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The Accessibility of Abortion Services in the United States, 2001

By Stanley K. Henshaw and Lawrence B. Finer

CONTEXT: A woman's ability to obtain an abortion is affected both by the availability of a provider and by access- related factors such as cost, convenience, gestational limits and the provision of early medical abortion services.

METHODS: In 2001-2002, The Alan Guttmacher Institute surveyed all known abortion providers in the United States, collecting information on their delivery of abortion services and on the number of abortions performed.

RESULTS: A minority of abortion providers offer services before five weeks from the last menstrual period (37%) or after 20 weeks (24% or fewer), but the proportions have increased since 1993. Providers estimate that one-quarter of women having abortions in nonhospital facilities travel 50 miles or more for services, and that 7% are initially unsure of their abortion decision. The majority of providers (59%) say that these clients usually receive abortions during a single visit. An average self-paying client was charged \$372 for a surgical abortion at 10 weeks in 2001, up from \$319 in 1997; only 26% of clients receive services billed directly to public or private insurance. Early medical abortions are becoming increasingly available but are more expensive than surgical abortions. More than half (56%) of providers experienced antiabortion harassment in 2000, but types of harassment other than picketing have declined since 1996.

CONCLUSIONS: Abortion at very early and late gestations and early medical abortion are more available than before, but charges have increased and antiabortion picketing remains at high levels. Thus, many women still face substantial barriers to obtaining an abortion.

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