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## Recruiting pregnant people considering abortion: an analysis of differences in participant characteristics by recruitment site across online, abortion fund, and clinic-based sources

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### Abstract

**Objective:** To evaluate differences by recruitment method in the characteristics of participants who are considering abortion.

**Study design:** Between June 2021- April 2022, we recruited pregnant people considering abortion in Indiana from: (1) online posts; (2) abortion funds; and (3) abortion clinics. We compared participant characteristics reported in an online survey by recruitment source.

**Results:** Compared to those recruited from clinics (n=94), participants recruited online (n=84) and through abortion funds (n=239) were later in their pregnancy, already parenting, received less formal education, struggled financially, and were more likely to be Black or African American.

**Conclusions:** Recruitment from online sources and abortion funds reaches more people who face greater barriers to abortion care than recruitment from clinics.

### Keywords

abortion; abortion funds; Google Ads; recruitment; research methods; selection bias

### Introduction

Historically, most researchers studying abortion barriers have recruited participants from abortion clinics. However, clinic-based sampling may suffer from selection bias as it fails to recruit people who want an abortion, but for lack of information, financial, logistical, or other reasons, are unable to make it to an abortion clinic.(1–3) Importantly, clinic-based recruitment strategies may also miss or underestimate certain barriers to care.(1, 2) As researchers design studies to measure shifts in abortion-seeking experiences in the wake of the June 2022 *Dobbs v. Jackson Women’s Health Organization* opinion, we offer a brief analysis of recruitment data from a study in Indiana, a highly restrictive state,(4) to highlight differences in sample characteristics across various recruitment strategies.

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## Materials and Methods

The Hoosier Abortion Access (HAA) Study was a prospective, longitudinal study of people considering abortion in Indiana. Indiana had one of the most restrictive abortion policy contexts pre-*Dobbs*.(5) Between 1973 and 2020, Indiana enacted more abortion restrictions than nearly any other state, including limitations on abortion provision beyond 14 weeks gestation, severe limitations on public funding for abortion, physician admitting privilege requirements, and an 18-hour waiting period, among other restrictions.(5, 6) These restrictions contributed to an environment where 29% of Indiana residents who obtained an abortion in 2019 did so outside of the state, nearly three times the proportion who did so in the Midwest (11.7%) and nationally (8.6%).(5) This hostile policy context has persisted in the post-*Dobbs* period with Indiana being the first state to pass a new ban on abortion at zero weeks in July 2022(7) – this ban was enacted in September 2022, then enjoined, and then re-instated on August 1, 2023 following consideration by the Indiana State Supreme Court.

Within this state policy context, we recruited for the HAA Study. Eligibility criteria included being an Indiana resident (*“Do you currently live (or sleep most nights) in the state of Indiana?”*), who was currently pregnant and had considered abortion, able to read English or Spanish, and willing to provide informed consent and be contacted for study follow-up. We did not restrict eligibility to any specific age range. Additionally, participants who had been recently pregnant (in the last month) were eligible to complete a single cross-sectional survey (the endline survey only) to report on their pregnancy experiences and outcomes. We recruited all participants from three sources: (1) online via Google advertisements and posts on Plan C and Reprocare, websites offering abortion information and support; (2) over the phone via text messages sent by abortion fund counselors to their callers (All-Options, Chicago Abortion Fund, and Kentucky Health Justice Network); and (3) in-person via printed study flyers posted in five abortion clinics in Indiana. Interested participants clicked on a link in the Google Ad or abortion fund text message or scanned a QR code in the clinic-based study advertisement to reach the survey.

We fielded the 72-item survey with Qualtrics in both English and Spanish (translated from English to Spanish by a fluent Spanish-speaker on the research team). For this analysis we analyzed responses from three survey domains: 14 sociodemographic characteristic questions (e.g., age, race/ethnicity, gender, sexual orientation, education, insurance coverage, religion); three pregnancy and family characteristic questions (history of prior abortion, whether currently parenting, future desire for children); and four index pregnancy characteristic questions (whether index pregnancy was the participant’s first pregnancy, how the participant confirmed the pregnancy, duration of the pregnancy, and method of estimating pregnancy duration). Participants received a \$20 electronic gift card for completing the baseline survey, and an additional \$30 e-gift card for completing the follow-up survey.

To determine the recruitment source of each participant, we included a survey question asking respondents to indicate how they found the study. We categorized participants into one of four groups based on this data: online source; abortion fund; abortion clinic; and other. To reduce uncertainty in recruitment source information, we introduced source-

specific survey links to automatically differentiate between sites. When participant self-report of recruitment source conflicted with the information from the source-specific survey link, we categorized participants based on the source-specific survey link.

To compare participant characteristics by recruitment source, we utilized several survey data points: (1) data on recruitment source, as described above; (2) sociodemographic characteristics; (3) reproductive history; and (4) details on the current pregnancy (Table 1). We described the frequency of these variables overall in the full sample, as well as by recruitment source. Then, we assessed differences in these characteristics across the four groups, as well as separately between online and clinic recruits, and between abortion fund and clinic recruits using Chi-Squared, Fisher's Exact, and Kruskal-Wallis tests, as well as 95% confidence intervals for the difference in point estimates by recruitment source for key variables. For prior abortion history comparisons only, we excluded the 58 participants who had been recently pregnant but were no longer pregnant at the time of taking the survey (to avoid their potential report of an abortion for the index pregnancy as a "prior abortion"). Given that most research on abortion-seeking experiences has recruited participants from abortion clinics, we used clinic recruits as the reference group whose characteristics we compared to the alternative recruitment strategies: online and abortion funds. We conducted all analyses in Stata version 15. The WCG IRB reviewed and approved this study.

## Results

Between June 16, 2021 and April 3, 2022, we screened 941 individuals, of which 434 (46.1%) were eligible and retained in the study (Figure 1). Abortion funds recruited the largest number of participants (n=239, 55.1%), followed by abortion clinics (n=94, 21.7%), and online posts (n=84, 19.4%); 3.9% (n=17) found the survey by other or unknown means (primarily through a friend sharing the link with them). The proportion of eligible subjects evaluated from each recruitment source varied from 31% eligible among online recruits, to 81% eligible among abortion fund callers; retention of subjects at endline did not differ widely across recruitment sources (Figure 1). The distribution of participant characteristics differed across the recruitment sources (Table 1).

### Differences in sample characteristics among participants recruited from abortion clinics versus online

Participants recruited online were socioeconomically different in some respects compared to participants recruited from clinics (Table 1): online recruits were more likely to have only a high school education or less (45.2% vs 30.9%; 95%CI for difference: 3.3, 28.9) and were more likely to rarely or never have enough money to afford basic living needs (33.3% vs 17.0%; 95%CI for difference: 3.5, 28.8). Participant sociodemographic characteristics differed as well: a higher proportion of online recruits identified as Black or African American (25.0% vs 16.0%; 95%CI for difference: -2.8, 20.1), and as transgender or nonbinary (7.1% vs 2.1%; 95%CI for difference: -1.2, 11.4) than did clinic recruits. Further, online recruits more frequently reported speaking a language other than English in the home as compared to clinic recruits (13.1% vs 5.3%; 95%CI for difference: -0.5, 16.8).

While these latter three comparisons do not exclude the possibility of a null difference, the confidence intervals are suggestive of a positive difference.

With regard to reproductive characteristics, online recruits were more likely to be parents (57.1% vs 42.6%; 95%CI for difference: 0.7, 29.9) and less likely to have had a prior abortion (25.0% vs 73.0%; 95%CI for difference: -67.8, -34.4). For the current pregnancy, online recruits were less likely to have confirmed the pregnancy with ultrasound (25.0% vs 93.4%; 95%CI for difference: -55.1, -25.6) or facility-based test (31.0% vs 46.1%; 95%CI for difference: -32.0, -0.6) than were clinic recruits, and tended to be either earlier or later in their pregnancies than clinic recruits and differed in the methods they used to determine the duration of their pregnancies (Table 1).

### **Differences in sample characteristics among participants recruited from abortion clinics versus funds**

Participants recruited from an abortion fund differed socioeconomically from clinic recruits: fund recruits were more likely to have a high school education or less (52.7% vs 30.9%; 95%CI for difference: 3.3, 28.9), less likely to be employed for pay (51.0% vs 67.0%; 95%CI for difference: -27.0, -4.1), more likely to rarely or never have enough money to afford basic living needs (35.1% vs 17.0%; 95%CI for difference: 3.5, 28.8), and more likely to be on Medicaid (63.2% vs 51.1%; 95%CI for difference: 6.3, 30.6) than were clinic recruits. Participant racial and ethnic identities also differed: fund recruits were more likely to identify as Black or African American (46.0% vs 16.0%; 95%CI for difference: 20.3, 39.8), and less likely to identify as Asian (0.0% vs 4.3%; 95%CI for difference: -8.3, -0.2) or White (34.7% vs 58.5%; 95%CI for difference: -35.4, -12.1) than were clinic recruits.

Abortion fund recruits were more likely to be currently parenting (77.4% vs 42.6%; 95%CI for difference: 23.9, 46.5), and less likely to have had a prior abortion (62.7% vs 73.0%; 95%CI for difference: -23.6, -3.7) than were clinic recruits. The current pregnancy was less likely to be the participant's first pregnancy among fund recruits versus clinic recruits (16.7% vs 41.5%; 95%CI for difference: -36.2, -14.0), and fund recruits less commonly relied on ultrasound (29.2% vs 57.1%; 95%CI for difference: -41.6, -14.2) and pregnancy symptoms (36.3% vs 50.8%; 95%CI for difference: -28.4, -0.5) to confirm the pregnancy than did clinic recruits. Fund recruits tended to be further along in their pregnancies (30% vs 12% were 11 or more weeks into their pregnancies;  $p < 0.001$ ), and utilized different methods to estimate the duration of the pregnancy (Table 1).

## **Discussion**

In a sample of pregnant people considering abortion in Indiana, participants differed across important demographic, socioeconomic, and pregnancy history characteristics based on recruitment method. Compared to those recruited from abortion clinics, participants recruited online and through calls to abortion funds were later in their pregnancy, already parenting, received less formal education, struggled financially, and were more likely to be Black or African American. Many of these characteristics reflect social position and privilege, with direct implications for abortion access. Even pre-*Dobbs* many abortion patients had to borrow money or delay other expenses such as rent or groceries to

cover abortion costs, suggesting that participants who struggled to make ends meet may face greater difficulties in obtaining care.(8, 9) Similarly, research has demonstrated that interpersonal racism, greater distance from clinics, structural inequities in health insurance coverage and employment benefits, and other factors disproportionately limit access to abortion care for Black people in the United States;(10, 11) and because of racial disparities in birth outcomes including mortality, the impact of restricting access to abortion care is far more severe for Black people than for White people.(11, 12)

A shortcoming of this analysis is that all participants resided in a single state, Indiana, with a hostile policy context toward abortion; the extent to which findings are generalizable to other states remains unknown. Relatedly, it remains to be seen how feasible recruitment via Google Ads will be in the post-*Dobbs* context where people may be increasingly aware of and concerned about legal risk and privacy. Additionally, the sample size of online recruits was small, limiting our statistical power to evaluate precise differences from clinic recruits.

In conclusion, researchers should carefully consider recruitment strategies in any new studies of the experiences of pregnant people considering abortion. The consequence of failing to recruit participants facing the greatest barriers to abortion access will be research that systematically underestimates, or misses altogether, the needs and experiences of pregnant people considering abortion in the United States– and thus, fails to identify the fullest possible range of intervention points for expanding access to abortion. Findings from this analysis suggest that augmenting clinic-based recruitment with online and abortion fund recruitment could capture a more complete sample of people considering abortion.

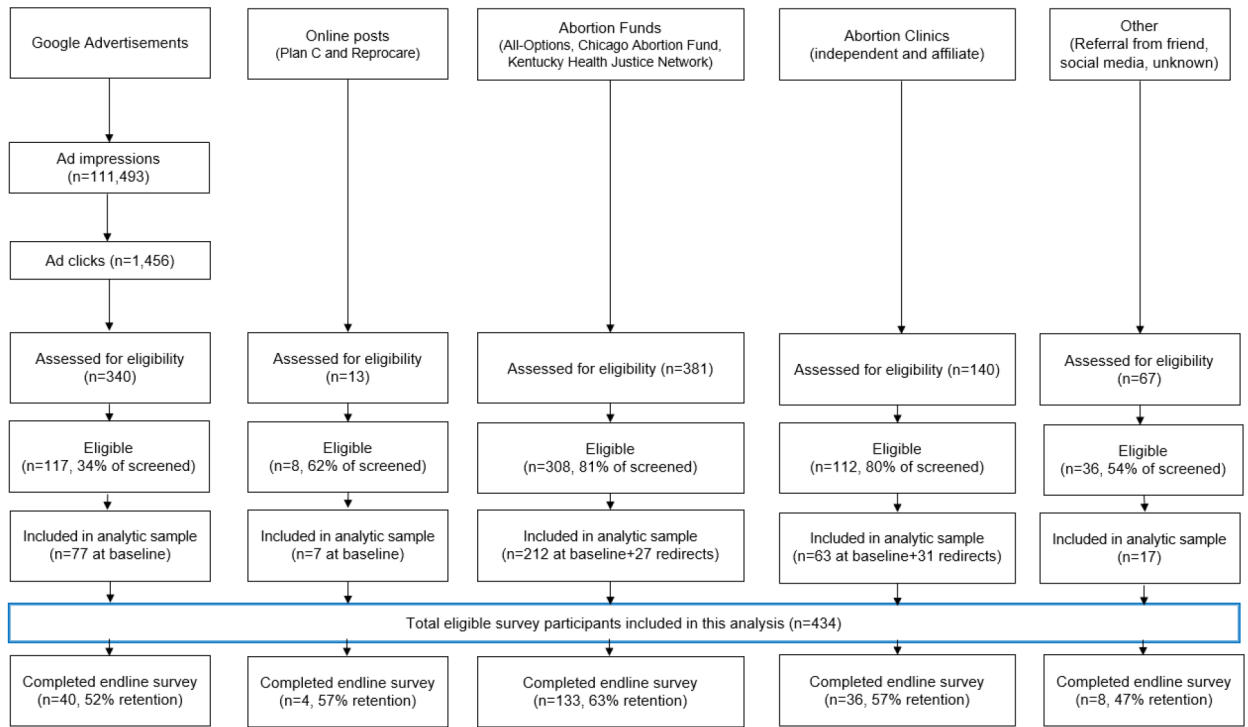
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**Figure 1.** Screening and recruitment of research participants for a study of abortion access in Indiana in 2021–2022.

**Table 1.**

Sociodemographic and reproductive characteristics of respondents to an online survey about abortion-seeking experiences among Indiana residents in 2021–2022, overall and by recruitment site (n=434)

Participant characteristics	Overall (n=434)		Site of recruitment into the study								Difference between online and clinic-based recruits		Difference between abortion fund and clinic-based recruits	
			Online post (n=84)		Abortion Fund (n=239)		Abortion Clinic (n=94)		Other & Unknown (n=17)		95% CI	P-value	95% CI	P-value
<b>Age of respondent (years)</b>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%				
Median age (IQR)	25	(22–30)	24	(21–31)	26	(23–31)	24	(21–28)	22	(20–29)	(–0.9, 2.5)	0.79	<b>(0.9, 3.5)</b>	<b>0.002</b>
15–19	44	10.1	11	13.1	15	6.3	15	16.0	3	17.6	--	--	--	--
20–24	157	36.2	36	42.9	79	33.1	35	37.2	7	41.2	--	--	--	--
25–29	110	25.3	13	15.5	67	28.0	27	28.7	3	17.6	--	--	--	--
30–34	81	18.7	14	16.7	52	21.8	13	13.8	2	11.8	--	--	--	--
35+	42	9.7	10	11.9	26	10.9	4	4.3	2	11.8	--	--	--	--
<b>Race and ethnicity*</b>														
Asian (non-Hispanic)	7	1.6	2	2.4	0	0.0	4	4.3	1	5.9	(–7.7, 3.1)	0.49	<b>(–8.3, –0.2)</b>	<b>0.001</b>
Black or African American (non-Hispanic)	152	35.0	21	25.0	110	46.0	15	16.0	6	35.3	(–2.8, 20.1)	0.13	<b>(20.3, 39.8)</b>	<b>&lt;0.001</b>
Hispanic/Latinx	46	10.6	8	9.5	25	10.5	12	12.8	1	5.9	(–12.5, 6.0)	0.49	(–10.1, 5.5)	0.55
Multiracial (non-Hispanic)	32	7.4	8	9.5	18	7.5	6	6.4	0	0.0	(–4.8, 11.1)	0.44	(–4.8, 7.1)	0.72
White (non-Hispanic)	189	43.5	43	51.2	83	34.7	55	58.5	8	47.1	(–21.9, 7.2)	0.32	<b>(–35.4, –12.1)</b>	<b>&lt;0.001</b>
Missing	8	1.8	2	2.4	3	1.3	2	2.1	1	5.9	--	--	--	--
<b>Language other than English used in the home</b>														
Language other than English used in the home	28	6.5	11	13.1	12	5.1	5.3	0.0	0	0.0	(–0.5, 16.8)	0.06	(–5.6, 5.0)	0.91
<b>Gender identity*</b>														
Woman only	420	96.8	77	91.7	234	97.9	92	97.9	17	100.0	--	--	--	--
Transgender or nonbinary	12	2.8	6	7.1	4	1.7	2	2.1	0	0.0	(–1.2, 11.4)	0.10	(–3.8, 2.9)	0.78
Prefer not to answer	2	0.5	1	1.2	1	0.4	0	0.0	0	0.0	--	--	--	--
<b>Intersex</b>	1	0.2	1.2	0	0.0	0.0	0	0.0	0	0.0	(–1.2, 3.8)	0.28	--	--
<b>Sexual orientation*</b>														
Straight/heterosexual	320	73.7	56	66.7	188	78.7	66	70.2	10	58.8	(–18.0, 9.4)	0.54	(–2.9, 18.3)	0.14
Bisexual/Pansexual/Gay/Queer	99	22.8	29	34.5	42	17.6	22	23.4	6	35.3	(–2.2, 24.4)	0.10	(–15.7, 4.0)	0.22

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Participant characteristics	Overall (n=434)		Site of recruitment into the study								Difference between online and clinic-based recruits		Difference between abortion fund and clinic-based recruits	
			Online post (n=84)		Abortion Fund (n=239)		Abortion Clinic (n=94)		Other & Unknown (n=17)					
Asexual	16	3.7	2	2.4	9	3.8	5.3		0	0.0	(-8.5, 2.6)	0.31	(06.7, 3.5)	0.52
Questioning	15	3.5	4	4.8	8	3.3	1	1.1	2	11.8	(-1.3, 8.7)	0.14	(-0.8, 5.4)	0.25
Missing	8	1.8	2	2.4	4	1.7	2	2.1	0	0.0	--	--	--	--
<b>Relationship status</b>											--	0.39	--	<b>0.001</b>
Single	187	43.1	29	34.5	121	50.6	27	28.7	10	58.8	--	--	--	--
In a relationship(s), not living together	92	21.2	22	26.2	39	16.3	27	28.7	4	23.5	--	--	--	--
In a relationship(s), living together	138	31.8	29	34.5	69	28.9	38	40.4	2	11.8	--	--	--	--
Indeterminant and mixed status	14	3.2	4	4.8	8	3.3	1	1.1	1	5.9	--	--	--	--
Missing	3	0.7	0	0.0	2	0.8	1	1.1	0	0.0	--	--	--	--
<b>High School or less education</b>	203	46.8	38	45.2	126	52.7	29	30.9	10	58.8	<b>(3.3, 28.9)</b>	<b>0.05</b>	<b>(10.4, 33.1)</b>	<b>&lt;0.001</b>
<b>Current student</b>	102	23.5	22	26.2	55	23.0	22	23.4	3	17.6	(-9.8, 16.2)	0.62	(-10.4, 10.2)	0.98
<b>Currently employed for pay</b>	240	55.3	45	53.6	122	51.0	63	67.0	10	58.8	(-25.9, 2.9)	0.12	<b>(-27.0, -4.1)</b>	<b>0.01</b>
<b>Has health insurance</b>	367	84.6	72	85.7	198	82.8	83	88.3	14	82.4	(-11.3, 8.2)	0.76	(-13.2, 2.9)	0.25
<b>Restrictive health insurance coverage</b>														
Medicaid	251	57.8	46	54.8	151	63.2	48	51.1	6	35.3	(-9.3, 29.4)	0.44	<b>(6.3, 30.6)</b>	<b>0.002</b>
Indian Health Service	12	2.8	3	3.6	6	2.5	2	2.1	1	5.9	(-3.9, 7.4)	0.54	(-3.5, 4.7)	0.78
<b>Rarely or never has enough money to meet basic needs</b>	133	30.6	28	33.3	84	35.1	16	17.0	5	29.4	<b>(3.5, 28.8)</b>	<b>0.01</b>	<b>(8.6, 28.2)</b>	<b>0.001</b>
<b>Religious affiliation</b> <sup>*,†</sup>														
Christian	199	60.3	40	64.5	115	63.9	33	44.0	11	84.6	<b>(1.0, 32.2)</b>	<b>0.04</b>	<b>(4.3, 29.4)</b>	<b>0.01</b>
Catholic	32	9.7	4	6.5	20	11.1	8	10.7	0	0.0	(-12.3, 4.3)	0.36	(-7.3, 7.8)	0.96
Other religious affiliation	11	3.3	3	4.8	4	2.2	4	5.3	0	0.0	(-7.2, 6.0)	0.86	(-7.8, 2.1)	0.18
None/Agnostic/Atheist	88	26.7	15	24.2	41	22.8	30	40.0	2	15.4	<b>(-29.1, -1.0)</b>	<b>0.04</b>	<b>(-27.7, -4.2)</b>	<b>0.01</b>
Missing (excluded from % denominator)	104	24	22	26.2	59	24.7	19	20.2	4	23.6	--	--	--	--

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Participant characteristics	Overall (n=434)		Site of recruitment into the study								Difference between online and clinic-based recruits		Difference between abortion fund and clinic-based recruits	
			Online post (n=84)		Abortion Fund (n=239)		Abortion Clinic (n=94)		Other & Unknown (n=17)					
<b>Family Planning information</b>														
Prior abortion**	202	53.7	21	25.0	133	62.7	46	73.0	2	11.8	(-67.8, -43.4)	<0.001	(-23.6, -3.7)	0.01
Currently parenting	283	65.2	48	57.1	185	77.4	40	42.6	10	58.8	(0.7, 29.9)	0.04	(23.9, 46.5)	<0.001
Wants kids in future	137	31.6	27	32.1	69	28.9	37	39.4	4	23.5	(-22.0, 8.9)	0.41	(-23.9, 0.8)	0.06
<b>Characteristics of current pregnancy</b>														
Current pregnancy is first pregnancy	111	25.6	25	29.8	40	16.7	39	41.5	7	41.2	(-25.9, 2.3)	0.10	(-36.2, -14.0)	<0.001
Method used to confirm the pregnancy*^														
Ultrasound	114	30.3	14	16.7	62	29.2	36	57.1	2	11.8	(-55.1, -25.6)	<0.001	(-41.6, -14.2)	<0.001
Facility-based pregnancy test	140	37.2	26	31.0	82	38.7	29	46.0	3	17.6	(-32.0, -0.6)	0.04	(-21.3, 6.6)	0.30
Home pregnancy test	296	78.7	69	82.1	164	77.4	52	82.5	11	64.7	(-12.8, 12.1)	0.95	(-16.1, 5.8)	0.38
Late or missed period	189	50.3	43	51.2	103	48.6	36	57.1	7	41.2	(-22.2, 10.3)	0.47	(-23.0, 4.9)	0.21
Pregnancy symptoms	153	40.7	37	44.0	77	36.3	32	50.8	7	41.2	(-23.0, 9.5)	0.42	(-28.4, -0.5)	0.04
Missing (excluded from % denominator)	58	13.4	0	0.0	27	11.3	31	33.0	0	0.0	--	--	--	--
Duration of pregnancy in weeks^														
<=6 weeks	152	41.8	52	64.2	70	34.1	19	31.1	11	64.7	--		--	
7-9 weeks	128	35.2	15	18.5	74	36.1	35	57.4	4	23.5	--		--	
10-11 weeks	32	8.8		3.7	23	11.2		8.2	1	5.9	--		--	
12-13 weeks	19	5.2	4	4.9	13	6.3	2	3.3	0	0.0	--		--	
14-16 weeks	16	4.4	3	3.7	13	6.3	0	0.0	0	0.0	--		--	
17-19 weeks	10	2.7	1	1.2	8	3.9	0	0.0	1	5.9	--		--	
20-23 weeks	5	1.4	2	2.5	3	1.5	0	0.0	0	0.0	--		--	
24-31 weeks	2	0.5	1	1.2	1	0.5	0	0.0	0	0.0	--		--	
Missing (excluded from % denominator)	70	16.1	3	3.6	34	14.2	33	35.1	0	0.0	--		--	
Method used to estimate duration of pregnancy^														
Ultrasound	201	54.2	21	25.0	119	56.9	57	93.4	4	23.5	--		--	<0.001

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Participant characteristics	Overall (n=434)		Site of recruitment into the study								Difference between online and clinic-based recruits		Difference between abortion fund and clinic-based recruits	
			Online post (n=84)		Abortion Fund (n=239)		Abortion Clinic (n=94)		Other & Unknown (n=17)					
First day of last menstrual period	27	7.3	11	13.1	14	6.7	0	0.0	2	11.8	--		--	
Know date conceived	117	31.5	39	46.4	66	31.6	3	4.9	9	52.9	--		--	
Guess/I don't know	26	7.0	13	15.5	10	4.8	1	1.6	2	11.8	--		--	
Missing (excluded from % denominator)	63	14.5	0	0.0	30	12.6	33	35.1	0	0.0	--		--	

\* For these identities and experiences, participants could select more than one option.

\*\* For the frequency and percentage of participants who reported a prior abortion, we excluded data from the 58 individuals who took the final survey only after they were no longer pregnant, to remove misclassification that could have resulted if any of these 58 people reported an abortion for the index pregnancy as their "prior abortion".

<sup>^</sup> These questions were not asked of participants who were no longer pregnant and completed only the cross-sectional follow-up survey (not baseline)