

Texas as other states, study finds

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The operating room at Whole Woman's Health, the lead plaintiff in a challenge to a Texas law which forced a number of abortion clinics to close, in San Antonio, Feb. 24, 2016. The legislation mandated that clinics be certified as ambulatory surgical centers, a much more expensive facility which providers say is onerous and unnecessary. The ...

Photo: ILANA PANICH-LINSMAN, STR / New York Times

AUSTIN — Using home remedies such as herbs, teas and vitamins or a prescription drug obtained from Mexico, Texas women have tried to end their pregnancies themselves three times more often than women in other states, a new study finds.

The Texas Policy Evaluation Project at The University of Texas at Austin found 60

next step,” said Cristina Parker, a spokeswoman for the Lilith Fund, which offers financial assistance to people who need abortions.

For subscribers: [This researcher interviewed 600 women at Texas abortion clinics. Here's what she saw.](#)

Most women who used misoprostol — a safe pill commonly used in abortion clinics but available without a prescription in Mexico — were successful in ending their pregnancies, the research found. Women who used home remedies found their attempts failed and sought care at an abortion clinic.

Common factors among the 721 women surveyed and 18 interviewed found they lived in poverty or had other obstacles that led them to believe they had no other option, such as finding their nearest clinic had closed or they could not afford to pay for the procedure. Nearly all said they would have preferred to go to a clinic instead of ending their pregnancies themselves, the study showed.

Self-managed abortion could be on the rise as people from states hostile to abortion wrestle with restrictive policies. The Guttmacher Institute, which supports abortion rights, found 18 percent of non-hospital clinics across the country reported treating at least one case of a person who attempted an abortion without a doctor's help in 2017. That's up from 12 percent in 2014.

The Texas study, which involved a researcher from Guttmacher, suggests self-managed abortions could become more common in Texas if clinics become more difficult to access. Researchers say that could be especially true in South Texas — where women are closer to Mexico and can more readily obtain misoprostol — or among poor women who cannot afford an abortion, which can cost \$500 or more.

“If people have to choose a self-managed procedure thinking that what they could be doing is dangerous or that it could compromise their future fertility, and they're therefore scared and think they have no other options, that's not health care with

The research was conducted in 2012 and 2014, before and after a Texas law forced nearly half the state's abortion clinics to close. The 2013 law imposed regulations [the U.S. Supreme Court found](#) created an undue burden on a woman's right to an abortion. The high court struck down the law in 2016, ruling that the clinic closures caused women to drive farther and face longer wait times.

The data is too old to offer a sense of how accessible abortions are, said Joe Pojman, executive director of Texas Alliance for Life. Five abortion clinics and more than 100 centers offering alternatives to abortion have opened since researchers conducted its last interviews and surveys, he said.

"I believe there are grave reasons to question the relevance of the data that the author is putting forward because it's quite old and things have changed he Texas," said Pojman.

There are 24 clinics performing abortions in Texas, down from 41 that were open before the Texas law.

More than 52,000 abortions were reported in Texas in 2017, the latest year of which data is available. In 2012, the year before the law instituted regulations that caused clinics to close, more than 68,000 were performed.

Texas has passed other abortion restrictions that have withstood legal challenges, such as a 2011 law requiring abortion providers to show or describe an ultrasound image of the fetus to the woman and play sounds of the fetal heart beat before moving forward with the procedure.

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