Original research article

What women seek from a pregnancy resource center

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Abstract

Objectives: Twenty-nine states enable taxpayer funding to go to pregnancy resource centers (PRCs, often called crisis pregnancy centers), which are usually antiabortion organizations that aim to dissuade women from abortion. Some abortion rights advocates have called for the elimination of PRCs. However, we know little about why women visit PRCs.

Study design: We analyzed deidentified intake survey data from first-time clients to a secular, all-options PRC located in Indiana between July and December 2015 on their reason(s) for seeking services, material resources provided and content of any peer counseling. We analyzed visitor logs of all (not just first-time) clients for repeat clients. Frequencies were computed in Excel.

Results: A total of 273 first-time clients visited the PRC during the study period. Their most frequent reason for seeking services was free diapers (87%), followed by baby clothes/items (44%). They most frequently discussed parenting resources/referrals in peer counseling (55%). Only 6% of clients discussed pregnancy options and only 2% discussed abortion during peer counseling. Nearly half of the PRC’s total clients were repeat visitors.

Conclusion: PRC clients largely sought parenting, not pregnancy, resources. The underutilization of pregnancy-options counseling and high demand for parenting materials and services point to unmet needs among caregivers of young children, particularly for diapers. Our findings are limited in their generalizability to typical PRCs, which are conservative Christian and antiabortion. Nonetheless, our results suggest the need to rethink the allocation of resources toward funding or eliminating PRCs solely for the purpose of influencing women’s decisions about abortion.

Implications: Understanding the services women who go to PRCs seek (i.e. diapers and parenting support) can help women’s health advocates better meet those needs, notably in contexts that are nonjudgmental about women’s pregnancy decisions.

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1. Introduction

Pregnancy resource centers (PRCs), often called crisis pregnancy centers (CPCs) by abortion rights advocates, are generally defined as nonprofit organizations that provide resources for women seeking reproductive-related — and usually pregnancy-related — counseling. Twenty-nine states enable taxpayer funding to go to these centers [1], and in the early 2000s, the federal government gave PRCs over US$60 million in funding support [2]. Although ostensibly neutral about women’s pregnancy choices, in practice, most PRCs are run by evangelical Christian abortion opponents to dissuade women from seeking abortion, often through delay tactics, misinformation and sometimes outright falsehoods [3]. Simultaneously, PRCs dispense material resources, such as free pregnancy tests [3,4]. Current estimates place the number of PRCs in the US at around 2300 [5], compared to fewer than 1000 abortion-providing facilities [6].

Scholars [7,8], legal experts [9], journalists [10,11], legislators [12] and advocacy organizations [1] have critiqued antiabortion PRCs, accusing them of deceiving women and propagating misinformation. Some advocacy organizations, including NARAL Pro-Choice America, have moved to eliminate PRCs altogether [1]. Despite this attention, the scholarly record on PRC clients is notably thin. Scholarship has cogently examined staff motivations...
and strategies as well as the origins of these centers [3,5,13–15], the medical accuracy of the information they disseminate [7,8] and the content of their postabortion counseling [16], but little research has attended to the client experience. We do not know why women go to PRCs. Without this knowledge, the implications of the robust findings of PRC practices are partial at best: we cannot know the effect of PRC practices on women — and, more pointedly, whether they harm women’s ability to autonomously make a pregnancy decision — without information on PRC clients and why they seek PRC services and support.

Here, drawing on intake data from a PRC, we examine what services and supports clients seek when they first go to a PRC. This analysis cannot fully redress the gap in the literature because the PRC we analyze is secular and provides full-options counseling, unlike typical PRCs, which are avowedly evangelical Christian and antiabortion. Our methodological choice stems from access challenges owing to most centers’ antiabortion ideology (although we note that Kelly [3,5] is an exception in having successfully gained research access to antiabortion PRCs) and, more importantly, because typical PRCs often do not keep comprehensive records of client visits [5]. Mindful that findings from a secular PRC may not be generalizable to all PRCs, we focus our analysis on the incoming client population — e.g. their reasons for visiting — rather than on client outcomes, on which a center’s all-options or antiabortion ideology may have a clearer and divergent impact. Although the services at the secular PRC are unique, we argue their incoming clients are similar. These results help flesh out why women seek PRC (typical or all-options) services and support.

2. Materials and methods

The All-Options Pregnancy Resource Center (hereafter “the Center”), in Bloomington, Indiana, is a secular program of Backline, a national nonprofit organization that describes itself as offering unconditional and judgment-free pregnancy, parenting, abortion and adoption support. The Center describes itself as offering “open-hearted support across all your pregnancy and parenting turning points” [17]. In this way, it notably differs from typical PRCs, which are antiabortion in their mission [5]. It offers pregnancy-options counseling and also supplies free pregnancy tests, material support like diapers and baby clothes, abortion referrals and funding and referrals to local community services. To our knowledge, it is the only non-antiabortion PRC in the US.

Abortion access is limited in Indiana. As of 2011, there were 12 abortion providers in the state, and 61% of Indiana women lived in a county with no abortion provider [6]. In contrast, according to a 2014 count by NARAL Pro-Choice America, there are 86 PRCs in Indiana [1]. Moreover, the state legislature is hostile to abortion: it has enacted several restrictions on abortion care, including a ban on abortions after 20 weeks gestation, a requirement that all abortion patients receive and be offered the opportunity to view a preabortion ultrasound scan and parental consent for minors seeking abortion [18]. Compared to national rates, abortion is a less frequent pregnancy outcome: in 2011, while 18% of pregnancies nationwide ended in abortion, only 9% of pregnancies (n=9430) in Indiana ended in abortion [6].

Staff members or peer-counseling advocates at the Center complete an intake survey of every person who comes to the Center and identifies it as their first visit. Specifically, they present all visitors with a paper intake form that includes a consent form. Following completion of this form, a staff member or peer-counseling advocate takes the client to a private counseling room, gives them a confidentiality disclosure and begins asking them open-ended questions about what brought them to the Center and how they are feeling. For most people, this turns into a peer-counseling session and can last anywhere from 5 min to 1 h. After counseling is complete, the staff member or peer-counseling advocate explains the services available and provides the client with any resources or referrals requested. The staff member or peer-counseling advocate then completes a visit log using the online platform SurveyMonkey. Generally, they complete the visit log right after the client interaction; in the event they do not, they always complete the log on the same day. Staff members and peer-counseling advocates completed a survey for everyone who entered the Center during the study period and indicated it was their first visit, with the exception of a handful of people (specific number not collected) who came only to get condoms or a pregnancy test and had no further interaction with staff or advocates.

The survey includes closed-ended questions about client demographics (age, race, gender, city of residence); what services, support and/or information the person sought; for whom they sought these services; what services and/or support the person received; and the content of any peer counseling. Answers were not mutually exclusive; staff or advocates could select all that applied. All questions also included an open-field “other” option, with the opportunity to specify. For example, the possible responses to the prompt “What brought [the client] to All-Options?” offered the following answer options: pregnancy test, one-on-one peer counseling, abortion funding, diapers, baby clothes/items, condoms, support or information about pregnancy, support or information about parenting, support or information about abortion, support or information about adoption, support or information about miscarriage, support or information about pregnancy loss, support or information about reproductive health and other (please specify).

Separate from this collection regarding first-time clients via SurveyMonkey, staff members and peer-counseling advocates tracked all client visits and materials dispensed. These counts include clients who visited only to obtain a pregnancy test and/or condoms and did not complete an intake form, and thus, these describe a larger number of clients than the survey data. The Center assigns each client a
unique identification number and associates it with every one of the client’s visits. Some clients, however, were inadvertently assigned more than one identification number. Additionally, some clients had a “proxy” (usually a close family member) pick-up material support in their place. Sometimes the proxy pick-ups provided an inaccurate identification number for the client. For these reasons, the number and rate of repeat visits across all of the Center’s clients is likely an undercount.

In the analysis below, we utilize deidentified intake survey data from all first-time clients between July 1 and December 31, 2015 and aggregate data on repeat visits across all clients from May 11, 2015 through December 31, 2015. We computed frequencies in Excel. All study protocols were approved by the University of California San Francisco’s Institutional Review Board.

3. Results

3.1. Characteristics of sample

During the 6-month study period, 273 people visited the Center for the first time. All but three participated in one-on-one peer counseling. Most (97%) sought support in regard to themselves. Nearly one third (31%) additionally sought support in regard to a daughter, son or other dependent. Staff reports suggest that some of those who identified themselves as seeking support for another dependent were doing so on behalf of a grandchild. A total of 101 clients reported demographic data. They ranged in age from 17 to 65 years, with an average age of 30 years, 81% identified as white, 93% were from Bloomington and 8% were men.

3.2. What clients sought from the Center

Clients reported that the most frequent reason they came to the Center was to get diapers (87%), followed by baby clothes/items (44%) (Table 1). A much smaller number of clients came to get a free pregnancy test (11%) or for one-on-one peer counseling (5%). Only four people (2%) came seeking support for or information on abortion and one (<1%) came seeking support for or information about adoption.

Consistent with these stated desires, clients most frequently left with diapers (81%), followed by baby clothes/items (32%) (Table 2). Three clients (1%) received outside referrals for abortion funding and abortion care.

3.3. Peer counseling

The 270 clients who participated in peer counseling most frequently discussed parenting resources/referrals (55%), followed by money/financial resources (40%), relationship or family support (36%), parenting support or counseling (30%) and social services (30%) (Table 3). Only 2% (n=4) discussed abortion information or services in their peer-counseling session. No one discussed adoption (either seeking resources and referrals or support and counseling).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Reasons for first visit to the PRC</th>
<th>Percentage of Clients Reporting (n=273)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers</td>
<td></td>
<td>87</td>
</tr>
<tr>
<td>Baby clothes/items</td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>Free pregnancy test</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>One-on-one peer counseling</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Condoms</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Support or information about pregnancy</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Support or information about parenting</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Support or information on abortion</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Support or information on adoption</td>
<td></td>
<td>&gt;1</td>
</tr>
<tr>
<td>Support or information about miscarriage</td>
<td></td>
<td>&gt;1</td>
</tr>
<tr>
<td>Support or information about pregnancy loss</td>
<td></td>
<td>&gt;1</td>
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<tr>
<td>Otherb</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

3.4. Repeat clients

Intriguingly, 7% of clients (n=20) discussed prior experience at a CPC, presumably a conservative Christian-based, antiabortion center. Staff reported that the referenced CPC is the local one, which also provides free diapers but limits clients to five diapers per week and requires them to attend a 1-h class before they can receive the diapers. The Center, in contrast, provides one full pack of diapers per week to clients without requiring anything from them. According to staff reports, some clients who discussed the CPC in their peer counseling shared that they are grateful that the Center provides so many diapers without a required class and that they feel the Center is more welcoming and treats them with a greater degree of dignity and respect than the nearby CPC.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Material support and referrals clients received during their first visit to the PRC</th>
<th>Percentage of Clients Receiving (n=273)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapers</td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>Baby clothes/items</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Condoms</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Pregnancy test</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Referrals for abortion funding and care</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Otherb</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

a Percentages do not sum to 100 as clients could receive more than one kind of material support from the PRC.

b The “other” category includes prenatal vitamins and maternity clothes.
who came 20 times or more (Table 4). Usually, the initial visit and many of the subsequent visits were to receive diapers. Twenty-seven clients, however, also sought pregnancy tests in a later visit.

4. Discussion

At the Center, few clients first visit seeking pregnancy-options counseling; most come to secure free diapers and/or baby clothes and items. Details about what clients discussed in peer counseling and the material support they left with provide further evidence that clients did not initially come to the Center for help in pregnancy decision making. To the extent that the reasons clients come to the Center are similar to why clients seek services at other PRCs, even though the former is secular in its mission and not antiabortion in its ideology, these results suggest that most people go to PRCs not for pregnancy resources but for parenting resources. Indeed, the high and repeat demand for diapers suggests a deep need for the provision of diapers to caregivers of young children. Our findings suggest the value of recent federal legislation that would create a diaper subsidy for low-income caregivers [19].

These results, of course, are limited in that they come from analysis of only a single center and, moreover, must be contextualized in the significant difference between typical PRCs and the Center. Unlike the vast majority of PRCs, the Center is not run by an evangelical Christian network and does not oppose abortion. Because individual PRCs do not publish demographic information on their clients [5], we do not know how similar this population is to one that would go to a typical PRC or even the other nearby PRC; it is possible that other PRCs could attract a different cross-section of women. Existing research on the population seeking PRC services [5] as well as reports of previous CPC experience from the Center’s clients suggest that there is, at a minimum, overlap between the Center’s clients and those of the local, antiabortion PRC.

To the extent that clients are self-selecting, we might expect that the rate of women seeking pregnancy-options counseling at the Center is actually higher than at typical PRCs. After all, we could imagine that a woman making a pregnancy decision who is familiar with the ideologies of the local PRCs might choose a center that takes an inclusive, all-options approach over one that is antiabortion. That clients of the Center so infrequently sought options counseling underscores our proposition that women rarely go to PRCs for pregnancy resources.

Although we posit that any self-selection effect is limited for first time clients, we do expect that self-selection is more pronounced among repeat clients, who have experience of the counseling approach of the Center. We should presume, in fact, that clients who come more than once do so at least with knowledge of and perhaps with a preference for the inclusive setting of the Center. For this reason, we are cautious about drawing conclusions from these data about broader PRC experiences and how women experience receiving services and/or support from a PRC.

It is also worth noting that the Center serves not just pregnant and/or parenting women seeking services but also men and other caregivers (e.g. grandparents). These are individuals not conventionally served by PRCs, as their caregiving needs lie outside typical PRCs’ mission to counsel pregnant women out of abortion [5]. Their use of the Center highlights the existence of an unmet caregiver need.

In terms of implications, despite all the energy and money poured into PRCs by abortion opponents, we do not find that many women who come to the Center are currently considering abortion. Put differently, we do not find evidence that women, en masse, are seeking external counseling in their pregnancy decision making. This is consistent with research on how women make abortion decisions: most women make pregnancy decisions in consultation with their partners and trusted family and friends [20]. Nonetheless, the high rate of repeat clients and the presumed attendant relationship building means that the Center could potentially become a trusted resource for
women in their future pregnancy decision making. Together, the low rate of clients seeking pregnancy-options counseling and the high demand for parenting materials and services at the Center point to a possible mismatch between the stated pregnancy-related purpose of PRCs and what women actually seek, suggesting the value of rethinking the application of governmental and activist resources to funding or eliminating PRCs solely for the purpose of influencing women’s decisions about abortion.

Acknowledgements

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References