TEXAS POLICY EVALUATION PROJECT
RESEARCH BRIEF
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Texas women's experiences attempting self-induced abortion in the face of dwindling options

INTRODUCTION

The availability of abortion care in Texas has dramatically declined since the introduction of House Bill 2 (HB2), the restrictive omnibus abortion law introduced in 2013. Of the 41 licensed abortion facilities that were open in April 2013,[1] only 18 remain open today.

The number of abortions performed in Texas declined by 13% in the six months after the first three parts of HB2 were enforced, compared to the same six-month period one year prior.[1] The number of medical abortions declined by 70%, reversing a steady upward trend since the method became available in 2000.[1] Wait times to schedule an appointment for an abortion have varied across the state, and are now as long as 20-23 days in some cities.[2] These constraints on the provision of abortion services may result in making a wanted abortion out of reach for some women who do not have the resources to overcome the increased travel, time, and costs that such constraints impose. While some women who were unable to obtain an abortion in Texas after HB2 may have traveled to an out-of-state abortion provider or may have continued their pregnancies, other women may have attempted to self-induce an abortion on their own without medical assistance.

Previous studies have shown that a small proportion of women in the US do attempt to self-induce abortion. In our survey of women seeking abortions in Texas in 2012 (n=318), 7% of women reported having attempted to self-induce abortion for their current pregnancy.[3] These proportions are higher than those reported in a national study of abortion patients in 2008, in which less than 2% reported taking something to try to end their current pregnancy on their own before coming into the clinic.[4] Given the increased obstacles to seeking abortion care in Texas, coupled with the drastic reduction in open abortion facilities, it is possible that more women may consider or attempt self-induction.

To learn more about Texas women's experiences with abortion self-induction, we conducted 18 qualitative, semi-structured interviews with women who reported attempting abortion self-induction while living in Texas within the past five years. This research brief sheds light onto the motivations for attempting self-induction, the methods used, and self-induction experiences of Texas women who have taken matters into their own hands.

RESULTS

Reasons for abortion self-induction

There were four primary reasons why women tried to self-induce their abortion: 1) they did not have the money to travel to a clinic or to pay for the procedure; 2) their local clinic had closed; 3) a close friend or family member recommended self-induction, and 4) to avoid the stigma or shame of going to an abortion clinic, especially if they had had prior abortions. No single one of these reasons was sufficient for a woman to consider self-induction; while women in our study were diverse in many ways, a common thread was that poverty layered upon one or more additional obstacles left them feeling that they had no other option.

Almost all of the women contacted or considered contacting a clinic at some point during their abortion process. They knew about specific abortion clinics from their own prior abortions, their social networks, or internet searches. Some women inquired about services at a local clinic, but they found it was closed or the cost of the procedure was too high. A few women considered clinics farther away but decided against traveling because they were too far or transportation was too expensive. One woman who sought an abortion after HB2 was implemented found that her local clinic had closed; she emphasized that traveling to a farther clinic was not possible for her:

> *"I didn't have any money to go to San Antonio or Corpus. I didn't even have any money to get across town. Like I was just dirt broke. I was poor." (24-year-old woman, Lower Rio Grande Valley)*

Procedure costs, travel distances, and clinic closures contributed to these women's decisions to use more affordable abortion options closer to home despite their preference for obtaining a procedure at a clinic.

Other women looked into abortion services after attempting to self-induce, primarily because their self-induction method did not work. One woman explained her decision to try to self-induce an abortion only a few months after her most recent abortion:

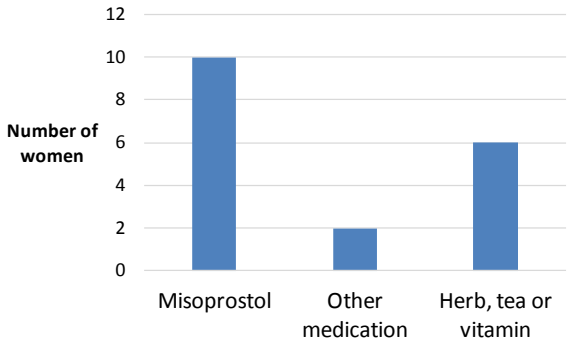
> *"I just wanted something to work. I didn't want to have to spend the money again. I didn't want to have to do the drive. Not to mention, you know, I don't have other family. My family lives out of country so I'm stuck in this town by myself. And my boyfriend I have, but he works, you know, he works and I have to find somebody who's willing to drive me two and a half hours and back." (26-year-old woman, Corpus Christi)*

Self-induction methods

The self-induction methods that women used fell into two broad categories: home remedies such as herbs, teas, and vitamins, and medications obtained in Mexico without a prescription. In some cases, women used more than one method (Figure 1). Women found out about ways to self-induce abortion from a trusted friend or a family member or from internet searches.

Women who used medications to self-induce bought them from pharmacies in Mexico themselves or had a friend or family member do so. Most women reported having little or no difficulty finding the medication they were looking for. None of the women had a prescription for the medication they were seeking, but most did know which specific medication to ask for. They either asked for misoprostol (Cytotec) by name, or asked for a "medication to cause an abortion." In some cases, the pharmacist gave instructions about how to take the medication and the dosage.

Figure 1. Number of women that used each type of self-induction method



Abortion experience and pregnancy outcomes

Ten women reported having a complete abortion after taking medications. Most knew the medication to be misoprostol (or Cytotec), one said she obtained hormonal injections, and one took a medication that she said the pharmacists identified as a "steroid."

Women who used misoprostol used varying doses and routes of administration. Most had similar abortion experiences with intense cramping and then passed large clots. Since the process was not overseen by a clinician, sometimes women wondered what symptoms were normal. As one woman explained:

> *"It started off slow and…went from zero to sixty real quick and it was just like really painful, intense cramping. It was the worst cramping I've ever had and probably one of the worst pains I've gone through. And there was also the fact that I'm doing it at home, we're not – though we have all of the information as to how much bleeding is too much bleeding, you know, or that, there's always that slight uncertainty of like I don't really know what I'm doing." (24-year-old woman, Lower Rio Grande Valley)*

Women confirmed their abortion was complete in three ways: seeing a doctor, calling the pharmacist who provided the medication, or having a normal period. Many women expressed fear or concern that disclosing their abortion to a provider could result in potential judgment or legal ramifications. Women were generally aware that they could tell a health care provider that they were having a miscarriage. One woman who had such a concern went to the doctor anyway because she was eager to ensure that the abortion was complete:

> *"I think at the time I read something, you know, that you're not supposed to do an abortion outside the clinic or you'll go to jail or something. And so I was really scared to go back to a doctor and tell them that I wasn't pregnant anymore. So I had to go just to double-check, you know, if it all came out. And they checked and they didn't see anything and she told me that she does think that I had the miscarriage." (26-year-old woman, Lower Rio Grande Valley)*

Three women did not think they had a complete abortion after taking misoprostol and sought medical care. One woman did not experience any bleeding and went to an abortion clinic in Texas. Another experienced cramping and pain, but no bleeding; her husband returned to Mexico for more pills, and she repeated the process but did not feel it worked. She decided to continue the pregnancy after a doctor confirmed she had a healthy pregnancy. The third woman had ongoing bleeding and revealed to her regular gynecologist that she had an abortion. She said the provider prescribed birth control pills to complete the process.

Six women used herbs, teas, caffeine, seeds, and vitamin C to attempt to self-induce an abortion. They tended to use a combination of methods for one to four weeks. For example, one woman described what it was like to take "basically 3 pills every hour" for more than a week:

> *"Yeah, it was just the caffeine that really gave me the symptoms...Oh, I also remember now that I took black cohosh so that's when I did some research and they said black cohosh with vitamin C would work. And then a special root pill. I can't remember the name. And after a while taking all the pills was very nauseating and I didn't want to do it anymore. So, it was just a lot to take in and I wasn't taking it well, but I kept doing it anyway." (20-year-old woman, Houston).*

None of these women had a complete abortion using these methods, and they all ultimately obtained a surgical abortion when it seemed that their self-induction methods were not working or they worried that the cost of a clinic abortion would increase if they waited longer. For example, one woman, who had had a previous abortion at her local clinic but found it had closed, tried to self-induce unsuccessfully with herbs. When the method did not work, she traveled 150 miles to an abortion clinic:

> *"I went in it with the best of hope that it [the herbs] would [work], but after a while it was like, you know what, this isn't going to work. It's going to become.... worried, you know, that it's too far along, where the price increases, and I was like I've just got to get it done now. And I just said well, there's only like what – I think there's less than ten clinics in all of Texas now and they're going to be busy. So when I call to make the appointment, you know, I couldn't – I think the earliest they saw me was like a month from when I called because they're so busy, you know." (26-year-old woman, Corpus Christi)*

Many women expressed concern about the safety of the self-induction method they were trying. In some cases they described a line of risk that they would not consider crossing. For example, one woman who took herbs or vitamins felt that trying to get pills from Mexico was too dangerous. Another woman was willing to get pills from a pharmacy in Mexico, but would not have considered seeking a surgical abortion at a clinic in Mexico.

When asked what they would say to a friend with an unwanted pregnancy who asked for advice, a few women who attempted self-induction would recommend their method to other women, but many would not. The main reason they said they would advise other women to go to a clinic was for their health and safety. Women acknowledged that cost played a substantial role and would likely be a barrier for other women, but they would still encourage them to find a way to go to a clinic.

At the end of the interview, we asked women what made them choose to participate in the study. Some women said that they hoped their story would be helpful to other women in the future, and others said they had not discussed their self-induction before and were glad to have the chance to do so. As one woman said of her interview, "It's actually really relieving and I guess it's good for other people to know that they're not by themselves. It wasn't an easy thing to do but it was something that we thought was right and we shouldn't be judged for it."

CONCLUSIONS

- Most women would have preferred a clinic abortion but felt that it was out of reach financially and logistically. Poverty, limited resources, and local facility closures limited women's ability to obtain abortion care in a clinic setting and were key factors in deciding to attempt abortion self-induction. This is consistent with other research indicating that barriers to accessing clinic-based care are an important reason why women decide to attempt to self-induce their abortion.[5]
- Texas women who tried to self-induce an abortion used a variety of methods, including medications from Mexico and herbs, vitamins, and teas. Women who used misoprostol tended to have a complete abortion. Women who used home remedies tended to try various methods without success and ultimately sought abortion care at a clinic. These findings are not surprising given the data on efficacy of using misoprostol to induce an abortion,[6] while other medications and herbs are not generally effective in inducing an abortion. Prior research has indicated that using ineffective methods for abortion self-induction may contribute to delays accessing clinic-based abortion care, forcing women to obtain a procedure later in pregnancy, when it may be more risky and more expensive.[5]
- None of the women interviewed here reported using a method of abortion self-induction that resulted in medical complications. However, in a survey we performed in abortion clinics in the summer of 2014, some women reported potentially dangerous behaviors such as getting hit in the abdomen to attempt to end a pregnancy on their own.[7] Little is known about whether women are presenting to emergency departments or other clinical settings with medical complications after abortion self-induction; research on this is needed to inform ways to best support and provide care to women who choose to self-induce.
- As clinic-based abortion care becomes more difficult to access with the closure of facilities across the state, we suspect that abortion self-induction may become more common especially among Latinas near the border, who appear to be more familiar with self-induction, and among poor women who face barriers accessing reproductive health care.[8] We plan to continue to document women's stories with self-induction as the landscape of reproductive health care in Texas continues to evolve.

METHODS

From October 2014 to October 2015, we conducted 18 qualitative, semi-structured interviews with Texas women about their experiences with abortion self-induction. Women, who spoke English or Spanish, were 18 years of age or older, and reported a history of abortion self-induction while living in Texas within the past five years were eligible for the interview. Initial participants were women

who reported a history of abortion self-induction in one of two studies: 1) a survey conducted with women aged 18-49 in the Lower Rio Grande Valley on access to reproductive health services in Texas, and 2) a survey conducted with women seeking abortions in Texas clinics following implementation of HB2. We identified additional participants through referral sampling. Women who completed the qualitative interviews were asked if they knew other women who may have attempted to self-induce an abortion and if so, they were asked to invite that person(s) to participate in the study and share the interviewer's contact information. We also conducted key informant interviews and ethnographic fieldwork in the Lower Rio Grande Valley, and similarly, study participants were asked to refer women they knew who may have attempted abortion self-induction.

Research staff contacted survey participants who met eligibility criteria to schedule an interview at a time convenient to the participant between two and four weeks after completing their survey. All eligible women were called up to three times. Interviews were conducted either in person or over the phone by three trained interviewers. Interviews lasted 60 to 90 minutes, and participants received a $50 gift card for their participation. This study was approved by the Institutional Review Board of the University of Texas at Austin.

Interview guide topics included women's attempts to access clinic-based care, motivations for and experience with self-induction, experience with clinical follow-up, and personal reflections on their self-induction experience. For this brief we conducted a thematic analysis by first applying broad *a priori* codes developed from interview guide topics and pre-determined research questions, and then compared interview narratives within each code to identify and summarize the themes described here.

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The Texas Policy Evaluation Project, or TxPEP, is a five-year comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. The project team includes researchers at the University of Texas Population Research Center, the University of California San Francisco, Ibis Reproductive Health, and the University of Alabama-Birmingham. The project is supported by grants from the Susan Thompson Buffett Foundation and the Society of Family Planning. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

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