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P A 397C: Data Management and the Research Life Cycle

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**[working title to come]**

*Introduction*

Introductory paragraph(s)

Crisis pregnancy centers are organizations which operate to target people with unintended or crisis pregnancy centers to dissuade them from choosing abortion. They may provide such services as [resources for childbirth such as diapers or referrals for childcare, directed options counseling, – provide source] and may also provide some medical services such as [ultrasounds, pregnancy testing – provide source]. They have been a source of some controversy for a few reasons: the fact that there is a direction involved in the counseling, where they get their funding, and the idea that there may be some deception in their operation.

Because crisis pregnancy centers are a source of such controversy, there has been a lot of research and writing on them. Some of the literature available is empirical studies on the quality of care provided by the center or centered around the clients. Much of the research around crisis pregnancy centers has revolved around the quality of care provided. Some researchers have looked at the accuracy of the information provided at such locations. Bryant-Comstock et al analyzed CPC websites for the accuracy of sexual health information and found much of it to be inaccurate or misleading.[[1]](#footnote-1) Tsevat et al conducted a mystery client survey at a random sample of 55 CPCs and found that many purposed their facility to provide direct medical care despite the fact that only one provided such services; the researchers also found that many of the locations gave overestimates of the danger of abortion and counselors at a majority of site visits expressed judgment about the mystery client’s decision.[[2]](#footnote-2) Other researchers have focused on what services clients seek and whether clients are satisfied with the quality of care provided.

Other research has looked at the legal implications of such centers, or the policy implications such as where they get funding.

*Methods*

This research uses datasets merged together in Python using pandas. The research builds upon prior data collection work. The data on crisis pregnancy centers by state come from a dataset by Reproaction.[[3]](#footnote-3) Reproaction, an organization dedicated to creating a more favorable climate for abortion rights and reproductive justice, compiled the dataset to include all discoverable crisis pregnancy centers operating nationwide.[[4]](#footnote-4)

*Results*

To come

*Limitations*

One issue with this model is in the number of crisis pregnancy centers by state. The data from Reproaction includes data for 2,629 clinic locations, but some advocacy organizations estimate there to be over 3,500 locations nationwide: NARAL Pro-Choice America estimated there to be over 3,500 in 2017.[[5]](#footnote-5) This could be an error, or it could be that facilities have closed in recent years, or it could be that the Reproaction database does not include all facilities nationwide. This model assumes that, if there are clinic locations missing from the database, they are not missing in a systematic way; however, if this is not the case, it may introduce bias into the results.

*Discussion*

*Policy Recommendations and Areas for Further Research*

Since abortion is a time sensitive issue and crisis pregnancy centers may introduce further delays (maybe look at other laws that may introduce delay as another DV), it would be interesting to look at whether the number of crisis pregnancy centers affects abortion services in the state. It may be that the number of crisis pregnancy centers causes the abortions provided in a state to be further along in gestational age, or the number of self-managed abortions to be higher. Further research could look at the number of crisis pregnancy centers on these measures; however, as these data are highly sensitive, it is outside the scope of this paper.

Furthermore, the measures in this research are very geographically specific; thereore, it would be interesting to look at these measures using spatial or geographic analysis. It would be interesting to see whether these effects differ based on how far a person is from an abortion provider or how many abortion providers and crisis pregnancy centers are within a certain distance of a person.

1. Katelyn Bryant-Comstock et al., “Information about Sexual Health on Crisis Pregnancy Center Web Sites: Accurate for Adolescents?,” *Journal of Pediatric and Adolescent Gynecology* 29, no. 1 (February 2016): 22–25, https://doi.org/10.1016/j.jpag.2015.05.008. [↑](#footnote-ref-1)
2. D. Tsevat, J. Miracle, and M. Gallo, “Evaluation of Services at Crisis Pregnancy Centers in Ohio,” *Contraception* 94, no. 4 (October 1, 2016): 391–92, https://doi.org/10.1016/j.contraception.2016.07.037. [↑](#footnote-ref-2)
3. Reproaction Education Fund, “The Fake Clinic Database,” Reproaction, August 17, 2018, https://reproaction.org/fakeclinicdatabase/. [↑](#footnote-ref-3)
4. Reproaction Education Fund; “About Reproaction,” Reproaction, accessed April 18, 2019, https://reproaction.org/about/. [↑](#footnote-ref-4)
5. Reproaction Education Fund, “The Fake Clinic Database”; NARAL Pro-Choice America, “The Truth about Crisis Pregnancy Centers,” January 1, 2017, https://www.prochoiceamerica.org/wp-content/uploads/2016/12/6.-The-Truth-About-Crisis-Pregnancy-Centers.pdf. [↑](#footnote-ref-5)