Fine, and Goetzl (2005) found among 818 abortion patients at a single clinic, 17% choose not to tell their partners about the procedure. Eight percent cited physical

harm as a reason for nondisclosure, and exposure to intimate partner violence in the last year was twice as high among nondisclosers (24%) than disclosers (12%). This concern was validated in a recent survey that included men who had been involved in at least one abortion; 14% of men that acknowledged perpetrating intimate partner violence reported that they sought to prevent the abortion (compared to 7% who sought to compel the abortion and 80% who reported no conflict) (Silverman et al., 2010). Depending on the population being surveyed and the measure used, exposure to intimate partner violence among abortion patients ranges from 11% to 39% (Evins & Chescheir, 1996; Glander et al., 1998; Saftlas et al., 2010; Woo et al., 2005). Thus, abuse may be an important factor behind nondisclosure for a substantial proportion of abortion patients.

Most studies that have examined issues of male partner involvement in abortion, as well as exposure to intimate partner violence among women terminating their pregnancies, have relied on relatively small and nonrepresentative samples. This study uses nationally representative data from a sample of more than 9,000 U.S. abortion patients to examine the extent to which women obtaining abortions perceive their male partners to know about the abortion as well as perceptions of his supportiveness.

Methods

The 2008 Abortion Patient Survey (APS), conducted by the Guttmacher Institute, is the fourth in a series, and uses a design and questionnaire similar to those for the three earlier studies conducted in 1987, 1994-1995 and 2000-2001 (Henshaw & Silverman, 1988; Henshaw & Kost, 1996; Jones, Darroch, & Henshaw, 2002). A sample of facilities providing abortion services was randomly selected from all hospitals, clinics and physician's offices where abortions were known

to be performed in 2005 (Jones, Zolna, Henshaw, & Finer, 2008). Staff members at participating facilities were asked to distribute the questionnaire to all women who obtained an abortion during the fielding period. The four-page questionnaire, available in English and Spanish (and, at the request of one facility, Portuguese), included an introduction explaining the purpose of the survey and informing women that participation was voluntary and anonymous; remuneration was not provided to respondents.

The final sample of the 2008 APS contains information from 9,493 women accessing abortion services at 95 facilities. Participating facilities reported performing 12,866 abortions during the sampling period (April 2008 to May 2009), resulting in a response rate of 74%. Nonresponse on individual items was around 2% for most questions, and missing information on key demographic variables was imputed. Weights were constructed to correct for nonresponse and to make the data representative of all U.S. women obtaining abortions.

The survey adopted a split sample strategy, fielding two versions of the questionnaire. All women were asked to provide information about key characteristics such as age, marital status and exposure to violence. Within each facility, consecutive patients received different versions of the survey. Half of the sample (N=4,769) was asked about perceptions of partner knowledge of the abortion; the other half (N=4,724) was asked about abortion stigma, which is not examined in this analysis. The two samples had virtually identical demographic profiles, and no significant differences were found according to age, union status, race and ethnicity, education, poverty status or prior births.

Key variables and quantitative analytic strategy

We examine two key dependent variables: Whether women perceived men to know about the abortion and whether they perceived them to be supportive. Women's reports of male

knowledge of the abortion come from one item asked of half the respondents: “Does he [the man with whom you became pregnant] know that you are choosing to have an abortion?” and the response categories were “yes,” “no” and “don’t know.” Women’s perceptions of male support for the abortion come from one item asked of all women about the man involved in the pregnancy: “How supportive is he of your decision to have an abortion?” Seven response categories were provided, ranging from “very supportive” to “very unsupportive” including “He doesn’t know I’m having an abortion” and “I’m not sure.”

Our analysis focuses on three key independent variables that assess different dimensions of relationships: Union status, length of relationship and exposure to intimate partner violence (IPV). Union status comes from combining information about women’s formal marital status in the month they became pregnant and, among unmarried women, whether or not they were living with a male partner at that time. For purposes of this analysis, we distinguish between divorced (and widowed) women and those who were separated from their husbands. All respondents were asked, “At the time you became pregnant, how long had you been in a relationship with the man with whom you got pregnant?” Women were provided a space to write in the number of months and years and also had the option of indicating “I was not in a relationship with him.” Relative to nonresponse on other items, a sizeable minority of women, 7%, did not provide information about the length of the relationship with the man with whom they got pregnant. We speculate that the higher level of nonresponse is due to women’s difficulty characterizing when the relationship began or if it was, in fact, a “relationship.” In analyses that include this characteristic, these women are excluded.

The two items used to measure exposure to IPV were adopted from domestic violence screening instruments (Nelson, Nygren, McInerney, & Klein, 2004): “Has he [the man with

whom you became pregnant] ever hit, slapped, kicked or otherwise physically hurt you?” and, “Has he ever forced you to do anything sexual when you didn’t want to?” Women who answered affirmatively to either of these items were determined to have experienced IPV. The survey instrument did not assess exposure to mental, emotional or financial abuse.

Percent distributions were used to examine perceived male knowledge of abortion and perceptions of male support. We used t-tests to determine whether differences in these outcomes differed by union status, length of relationship and exposure to IPV, and multivariate logistic regression to examine associations between the two key outcome variables and relationship characteristics after controlling for age, race and ethnicity, prior births and abortions, education, and poverty status. For each independent variable, the most common group was used as the reference category. All analyses used weighted data and the complex sampling feature of SPSS 13.0 was used to determine statistical significance (t-tests).

Results

Relationship characteristics of abortion patients

A demographic profile of women who had abortions in 2008 has been published elsewhere (Jones et al., 2010), and our summary focuses on the key independent variables of this analysis. In 2008, women who were not living with their partners accounted for 56% of all abortions, and most of these women had never been married (45%) (Table 1). However, many appeared to be in relatively long-term relationships. More than half (62%) had been in a relationship with the man with whom they became pregnant for a year or longer. Women typically grouped together as “previously married” (Jones et al., 2010) were about equally likely to have been divorced or widowed (5%) as to have been separated (6%). Just under one-half of

women obtaining abortions were living with male partners in the month they got pregnant: 29% were unmarried but cohabiting with male partners, and 15% were married.

A small, but non-negligible, proportion of women obtaining abortions had been exposed to IPV by the man with whom they became pregnant: 6% had experienced physical abuse, 3% had been forced to do something sexually and 7% had experienced one or both of these events.¹

Perceived male knowledge of the abortion

Most women (82%) reported that the man with whom they became pregnant knew about the abortion; 16% indicated that he did not know and a small proportion (2%) were unsure (Table 2). There were substantial differences in women's perceptions of male knowledge according to relationship characteristics. Married (87%) and cohabiting (88%) women were significantly more likely than never-married (79%) women to indicate that the man knew about the abortion, while both divorced and separated women (72%) were significantly less likely to perceive the men to know. Similarly, the longer a woman had been in a relationship with the man with whom she became pregnant, the more likely she was to indicate he knew about the abortion. It is worth noting, that among women who were not in a relationship, a majority reported that the man knew about the abortion (61%). Women who had been exposed to IPV by the man with whom they became pregnant were significantly less likely to report that he knew about the abortion compared to women who had not been exposed to violence with that partner, 62% vs. 84%, respectively.

In the multivariate analysis, associations between relationship characteristics and perceived male knowledge of the abortion were maintained even after controlling for demographic characteristics. Cohabiting women were more likely than never married women to

¹ One in five women who had experienced any type of violence had been both physically abused and forced to do something sexually.

report that the man with whom they became pregnant knew about the abortion (OR= 1.56; with CI=1.25-1.95). (The positive association for married women was only marginally significant.) Women who had not been in a relationship or had been in a relationship for less than a year were less likely to indicate he knew about the abortion than those who had known the man two to five years (by a factor of .23 and .61, respectively; with CI=.18-.30 and .48-.77, respectively). Exposure to intimate partner violence substantially reduced the likelihood that women believed the man knew about the abortion (OR=.28; with CI=.21-.37).² Demographic characteristics associated with perceived male knowledge included age, ethnicity and prior abortions (not shown). Specifically, women aged 18-19 were significantly more likely than those aged 20-24 to report that the man knew about the abortion while those aged 25-39 were less likely to do so. Relative to non-Hispanic white women, Hispanic women were significantly less likely to perceive men to know about the abortion, while women who had had one, but not two or more, prior abortions were significantly more likely to report that the man knew about the abortion.

Perceptions of male support

More than two-thirds of women obtaining abortions perceived their partners to be supportive of their decision (Table 3), including 55% who reported him to be “very supportive” (not shown). When women whose partners did not know about the abortion were excluded,³ more than three-quarters (79%) perceived their partners to be supportive. Less than one in 10 women obtaining abortions perceived the men to be unsupportive.

² We also examined an IPV variable that distinguished between women who had experienced only physical violence, only sexual coercion or both and found no difference in outcome on either the t-tests or the multivariate analysis. That is, our analysis suggests that exposure to any type of IPV, physical or sexual, decreases the likelihood of women perceiving men to know about the abortion.

³ The question about perceptions of partner support (Table 3) was asked of all women in the sample whereas the question about partner knowledge of the abortion (Table 2) was only asked of half the sample. Hence, the proportion of women reporting the man with whom they got pregnant did not know about the abortion differs slightly on the two items (14% in Table 3 compared to 16% on Table 2).

Patterns in perceived partner support among women who reported male knowledge of the abortion differed substantially according to relationship characteristics. Women who were married or cohabiting at the time of the pregnancy were significantly more likely to perceive the men involved in the pregnancy to be supportive (87% and 82%, respectively) than were never married women (76%). Separated women were the least likely to perceive men to be supportive (66%). The longer a woman had been in a relationship with the man with whom she became pregnant, the more likely she was to perceive him to be supportive. Among women who were not in a relationship, almost two-thirds perceived male support, but this is significantly lower than in the comparison group; women not in a relationship were also significantly more likely to be unsure of male support (17%). Women who had been in a relationship for less than a year were significantly less likely than women in relationships of two to five years to perceive the man to be unsupportive.

Perceptions of male support differed substantially by exposure to IPV. Just under one-half of the survey respondents who reported exposure to IPV and who reported male knowledge of the abortion (49%) perceived these men to be supportive compared to 81% of women who were not exposed to IPV. Conversely, women with abusive partners who knew about the abortion were significantly more likely to perceive that these men were not supportive of their decision (25% compared to 8% not exposed to IPV) or to be unsure of his level of support (16% vs. 6% not exposed to IPV).

The logistic regression models were limited to women who reported male knowledge of the abortion, and women who perceived partners to be supportive were compared to all others (i.e., women who perceived partners to be unsupportive, neither supportive nor unsupportive or were unsure). Associations between all three relationship characteristics and perceptions of

support were maintained even after we controlled for demographic characteristics. Specifically, married and cohabiting women were significantly more likely than never married women to perceive their partners to be supportive. The negative association between being separated and perceptions of support were also maintained. Women who were not in a relationship with the man with whom they became pregnant or had been in a relationship of less than a year were less likely to perceive partner support, as were women who had been exposed to intimate partner violence.⁴ Demographic characteristics associated with perceived male support include young age, race and ethnicity, prior pregnancies and poverty (not shown). Specifically, adolescents aged 17 and under were significantly less likely than abortion patients aged 20-24 to perceive male support for the abortion. Compared to non-Hispanic whites, non-Hispanic black and Hispanic women were less likely to perceive male support. Women with children were less likely than those with none to perceive male support as were women who reported two or more prior abortions (compared to those with no prior abortions). Finally, relative to poor women, those with higher incomes were significantly more likely to perceive partner support.

Discussion

Research has found that among women terminating their pregnancies, male knowledge and support of this decision is associated with improved post-abortion well-being and adjustment (Major et al., 1997; Major et al., 1992). We found that more than eight in 10 women having abortions reported that the men with whom they became pregnant knew they were terminating the pregnancy and, among those, more than three-quarters perceived the men to be supportive of

⁴ When we examined the more refined measure of IPV in t-tests, we found that women who had experienced both physical violence and had been forced to do something sexually were significantly less likely than those who had experienced only one type of IPV to perceive the man to be supportive (38% compared to 52% for each of the other IPV situations). However, these associations disappeared in the multivariate analysis, and exposure to any type of IPV was associated with a reduced likelihood of perceived male support.

this decision. Perhaps not surprisingly, these outcomes were more common among women in more established relationships, including cohabiting and married women and those who had been in the relationship for one or more years. These associations were maintained even after controlling for characteristics such as age, education and race and ethnicity.

We expect that several dynamics contribute to these patterns. Women in more committed relationships may feel more desire, or obligation, to discuss pregnancy decisions with male partners. Individuals who are compatible about strategies for handling an unintended pregnancy may be more likely to be in a relationship or stay together when confronted with this situation. Another reason may be that cohabiting and married women find it harder to hide a pregnancy and its symptoms from someone with whom they live.

We cannot assume that male knowledge of the abortion is always due to voluntary disclosure of the information. Men may have found out through a third party or they may have found evidence of the pregnancy or abortion (e.g., a credit card charge).

Women separated from their husbands accounted for 6% of all abortion patients and were the least likely of the union status groups examined to perceive male support for the abortion. Compared to divorce, separation may represent a more recent, and perhaps temporary, change in relationship status. Women separated from their husbands may be undergoing a number of transitions and the decision to terminate the pregnancy may be a direct result of these changes. It is possible that the pregnancy may be unintended because of the separation from the husband. For these women, the pregnancy, or conflicting strategies about how to deal with it, may have contributed to the separation. Future research might explore this association in more depth.

To our knowledge, no national study has examined exposure to intimate partner violence among abortion patients. We found that a small but non-negligible proportion of abortion

patients, 7%, had been exposed to physical violence or unwanted sexual activity by the man with whom they became pregnant. This is substantially lower than estimates of previous studies of abortion patients, but most of those were measuring *lifetime* exposure to domestic violence (Evins & Chescheir, 1996; Fisher et al., 2005; see also Coker, 2007). Our estimate is slightly lower than two studies that estimated 11% of abortion patients had been exposed to intimate partner violence in the *last 12 months* (Saftlas et al., 2010; Woo et al., 2005). Differences in the measurement of abuse is one potential reason for the discrepancy between studies; women in our sample may have been exposed to domestic violence in the last year, but not by the man who got them pregnant. Additionally, each of the two studies with slightly higher estimates of intimate partner violence were restricted to women obtaining abortions at a single, large family planning clinic (that also offered abortion services); these types of facilities serve younger populations (Frost, 2001), which are at greater risk of intimate partner violence (Rivara, 2009). Our nationally representative sample includes women obtaining abortions at clinics as well as hospitals and physicians' offices and is more age diverse than clinic populations.

We found that women who experienced intimate partner violence were less likely to indicate their partners knew about the abortion and or that he was supportive, even after controlling for demographic characteristics. These patterns build on previous research, which found that women exposed to intimate partner violence may fear additional violence if they were to inform these men about the abortion (Glander, Moore, Michielutte, & Parsons., 1998; Hathaway, Willis, Zimmer, & Silverman, 2005; Leung, Leung, Chan, & Ho, 2002; Moore, Frohwirth, & Miller, 2010; Woo et al., 2005). For some, abortion may be a strategy to minimize involvement with the abusive man and to avoid a, or another, permanent connection with him. One potential reason abusive men may be less supportive of their partners' abortions has to do

with reproductive control, defined as “pregnancy-promoting behaviors as well as control and abuse during pregnancy in an attempt to influence the pregnancy outcome” (Moore et al., 2010, p. 1731). While reproductive control can occur in violent and nonviolent relationships, physically abusive men are more likely than non-violent men to engage in these types of strategies and behaviors (Center for Impact Research, 2000, Miller et al., 2007; Silverman et al., 2010).

This study has several limitations. A small but non-negligible proportion of respondents (7%) did not answer the item asking how long they had been in a relationship with the man with whom they became pregnant. We expect that this relatively high level of nonresponse is partially due to the fact that women in some types of relationships, including casually dating couples and “on-again/off-again” relationships (Dailey, Pfiester, Boraie, Gary, Gretchen, 2009), were unsure how to respond to the question and chose not to answer it. As a consequence, associations related to this variable are more tentative. While our survey item asked about formal marital status in the month the woman got pregnant, some women who had been living with their husbands at that time may have since separated and answered the item in reference to their current marital status. This has implications particularly for women who may have experienced union transitions between the time they became pregnant and the time of the abortion. Our study examines male knowledge and support from the perspective of women and may not reflect men’s actual level of knowledge or involvement. Exposure to violence may be underreported (Roelens, Verstraelen, Van Egmond, & Temmerman, 2008; Kramer, Lorenzon, & Mueller, 2004), and our measure of recent exposure should be regarded as a conservative one. Lastly, by default a survey of abortion patients excludes women who would have terminated the pregnancy but whose partners

prevented them from accessing services. Therefore, the lack of support reported by women having abortions may be the mildest form (Moore et al., 2010).

Future research might explore in more depth transitions in union status between conception and abortion to elucidate how an unintended pregnancy may impact relationship dissolution. It would also be valuable to collect data from men on their supportiveness of their partner's abortion decision and, if possible, how that matches with women's perceived supportiveness from their partners.

Conclusions and Discussion

Prior research has found that abortion patients whose male partners are supportive of their decision experience higher levels of post-abortion well-being and adjustment (Major et al. 1997; Major et al., 1992). Our results suggest that most women obtaining abortions are able to rely on male partners for social support and could benefit from efforts, on the part of abortion clinics (Becker, Bazant, & Meyers, 2008; see also Men and Abortion, 2006) and abortion support groups, to reach out to male partners. At the same time, counselors who talk with women about their support networks should be sensitive to the fact that some women may not want to share their decision with the men involved in the pregnancy. A small but non-negligible proportion of women obtaining abortions had experienced violence by the man with whom they became pregnant, and as an abortion may increase women's risk to further abuse, screening for domestic violence at the time of the abortion may help connect interested women to relevant counseling services and shelters.

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Reference List

- Becker, S., Bazant, E., & Meyers, C. (11-1-2008). Couples counseling at an abortion clinic: a pilot study. *Contraception* 78[5], 424-431.
- Center for Impact Research (2000). *Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project*. Chicago, IL: Center for Impact Research.
- Coker, A. L. (2007). Does Physical Intimate Partner Violence Affect Sexual Health? *Trauma, Violence, & Abuse*, 8(2), 149-177.
- Dailey, R., Pfister, A., Jin, B., Beck, G., & Clark, G. (2009). On-again/off-again dating relationships: How are they different from other dating relationships? *Personal Relationships*, 16(1), 23-47.
- Evins, G. & Chescheir, N. (1996). Prevalence of domestic violence among women seeking abortion services. *Women's Health Issues*, 6(4), 204-210.
- Glander SS, Moore ML, Michielutte R, & Parsons LH (1998). The prevalence of domestic violence among women seeking abortion. *Obstetrics and Gynecology*, 91(6), 1002-1006.
- Finer LB, Frohwirth LF, Dauphinee LA, Singh S, & Moore AM (2006). Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception*, 74(4), 334-344.
- Fisher, W. A., Singh, S. S., Shuper, P. A., Carey, M., Otchet, F., Lean-Brine, D. et al. (2005). Characteristics of women undergoing repeat induced abortion. *CMAJ: Canadian Medical Association Journal*, 172(5), 637-641.
- Finer LB & Henshaw SK (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38(2), 90-96.

- Frost, J (2001). Public or private providers? U.S. women's use of reproductive health services
121. *Family Planning.Perspectives.*, 33(1), 4-12.
- Glander SS, Moore ML, Michielutte R, & Parsons LH (1998). The prevalence of domestic violence
among women seeking abortion. *Obstetrics and Gynecology*, 91(6), 1002-1006.
- Hathaway JE, Willis G, Zimmer B, & Silverman JG (2005). Impact of partner abuse on women's
reproductive lives. *Journal of the American Medical Women's Association*, 60(1), 42-45.
- Henshaw SK & Silverman J (1988). The characteristics and prior contraceptive use of U.S. abortion
patients. *Family Planning.Perspectives*, 20(4), 158-168.
- Henshaw SK & Kost K (1996). Abortion patients in 1994-1995: characteristics and contraceptive use.
Family Planning.Perspectives, 28(4), 140-158.
- Jones RK, Darroch JE, & Henshaw SK (2002). Patterns in the socioeconomic characteristics of women
obtaining abortions 2000-2001. *Perspectives on Sexual and Reproductive Health*, 34(5), 226-
235.
- Jones RK, Zolna MR, Henshaw SK, & Finer LB. (2008). Abortion in the United States: incidence and
access to services, 2005. *Perspectives on Sexual and Reproductive Health*, 40(1), 6-16.
- Jones RK, Finer LB, & Singh S (2010). *Characteristics of U.S. Abortion Patients, 2008*. New York:
Guttmacher Institute.
- Kramer A, Lorenzon D, & Mueller G (2004). Prevalence of intimate partner violence and health
implications for women using emergency departments and primary care clinics. *Women Health
Issues*, 14(1), 19-29.

Leung TW, Leung WC, Chan PL, & Ho PC (2002). A comparison of the prevalence of domestic violence between patients seeking termination of pregnancy and other general gynecology patients. *International Journal of Gynaecology and Obstetrics*, 77(47-54).

Major, B., Cozzarelli, C., Testa, M., & Mueller, P. (1992). Male Partners' Appraisals of Undesired Pregnancy and Abortion: Implications for Women's Adjustment to Abortion. *Journal of Applied Social Psychology*, 22(8), 599-614.

Major, B., Zubek, J., Cooper, L. M., Cozzarelli, C., & Richards, C. (1997). Mixed Messages: Implications of social Conflict and Social Support Within Close Relationships for Adjustment to a Stressful Life Event. *Journal of Personality and Social Psychology*, 72(6), 1349-1363.

Miller E, Decker M, Reed E, Raj A, Hathaway JE, & Silverman JG (2007). Male partner pregnancy-promoting behaviors and adolescent partner violence: findings from a qualitative study with adolescent females. *Ambulatory Pediatrics*, 7(5), 360-366.

Men and Abortion. (2006). Registered Providers. Available at:

<http://www.menandabortion.com/providers.html> Last accessed, October 8, 2010

Moore AM, Frohwirth LF, & Miller E Male reproductive control of women who have experienced intimate partner violence in the United States. *Social Science and Medicine*, 70:1737-44.

Nelson HD, Nygren P, McInerney Y, & Klein J (2004). Screening women and elderly adults for family and intimate partner violence: a review of the evidence for the U.S. preventive services task force. *Annals of Internal Medicine*, 140(5), 387-396.

Rivara, F. P., Anderson, M. L., Fishman, P., Reid, R. J., Bonomi, A. E., Carrell, D. et al. (2009). Age, period, and cohort effects on intimate partner violence. *Violence Victims.*, 24(5), 627-638.

- Roelens K, Verstraelen H, Van Egmond K, & Temmerman M (2008). Disclosure and health-seeking behaviour following intimate partner violence before and during pregnancy in Flanders, Belgium: a survey surveillance study. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 137(1), 37-42.
- Saftlas, A. F., Wallis, A. B., Shochet, T., Harland, K. K., Dickey, P., & Peek-Asa, C. (2010). Prevalence of Intimate Partner Violence Among an Abortion Clinic Population. *American Journal of Public Health*, 100(8), 1412-1415.
- Silverman, J. G., Decker, M. R., McCauley, H. L., Gupta, J., Miller, E., Raj, A. et al. (2010). Male Perpetration of Intimate Partner Violence and Involvement in Abortions and Abortion-Related Conflict. *American Journal of Public Health*, 100(8), 1415-1417.
- Woo J, Fine P, & Goetzl L. (2005). Abortion disclosure and the association with domestic violence. *Obstetrics and Gynecology*, 105(6), 1329-1334.

Table 1**Personal and Relationship Characteristics of Women Obtaining Abortions, 2008 Abortion Patient Survey**

	%
Age group	
<17	6.6
18-19	11.0
20-24	33.4
25-29	24.4
30-34	13.5
35-39	8.2
40+	2.9
Race and ethnicity	
Non-Hispanic White	36.1
Non-Hispanic Black	29.6
Asian, South Asian, API	6.7
Non-Hispanic Other	2.7
Hispanic	24.9
Education	
<12th grade	18.3
HS grad or GED	29.5
Some college or associate degree	35.8
College graduate or above	16.5
Prior births	
0	39.1
1	26.5
2 or more	34.5
Prior abortions	
0	50.4
1	28.4
2 or more	21.2
Poverty	
<100%	42.4
100-199%	26.5
200+%	31.1
Union status	
Married	14.8
Cohabiting	29.2
Never married	45.0
Divorced or widowed	5.3
Separated from husband	5.7
Length of relationship	
Not in a relationship	12.4
< 1 year	26.1
12-23 mos	12.9
2-5 yrs	31.3
>5 yrs	17.3
Exposure to IPV by man who got you pregnant	
Physical abuse	5.8
Forced to do anything sexual	2.6
Either	6.9
Neither	93.1
Unweighted N	9,493

Table 2

Perceived Male Knowledge of Abortion by Selected Relationship Characteristics, 2008 Abortion Patient Survey

Relationship Characteristic	Does (the man who got you pregnant) know that you are having an abortion?				Logistic regression model results [†]	
	Unweighted N	Yes	No	DK	OR	95% CI
All women	4,655	82.2	15.6	2.3	4,392	
Union status						
Married	674	87.1***	11.8***	1.2*	1.38	1.00-1.91
Cohabiting	1,367	87.8***	10.4***	1.7	1.56	1.25-1.95***
Never married (comparison)	2,096	79.4	18.1	2.5	1.00	0.55-1.16
Divorced or widowed	262	71.8*	24.3*	3.9	.80	1.0
Separated	256	72.4*	23.6	3.9	.94	0.64-1.37
Length of relationship						
Not in a relationship	542	60.6***	33.2***	6.2***	0.23	0.18-0.30***
< 1 year	1,174	81.1***	16.3***	2.6	0.61	0.48-0.77***
12-23 months	566	85*	14.3*	0.7	0.75	0.57-1.00
2-5 years (comparison)	1,363	88.5	10.1	1.4	1.00	1.0
>5 yrs	768	86.4	12.4	1.2	0.85	0.65-1.09
Exposure to IPV by man who got you pregnant						
Physical abuse or forced sex	314	62.3***	34.6***	3.1*	0.28	0.21-0.37
Neither (comparison)	4,312	83.5	14.5	2.1	1.00	1.0

*p<.05, **p<.01, ***p<.001

†Logistic regression model controlled for age, race and ethnicity, prior abortions, prior births, education and poverty status.

Table 3

Perceived Male Support of Abortion Decision by Selected Relationship Characteristics, 2008 Abortion Patient Survey

	Unweighted N	How supportive is he of your decision to have an abortion?					Logistic regression†	
		Supportive	Neither supportive nor	Unsupportive	Not sure	He doesn't know	OR	95% CI
All women	9,186	67.8	4.3	8.0	5.8	14.1		
Women reporting male knowledge	7,901	78.9	5.0	9.3	6.8			
Union status								
Married	1,196	87***	3.2***	6.1***	3.7***		1.60	1.24-2.07***
Cohabiting	2,375	81.5***	3.9**	8.9	5.7*		1.17	1.02-1.34*
Never married (comparison)	3,545	76.1	5.6	10.8	7.5		1.0	
Divorced or widowed	383	76.3	7.1	6.9*	9.8		0.94	0.72-1.22
Separated	402	66.3***	9.5*	10.8	13.3**		0.71	0.55-0.92***
Length of relationship								
Not in a relationship	735	63.7***	9.7***	9.8	16.9***		.41	0.34-.50***
< 1 year	1,951	76.4***	5.2	10.7*	7.7***		.66	0.55-.079***
12-23 months	985	80.0	4.5	9.9	5.6		.83	0.68_1.00
2-5 years (comparison)	2,420	82.1	4.8	8.7	4.5		1.0	
>5 yrs	1,337	84.9*	2.8**	7.8	4.6		1.16	0.9%-1.44
Exposure to IPV by man who got you pregnant								
Physical abuse or forced sex	220	49.1***	10.3**	24.8***	15.8***		.22	0.18-0.27***
Neither (comparison)	5,990	80.7	4.7	8.4	6.2		1.0	

*p<.05 **p<.01 ***p<.001

†Logistic regression model controlled for age, race and ethnicity, prior abortions, prior births, education and poverty status.