

Study finds 100,000 to 240,000 Texas women have attempted self-induced abortions

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On Tuesday, the Texas Evaluation Research Project released a study finding that 100,000 to 240,000 women in Texas have attempted abortions on their own without the assistance of any medical guidance. The study comes in the wake of 2013 legislation that saw the number of abortion clinics in Texas fall from 41 to 18, leading to a substantial increase in wait times for a majority of women seeking abortions at clinics.

The study found that 1.7 percent of women in Texas between the ages of 18 and 49 revealed they had attempted a self-induced abortion. The study notes that many women will tend to underreport abortion in surveys. As such, the 1.7 percent is a low estimate for the number of self-induced abortion amongst the designated population.

The study also found 1.8 percent of women stated that they were “sure” their best friend had performed a self-induced abortion, while 2.3 percent had “suspected” their best friend of performing one. The study concluded that of the 5,949,149 women aged 18 to 49 in Texas; an estimated 100,000 to 240,000 have attempted to terminate their pregnancies on their own.

According to the study, women seeking an abortion through professional medical guidance will typically take two drugs: mifepristone and misoprostol. When mifepristone is unavailable, the World Health Organization has recommended taking misoprostol alone for early abortions. The study notes that women seeking to perform a self-induced abortion will often obtain misoprostol in pharmacies in Mexico, where it is often available over the counter, or on the black market in the United States. The study notes that taking misoprostol is the most common method for someone attempting abortion self-induction.

The study further notes, “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.”

The findings correlate to previous research that points to a higher rate of self-induced abortions in Texas than in the rest of the country. In 2008, a national study found that less than 2 percent of all women in the US indicated taking something in an effort to have an abortion before going to a clinic. In 2012, the Texas Policy Evaluation Project reported that 7 percent of abortion patients in Texas indicated “taking or doing something on their own” in an attempt to terminate their pregnancy.

The study indicates that the two groups of women most likely to perform abortion self-induction were “Latina women living in a county that borders Mexico” and “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).”

A press release by the Texas Evaluation Research Project on the study notes that “a common thread among these women was that poverty layered upon one or more additional obstacles left them feeling that they had no other option. Almost all of the women interviewed contacted or considered contacting a clinic at some point during their abortion process.”

They add that “four primary reasons for self-induction included: financial constraints to travel to a clinic or to pay for the procedure, local clinic closures, recommendation from a close friend or family member to self-induce, or efforts to avoid the stigma or shame of going to an abortion clinic, especially if they had had prior abortions.”

Since 2013, with the introduction of House Bill 2

(HB2), over half of the facilities providing abortions in Texas have closed, dropping from 41 to 18. HB2 banned abortions after 20 weeks of pregnancy, except in the case of rape or incest with a minor. It mandated that doctors who perform abortions have admitting privileges at a hospital within 30 miles of their attending abortion clinic. Clinics, even those who administer oral drugs, must have the same building and equipment requirements as ambulatory surgery sites. It further stipulated that a doctor must be present at all times for the administration of abortion-inducing medications.

In a separate study, the Texas Evaluation Research Project found a strong correlation between the implementation of HB2 and increased wait times for women seeking abortions in Texas. It wrote, “As wait times increase across Texas, the proportion of abortions performed in the second trimester would increase. If wait times increased to 20 days, which we are currently seeing in Dallas and Ft. Worth, we estimate that the number of abortions performed in the second trimester in the state would nearly double.”

According to the study, “The increase in second-trimester abortion is concerning from a public health perspective, since later abortions, although very safe, are associated with a higher risk of complications compared to early abortions. Later abortion procedures are also significantly more costly to women.”

The US Supreme Court agreed Friday to hear a challenge to the Texas abortion restrictions, including the requirement for clinics that provide abortions to have expensive hospital-grade facilities and the requirement for abortion-performing physicians to have admitting privileges. The ruling, due in June, may lead to the expansion of legislation similar to HB2 across the nation.



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