Supporting Women at the Time of Abortion: A Mixed-Methods Study of Male Partner Experiences and Perspectives

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CONTEXT: *Although men are commonly viewed as unaware, uninvolved and even obstructive regarding their partner's abortion access, those who accompany women to an abortion appointment may be more supportive. A better understanding of men's motivations could inform clinic policies regarding their involvement.*

METHODS: *In 2015–2016, data were collected from male partners of women seeking an abortion at two clinics in a large Midwestern city. Twenty-nine interviews were conducted to explore how men wanted to be involved in the abortion and why they accompanied their partners. Thematic content analysis was used to examine these data, and emergent themes informed a survey, completed by 210 men, that focused on perceptions about and reasons for accompaniment. Descriptive statistics were calculated for the survey data.*

RESULTS: *Four in 10 interviewees were aged 25–34, as were half of survey respondents. Overall, most had at least some college education and were in long-term or committed relationships. Interviewees described providing primarily instrumental (e.g., transportation and financial) and emotional (e.g., companionship and reassurance) support during the abortion process. While 57% of survey respondents would not have chosen to terminate the pregnancy if the decision had been their own, all wanted to support their partners. Notably, 70% viewed the appointment as an opportunity to receive contraceptive counseling.*

CONCLUSIONS: *Positive narratives regarding men's support for the abortion decisions of their partners provide a counterpoint to commonly held negative narratives. Future research should explore how supportive men who accompany partners at the time of an abortion may improve women's abortion experiences.*

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A woman's decision to have an abortion is protected from federal and state-level interference through legal precedents—set forth in *Roe v. Wade* and *Doe v. Bolton,* both dating to 1973—grounded in her right to personal autonomy, bodily integrity and privacy.[1,2] Although this right has been repeatedly challenged by those who believe that abortion encroaches on a man's right to fatherhood,[3,4] in *Planned Parenthood of Missouri v. Danforth* (1976) and *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), respectively, the U.S. Supreme Court has held that a woman needs to neither obtain her male partner's consent for an abortion[5] nor notify him of her decision.[6] Nonetheless, in 2017, Oklahoma's House of Representatives passed a bill to prohibit a woman from obtaining an abortion without first identifying and attesting to the consent of her male partner.[7]

The documented prevalence of intimate partner violence, pregnancy coercion and birth control sabotage among women seeking family planning services[8–10] suggests that men may intrude on women's independent and timely access to abortion. Because some women report coercion even with recent partners, and because coercion has been found to be more common among 16–20-year-olds than among 25–29-year-olds,[11] some abortion providers may view the inclusion of men in abortion-related care as a potential threat to the autonomy of patients and even the experiences of other patients.[12] Consequently, men are sometimes prevented from entering abortion clinics, participating in counseling sessions, being present during the procedure and waiting in the recovery room. However, prevailing perspectives that characterize male partners as unable to be supportive, as unaware or uninvolved, or as potential threats may overlook a willingness to behave responsibly[13] and play a positive, supportive role when present at their partner's abortion.[14] These biases may also have contributed to the general lack of research on men's role and involvement when their partner is having an abortion.

A 2004 survey of U.S. women obtaining an abortion found that six in 10 received support from someone in making their decision; husbands and partners were the most commonly mentioned individuals, and they were also the likeliest to be deemed most important in the abortion decision.[15] Moreover, a 2016 mixed-methods systematic review of male partner involvement at the time of abortion concluded that in noncoercive circumstances, women could potentially benefit from including their partners in the abortion process; of 13 unique studies, none suggested poorer outcomes from partner involvement.[16] This review, however, had limitations: It relied on a heterogeneous group of small studies from multiple countries, and the studies had imprecise descriptions of men's involvement

and did not examine their pregnancy desires or motivations for accompanying their partners. While encouraging, the findings highlight the need for a more in-depth exploration of men's involvement at the time of an abortion.

Research, policies and practices related to the involvement of men in their partner's abortion need to consider the context of that involvement. The experiences and contributions of men who are neither present at nor involved in the abortion may be very different from those of men who accompany their partner to an abortion appointment.[17] Indeed, research that recruits men who are not involved might also capture individuals who either were excluded from the abortion appointment or chose not to be involved; such men may well have negative abortion attitudes. These attitudes may reflect a poor relationship or discordant beliefs about preparedness for parenting with their female partner.[18] Findings from studies of men whose partners identify them as the main reason for getting the abortion cannot be extrapolated to the broader population of women who get an abortion. In an analysis that asked women about their partner's support for obtaining an abortion, 80% reported that he was aware of the procedure, and fewer than 10% said he was unsupportive.[19]

The present study focuses on the motivations and contributions of men at the time of their partner's abortion. A better understanding of men's involvement could help abortion providers develop clinic policies that address where and how men can be included in care both during and following the abortion. It could also shed light on social norms regarding male involvement in reproductive issues and assist providers in counseling men, both of which could contribute to improvements in reproductive health care for the couple and ultimately help to relieve women of some of the burden of preventing an unplanned pregnancy.[20]

THEORETICAL APPROACH

An early study on men who accompany their partners to abortion appointments suggested that they want to be with the partners and provide support.[21] "Support," however, was not well defined. A general population survey of men subsequently distinguished between simple accompaniment and providing "emotional support";[22] other accounts described men's facilitating women's access to abortion (e.g., by providing transportation).[23,24] To systematically capture the range of men's support behaviors and activities, we classified them into four social support categories, using House's 1981 framework:[25–27] informational, instrumental, appraisal and emotional. This classification distinguishes support by the supporter's intent to help someone accomplish the task at hand. Thus, informational and instrumental support are characterized, respectively, by the acquisition of information and the provision of tangible resources to complete a task. Appraisal support entails coaching strategies, such as evaluation, feedback and reassurance, to facilitate progress. These differ from expressions of care or concern, which demonstrate emotional support that is intended to alleviate distress.

METHODS

In-Depth Interviews

In-depth interviews were conducted between April and August 2015. Participants were recruited from two abortion clinics located in a large Midwestern city. One site was a high-volume, freestanding clinic that charged clients for the procedure, but offered sliding scale options; the other was a small-volume clinic at a university hospital that charged much less, on average, than the freestanding clinic. The hospital-based clinic had no written policies regarding male partner participation in the abortion process, while the freestanding clinic allowed men only in the waiting room.

Research assistants approached women during preabortion counseling and asked whether they were willing to have their partner participate in the study. If the male partner was present at the clinic, the patient invited him to speak directly to the researchers. If he was absent, the patient was asked to provide study information to him; he could then contact the researchers if he was interested in participating. Individuals were eligible if they were the male involved in the pregnancy, were at least 18 years old and were English-speaking. Cases in which the abortion was associated with a fetal anomaly or a medical condition, or in which intimate partner violence or sexual abuse was the reason for the termination, were excluded.

Men were recruited purposively to capture a broad range of perspectives, which were expected to vary by age and race or ethnicity.[28] The recruitment target was 30 men, unless the researchers agreed that thematic saturation was reached sooner. All interviews were conducted by the primary author, an Asian American male physician in his 30s. While the physician was the abortion provider for the partners of some of the interviewed men, he never identified himself as such, but introduced himself as a researcher. Interviews were conducted in a private room at each facility. If an in-person interview was not possible, a telephone interview was offered within four weeks of the procedure. Male partners received a $50 gift card upon completion of their interview. Women who helped to recruit a partner who was not at the clinic with them received a $10 gift card upon his completion of the interview.

Prior to the interview, participants completed a brief, self-administered survey that included questions about their sociodemographic, relationship status and reproductive characteristics; they also estimated gestational age at the time of the abortion. The interviewer administered these questions when the interview was conducted over the phone.

Given the limited information on men's experiences at the time of abortion, we structured our interview guide chronologically, asking participants to systematically talk about their involvement and inclusion in the abortion process, starting with their learning about the pregnancy and ending with the abortion and their partner's recovery; this last aspect was not covered by those who were interviewed at the time of abortion. They were asked to describe their role in the decision to obtain an abortion, as well as their expected and desired, versus actual, involvement in

abortion-related care at the clinic. The interview guide was pretested among a racially and ethnically diverse group of sexually active, young men who were not involved in the study to ensure comprehensibility of the questions and improve the interviewer's delivery. Interviews lasted 30–75 minutes, were audio-recorded and were transcribed verbatim by a transcription service; transcripts were verified by research staff. We offered all participants the contact information for a free, all-options pregnancy support talk-line experienced in abortion-related counseling for men.

Survey

Between February and May 2016, we recruited men for the survey in the clinic waiting rooms, using the same eligibility criteria that we had applied for interviewees. We aimed to recruit 200 men, given the survey's exploratory nature and resource limitations. At the time of their partner's procedure, participants completed the self-administered survey in a private room, using tablet computers. Data were collected and managed via secure, Web-based REDCap software. Participants received a $10 gift card upon survey completion.

The 85-item survey covered nine domains that were drawn from a review of the literature and our qualitative findings. We included validated measures where applicable. The survey domains were sociodemographic characteristics; reproductive history, abortion experience and pregnancy intentions; characteristics of the current pregnancy; attitudes toward abortion and familiarity with the procedure; involvement in the abortion process; desire for independent or concurrent abortion or contraceptive counseling; satisfaction with the abortion experience; perceived impact of accompaniment on the female partner's experience and on the relationship; and attitudes toward contraceptive use and reproductive responsibility following the abortion.

The sociodemographic characteristics examined were age, racial or ethnic background, education level, employment status, income, relationship status and frequency of religious attendance. Relationship status was stratified into four categories: single or separated, short-term partnership (e.g., casual dating), long-term partnership (e.g., "going steady" or cohabiting) and committed partnership (engaged or married). In addition, we asked men "If the decision was entirely yours, would you have terminated the pregnancy?" On a four-point Likert scale, response options ranged from "definitely not" to "definitely yes." We also asked about respondents' familiarity with how an abortion is obtained and how it is performed; the options on a four-point Likert scale ranged from "very unfamiliar" to "very familiar."

Male partner involvement in the abortion was assessed by asking "Which of the following are important reasons to be with your partner for her abortion appointment?" The 25 listed reasons fell into three categories: practical (e.g., providing transportation, paying for the procedure, viewing the ultrasound); expressive (e.g., giving social or emotional support, making sure she understands the steps); and personal (e.g., seeking personal support or counseling, changing the woman's mind about having the abortion). Respondents selected all reasons that were applicable. Finally, men were asked whether they wanted any abortion or contraception-related counseling; possible responses ranged from "definitely not" to "definitely yes" on a four-point Likert scale. The survey was pretested among the same group of men used for the interview guide; minor revisions were made to ensure acceptability and timely completion.

Analysis

Qualitative data analysis was guided by a thematic content approach whereby research staff initially developed a codebook from deductive codes that were generated from the interview guide.[29] Two team members used Atlas.ti to independently and iteratively code 10 transcripts, modifying the codebook during the process to include inductive codes that emerged from the data. They then recoded the interviews according to the revised codebook. Examination of interrater reliability coefficients guided the need for group discussion of codes and revision of the codebook, until a kappa coefficient of 0.7 was reached. Codes were consolidated and categorized in a matrix of themes and representative quotations.

Survey data were analyzed using simple descriptive statistics. Men's preference for the abortion was dichotomized, and differences were assessed by selected characteristics, using chi-square tests. All analyses were performed with Stata version 13.1.

The institutional review board of the University of Chicago's Biological Sciences Division approved the study. Interviewees provided verbal consent, and survey respondents indicated consent on the electronic survey.

RESULTS

Qualitative Findings

Thirty men completed in-depth interviews; however, one was excluded after disclosing that he was not the partner involved in the pregnancy. Twenty-seven participants had been recruited by research staff at the time of the abortion, and two by their partner following the abortion. Thirteen interviews took place on the day of the procedure, and the rest within four weeks. Nearly 40% of interviewees were aged 18–24; another 40% were 25–34. Forty-five percent were black, 28% were white, 10% were Hispanic or Latino, and 17% were of other racial or ethnic backgrounds. More than three-fourths of interviewees had at least some college education, and a similar proportion were in a long-term or committed relationship. Nearly half had at least one child living at home, and four in 10 reported previous experience with a partner having an abortion.

•Overview of involvement. One of the most salient themes that emerged from the interviews was how men valued being involved throughout the abortion process. Twenty-two participants felt it was important to be included in each step of the process. As a 21-year-old in a long-term relationship, who "would never really want an abortion," explained, "I said I wanted to see [the ultrasound], so that I'm a part of this, so that we're both going through this

together." A 37-year-old man in a committed relationship described his desire to be present during his partner's abortion counseling: "For the counseling piece of it,… I want to hear her emotions, and what she's going through, more than anything else." A 19-year-old single partner, who was "comfortable with the decision," but was "not for it" and "not against it," expressed his expectations for the appointment and why he wanted to be present for the procedure:

"I kind of had this thought that I would be going in there with her, not necessarily [to witness] the procedure, but [to be] there with her.... It is definitely enough for me to ... be in the waiting room, but I did think that I would be in there with her at least until she got knocked out,... to show her that I was there the whole time."

The two men who were not at the clinic on the day of the abortion still highlighted their involvement in the experience. A 39-year-old long-term partner, who said he "wasn't all for" the abortion, had work obligations, but made sure he was available via mobile phone:

"I was trying to get her to schedule ... for a later date, but the times that they had were only during my work hours.... I had already had customers set up for work, so I couldn't back out of that…. I was making sure that I answered my phone every time she called, or every time she text me or whatever. I would just make sure I was there—not physically, but at least technologically."

The provision of partner support was discussed in all of the interviews. In only one case did a man describe attempted coercion: In the waiting room before the procedure, he had tried to convince his partner not to have the abortion. Overall, then, our qualitative results focus on men's reports of supporting their partners.

•***Instrumental support.*** Men described several ways in which they provided instrumental support—for example, by providing transportation or paying for the abortion or pain medications. One man described his role despite his preference for his partner "to go to term and have the child":

"I volunteered to go on the day of the procedure. She asked me to drive her there, wait with her, stay with her and make sure that she gets there OK, and everything goes OK. She told me the time and the day, and I took off work to go with her. That morning, I believe, she wasn't [supposed] to eat.... She wanted to eat, and I was like, 'No, you can't eat.'"—*27-year-old committed partner*

Fourteen of the 29 men provided financial assistance to pay for the procedure and other costs. Their personal preferences regarding the abortion reflect that for some, this meant making sacrifices. For one man, who "wanted to have [this] baby," contributing money and time demonstrated that he prioritized his sense of responsibility to his partner over his desire for a child. He summarized his thoughts to his partner like this: "OK, you just give me the price, and we'll take care of it." He explained further:

"And at the same time, I didn't feel right paying for it. I'm going to be true with you. I didn't feel like paying for [her to have an abortion], because I wanted my baby, [but] I had to be logical.... She don't have a job,… she doesn't want to talk to her father,… she don't want to tell her mama or anything, so I just [decided to] be the man.… I'll just take care of it."—*32-year-old long-term partner*

The provision of instrumental support—specifically, financial support for abortion-related costs—may facilitate abortion access and improve the overall experience for some women. For example, a 40-year-old long-term partner compared the additional cost to provide his partner with sedation during the procedure with his typical spending habits:

"She's going to go under.… Some things—like the eight dollars for paid parking—some things just don't matter. I've spent eight dollars on a bottle of beer once, some craft brew. I've wasted money on a lot worse things, so a hundred and fifty dollars to know that she's not going to be suffering for the next few hours is worth the money."

Other common forms of instrumental support included running errands and providing child care, housekeeping or caretaking. One man described his role in his partner's postabortion recovery:

"I was just making sure she was OK and keeping my eyes on the kids so they weren't bugging her.… I checked her temperature, [and] I checked for pain. I asked her, 'Do you want to talk to a doctor? Do you think it's normal? You know, is it bad?'"—*44-year-old committed partner*

•***Informational support.*** Men's informational support played a minor role among our interviewees, as most relied on their partner to determine where and how to obtain an abortion. However, four men reported looking up information online and asking questions at the time of the procedure to facilitate and ensure the quality of care. Notably, one participant—who was 32 years old and in a long-term relationship—recognized his partner's limited health literacy and accompanied her to provide guidance, despite his preference to "roll with" the pregnancy rather than end it:

"There's a lot of stuff that she wouldn't understand that I would understand, and I would be able to translate that back to her, because she's young. I've been to college and all that, so there's a lot of stuff that she don't know that I know. That's why, when she goes to a doctor's appointment,... I go right with her. There have been times I didn't go, and she'd come back, and I ask her, 'What's going on?' [She'd say] 'I don't know. Look at the paper.'"

•***Emotional support.*** Only one man—who accompanied his partner to the abortion—did not cite emotional support as a motivating factor. Some men reported that emotional support was one of their most important contributions, and that they went to significant lengths to be present for their partners, regardless of their feelings about continuing the pregnancy. A 37-year-old committed partner described his experience:

"Be here and hold her hand, and give her my shoulder to cry [on]. I'd be nowhere else in the world right now.... I would have quit my job if they told me, 'You couldn't come to this.' Seriously. It's very important that ... I want to be the face of courage in our household."

Seventeen men talked about abortion stigma and recognized its isolating effect on their partner's experience. By attending the appointment, one young man, who "at first

[was] against" the abortion, wanted to provide the emotional support that he felt his partner could not obtain from family and friends:

"I felt like if I didn't talk to her enough about it, she will probably feel more stress, she'll feel more alone, she'll feel like she don't really have nobody.... She had other people, but she didn't want them to come. So I just came. I didn't even go to work today, because I had to do this. I just felt like if I was there, she'll feel ... better."—*18-year-old long-term partner*

In recognizing the personal nature of having an abortion, another man, who "would have made the same decision" about obtaining an abortion, noted the importance of having someone familiar nearby:

"I was worried that she would need to talk to somebody, and the health care professionals aren't always the first person you turn to.... So I wanted to be there for her. But I understood the process, and the rule [that the man can't be in the room] is there for a reason.... I just didn't want to physically be away from her."—*24-year-old long-term partner*

•Appraisal support. Upon recognizing their partner's fears and doubts about having an abortion, some men sought to ease these concerns by helping to make realistic, affirmative evaluations of the circumstances—which represent appraisal support efforts. For example, a 40-year-old, who was in a committed relationship, stated that abortion was "not something that I believe in," yet he described trying to alleviate his partner's anxieties and hesitations about the safety and morality of the procedure by remaining positive and reframing their situation:

"[The decision to have an abortion] is so in-depth and so emotional. [There are] so many emotions that go on at that time with a woman that she feels like possibly ... 'Am I damaging my body?... Am I doing the right thing morally?' My job was basically to be supportive and to let her know that this is not really a moral [issue]."

Another man reassured his partner that their conflicting beliefs about abortion would not harm their relationship:

"I kept telling her that that was just a stumble, a bump in the road. We'll be all right. We're not breaking up over it. We'll be all right. Because she knew that I wanted [the pregnancy].... She just thought that maybe I was going to leave her. That wasn't the case."—*39-year-old long-term partner*

Quantitative Findings

All men who were present in the clinic waiting rooms were screened and invited to complete the survey if eligible. A total of 318 were screened, and 46 did not meet eligibility criteria. Another 60 declined to participate: Thirty-five gave no reason, seven were uncomfortable with participating or talking about the situation, and 18 were not interested. Two men who completed the survey later asked for their data to be destroyed because their partner did not want them to participate. The analytic sample thus included 210 men, representing a participation rate of 77%.

Nine in 10 respondents were recruited at the community-based clinic (Table 1). Just over half of respondents were

TABLE 1. Percentage distribution of respondents to a survey of men who accompanied their partners to abortion appointments at two urban clinics, by selected characteristics, United States, 2016

Characteristic	% (N=210)
Clinic location	
University	10.6
Community	89.4
Age	
18–24	31.0
25–34	52.9
35–44	16.2
Race/ethnicity	
White	30.2
Black	42.9
Hispanic/Latino	16.6
Other	10.2
Education	
<high school	5.3
High school/GED	22.8
Some college	44.2
Completed college	27.7
Employment	
Full-time	66.7
Part-time	10.0
Student	4.3
Other	19.1
Income as % of federal poverty level	
<100	38.5
100–199	32.2
≥200	29.3
Religious attendance	
Never	44.9
Once/twice per year	18.5
Few times per year	18.5
Few times per month	6.3
At least once per week	11.7
Relationship status	
Single/separated	12.2
Short-term	9.3
Long-term	57.0
Committed	21.5
Desire for any/more children	
Yes	68.1
No	31.9
Timing of pregnancy	
First trimester	66.5
Second trimester	14.4
Unknown	19.1
Previous abortion experience	
0	38.7
1	43.0
≥2	18.4
Abortion type	
Medical	9.1
Surgical	70.2
Unknown	20.7
Would have chosen for partner to have abortion	
Yes	56.7
No	38.5
Indifferent	4.8
Total	100.0

Note: Percentages may not total 100.0 because of rounding.

TABLE 2. Percentage of men, by selected measures of how they viewed involvement in their partner's abortion, according to whether they would have chosen for her to have an abortion

Measure	All	Would not have chosen abortion	Would have chosen abortion
PERCEPTIONS ABOUT ACCOMPANIMENT			
Believed partner needed to be accompanied			
No	23.0	29.6	20.2
Yes	49.8	46.9	50.4
Not sure	27.3	23.5	29.4
Believed partner had someone else who could have accompanied her			
No	13.4	14.8	10.1
Yes	61.7	60.5	63.0
Not sure	24.9	24.7	26.9
Steps considered important for accompaniment			
Aftercare/recovery	99.0	98.7	99.2
Contraceptive counseling with partner	69.9	76.6	66.1
Abortion counseling with partner	63.4	67.1	61.6
General abortion education	59.5	55.8	62.0
Meeting the staff	51.5	52.0	50.0
Abortion procedure/medication	47.5	55.1†	41.2
General contraceptive education	47.5	53.2	43.9
Pregnancy-dating ultrasound	43.2	53.9*	34.2
REASONS FOR ACCOMPANIMENT			
Emotional support			
Give partner social/emotional support	100.0	100.0	100.0
Make sure partner doesn't feel alone	99.5	100.0	99.1
Be someone partner can talk to	96.5	97.5	96.5
Understand what partner is going through	96.5	97.4	95.7
Instrumental support			
Make sure partner is safe	99.5	98.8	100.0
Make sure partner has everything she needs	97.1	98.7	96.6
Provide transportation	93.2	90.0	94.9
Help pay for the abortion	89.7	87.3	92.3
Appraisal support			
Share responsibility for the pregnancy	88.1	87.0	89.0
Give partner reassurance	86.9	85.5	86.8
Protect partner from being judged	81.4	85.9	78.1
Informational support			
Make sure partner understands the steps	82.8	89.5†	79.3
Other			
Would have felt guilty if had not come	80.5	88.3*	76.3
Confirm feeling about the abortion	53.3	61.5*	47.4
Make sure that partner obtains the abortion	41.3	43.4	39.5
Get help	24.0	31.2*	18.4
Change partner's mind about the abortion	13.7	25.6*	5.3
ASSESSMENT OF THE EXPERIENCE			
Satisfaction with opportunity to provide support			
Unsatisfied	17.3	22.8	14.2
Indifferent	3.1	3.8	1.7
Satisfied	79.7	73.4	84.1
Perceived impact of accompaniment on partner's experience			
Made it worse	8.6	10.1	6.2
No impact	31.0	38.0	27.4
Made it better	60.4	51.9	66.4
Perceived impact of accompaniment on relationship			
Made it worse	6.1	7.6	4.4
No impact	45.7	46.8	44.3
Made it better	48.2	45.6	51.3

*Different from percentage in the third column at p<.05. †Different from percentage in the third column at p<.10. *Note*: Percentage distributions may not add to 100.0 because of rounding.

aged 25–34, and about four in 10 were black. Seven in 10 had at least some college education, and more than one-third reported incomes below the federal poverty level. Almost half of respondents never attended religious services, and more than three-quarters said they were in long-term or committed relationships. Nearly seven in 10 said they wanted to have a child or another in the future. Sixty-seven percent of men reported that the pregnancy was in its first trimester; 61% had had any experience with abortion. Seven in 10 said that their partners were having surgical abortions. When asked if they would have chosen to terminate the pregnancy if the decision had been solely their own, 39% said they would not have, 57% said they would have and 5% were indifferent.

Half of respondents believed their partner needed to be accompanied to the abortion appointment, and nearly four in 10 said she had no one else to go with or they were unsure (Table 2). When asked about the steps they felt it was most important to be involved in during the abortion experience, men nearly unanimously cited taking care of their partner after the procedure. The next most commonly identified steps were learning about or discussing birth control methods (70%) and attending abortion-related counseling with their partner (63%).

When asked to identify reasons for accompanying their partner to the appointment, all respondents endorsed providing social or emotional support, and nearly all cited ensuring that their partner did not feel alone, giving her someone to talk to and understanding what she is going through (97–99%). Most also endorsed a range of instrumental support reasons, including ensuring the partner's safety (99%), making sure she had everything she needed (97%), providing transportation (93%) and paying for the abortion (90%). Appraisal support, in the form of sharing responsibility, providing reassurance and protecting their partner from feeling judged, was cited by 81–88% of respondents. Men also cited providing informational support in the form of ensuring that the partner understood the steps entailed in obtaining an abortion (83%). Eight in 10 respondents said they would have felt guilty if they had not accompanied their partner; four other reasons received lower levels of endorsement.

Respondents who said they would not have chosen an abortion if the decision had been solely their own were more likely than others to have previously been involved in an abortion (71% vs. 53%—not shown). No other sociodemographic or reproductive characteristic was associated with a preference for obtaining the abortion. Men who would not have chosen for their partner to have the abortion were more likely than others to place importance on being with her for the pregnancy-dating ultrasound (54% vs. 34%), believe they would feel guilty if they did not accompany her (88% vs. 76%) and want to confirm their feelings about the abortion (62% vs. 47%). These men were also more likely to report interest in getting help for themselves at the appointment (31% vs. 18%) and wanting to change their partner's mind about having the abortion (26% vs. 5%).

Overall, 80% of respondents said they were satisfied with the opportunity to provide support. Moreover, 60% felt that accompanying their partner improved her abortion experience, and 48% felt that doing so improved the relationship. Men's abortion preference was not associated with any of these three measures.

DISCUSSION

Men are often depicted as unaware, unsupportive and sometimes even obstructive with regard to their partner's obtaining an abortion. Such portrayals may be supported by studies that recruit men from the Internet and from crisis pregnancy or postabortion counseling centers; yet, these men may be far removed from their partner's abortion decisions and experiences, such that their beliefs and behaviors are not generalizable to those of men recruited at their partner's abortion appointment. Our study confirms an alternative narrative: that many male partners provide substantial support at the time of abortion.

More than a third of our survey respondents said they would not have chosen to proceed with the abortion if given the choice. Regardless of their preferences, however, nearly all men reported that they wanted to support their partners. In in-depth interviews, men seldom discussed personal concerns about and preferences regarding abortion, possibly reflecting that they prioritized their relationship and the well-being of their partner over their own concerns. Many men believed that accompanying their partner had a positive influence on her experience, as well as on their relationship. These findings are consistent with those from another clinic-based study, in which about 30% of women were accompanied by a male partner; 85% of these women said their partner played a positive role in decision making and support throughout the abortion experience.[30] While our findings are limited because we did not assess the women's perspectives, we found no suggestion that partner involvement negatively affected abortion care. Furthermore, our qualitative and quantitative findings suggest that male partners who accompany women to their abortion appointment represent a committed and potentially valuable source of support.

Notably, our study suggests that potential differences between the preferences and preparedness of men and women regarding the abortion decision can inform how health care providers offer and deliver abortion counseling. A previous qualitative study of abortion patients found that many were resolute about their decision before arriving for their appointment, and sought neither options counseling nor emotional support from clinic staff.[31] A quantitative survey also found minimal conflict associated with women's abortion decisions.[32] Men's decisional support for obtaining an abortion has not been widely studied. More than half of our survey respondents reported that one reason they accompanied their partner was to better understand how they themselves felt about the abortion. This suggests that their inclusion in abortion counseling, with their partner's approval, may be beneficial.

In a study that examined the experiences of women who used abortion support talk-lines, some reported that even when their partner deferred to their decision and offered support, some men persisted in wanting to continue the pregnancy, leading to resentment and contributing to dissolution of the relationship.[33] These experiences suggest that the social and emotional support that some partners provide may be more superficial than what was described in our interviews. Variation in the provision of different types of support and their perceived value may be related to variations in gender-based role expectations depending on the characteristics of relationships.[34,35]

Future research should consider a dyadic approach that explores the experiences and perspectives of both partners, and focuses on how intimate relationships and abortion decisions are related to each other. In addition, longitudinal studies of couples could employ a social support framework to identify conflicted relationships, such as those in which a man may provide only instrumental support, rather than the affirmation that might come from appraisal support. A better understanding of men's support would help explain the limited prevalence of appraisal support among our survey respondents, who were more supportive of the partner's decision than of the abortion itself.

Although recommendations to provide counseling for male partners may meet resistance from providers who are concerned about women's autonomy, some providers currently offer individual male partner counseling.[36] While the demand for such services and the consequent clinical and financial burden have not been assessed, men's reported levels of knowledge and comfort regarding the abortion process have been found to be positively associated with their levels of satisfaction.[37] Men's counseling may also be a valuable opportunity to explore and promote their use of condoms and vasectomy, as well as strategies to negotiate more effective contraceptive use.[24] The fact that seven in 10 men viewed the abortion appointment as an opportunity to learn about birth control methods attests to the active role men can have in supporting their partner's efforts to prevent unintended pregnancy.

Limitations

This study has several limitations that must be considered. The samples were restricted to men who attended the abortion appointment or whose partners wanted them to participate in the study. Men who could not or chose not to accompany their partner may be less supportive of the decision to obtain an abortion, and they may influence a woman's experience well before she reaches the abortion facility. Decisional conflict with male partners has been associated with late presentation for an abortion,[38] suggesting that addressing men's preferences and involvement may be warranted at the time of pregnancy diagnosis, rather than at the abortion appointment itself. In addition, the large majority of participants were recruited from the freestanding community clinic. However, since this clinic serves a high volume of abortion patients, the skewedness

of our sample reflects that far more abortions are performed in such clinics than in hospital-based clinics.[39]

While men generally wanted to provide social and emotional support to their partners at the time of abortion, it is unclear whether the provision of such support translated into improved outcomes or experiences for women. Moreover, while most men expressed a desire to participate in abortion and contraceptive counseling, some may have wanted to use these sessions to resolve relationship or pregnancy decision-making conflicts. Because the goal of counseling at the time of abortion is to facilitate a woman's choice, the routine inclusion of men may not always be appropriate. The foregoing insights may provide guidance for research on and the creation of counseling tools or education materials to bridge couples' expectations regarding support, as well as ensure the primacy of women in abortion-related care.

Conclusions

Views of men's involvement in abortion are sometimes influenced by the most extreme or negative examples, ranging from a complete lack of involvement to reproductive coercion or obstruction of abortion access. Men who accompany their partners to the abortion appointment, however, may not reflect these views. Our sample of men described their desire to be involved throughout the abortion process, and generally expressed the goal of providing support to their partner. Future research and evolving clinical practice might focus on how men who are present at the time of abortion may function as allies in improving women's experience of abortion specifically, and in promoting their reproductive health in general.

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