**Abortion and Public Health**

**QUIZ QUESTIONS**

1. True/False: Carrying a pregnancy to term is safer than having an abortion.
* True
* False
* Information to answer this question was not provided in the lecture.

Answer: **False**

1. What was the leading cause of maternal death worldwide in 2008?
* Hypertension
* Unsafe Abortion
* Hemorrhage
* Obstructed Labor

Answer: **Unsafe Abortion**

1. What is the single most effective step in reducing maternal mortality?
* Making abortion illegal and inaccessible
* Encouraging women to take breaks from contraception use
* Helping women have planned, intended pregnancies
* Reducing the transmission of HIV

Answer: **Helping women have planned, intended pregnancies**

1. Approximately what percent of all unsafe abortions occur in poor countries?
* 25%
* 69%
* 88%
* 97%

Answer: **97%**

1. True/False: Of the ~50,000 women who die from unsafe abortion yearly, almost all of their pregnancies were unintended.
* True
* False
* Information to answer this question was not provided in the lecture

Answer: **True**

1. Name two methods of using simple, low cost technology for safe abortion care.
* Natural Herbs and Misoprostol
* Natural Herbs and Manual Uterine Aspiration (MUA)
* Misoprostol and Manual Uterine Aspiration (MUA)
* Dilation and Curettage (D&C) and Manual Uterine Aspiration (MUA)

Answer: **Misoprostol and Manual Uterine Aspiration (MUA)**

1. As written in the 2012 Global Health Policy Summit, what is one step to reduce maternal mortality?
* Make women’s health a priority
* Give governments financial incentive to decrease rates of maternal mortality
* Increase medical training requirements for health care provider

Answer: **Give governments financial incentive to decrease rates of maternal mortality**

1. In the United States \_\_\_\_\_\_\_\_ women have the highest rates of abortion.
* White women
* women of high socioeconomic status
* Black and Latina (Hispanic) women
* The rate of abortion is the same for all races and socioeconomic classes

Answer: **Black and Latina (Hispanic) women**

1. Primary or secondary prevention strategies to reduce disparities in abortion include:
* Supporting policies that enable all women, regardless of race or socioeconomic status, to access the contraceptive method of their choice.
* Supporting all women who wish to continue their pregnancy.
* Addressing underlying causes of disparities in unintended pregnancy, such as racism and class discrimination.
* All of the above

Answer: **All of the above**

1. Approximately \_\_\_\_\_\_\_ of counties in the United States have no abortion provider.
* 10%
* 30%
* 50%
* 90%

Answer: **90%**

1. Which of the following statements is/are false?
* White women have higher rates of abortion at a later gestational age than Black and Hispanic women
* 25% of Medicaid-eligible women who would have an abortion give birth when funding is unavailable
* The problem with addressing abortion disparities by focusing on reducing unintended pregnancy is that there is a tendency to focus on individual influences and target them as high risk behaviors rather than looking at the structural causes of these behaviors
* Some secondary prevention methods to decrease abortion-related disparities include expanding contraceptive use, addressing structural causes such as disparities in opportunities and resources, racism and discrimination in the health care setting, and contraceptive safety concerns rooted in history of coercion

Answer: **White women have higher rates of abortion at a later gestational age than Black and Hispanic women**

**AND**

**Some secondary prevention methods to decrease abortion-related disparities include expanding contraceptive use, addressing structural causes such as disparities in opportunities and resources, racism and discrimination in the health care setting, and contraceptive safety concerns rooted in history of coercion**

1. Which of the following contribute to health disparities in family planning?
* Higher rates of poverty and less education experienced disproportionately by racial minorities.
* The United States’ history of medical abuse targeted at minority populations (i.e. the Tuskegee Syphilis Study)
* Patient mistrust of the medical community
* Providers’ implicit biases toward certain racial and socioeconomic groups
* All of the above

Answer: **All of the above**

1. How can provider bias contribute to disparities in family planning?
* Providers who offer differential pressure to control fertility may be perceived as coercive.
* Provider bias elicits resistance from the patient so they are less likely to return for care when they need it
* Provider bias leads to greater tendency to discontinue contraceptive methods and not return to care to start a new method
* All of the above

Answer: **All of the above**

1. In the United States, women of color have \_\_\_\_\_\_\_ rates of unintended births and unintended pregnancy compared with White women.
* Higher
* Lower
* The same
* We do not have enough scientific evidence to suggest a comparison

Answer: **Higher**

1. True or False: IUD recommendation by providers is more common to white women than to poor and minority women.
* True
* False
* Information to answer this question was not provided in the lecture

Answer: **False**

1. What percentage of maternal deaths worldwide in 2013 was due to unsafe abortion?
* 5%
* 15%
* 30%
* 50%

Answer **15%**

1. What percentage of the world population live in countries where abortions are only legal to save the women’s life or prohibited altogether?
* 10%
* **25%**
* 45%
* 60%

Answer**: 25%**

1. In countries where abortion is not legalized under any circumstance (like Brazil and other countries in Latin America), what is a safer method to self-induce abortion?
* The use of misoprostol
* Inserting foreign objects into the cervix
* Ingesting toxic substances
* All of the above are safe options

Answer:  **The use of misoprostol**

1. Which of the following can be done to address unsafe abortion?
* Training on the use of manual uterine aspiration for medical providers
* Revisions of restrictive abortion laws
* Accessible post-abortion care services
* Use of harm reduction models (such as providing information to more safely self-induce abortions)
* All of the above

Answer: **All of the above**

1. Which of the following statements is/are true?
* In settings where abortion care is restricted, stigma can make it difficult for women to obtain accurate information
* Where abortion is legally restricted, safe abortion services are inexpensive, making them easily accessible to poor women
* Adequately trained abortion providers are often concentrated in rural areas, leaving women in urban areas with few options to access safe abortion care
* Mifepristone, the most effective abortion drug, is not available everywhere and manual vacuum aspiration equipment may be expensive or difficult to access

Answer: **In settings where abortion care is restricted, stigma can make it difficult for women to obtain accurate information**

**AND**

**Mifepristone, the most effective abortion drug, is not available everywhere and manual vacuum aspiration equipment may be expensive or difficult to access**

1. Personal experiences, religious identity, ethical norms, and scientific knowledge as a cultural value (like whether life begins at conception, first heartbeat, viability, or quality of life) are part of which framework?
* Clinical care
* Public Health
* Cultural and Moral
* Judicial and Legislative

Answer:  **Cultural and Moral**

1. Which social movement emphasizes the importance of individuals and their communities?
* The Reproductive Rights Movement
* The Anti-Abortion Movement
* The Reproductive Justice Movement
* None of the Above

Answer: **The Reproductive Justice Movement**

1. After the 1950s, the emergence of ultra sound technology contributed to the growing belief that the threshold of life began during the perinatal period as opposed to the moment of birth
* True
* False
* Information to answer this question was not provided in the lecture

Answer: **True**

1. Which of the following is/are false?
* Although the majority of women in the United States have insurance, most women don’t use their insurance to pay for abortion services
* The further along a woman is in her pregnancy, the more likely she is to use insurance or use some type of financial assistance to pay for her abortion
* In the United States, use of insurance for abortion is increasing
* Although the federal government is one of the major employers in US, they have limited and well defined circumstances for abortion coverage.

Answer: **In the United States, use of insurance for abortion is increasing**

1. Out of 61 million U.S. women of reproductive age surveyed in 2011, what percentage of them were insured through Medicaid?
* 5%
* 15%
* 25%
* 30%

Answer: **15%**

1. Federal employees receive federal abortion funding \_\_\_\_\_\_\_\_\_\_
* Only if the life of the mother is at risk due to pregnancy
* If the pregnancy is the result of rape or incest, or if the life of the mother is at risk due to pregnancy
* There are no exceptions in coverage of abortion for federal employees
* There are no restrictions in coverage of abortion for federal employees

Answer: **If the pregnancy is the result of rape or incest, or if the life of the mother is at risk due to pregnancy**

1. Which is of following is a barrier to coverage of abortion for Insured women
* Uncertainty about coverage
* Privacy concern
* Limited timeframe for abortion procedure
* High deductible for health plan exceed cost of abortion
* All of the above

Answer: **All of the above**

1. In the 2011 study where women of reproductive age were asked about insurance coverage and whether they were using it to pay for some or all of the abortion cost, researchers found that
* Women were twice as likely to pay for abortion care using private health insurance than Medicaid
* Most women did not pay out of pocket for abortion care
* Women with insurance were not using it to pay for abortion care mainly because their insurance did not cover it, or they were not sure if their insurance did cover it
* All of the above

Answer: **Women with insurance were not using it to pay for abortion care mainly because their insurance did not cover it, or they were not sure if their insurance did cover it**