INTEREST IN ADVANCE PROVISION OF ABORTION PILLS: A NATIONAL SURVEY OF POTENTIAL USERS

INTRODUCTION
- The reversal of Roe has resulted in significant restriction of facility-based abortion access across the US.
- One strategy to ensure access is advance provision of abortion pills, whereby a clinician dispenses pills to a person before an undesired pregnancy.
- Previous research has demonstrated support for advanced provision, but marginal personal interest in the strategy: a 2017 survey of US women demonstrated 44% were in favor of advance provision, but only 22% were personally interested.
- Since the time of that survey, both preferences for medication abortion and restrictions on abortion have significantly increased in the US. These changes in the landscape could have influenced attitudes.

OBJECTIVE
We assessed interest in the advance provision of abortion pills among potential users using an online survey and their perceived benefits and concerns.

METHODOLOGY
- From January-February 2022, utilizing social media advertisements (Facebook/Instagram), we recruited people for an online survey on reproductive health experiences and attitudes. Eligibility criteria:
  - lived in the US
  - aged 18-45 years
  - not pregnant or actively trying to become pregnant
  - not pregnant or actively trying to become pregnant
  - used contraceptive methods
  - not taking prescription medications
  - not currently breast-feeding
  - not currently pregnant
  - not taking over-the-counter medications
  - not currently pregnant
  - not currently breast-feeding
  - not currently pregnant
  - not currently breast-feeding
- We used descriptive statistics to assess interest in advance provision, and ordinal regression models to assess differences in interest controlling for age, previous pregnancy, contraceptive use, and healthcare system mistrust.
- We used thematic analysis to code open responses. Those interested in advance provision were asked to describe the perceived benefits, whereas distressed respondents were asked to describe their concerns.

SAMPLE CHARACTERISTICS (N=634)

| SCAN THE QR CODE FOR ALL DEMOGRAPHICS & FULL ANALYSIS:
| Race/ethnicity: 53% White/Non-Hispanic, 17% Asian, 11% Black |
| US region: 38% South, 25% Midwest, 26% Northeast, 10% West |
| Educational attainment: 55% Bachelor's degree or more |
| Insurance status: 78% Private insurance |
| Income status: 72% living on incomes below the federal poverty guidelines |
| Age: 39% aged 18-24 years, 36% 25-34, 25% 35+ |
| Previous pregnancy: 40% |
| Using highly effective contraception (e.g., intrauterine device, implant): 22% |
| Familiar with medication abortion: 77% |
| Comfortable with medication abortion: 78% |
| Healthcare system distrust: 50% |

RESULTS

THE MAJORITY WERE INTERESTED IN ADVANCE PROVISION:

| 65% Interested | 12% Neutral | 23% Disinterested |

PERCEIVED BENEFITS & CONCERNS:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>timeliness access: “You would not have to wait for an appointment or delivery [of pills by mail].”</td>
<td>medication error: “Do not forget the idea of having [abortion pills] on hand - if someone in my household or I accidentally took one?”</td>
</tr>
<tr>
<td>peace of mind: “Just to know that I have [abortion pills] ready in my cabinet makes me feel more secure.”</td>
<td>wouldn’t choose abortion: “I personally don’t believe in abortion so I would not take those pills.”</td>
</tr>
<tr>
<td>privacy: “I would be able to take care of the issue confidentially and in a safe way.”</td>
<td>avoid stigma: “Be able to control and not feel ashamed of the decision, not fearing what other people think of my decision.”</td>
</tr>
<tr>
<td>safety: “I would be concerned if I bleed excessively or develop life-threatening clots.”</td>
<td></td>
</tr>
</tbody>
</table>

FACTORS ASSOCIATED WITH INTEREST:

1. Aged 18-24 years vs. 35+
2. Previous pregnancy: none
3. Using highly effective contraception: no contraception
4. Familiar with medication abortion process: unfamiliar
5. Comfortable with medication abortion process: uncomfortable
6. High distrust in healthcare system: low distrust

CONCLUSIONS
- Those interested in advance provision believe it could facilitate timely access and ensure other person-centered, quality-of-care facets.
- Our finding that those familiar and comfortable with the medication abortion process are more interested underscores the importance of educating general audiences on the safety of the method.
- We did not evaluate the legal or logistical considerations of this strategy. However, many expressed concerns can be addressed.

ACKNOWLEDGMENT: This work was funded by Stanford Impact Labs. We acknowledge Sherry Handsell, Kathryn Bethers, Natalie Peterson, and Aysha Mirza for their support.