

A Portrait of Abortion in California: Practical Barriers Undermine Access

With two-thirds of Californians identifying as pro-choice and no major restrictions on abortion access, California has long been considered a bastion of pro-choice values and policies. Despite this perception, many practical barriers prevent the most vulnerable California women from accessing the reproductive health services they need and deserve.

Abortion Trends

In the United States, approximately one in three women will have obtained an abortion by the time she is 45 years old. California abortion rates are similar to national rates. Of the 898,000 women in California who became pregnant in 2000, 26% (236,000) terminated their pregnancies. Although California's abortion rate has declined by 5% since 1996, the state still has one of the highest abortion rates in the country. In 2000, the abortion rate was 31.2 abortions per 1,000 women of reproductive age, compared to the national rate of 22.4 abortions per 1,000 women of reproductive age.

The demographic trends among women obtaining abortion indicate that abortion is more common among young, low-income and minority women. Fifty-two percent of women obtaining abortions are younger than aged 25; women aged 20-24 undergo one-third of all abortions; and, teens obtain 19% of all abortions. African American women are nearly four times as likely as white women to obtain an abortion and Hispanic women are 2.5 times as likely. These trends reflect a population of women who are more likely to be uninsured and impoverished than the general population and thus at-risk for a myriad of other conditions associated with low socioeconomic status.

Information Gaps

Young women are generally more likely than older women to obtain an abortion, especially after the first trimester. Many teens lack basic knowledge about pregnancy symptoms or accurate information about the risk of pregnancy and they tend to be less aware of their reproductive cycles. They often do not realize they are pregnant until the second trimester, usually because of a denial of the pregnancy and lack of information about preventing pregnancy. One survey found that a majority of teens receive information about pregnancy and contraception from their friends or from product advertising, not always reliable or accurate sources of information.

Shortage of Abortion Providers

Once a woman confirms that she is pregnant and decides she wants to terminate the pregnancy, she is likely to find it difficult to locate a nearby provider. Forty-one percent of California counties do not have an abortion provider. Similar to national trends, the number of total abortion providers in California has recently declined. In 2000, California had 400 abortion providers, which represented a 19% decrease since 1996. The shortage is due in part both to a steady decrease in the number of OB/GYN residency programs that offer abortion training and to the "graying" of abortion providers - 57 percent of all OB/GYNs who perform abortions are aged 50 and older.

Geographic Barriers

The shortage of available abortion providers forces many women across the state to travel great distances to access abortion services. In the West census region, where California is located, nearly one-fifth of women having abortions were forced to travel at least 50 miles to access a provider. This is particularly challenging for low-income women who live in rural areas, where public transportation is often limited and the cost of available transportation may be a prohibitive barrier. Moreover, abortions performed during the second-trimester require two days for the procedure, which means a woman often has to pay to spend the night near the hospital in between her two appointments. If she has children, she also needs to arrange childcare, which she may not be able to afford.

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Multiple Referrals

Women seeking abortions are often referred to multiple clinics before they find a provider who will accept their insurance or who will see them at their stage of pregnancy. One study found that 86% of women obtaining second-trimester abortions and 58% of women obtaining first-trimester abortions reported initial referrals to other clinics as a source of delay in their access to abortion. This is particularly a problem for high-risk women who have health conditions such as diabetes, are at a late gestational age, or who are covered under Medi-Cal - California's low-income health insurance program. A delay in finding an appropriate provider often means a decrease in the number of abortion providers who will see the woman and an increase in costs associated with the procedure.

Financial Difficulties

The cost of the procedure is also a prohibitive factor for a woman seeking an abortion - particularly if she is low-income, uninsured or underinsured. During the first-trimester, the cost of an abortion at a clinic or doctor's office ranges from \$350-\$500. At around 16 weeks gestation, it rises to \$650-700. At 20 weeks, it increases to more than \$1,000. Some women have no choice but to use money reserved for daily expenses, such as rent, food or clothing, to pay for the abortion. Other uninsured or underinsured women may simply not possess the financial resources to pay for the procedure, and thus have to find a way to raise the money. This often delays the timing of the abortion which in turn may increase the cost of the procedure.

Insurance Barriers

Although HMO and PPO insurance coverage for abortion is higher in California than the rest of the country (72% versus 48% for HMOs and 65% versus 44% for PPOs), California's uninsured rate is also higher than most states. For low-income women of reproductive age specifically, 33% are uninsured, compared to 9% of women who are above 200% of the Federal Poverty Level.

Unlike 33 states in the country, women insured under Medi-Cal can access abortion services without restriction. In fact, in 2004, Medi-Cal paid for approximately 39% of all California abortions. Despite its coverage of abortion, it is difficult for many people to enroll in Medi-Cal and then find Medi-Cal providers. An evaluation of Medi-Cal found that 59% of Medi-Cal beneficiaries stated the hours of Medi-Cal enrollment offices were not convenient and 78% believed that signing up for Medi-Cal required too much paperwork. Once enrolled, 56% found locating a Medi-Cal provider to be somewhat or very difficult.

We must remove the practical barriers that prevent women from accessing their legal right to abortion care. This includes training the next generation of abortion providers; increasing financial support to women seeking abortion; removing the bureaucratic barriers that preclude women from signing up for Medi-Cal and other programs; and increasing the awareness of Californians about their options, so women can make the best decisions for themselves and their families.