

# TEXAS POLICY EVALUATION PROJECT RESEARCH BRIEF



## Knowledge, opinion and experience related to abortion self-induction in Texas

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### INTRODUCTION

Since abortion became legal nationwide in 1973, women attempting to end a pregnancy on their own outside of a clinical setting (i.e., self-induced abortion) has generally been thought to be very rare. But there are two recent changes that may be leading the incidence of self-induction to increase. The first is the advent of onerous legislation imposing restrictions on legal abortion access. The second is the increasing preference for medication abortion, as well as the possibility of women accessing abortion-causing drugs on their own.

Both of these factors are at play in Texas, where women's attempts to self-induce abortion have been previously reported.<sup>1</sup> Several restrictive abortion laws have been imposed in Texas in the past decade, and three provisions of HB2, one of the most restrictive abortion laws in the country, went into effect in 2013. In addition, Texas shares a border with Mexico, where misoprostol, a drug that can effectively cause an early abortion, is often available in pharmacies without a prescription.<sup>2</sup>

Prior research among women seeking abortion suggests that abortion self-induction is more common in Texas than the rest of the country. A national study of abortion patients in 2008 found that less than 2% reported taking something to try to cause an abortion for the current pregnancy prior to coming to the clinic.<sup>3</sup> A study led by the Texas Policy Evaluation Project in 2012 found that 7% of abortion patients in Texas reported taking or doing something on their own to try to end their current pregnancy.<sup>4</sup>

In order to gather some basic information about women's knowledge, opinions and experience related to abortion self-induction in Texas, we carried out a survey of a statewide representative sample of women between the ages of 18 and 49. The data we collected begins to provide answers to four questions outlined below. As the first study to explore how common abortion self-induction is in the general population, this research provides important information about the potential public health impact of laws that restrict access to clinic-based abortion care.

# FINDINGS

## How many women in Texas have tried to end a pregnancy on their own?

To answer this question, we asked women about abortion self-induction in two ways. First, we asked each respondent whether she thought her best friend had ever attempted to end a pregnancy on her own without medical assistance. Asking about the woman’s best friend takes advantage of the fact that friends tend to be similar to one another in terms of sociodemographics and behavior. When asked about a stigmatized behavior such as abortion, a woman may be more likely to tell the truth about her best friend, while she may withhold the information about herself. This methodology has been used in other settings to estimate how common abortion is.<sup>5</sup> After asking women about their best friend, we then asked whether they themselves had ever tried to end a pregnancy without medical assistance.

Overall, 1.7% of women aged 18-49 reported that they had ever tried to end a pregnancy on their own. As noted above, since women tend to underreport abortion in surveys, this gives us a low estimate for the frequency of abortion self-induction in the general population.

When asked about their best friends, 1.8% said they were sure their best friend had done this, and an additional 2.3% said they suspected she had done this. This gives us a high estimate of 4.1% of adult women of reproductive age who have ever attempted abortion self-induction. By applying these proportions to the 5,949,149 women aged 18-49 in Texas, we estimate that somewhere between 100,000 and 240,000 women in this age range have tried to end a pregnancy on their own without medical assistance (see Table 1).

**Table 1. Estimated number of Texas women age 18-49 who have attempted abortion self-induction**

	Low estimate	High estimate
Proportion	1.7%* (95% CI 0.9-3.3%)	4.1%# (95% CI 2.4-7.1%)
Estimated number of Texas women age 18-49	100,000	240,000

CI: Confidence interval

\* Estimate from self-report of abortion self-induction

# Estimate from best-friend report of abortion self-induction (sure about friend’s behavior and suspects friend attempted self-induction)

## In which populations in Texas is abortion self-induction more common?

Overall, 22% of respondents reported that they, their best friend (including suspecting their best friend), or someone else they knew had ever attempted abortion self-induction. In an analysis that controlled for a variety of sociodemographic factors, including age and reported history of abortion, we found that the following populations were significantly more likely to know someone who had attempted self-induction or to have done it themselves:

- Latina women living in a county that borders Mexico
- Women who reported that they had ever found it difficult to obtain reproductive health services like birth control or Pap smears (for example, because of the cost of these services or because of difficulties arranging transport to a clinic)

## FINDINGS, cont'd.

### Which methods of abortion self-induction have Texas women heard of?

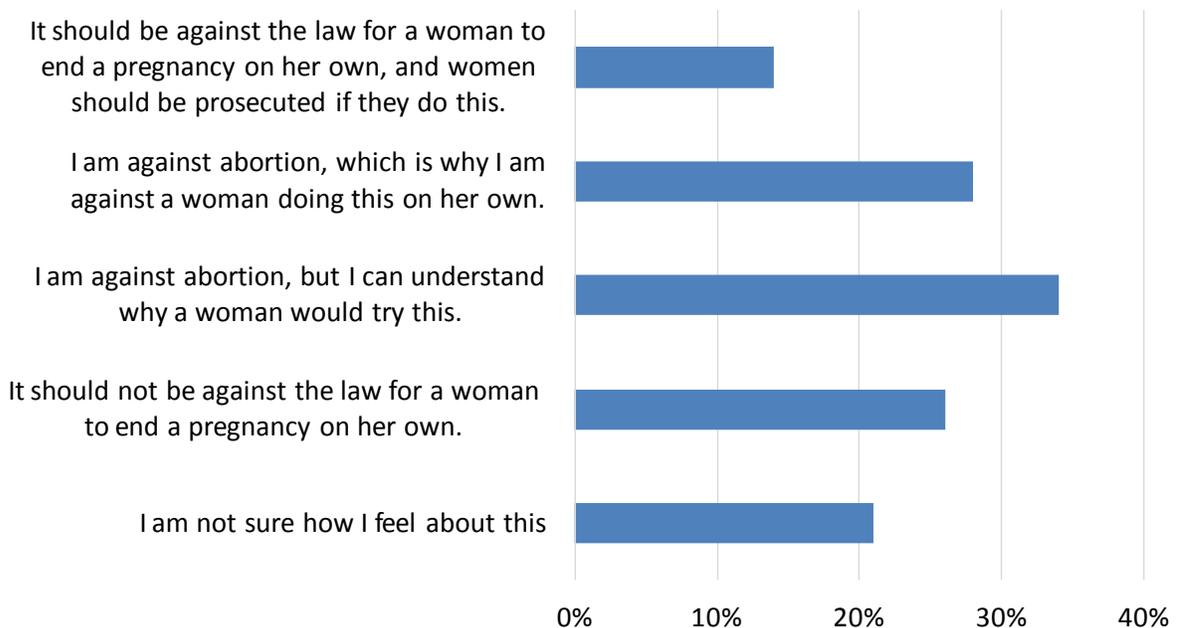
A typical medication abortion in the US involves taking two drugs: mifepristone and misoprostol. Misoprostol, sometimes known by the brand name Cytotec, is a prostaglandin-like drug that can also be used alone and can be very effective to induce an abortion, especially when used early in pregnancy. In settings where mifepristone, or RU-486, is not available, the World Health Organization recommends the misoprostol-only regimen for early medical abortion.<sup>6</sup> Prior research has indicated that women sometimes obtain misoprostol in Mexican pharmacies or on the black market in the US to induce an abortion.<sup>1</sup>

When asked directly about misoprostol, only 13% of respondents in this survey said they had heard of it. However, it was the most commonly reported method among women who reported knowing someone who had attempted abortion self-induction. Other methods reported by those who knew someone who had attempted self-induction included herbs or homeopathic remedies, getting hit or punched in the abdomen, using alcohol or illicit drugs, or taking hormonal pills.

### What do women think about abortion self-induction?

We asked survey respondents their opinion about women trying to end a pregnancy on their own by using medicine or herbs, some of which may be safe and effective and other methods that do not work and can even be dangerous. Women could agree with multiple statements and their responses are shown in Figure 1.

**Figure 1. Opinions on abortion self-induction**



Respondents could select more than one response.

Of note, only 14% of respondents thought that abortion self-induction should be against the law. 34% of respondents said they were against abortion but could understand why a woman would try this.

## CONCLUSIONS

- Abortion self-induction is not common in Texas, but it does occur. We estimate that somewhere between 100,000 and 240,000 women age 18-49 in Texas have ever tried to end a pregnancy on their own without medical assistance.
- In Texas, abortion self-induction appears to be more common among Latinas near the US-Mexico border and among women who report barriers accessing reproductive health services.
- Women have heard of a range of methods that are used to induce an abortion on one's own, but misoprostol is the only effective abortion-inducing drug that was mentioned. Other methods, such as herbs or hormonal pills, are not effective, and some methods, such as getting punched in the abdomen, are potentially dangerous.
- Regardless of women's opinions about abortion, few think that women should be prosecuted for attempting to end a pregnancy on their own. While there have been several high-profile cases of women accused of abortion self-induction who were prosecuted,<sup>7</sup> our findings here suggest that criminalization of this behavior is not supported by Texas women of reproductive age.
- Over half of facilities providing abortion care in Texas have closed since 2013 due to the omnibus law known as HB2. If the final portion of HB2 goes into effect requiring all facilities providing abortion to meet the standards of ambulatory surgical centers, the number of facilities will be further reduced from 18 to 10. Given that the populations we found to be most familiar with abortion self-induction are among those that have been most directly affected by the closure of abortion clinics in the state, we suspect that abortion self-induction will increase as clinic-based care becomes more difficult to access. This hypothesis is further supported by international evidence, where legal restrictions on abortion tend to increase unsafe abortion, but do not reduce the overall incidence of abortion.<sup>8</sup> Our estimates here provide a rigorous baseline measure of abortion self-induction to track this behavior moving forward.

## METHODS

Data for this report are from a study commissioned by TxPEP and conducted by GfK using its KnowledgePanel. KnowledgePanel is a nationally representative, probability-based online non-volunteer access panel. GfK sampled households in the KnowledgePanel and then invited 1,397 non-institutionalized Texas-resident women between the ages of 18 and 49 to participate in the survey; 779 women completed it. Data collection took place over 5 weeks from December 2014 to January 2015.

Abortion self-induction was described in the survey as follows:

“Women make different choices about how to end an unwanted pregnancy. Some women may go to a hospital, clinic, or doctor's office to have an abortion. Other women may do something to try to end a pregnancy without medical assistance. For example, they may get information from the internet, a friend, or family member about pills, medicine, or herbs they can take on their own, or they may do something else to try to end the pregnancy.”

## METHODS, cont'd

Table 2 shows the sociodemographic characteristics of the women who completed the survey.

	(%)*
<b>Age, years</b>	
18-29	37
30-39	30
40-49	33
<b>Race/ethnicity</b>	
White, non-Hispanic	36
Black, non-Hispanic	13
Hispanic	44
Other, non-Hispanic	7
<b>Marital status</b>	
Married	51
Living with partner	12
Not married	37
<b>Educational attainment</b>	
High school or less	40
Some college	34
College degree	26
<b>Poverty level</b>	
<200%	31
≥200%	69
<b>Access to reproductive health care</b>	
No barriers to care	45
One or more barriers to care	55
<b>County of residence</b>	
Texas-Mexico border county	25
Other Texas county	75

\*Weighted percentages

## REFERENCES

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- <sup>2</sup>Lara D, García SG, Wilson KS, Paz F. How often and under which circumstances do Mexican pharmacy vendors recommend misoprostol to induce an abortion? *Int Perspect Sex Reprod Health* 2011;37(2):75-83.
- <sup>3</sup>Jones RK. How commonly do US abortion patients report attempts to self-induce? *Am J Obstet Gynecol* 2011;204(1).
- <sup>4</sup>Grossman D, White K, Hopkins K, Potter JE. The public health threat of anti-abortion legislation. *Contraception* 2014;89(2):73-4.
- <sup>5</sup>Yeatman S, Trinitapoli J. Best-friend reports: a tool for measuring the prevalence of sensitive behaviors. *Am J Public Health* 2011;101(9):1666-7.
- <sup>6</sup>World Health Organization. Safe abortion: technical and policy guidance for health systems. Geneva, Switzerland: World Health Organization; 2012. p. 4.
- <sup>7</sup>Rowan A. Prosecuting Women for Self-Inducing Abortion: Counterproductive and Lacking Compassion. *Guttmacher Policy Review* 2015;18(3):70-6. Available at <http://www.guttmacher.org/pubs/gpr/18/3/gpr1807015.html>.
- <sup>8</sup>Berer M. National laws and unsafe abortion: the parameters of change. *Reprod Health Matters* 2004;12(24 Suppl):1-8.

*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, Ibis Reproductive Health, the University of Alabama-Birmingham, and the University of California at San Francisco.*

<http://www.utexas.edu/cola/orgs/txpep>